

Annual Report and Accounts 2011/12

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

**Bradford Teaching Hospitals
NHS Foundation Trust**

**Annual Report and Accounts
2011/12**

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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 one of the largest membership bases in the country with over 53,000 members, equating to 12% of the eligible local population.

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

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

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

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

The last few years have seen us being named as among the 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

Professor Grace Alderson

Mr Richard Bell

Mr John Bussey

Professor David Cottrell (University of Leeds representative)

Mr Chris Jelley

Mr John Waterhouse

Executive Directors

Mr Matthew Horner – Acting Director of Finance

Dr Dean Johnson - Director of Planning and Performance

Prof Clive Kay – Medical Director

Mr Bryan Millar – Chief Executive

Ms Sally Napper – Chief Nurse

Regulatory Risk Ratings

In 2011/12 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-red, amber, amber-green 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 2011/12 we received the following ratings:

- Finance: 3 for quarters 1, 2 and 3, 4 for quarter 4.
- Governance: amber-green in quarter 1, amber-red in quarters 2, 3 and 4.
- Mandatory Services: green for all quarters.

In comparison to 2010/11 the Trust's performance in 2011/12 against the three categories is:

- Finance: During quarters 1, 2 and 3 in 2011/12, the Foundation Trust was given a rating of 3. In the same quarters of 2010/11 the Foundation Trust achieved a rating of either 3 or 4.
- Governance: Rating has declined due to under-performance against the cancer 62 day first treatment target and *Clostridium difficile* threshold.
- Mandatory Services: Consistent ratings of green for each quarter in 2010/11 and 2011/12.

Table of analysis

	Annual Plan 2010/11	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Financial Risk Rating	3	3	3	4	3
Governance Risk Rating	Green	Green	Green	Green	Green

	Annual Plan 2011/12	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12
Financial Risk Rating	3	3	3	3	4
Governance Risk Rating	Green	Amber - Green	Amber - Red	Amber - Red	Amber - Red

Actual performance in 2011/12 has been consistent with expected performance detailed in our annual risk assessment and we have not received any formal interventions.

Audit Information

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

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 Monitor's NHS Foundation Trust Code of Governance.

The Board of Directors formally reviewed the Code of Governance at its meeting in March 2012. It was confirmed that the Foundation Trust complied with the code with the exception of part of provision C.2.2, which relates to the appointment of non-executive directors and the chairman for a period longer than six years. In October 2010 the Board of Governors reappointed David Richardson, Chairman, for a third term of office of three years. In January 2011 the Board of Governors approved the reappointment of Chris Jelley, Senior Independent Director and Richard Bell, Chair of Audit Committee for a third term of office of two years. These appointments were felt to be appropriate to ensure continuity at that time and avoid excessive turnover in any one year.

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.

Operating and Financial Review

Enhancing Patient Care

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

Modern, fit for purpose facilities and equipment

- Wards 23 and 29 were revamped in the largest refurbishment project of its kind undertaken to improve the hospital environment for elderly patients suffering from dementia. The Enhancing the Healing Environment project saw the Foundation Trust invest more than £450,000, with a further £50,000 coming from The King's Fund, towards upgrading facilities to create a more calming space to influence patient behaviour and improve the wards for patients with dementia, visitors and their families;
- An advanced treatment facility with £50,000 worth of new equipment which will benefit patients with skin problems from across the city opened at St Luke's Hospital. The new dermatology photo therapy day care unit was created to house five ultraviolet machines;
- A new, free, wi-fi network service for patients and visitors to access the internet was launched;
- Services in the labour ward are in the process of being expanded to include a new midwife-led unit which will provide high quality care, improved dignity and respect and offer women real choice in the range of services available;
- The Foundation Trust was ranked among the 5 highest NHS performers in a newly-published Carbon Reduction Commitment (CRC) league table;
- Retail services have been improved, including refurbishment of the Field House coffee shop and Priestley's restaurant, and opening a new coffee shop at the main entrance to BRI;

More care closer to patients' homes

- A 'Wheezy Child' pathway was implemented, in partnership with local GPs and the NHS Institute for Innovation and Improvement, to help GPs and parents manage children with asthma better and more confidently so that emergency hospital admissions can be avoided. This earned the paediatric team the top prize at the city's Inspiration Awards;
- Patients who live with chronic kidney disease are benefiting from improved care thanks to an award-winning initiative set up by Bradford healthcare professionals. The successful introduction of a new electronic advice service which provides GPs with timely specialist advice through sharing

electronic patient records with hospital consultants won first prize at the British Journal of Renal Medicine Innovation Awards;

- A new physiotherapy self-referral service for women with a common health problem was piloted at the BRI, enabling patients suffering from urinary incontinence and pelvic organ prolapse to access the physiotherapy department direct rather than having to go through their GPs;
- Nurse Consultant Kath Vowden won an award at the Medipex NHS Innovation Awards for her work developing a telewound management service. The service allows staff to remotely assess the status of wounds being managed in the community, either by district nurses or care home staff, and provide early intervention and advice on more appropriate dressings to accelerate wound healing and prevent hospital admissions;
- Patients living with long-term rheumatology conditions are benefitting from a new initiative that allows hospital-based specialists to liaise with GPs electronically, reducing callouts, hospital admissions and improving the quality of care by providing a faster and more efficient service;

The best quality and safety of care resulting in outstanding patient satisfaction

- A Dignity Room was opened, which improves the dignity and care of patients by making sure they have a change of clothes if they are admitted to hospital in an emergency and would otherwise be discharged with only their nightwear;
- Maternity services celebrated again this year after winning the LSA Good Practice award for medicines safety and the All Party Parliamentary Award for Home Birth Workshops;
- Our Organ Donation Team have made tremendous efforts in successfully increasing rates of organ donation in Bradford over the last year, giving the 'gift of life' to 32 very grateful transplant recipients between April 2011 and January 2012; we have also seen progress in exploring the issues around organ donation in our local British minority and ethnic community;
- We launched a new quality initiative called Patients First which will help ensure that quality is at the centre of everything we do. Widespread consultation is taking place with patients, carers, commissioners and staff to understand in detail what they expect from us, and this research will be used to review our current services and ways of working to determine how we develop our organisation in the future;
- Ward hostesses were introduced and rolled out to hospital wards;
- The Foundation Trust introduced a new divisional management structure and moved to four clinical divisions of Medicine, Surgery & Anaesthesia, Clinical Support Services and Women & Children's. The new structure provides greater co-ordination across clinical services and helps integrate the recently transferred community and intermediate care services in a way that enables patient pathways to be re-designed, promoting system-wide improvement in quality and productivity;

A specialist centre for West Yorkshire

- BRI became the first hospital in the world to introduce a revolutionary new cardiac device which provides medics with an instant 360 degree view of the heart and alerts doctors immediately to whether a patient is having a heart attack;
- Bradford has recruited the first patient globally to a new drug research trial which aims to improve treatment for those with chronic obstructive pulmonary disease (COPD);

A nationally recognised centre of excellence for education and applied health research

- 7 specialties received excellent feedback and were rated first in the Yorkshire in Humber region on a National GMC trainee's survey (Paediatrics, Anaesthesia, Cardiology, Radiology, Oncology, Neurology & Respiratory);
- Recruitment to the Born in Bradford Project (BiB) was successfully completed, taking the total number of BiB babies to around 14,000;
- Research and development income increased to £7.5m.

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 improvements 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 Clinical Commissioning Groups will be supported to take over commissioning by the time primary care trusts 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 and creating smoother, more efficient pathways of care to improve our patients' experiences in the future. More than 300 staff and a range of services were integrated into the Foundation Trust's operations on April 1, 2011.

There are recognised areas of high deprivation with specific health needs within the Bradford district and this is likely to generate increased pressure on local health services as the full impact of slow economic growth plays out.

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.

Staff Survey

Statement of approach to staff engagement

The Foundation Trust's score for overall staff engagement is 3.69 against a national 2011 average for acute Trusts of 3.62. Scores range from 1 to 5 with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. The Foundation Trust's score was, therefore, above (better than) average when compared with Trusts of a similar type.

The indicator is based on three questions, staff ability to contribute towards improvements at work (KF31), staff recommendation of the Trust as a place to work or receive treatment (KF34), and staff motivation at work (KF35). We have maintained our 2010 position and are in the best 20% for KF31 and KF35, and average for KF34.

Response rate	2010		2011	
	Trust	National Average	Trust	National Average
	37%	52%	43%	54%

Top 4 ranking scores - 2011			
	Trust	National Average	
% of staff agreeing their role makes a difference to patients	94%	90%	Highest (best) 20%
% of staff feeling there are good opportunities to develop their potential at work	49%	40%	Highest (best) 20%
% of staff using flexible working options	68%	61%	Highest (best) 20%
% of staff feeling valued by their work colleagues	80%	76%	Highest (best) 20%

Bottom 4 ranking scores - 2011			
	Trust	National Average	
% of staff experiencing physical violence from staff in the last 12 months	2%	1%	Highest (worst) 20%
% of staff experiencing discrimination at work in the last 12 months	18%	13%	Highest (worst) 20%
% of staff witnessing potentially harmful errors, near misses or incidents in the last month	37%	34%	Above (worse than) average
% of staff appraised in the last 12 months	77%	81%	Below (worse than) average

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

- % of staff appraised in the last 12 months (up from 66% to 77%);
- % of staff appraised with personal development plans in the last 12 months (up from 56% to 67%);
- % of staff believing the Trust provides equal opportunities for career progression or promotion (up from 86% to 92%).

Future Priorities and Targets

A concerted effort was made in 2011 to improve appraisal rates which will continue in 2012. Whilst we are pleased with our improvement in providing equal opportunities for career progression or improvement, we are disappointed that the percentage of staff experiencing discrimination at work in the last 12 months has stayed the same. Our Diversity Workstream which reports to the Workforce Strategy Implementation Board will review these results and agree an action plan to address the issues. Monitoring will take place through this forum and through the quarterly performance review process that is set up in the Foundation Trust.

Part 1: Statement on quality

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

We are pleased that Governors and other local stakeholders have played a part in shaping our priorities for the future. They have given their ideas and comments so that we can continue to improve the quality of care and patient experience in areas that matter.

“During the last year we launched a new quality initiative called Patients First which will ensure that quality is at the centre of everything we do.”

During the last year we launched a new quality initiative called Patients First which will ensure that quality is at the centre of everything we do. Widespread consultation is taking place with patients, carers, commissioners and staff to understand in detail what they expect from us. This research will be used to review our current services and ways of working to determine how we develop our organisation in the future.

Our SAFE! campaign was launched in May 2010 with the aim of improving patient safety across a range of topics associated with the care and management of acutely ill patients. The first year of the campaign was completed in July 2011 and it has been so successful in improving patient safety that we have extended the length of the campaign following feedback from patients and staff.

We continue to invest in new equipment and the refurbishment of our existing wards to ensure that we continue to provide modern, purpose-built facilities. This year

wards 23 and 29 were revamped in the largest refurbishment project of its kind undertaken to improve the hospital environment for elderly patients suffering from dementia. Our nationally acclaimed landmark ‘Enhancing the Healing Environment’ project saw the Foundation Trust invest more than £450,000, with a further £50,000 awarded from The King’s Fund, towards upgrading facilities to create a more calming space to influence patient behaviour and improve the wards for patients with dementia, visitors and their families.



Our patients tell us that their experience of care is generally good. Through consultation they have also told us that there are some areas in which we should do better and have helped us prioritise areas for improvement. We will focus on improving the things that matter most to our patients, such as being treated with dignity and respect, reducing waiting times for investigations and being involved in decisions regarding care and treatment.

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

A handwritten signature in blue ink, appearing to read 'Bryan Millar'.

Bryan Millar, Chief Executive

Part 2: Our priorities for improvement in 2011/12

How did we select our local improvement priorities?

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

The process for the delivery of the 'membership improvement priorities' started in late November with the development of a questionnaire. This was distributed to 1,000 pre-selected members at the end of January 2011. The members selected were those who 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 was the first membership consultation undertaken to ascertain and understand the priorities of members with a recent patient experience.

Results

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

Following analysis of the responses received, the categories below covered the key themes emerging from the questions posed:

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

Within each category a comparison was made between 'membership expectations' and 'membership experiences'. To determine the main priorities within each of the categories individual questions and responses were analysed. Those areas where the difference between expectation and experience was the greatest were identified as the priorities for that category.

Following a detailed analysis of the results the priorities outlined below are those identified by the governors as the Foundation Trust membership improvement priorities:

Priority	Quality Domain(s)	Description
Priority 1	Patient experience	Nutrition: Offering healthy meals that are of good quality and at the right temperature.
Priority 2	Patient experience	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.
Priority 3	Clinical effectiveness	Patient information: Providing accurate information about a patient's treatment before coming into hospital and understandable written information about the condition and treatment.
	Patient Safety	
Priority 4	Clinical effectiveness	Patients & Carers Discharge Information: Improving information on discharge to ensure that patients understand what to expect then they go home and how to take medicines.
	Patient Safety	
Priority 5	Patient experience	Dignity and respect: Being treated with dignity and respect, with staff being polite and staff listening.
Priority 6	Clinical effectiveness	Clinical Care/Treatment: Staff working well together to organise care within a well organised ward/department.
	Patient Safety	
Priority 7	Clinical effectiveness	Communications: To involve people in decisions regarding their care and treatment and expected outcomes.

How did we plan to monitor our performance against the priorities?

The PPI GWG (Patient and Public Involvement Governor Working Group) developed a work programme based on the agreed 'improvement priorities' which included monitoring progress during the course of 2011/12.

Staff who were assigned as 'Improvement Priority Leads' collected information and evidence in relation to progress against each improvement priority. They also attended either one or two sessions with the PPI GWG to elaborate in detail on the work undertaken and to receive feedback.

There has been extensive interaction between the PPI GWG and the improvement priority leads. This has resulted in a great degree of shared debate and learning with regard to the intricacies and complexities associated with determining progress in relation to the priorities for improvement.

The focus of the PPI GWG has primarily covered three key areas:

- Developing more of an understanding about the delivery of services;
- Looking at each improvement priority to see how and what evidence is gathered from a service user perspective and how this leads to improvements;
- The establishment of baselines that would be used to adequately evidence and measure improvements moving forward.

What have we done so far to improve?

Priority 1: Offering healthy meals that are of good quality and at the right temperature

Why is this indicator important?

It is essential to meet patient's nutritional needs via provision of food and fluids to aid recovery and reduce length of stay. Food therefore needs to be of a good quality and the right temperature to encourage patients to eat and to improve the patient experience in relation to patient food – this is in line with the Foundation Trust's Adult Nutrition Policy.

What did we do initially to identify the key issues and what did we find?

Currently 18 wards are supplied with meals cooked from fresh ingredients following agreed recipes. These meals are plated hot in the main kitchen, and taken to the wards using the Temprite tray system to maintain temperature. 15 other wards are supplied with frozen food which is prepared and served at ward level from a hot trolley. Food prepared from frozen is always of an appropriate temperature at service but problems may occur if a patient is in need of support with eating.

Following patient meal audits conducted by the catering and dietetic departments and the results from many patient meal surveys, it was found that the meals provided from the kitchen on the plated meals system were often below an acceptable temperature at the point of service. This mainly applied to wards situated further away from the catering department, or where the delivery included the use of lifts.

All menus are planned with the support of the dietician and provide appropriate choices for the hospital population including higher calorie, Halal, vegetarian, soft and lower salt options on the main menu. All foods provided have a full nutritional breakdown and are monitored for quality at service. There are also gluten free, African-Caribbean, and modified consistency menus available for those on more specialised diets that cannot choose from the main menu. Special menus are produced for specific groups such as paediatrics and elderly care.

Ward based dietetic/catering audits are completed on a twice monthly basis to review the quality of the food service and also check food temperatures.

What have we done so far to improve on the key issues we identified?

To ensure all food served at ward level is of an appropriate temperature we have planned to change the way food is delivered to each ward and introduce a ward hostess service.

In the meantime we are discussing audit results with ward sisters and working to maximise systems to maintain food temperatures, including prioritisation of the food for those wards furthest from the kitchen and with the greatest problems with temperature regulation.

Any issues arising out of the catering and dietetic audit results are picked up at one of the bi-monthly meetings held between catering and dietetics. The Chief Dietician then raises any other issues with the nurses in charge of different ward areas or at the Improving Nutrition workstream chaired by the Deputy Chief Nurse.

Who have we involved in the improvement actions?

Catering staff, dieticians, divisional management teams, matrons and ward sisters, patients, ward hostesses and portering staff.

How have we monitored and measured any improvement (or plan to do so)?

With regard to the temperature of food, there are two patient catering surveys that are completed – one by the patient and other by a member of staff (either a dietician, catering manager or nursing representative).

If there is a problem or query raised via the questionnaire then the Catering Manager makes arrangements to speak to the patient. If any other patients want to see somebody from the catering department in relation to a particular issue then arrangements are made to meet with them.

All comments and suggestions provided are incorporated into updated menus where possible. For example, as a result of feedback received regarding a Sikh patient the menu was altered to ensure that all vegetarian choices each lunchtime do not include eggs. The vegetarian options on the menu are now listed together on the menu to make it easier for those avoiding meat to select their choice.

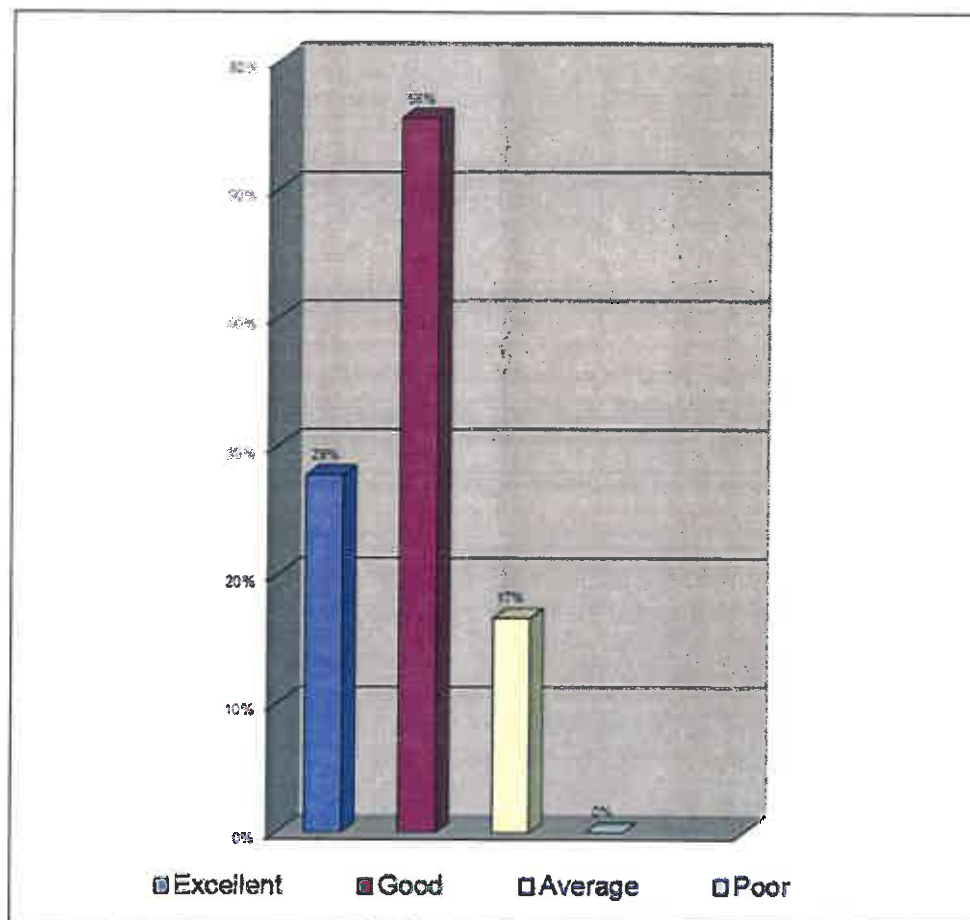
The survey tool has been revised to include a question on how long a patient has been in hospital as it might be useful in future to distinguish between responses from short and long stay patients.

Have the results shown any improvements?

Since the frozen meal contract was awarded to Anglia Crown, our contractor for the provision of food, they have introduced a patient meal survey specifically relating to the meals. Although they have conducted only a couple of surveys with patients the general feedback has been very positive.

In December 2011 the satisfaction survey was undertaken on 4 wards at Bradford Royal Infirmary (2 surgical wards and 2 Care of the Elderly wards). In response to the question "Over the period of your stay how would you rate the food you had?" (Excellent, Good, Acceptable or Poor) the response from 18 patients surveyed were as displayed in table1.

Table 1 Catering: patient satisfaction survey results



Excellent = 28% Good = 56% Average = 17% Poor = 0%

What actions are we planning to continue to improve our performance in the next 12 months?

1. The following audits are planned:
 - A monthly patient audit conducted by the external food contractor – This only affects the nineteen wards across both sites which currently receive the regenerated meals. The survey takes into account the opinions of 120 patients every month.
 - The catering audit - this audit is conducted at both sites by supervisors from the catering team. It takes into account the feedback from 17 wards on a monthly basis.
 - The dietetic audit - this audit takes into account the patient feedback from 7 wards every month; this is mainly aimed at temperature and nutritional analysis more than the views of the patients.
2. The ward hostesses will be clearly identifiable to patients and they will be a part of the ward team with responsibility for all the beverages and foods on the wards. They will be working on the same ward all of the time and so be able to immediately respond to any questions, concerns or issues that arise including identifying to the nursing staff those patients who are not eating.
3. Wards 22, 23, 29 and 30 already have ward hostesses on the wards. This service will start to be rolled out across the Foundation Trust from January 2012, with all wards having a ward hostess service by Summer 2012.
4. At present the audit results are compiled manually however in the future it might be possible to access a computerised system.
5. The catering service is in the process of tendering for the building of a new, large, freezer at St. Luke's Hospital for storing food.

6. The Catering Manager and Voluntary Services Manager will seek to enlist the support of volunteers to help patients with completing satisfaction questionnaires.
7. As parents in the children's wards cannot always leave the ward the catering service will review the current provision of snack items. Voluntary Services will be approached to see if volunteers could be assigned to help parents with an 'order and collection' service from the restaurant.
8. Training programme for new "hostess" staff including training on the importance of a balanced diet for patients.

How will we know when we have succeeded in improving the quality of the patient experience?

At present the surveys are put on the food trolleys and the catering service rely on the wards to send these back once they have been completed. They are then passed to the catering office for compiling the results. The response rate to the patient survey is at present approximately 15%, once ward hostesses are in place this will become their responsibility to coordinate and so response rates should improve.

The quality standard is to report sustained achievement of the target of:
 More than 70% of patients reporting a 'good' or 'excellent' response
 Less than 10% of patients reporting a 'poor' response

The Foundation Trust believes that the therapeutic role of food within the healing process cannot be underestimated. However, even food of the highest quality is only of value if the patient actually eats it.

Up to 40% of adults show signs of malnutrition on admission to hospital and their stay can exacerbate the problem. Bradford Teaching Hospitals aims to improve the meal experience of patients by allowing them to eat at least one of their meals without disruption, through the delivery of protected mealtimes.

Protected meal time is about reducing all routine ward activity around meal times to enable staff to focus on ensuring that patients are able to eat their meal (with whatever assistance they require) without interruption.

An audit of practice in relation to nutritional care was undertaken during 2011 and reported to the Board of Directors in September 2011. In line with the inclusion of the community hospitals as part of the Foundation Trust in April 2011, the scope of this mini-audit was expanded to include them, making 31 wards in total. Of the 31 wards, 29 now operate a formal protected meal time system for 2 or 3 meals a day.

Ward 25 is the 8 bed Breast Unit, where there is a more relaxed approach to meals; patients are predominantly self caring and are free to make themselves drinks and snacks when they wish. There is a however focus on ensuring formal meal times are uninterrupted.

The medical assessment unit (ward 4), have had difficulty in implementation a formal protected meal time system in the same way as other wards, due to the nature of the unit. The ward assesses and or admits large numbers of patients many of whom are very sick, and for whom it would be inappropriate to completely stop all other activities. However instead, the Ward Sister has put in place a system of ensuring that there are sufficient staff to distribute meals and support those patients who require it, whilst ensuring that some staff can continue to focus on caring for those patients whose clinical condition requires it.

Visitors are encouraged to take part in helping to feed their relatives at mealtimes wherever possible. The nursing team can also organise help from the patient support volunteers. At the Bradford Royal Infirmary (BRI) there are 60 patient support volunteers and a further 13 at St. Luke's Hospital who are trained to help patients who need support with their meals. 21 volunteer students also undertake this

support role so in total over any one week there are 94 patient support volunteers helping on the wards with protected mealtimes. The local community hospitals also follow the protected mealtimes culture.

Priority 2: 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.

Why is this indicator important?

It is the identified waiting time standard in the outpatient management policy, which states that "90% of patients should be seen by the Consultant or one of their team within 30 minutes of their appointment time."

What did we do initially to identify the key issues and what did we find?

We asked patients to complete surveys to identify the key issues.

What have we done so far to improve on the key issues we identified?

Identified improvement actions and raised awareness with staff.
Developed a clinic utilisation tool to identify key issues, patterns and trends.

Who have we involved in the improvement actions?

Outpatient Department (OPD) Sister's and nursing staff.
Outpatient Patient Experience Group.
Heads of Service in Clinical Support Services Division.
Outpatient Improvement Programme Divisional Representatives.
Corporate Improvement Portfolio (CiMP) Board.

How have we monitored and measured any improvement (or plan to do so)?

- Developed and implemented an outpatient policy audit tool to track adherence to the main waiting time criteria within the Outpatient Policy. The audit is completed at the end of each quarter;
- Implemented informal departmental spot checks in adult outpatients and the Horton Wing at St. Luke's Hospital;
- Identified skills and competencies required to manage a clinic in partnership with staff;
- Produced a plan to complete a baseline audit to establish how varied the practice is across all outpatient departments and identify required standards moving forwards;
- Organised customer service training for staff in Patient Admin and Adult Outpatients, Horton Wing, to access throughout the next financial year;
- Produced results from the quarterly audits at a divisional and trust-wide level, which are circulated at the Outpatient Improvement Programme board;
- Requested divisions to identify actions in divisional action plans to improve quality and the patient experience.

Have the results shown any improvements?

The results have not shown any significant improvements yet, but all the measures identified above (apart from the spot checks) have only recently been implemented.

What actions are we planning to continue to improve our performance in the next 12 months?

We plan to continue as detailed above and ensure that all outpatient areas are participating in and completing the quarterly audit.

How will we know when we have succeeded in improving the quality of the patient experience?

We will see improved results and outcomes in local and national patient survey reports.

Priority 3: Accurate information about a patient's treatment before coming into hospital and understandable written information about the condition and treatment

Why is this indicator important?

The Foundation trust has been providing information to patients for many years. This helps:

- give patients confidence so their overall experience is improved;
- remind patients what they were told by their doctor, nurse or other healthcare staff if due to stress or unfamiliar language they cannot retain all the information given;
- allow people to make informed decisions – it gives people time to go away, read the information and think about the issues involved, helps to ensure patients arrive on time and are properly prepared for procedures or operations;
- involves patients and their carers in understanding and cooperating with treatment and managing their condition;
- removes barriers for people who experience difficulty in accessing our services and reduces risk for patients and the Foundation Trust.

What did we do initially to identify the key issues and what did we find?

Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) has been regarded as a national exemplar for the provision of patient information and has received British Medical Association commendations and awards for several years.

However, a pre-assessment for the National Information Standard in March 2011 revealed that whilst our current systems for the approval, administration and production process were excellent, we did less well with regard to the processes required to address consistency of information prior to involvement with the Communicating with Patients Approval Group (CPAG). In particular we needed to work on:

- peer review;
- conflicts of interest;
- evidence base; and
- user involvement, which was the main feature of the recently updated policy.

What have we done so far to improve on the key issues we identified?

As a consequence of the Foundation Trust's restructure in 2011, we used the opportunity to review the Communicating with Patients Policy and make improvements in how we approve information, including the need to involve service users in devising the information. This policy was approved in January 2012.

Who have we involved in the improvement actions?

Each of the clinical divisions and the central areas of the Foundation Trust have a designated Communicating with Patients Information Lead. These were involved in the review of the policy along with the Operational Management Group.

How have we monitored and measured any improvement (or plan to do so)?

The Communicating with Patients Policy includes an audit tool to review divisional compliance with the policy. These audits will provide useful data about the current status and provide opportunities for improvement.

Have the results shown any improvements?

Previous audits concentrated on the approval process itself.

What actions are we planning to continue to improve our performance in the next 12 months?

Improved audit and resultant action plans.

How will we know when we have succeeded in improving the quality of the patient experience?

Measuring improved patient satisfaction through local and national patient surveys.

Priority 4: Improving information on discharge to ensure that patients understand what to expect when they go home and how to take medicines

Why is this indicator important?

The Foundation Trust Discharge Policy (August 2011) states that what happens during the discharge process is a key part of patients' experiences of hospital care. Whether patients are admitted for elective care or as an emergency, they want to know how long they are likely to stay in hospital. Information about their treatment and when they can expect to be discharged helps them to feel involved in decisions and motivated in achieving goals (Department of Health 2004).

Various guidance and legislation highlights the need to provide a coordinated approach to the management of patient discharge. All discharges have the potential to become complicated. Time spent talking to patients and their carers and assessing their needs at the start of the process can uncover potential problems and help to facilitate a smooth planned discharge.

Quality Information given on discharge:

- Impacts on the clinical outcome;
- Prevents/reduces re-admission; and
- Enhances the patient/parent/carer experience.

The National Inpatient survey, themes of complaints, National Institute for Health and Clinical Excellence (NICE) guidance and National Patient Safety Agency (NPSA) were all drivers for this work to be initiated.

Priority 4.1: Children's' services

What did we do initially to identify the key issues and what did we find?

In Children's services we established a 'Discharge Forum' and at the first meeting we agreed priority issues to address:

- Discharge Planning not being initiated at the point of admission;
- Delayed discharges;
- Home use of oxygen and associated risks;
- Referrals to Community Nurses/teams.

Subsequent meetings highlighted additional issues relating to risk.

What have we done so far to improve on the key issues we identified?

- A pre-discharge risk assessment tool has been developed as a result of a child being discharged from an outlying hospital and poor communication between the hospitals resulted in a potentially unsafe discharge;
- A discharge planning document has been developed; this document will be initiated at the point of admission into hospital and is for use by the multi-disciplinary team and partner agencies;
- The children's services discharge checklist has been reviewed. This document now includes prompts for:
 - ✓ Information given on prescribed medications;
 - ✓ Home safety in response to NICE public health guidance 'Preventing Unintentional Injuries in the Home Among Children and Young People Aged Under 15: Providing Safety Equipment and Home Risk Assessments' (November 2010);
 - ✓ Physiological observations at the point of discharge;
- Re-establishment of multi-disciplinary discharge planning meetings with an outlying hospital (considering video/conference link);
- Children's Community Nurse visits the children's wards three times per week to be alerted to, and commence discharge planning for new admissions that may require the teams' involvement post discharge. This promotes and facilitates family involvement in discharge planning, decision making and subsequent aftercare at the earliest opportunity.

Who have we involved in the improvement actions?

Trust-wide departments and services as represented in the membership of the 'Discharge Forum'.

How have we monitored and measured any improvement (or plan to do so)?

Improvement will be monitored and measured by:

- Repeat patient satisfaction surveys;
- Numbers of complaints;
- Themes of complaints;
- Audit of readmissions.

Have the results shown any improvements?

These have not yet been monitored or measured.

What actions are we planning to continue to improve our performance in the next 12 months?

To continue with the 'Discharge Forum' adding to the membership in accordance with specific issues highlighted through this forum.

Patient and parent representation will be added as the work of the group progresses.

Future national quality standards will change and inform the patient and public perception of quality of services and will be the driver for continued focus and improvement within Children's Services.

How will we know when we have succeeded in improving the quality of the patient experience?

There will be a sustained reduction in the number of complaints and readmissions relating to issues with discharge planning, coordination or communication/information.

Priority 4.2: Adult Patients and Carers services

What did you do initially to identify the key issues and what did you find?

Information from patient surveys, incident reports and complaints to Patient Advice and Liaison Service (PALS) clearly showed a gap in the general information issued to patients and carers on discharge.

Each ward does however issue clear instructions and provide the patient with booklets and leaflets specific to the patient's surgery and/or medical condition(s) on discharge.

What have you done so far to improve on the key issues you identified?

A discharge booklet has been designed which will help support patients and carers on discharge and provide information to access relevant services. This is a generic booklet which will supplement the condition or procedure-specific information which is issued by the wards, including post-operative information explaining the do's and don'ts specific to the surgery received.

An electronic draft copy was produced and sent out for consultation to relevant healthcare staff including adult community services. The booklet was revised with relevant comments included and a draft booklet was produced for public consultation at the Foundation Trust Open Event on 14 September 2011. It was also presented for consultation at the Carers Resource Group and reviewed at the Communicating with Patients Approval Group prior to publication.

Who have you involved in the improvement actions?

Matrons, Clinical Services Managers and Heads of Nursing, Adult Community Services and Service Users.

How have you monitored and measured any improvement (or plan to do so)?

250 booklets will be audited by two groups of patient's on Care of the Elderly and Medical wards over a four week period (with a potential audience of 175 patients).

A sample of questions to be asked are as follows:

1. Did the discharge booklet help you understand the importance of preparing for your discharge?
2. Did the discharge booklet give you the information required?
3. Was this helpful to you?
4. Did you refer to the booklet for advice?
5. How could we improve this booklet for you and your carer?

Have the results shown any improvements

No results at present.

What actions are you planning to continue to improve your performance in the next 12 months?

To continue to audit and respond to patients and carers comments with updated versions of the booklet.

How will you know when you have succeeded in improving the quality of the patient experience?

When patients and carers are satisfied with the information provided in the discharge booklet this will be reflected in a sustained reduction in the number of complaints and readmissions relating to issues with discharge planning, coordination or communication/information and improved responses to the national in and outpatient surveys.

Priority 5: Being treated with dignity and respect, with staff being polite and staff listening

Why is this indicator important?

Privacy and Dignity is a human right and is part of the Equality Act, 2010. The Foundation Trust's Dignity and Respect: Being Valued Policy was launched in 2010 with the aim of providing staff with the guidance and procedures to promote high standards of care where issues relating to dignity and respect are an integral part of that care.

The national CQUIN on improving the patient experience is also a driver for improvement.

What did we do initially to identify the key issues and what did we find?

To identify the key issues we had to monitor the policy and standards. The National Inpatient Survey covers some of the aspects of care relating to privacy and dignity but in order to make the organisation responsive to patient needs it was decided that a dual approach was required.

Firstly, that a Dignity and Respect Patient Survey would be performed looking particularly at single sex accommodation but encompassing other aspects of patient care such as being involved in decisions. This survey is currently performed annually and previously information has been collected using paper questionnaires. This method requires a large investment of resource for collation of the data and there is a time delay between the information being received and being available for improvements. We plan to use hand held devices for patients to record information electronically during their stay which would address the above issues.

Secondly, the Dignity and Respect: Being Valued Ward Audit tool was developed to look at five areas:

1. Staff knowledge of the policy and legislation;
2. Documented care;
3. Observations of interactions such as staff introducing themselves to patients;
4. Observations of care;
5. Ward environment.

What have we done so far to improve on the key issues we identified?

The Dignity and Respect Patient Survey was completed and reported back to the policy group and Foundation Trust Board of Directors in September 2011.

The key recommendations from this were:

Being given enough privacy to discuss care / treatment:

Matrons and clinical service managers have been asked to raise awareness of this issue with their ward teams, observe and model behaviour during their walk-rounds and identify where change in behaviour / attitude is required to ensure improvement in this area. It is also included in the nursing induction sessions which are held on a quarterly basis.

Provision of single sex accommodation:

All general wards provide single sex accommodation and there are stringent monitoring arrangements in place to ensure that mixing does not occur. Internal audit have reviewed the arrangements and have found them to be fully compliant. We still have some areas where mixing may occur when the patient's clinical need takes priority, for example intensive care, coronary care, high dependency care. In these cases as soon as the patient's clinical condition allows patients are moved to a single sex facility.

This survey identifies that some patients report that they have not had access to designated same sex toilets. Disabled toilets and assisted bathrooms remain unisex in line with guidance, but ward staff need to ensure that patients are made aware of the reasons for this.

Noise at night:

Although a level of noise is unavoidable in some cases, the Dignity Group are undertaking some work to assist wards in ensuring that staff do everything they can to reduce noise as much as possible. The use of sleep diaries by patients as a tool to identify sources of noise have been trialled in a few areas and will be used more widely if found to be helpful in measuring the effectiveness of noise reduction strategies.

Audit tool:

The Dignity and Respect: Being Valued Ward Audit tool has been developed and tested in several wards, and has now been rolled out for use in all areas. Matrons / Clinical Service Managers are coordinating its use in all wards, and developing action plans to address any areas of non-compliance. Once all of the audits are completed a summary report will be sent to the Foundation Trust Board of Directors.

Who have we involved in the improvement actions?

The stakeholders involved in the development of the policy, the patient survey and the ward audit tool are the Dignity and Respect: Being Valued Policy working group. The comments and information gathered from patients consulted in the patient survey have been used to develop improvement actions and we have also incorporated privacy and dignity into the Foundation Trust Nursing Induction programme. Findings from the use of the dignity audit will be reviewed to identify any areas for improvement that require a Trust-wide approach, and this will be delivered through the working group. The dignity working group reports to the Nursing and Midwifery Development Forum.

How have we monitored and measured any improvement (or plan to do so)?

The results have yet to be submitted from the ward audit tool.

Have the results shown any improvements?

No results available at time of publication.

What actions are we planning to continue to improve our performance in the next 12 months?

The ward audit will be performed on a 6 monthly basis. Work will be performed by the policy working group to look at how the tool can be adapted for use in outpatient settings.

Audit results are submitted to the policy working group along with an action plan which outlines improvements required in their areas and timescales. The group address any trust-wide actions required and all work is reported to the Board of Directors.

How will we know when we have succeeded in improving the quality of the patient experience?

We will see a reduction in the number of complaints, improvement in the National Patient Survey scores and improvement in the overall compliance scores in the ward audit.

Priority 6: Staff working well together to organise care within a well organised ward/department; and

Priority 7: To involve people in decisions regarding their care and treatment and expected outcomes

Why is this indicator important?

The first membership consultation undertaken to ascertain and understand the priorities held by Foundation Trust Members (with recent patient experience) was undertaken in January 2011. The priorities outlined above are two of the seven indicators identified by the PPI Governor Working Group as the membership 'improvement priorities'.

What did we do initially to identify the key issues and what did we find?

The PPI Governors 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, PALS and from local and national patient surveys.

'Staff working well together to organise care within well organised ward/department.'

	Very important / Important	Not sure	Not important
Expectations	98%	2%	0%
	Very good / good	Satisfactory	Poor
Experience at BTHFT	70%	21%	9%

The difference between importance of expectation and a good patient experience was 28%.

'To involve people in decisions regarding their care and treatment and expected outcomes.'

	Very important / Important	Not sure	Not important
Expectations	97%	2%	1%
	Very good / good	Satisfactory	Poor
Experience at BTHFT	70%	20%	6%

The difference between importance of expectation and a good patient experience was 27%.

Following a review of the existing performance review methodology employed within the Foundation Trust it was determined that currently the Care Quality Commission (CQC) mock inspection process afforded the "best fit" in terms of measuring how well we were performing across the Divisions in relation to indicators six and seven.

What have we done so far to improve on the key issues we identified?

The key issue identified was the CQC shift in focus from inspecting documentary evidence to ward inspections. The mock inspection process was created to satisfy a number of goals:

- Improve the awareness of the CQC across the Foundation Trust;
- Provide the CQC perspective to the 'mock inspectors' i.e. what the CQC will be looking for within an inspection;
- Provide clarity as to what minor, moderate and major risks the CQC may identify;
- Improve/address any areas of risk that may exist in patient areas.

Who have we involved in the improvement actions?

The following divisions have hosted the mock inspection process:

- Division of Medicine (from October 2011)
- Division of Surgery and Anaesthesia (from October 2011)
- Division of Women and Children's Services (from October 2011)
- Division of Clinical Support Services (from January 2012)

Various levels of staff have been involved – Heads of Nursing and Midwifery, Operational Service Managers, Matrons, Sisters and Business Support Managers.

How have we monitored and measured any improvement (or plan to do so)?

A mock inspection summary has been created detailing all mock inspections that were carried out in the period of October – December 2011:

- 28 inspections were completed – 80% of the total scheduled;
- No major risks were identified;
- Recurring minor risks – level of CQC knowledge, lack of 'you said, we did' boards.

The responses to the questions which most closely relate to Indicators six and seven are summarised below:

Does the patient understand their care plan, treatment options and any risks involved? (Indicator 7)

Do patients feel involved in their care? (Indicator 7)

- ✓ *No moderate or major concerns were raised in any of the inspections across the divisions for the above indicators.*

Do staff appear to work as a team, supporting one another in their work? (Indicator 6)

- ✓ *No moderate or major concerns were raised in any of the inspections across the divisions for the above indicator.*

Is discussion of treatment options, risks and benefits and alternatives written within the patient care plan? (Indicator 7)

- ✓ *No moderate or major concerns were raised in any of the inspections across the divisions for the above indicator.*

Do patients appear involved in their plan of care or treatment? (Indicator 7)

- ✓ *No moderate or major concerns were raised in any of the inspections across the divisions for the above indicator.*

Any further mock inspections that are carried out in an area that was previously inspected will be checked for recurring issues. No areas have been repeatedly inspected as yet, such situations are likely to occur in Quarter 4 (Jan – Mar 2012) allowing further monitoring of improvement.

Have the results shown any improvements?

Where possible, issues have been addressed at the point of inspection. Some further 'deep-rooted' issues (eg: staff training) are being dealt with outside the mock inspection process.

Further improvements are to be determined as the mock inspection process has only been in place for 3 months.

What actions are we planning to continue to improve our performance in the next 12 months?

To continue the mock inspection process, in particular focusing on addressing any recurring issues.

How will we know when we have succeeded in improving the quality of the patient experience?

The CQC risk tracker is used to assess the level of risk within each of the four divisions. Following the mock inspection process, the level of risk may be reduced from a mock inspection perspective through the reduction of issues or concerns raised and an increase in issues addressed and resolved through divisional action plans.

The key measure of success will be through an actual CQC inspection. If the CQC inspect the Foundation Trust and declare no major areas of concern, this will then validate the mock inspection as an invaluable process in providing assurance.

The Patient Public Involvement Governor Working Group (PPI GWG) have recommended to the Foundation Trust's Quality and Safety Review committee that:

- All seven of the Improvement Priorities remain within the Quality Account for 2012/13;
- The Foundation Trust seeks to develop support systems related to the routine collection, processing and analysis of patient feedback/evidence that informs initiatives and developments that are underway;
- The Foundation Trust provides support/learning for staff in the development of useful and appropriate methods for efficiently and effectively capturing and analysing 'patient experience' information.

What are our proposed quality account priorities for 2012/13?

With reference to the specific improvement priorities the PPI GWG would expect to see the following outputs in 2012/13:

Priority 1: Offering healthy meals that are of good quality and at the right temperature

- An increase within the number of patients surveyed, improvements in the satisfaction rates and positive outcomes with regard to the implementation of the 'ward hostess' initiative.

Priority 2: 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

- The PPI GWG will, following the receipt of information related to the baseline audits, choose which service or services to focus on in relation to this Improvement Priority.

Priority 3: Accurate information about a patient's treatment before coming into hospital and understandable written information about the condition and treatment

- Review of the results from the Trust-wide departmental audit paying particular attention to the outcomes related to patient/public engagement as part of the process of developing patient information.

Priority 4: Improving information on discharge to ensure that patients understand what to expect then they go home and how to take medicines

- Feedback from the pilot of the Discharge Booklet to inform any further changes required;
- Continued development of the Children's Discharge Forum to include parent and patient representation.

Priority 5: Being treated with dignity and respect, with staff being polite and staff listening

- The outcomes of the proposal to use hand held devices to support an electronic dignity and respect patient survey in 2012.

Priorities 6 and 7: To involve people in decisions regarding their care and treatment and expected outcomes; and staff working well together to organise care within a well organised ward/department

- Correlations with the national inpatient and outpatient surveys and the collection of real-time feedback from patients so that their input informs progress with regard to this improvement priority.

Statements of assurance from the board

Review of Services

During 2011/12 Bradford Teaching Hospitals NHS Foundation Trust provided and/or subcontracted 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 all of the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2011/12 represents a significant percentage of the total income generated from the provision of NHS services by Bradford Teaching Hospitals NHS Foundation Trust for 2011/12.

Participation in Clinical Audits and National Confidential Enquiries

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

Participation in local and national clinical audit is a priority for the Foundation Trust. The Foundation Trust also participates fully in the National Confidential Enquiries and has in place robust mechanisms for the follow up of recommendations from published studies.

During 2011/12, 33 national clinical audits and 7 national confidential enquiries covered NHS services that Bradford Teaching Hospitals NHS Foundation Trust provides.

During 2011/12, Bradford Teaching Hospitals NHS Foundation Trust participated in 87% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The list of national clinical audits and national confidential enquiries that Bradford Teaching Hospitals NHS Foundation Trust participated in during 2011/12 can be found in Table 1, Annex 1. This includes the following information:

- Total number the Foundation Trust was eligible to participate in;
- Total number the Foundation Trust participated in.

The reports of 6 national clinical audits were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2011/12. Annex 1 shows the actions we intend to take to improve the quality of healthcare provided.

The reports of 5 local clinical audits were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2011/12. Annex 1 shows the actions we intend to take to improve the quality of healthcare provided.

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 few 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.

During 2007-12 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)

The Foundation Trust is involved in 97 National Institute for Health Research (NIHR) portfolio projects.

The number of patients receiving NHS services provided or sub-contracted by Bradford Teaching Hospitals NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee was 2780.

The Foundation Trust is also involved in 185 other non-NIHR portfolio projects and has recruited 4033 patients in total (this is a cumulative total as the recruitment to non-portfolio projects is not recorded on a yearly basis).

Bradford Teaching Hospitals NHS Foundation Trust has become the second highest recruiter of patients to research studies in the region and is ranked 15th in national recruitment to NIHR portfolio projects (based on 2010/11 figures).

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. Our engagement with clinical research also demonstrates the Foundation Trust's commitment to testing and offering the latest medical treatments and techniques.

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

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

A proportion of Bradford Teaching Hospitals NHS Foundation Trust income in 2011/12 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.

A list of the 2011/12 CQUIN indicators can be found in the Review of Quality and Performance section.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically at:

<http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275>

The monetary total for the amount of income in 2011/12 conditional upon achieving quality improvement and innovation goals is £4.2m and the monetary total for the associated payment in 2010/11 was £3.3m.

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 CQC made two unannounced visits to the BRI as part of their nationwide reviews of dignity and nutrition for elderly people and termination of pregnancy.

In June 2011 the Care Quality Commission (CQC) published a report, 'Dignity and nutrition for older people'. The inspection team observed how people were being cared for at Bradford Royal Infirmary, talked with people who use our services, talked with staff, checked our records and looked at records of people who use our services.

The CQC assessed us as being compliant and meeting the key requirements of elderly patients in hospital when reviewed against criteria for respect and involvement, and meeting patients' nutritional needs.

The report said: *"The patients we spoke to were generally positive about their experiences of care and treatment. Patients told us they were happy with the way staff cared for them, they said the staff are "lovely" and speak to them respectfully. Patients told us they had never felt embarrassed or uncomfortable during their stay in hospital. Overall patients felt staff responded quickly to their needs. Patients told us they understood the information they had been given and said when they asked for further explanation it was forthcoming. Patients told us the meal times are not rushed and said they are given a choice of meals from the menu."*

Data Quality

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

Bradford Teaching Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

- Strengthen the strategic governance framework on data quality;
- Continue to review and enhance data quality reports to monitor data accuracy and completeness levels;
- Develop and implement a communication strategy across the Foundation Trust to better inform staff of their responsibility to maintain good quality data.

NHS Number and General Medical Practice Code Validity

Bradford Teaching Hospitals NHS Foundation Trust submitted records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number was: 99.5% for admitted patient care; 99.8% for outpatient care; and 98.3% for accident and emergency care.
- which included the patient's valid General Practitioner Registration Code was: 100% for admitted patient care; 100% for outpatient care; and 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 data systems, standards and processes within an organisation.

Bradford Teaching Hospitals NHS Foundation Trust's Information Governance Assessment Report scored a level 2 or above in each of the 45 requirements for 2011/12 and was graded green.

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.

The Audit Commission initiated a National data assurance audit programme during 2011/12 to review the quality of the information used for payment based on Payment by Results (PbR) principles. Bradford Teaching Hospitals NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Primary diagnosis: 5.9%
Secondary diagnosis: 6.5%

Primary procedure: 4.5%
Secondary procedure: 3.0%

This clinical coding audit covered 200 case notes - half of them for a specialty agreed between the Foundation Trust and the lead commissioner (Trauma and Orthopaedics) and the other half being randomly selected across all specialties. Detailed error rates were:

Area audited	% Procedures coded incorrectly		% Diagnoses coded incorrectly	
	Primary	Secondary	Primary	Secondary
Locally determined specialty – Trauma & Orthopaedics	3.8	0.5	8.0	6.5
Random selection from SUS	6.3	12.5	3.5	6.5
Overall	4.5	3.0	5.9	6.5

The results should not be extrapolated further than the actual sample audited.

Part 3: Review of quality performance

How did we perform against key national priorities and national care standards?

The Foundation Trust has a Clinical Governance Strategy in place and the key principle of this strategy is to ensure “that patient care is safe, effective and efficient, and delivered in clean modern facilities by well trained staff, responsive to patients’ needs and experience. This mandates seamless care and the co-ordination of staff and departments.”

This strategy encompasses our IT systems to ensure that our clinical and business information systems will help to improve efficient delivery of safe and high quality clinical services. Our Clinical Quality Manager has identified our top priorities to improve the quality and safety of care which include: the provision of systems to assist clinical decisions, based on high quality evidence; ensuring complete and accurate information in the patient’s clinical record; and the provision of timely and routinely available information to review and improve clinical practice. In addition, clinical quality and health outcomes are measured in order to ensure that treatment provision is actually effective.

Divisions are held accountable for the delivery of agreed national and local quality and safety indicators. Performance of the divisions is monitored and managed through integrated processes, including: monthly reports on quality and patient safety reviewed by the board of directors; quarterly performance review meetings where quality and safety is reviewed and exception reports presented the executive directors’ meetings to agree further actions; quarterly returns from divisions on progress against agreed annual plans; the development of a clinical dashboard as a means of assessing performance and identifying outliers.

National priorities

The Foundation Trust performed well against the majority of the key national priorities from the Department of Health’s Operating Framework in 2011/12 as reported in Table 1. However performance against the Cancer 62 day first treatment standard has been particularly challenging. *Clostridium difficile* performance has not been in line with our planned profile with year to date cases above trajectory.

The Foundation trust achieved the 95th percentile referral to treatment maximum waiting time targets. The admitted 95th percentile for 2011/12 was 21.59 weeks with non-admitted at 13.05 weeks.

The Foundation Trust continues to meet the A&E waiting time measure.

During 2011/12 the Foundation Trust declared the following governance risk ratings to Monitor:

Quarter 1 - Amber-Green
Quarter 2 - Amber-Red
Quarter 3 - Amber-Red
Quarter 4 - Amber-Red

This year our registration with the Care Quality Commission (CQC), the health and social care regulator for England continued without any conditions.

Table 1: National Priorities 2011/12

Priority	Performance measure	Target	2011/ 2012	2010/ 2011	2009/ 2010
Access to A&E	Total time in A&E: Less than 4 hours	>=95%	95.9%	96.7%	98.3%
Infection Control	Incidence of MRSA Bacteraemia	<=3	2	3	8
	Incidence of <i>Clostridium difficile</i>	<=69	88	87	99
Access to Cancer Services	All Cancers: two week wait - First Seen	>=93%	94%	96%	94%
	All Cancers: two week wait - First Seen Breast Symptoms	>=93%	94.4%	95.5%	94.4%
	Cancer 31 Day standard - First Treatment	>=96%	96.8%	97.5%	98.2%
	Cancer 31 Day standard - Subsequent Surgical Treatment	>=94%	95.3%	95.4%	95.8%
	Cancer 31 Day standard - Subsequent Drug Treatment	>=98%	99.6%	99.5%	99.7%
	Cancer 62 Day standard - First Treatment	>=85%	83.67%	86.9%	86.6%
	Cancer 62 Day standard - Screening	>=90%	96.2%	96.5%	92.2%
Access to treatment	Referral to Treatment Waiting Times- Admitted	>=90%	91.2%	92.6%	93.4%
	Referral to Treatment Waiting Times- Non Admitted	>=95%	98.9%	98.3%	98%

Performance Improvement actions

Healthcare Associated Infections (HCAI)

Clostridium difficile infection

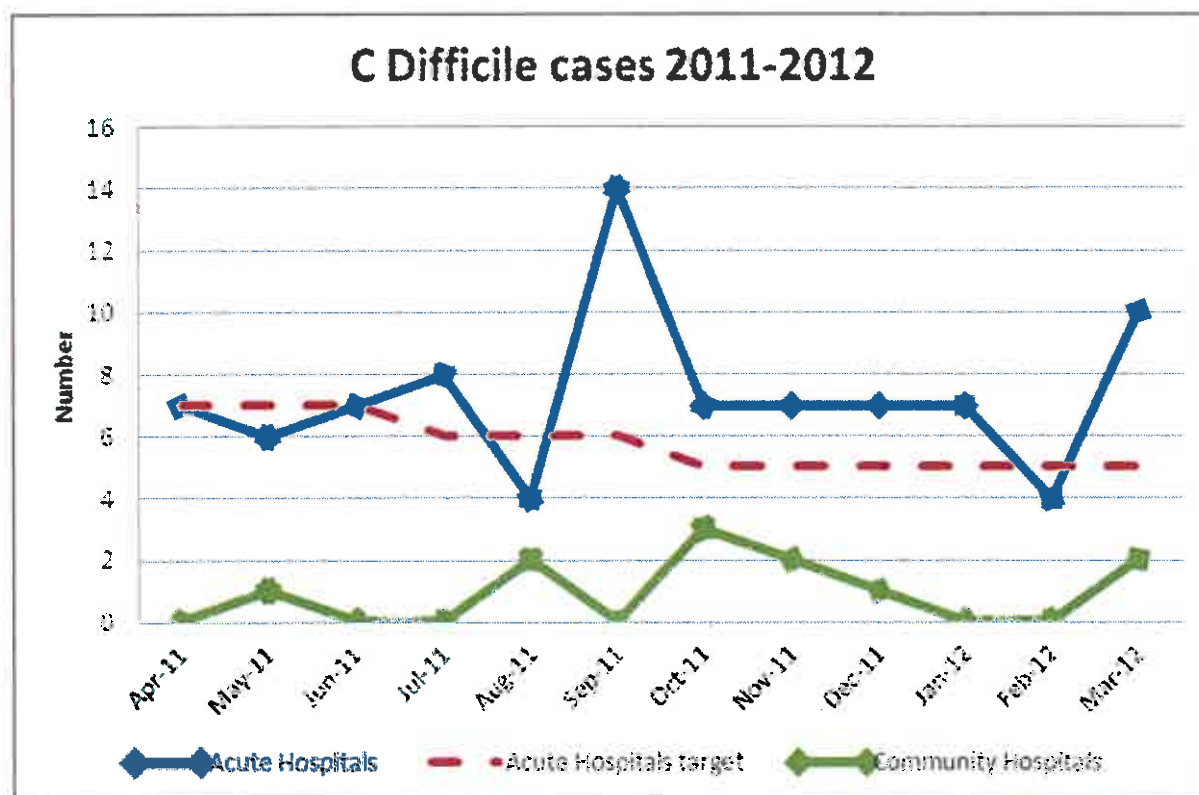
Complex health care leads to an increased vulnerability of patients to infection. Coupled with the emergence of antibiotic resistant infective agents this means that a strict code of practice for infection prevention and control needs to be in place, which is monitored and regularly reviewed. Control 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.

In 2010/11, rates of *Clostridium difficile* fell across the organisation from 99 to 87. During 2011/12 there were two contracts with the Primary Care Trust – The Acute Hospital Services Contract and the Community Services Contract. Each contract had its own separate target and contract conditions for *Clostridium difficile*.

The new Community Services Contract covered a range of community services transferred to Bradford Teaching Hospitals NHS Foundation Trust on 1st April 2011 as part of the Department of Health's Transforming Community Services (TCS) programme. Our target in the Community Services Contract for *Clostridium difficile* was 10 Community Hospital reported infections. Module E, clause 6.7 in the Community Service Contract says that if there were less than 50 cases in both 2010/11 and 2011/12 then no financial adjustment shall apply. In 2011/12 there were 11 Community Hospital reported *Clostridium difficile* cases.

For the Acute Services Contract, the national allocation target for 2011/12 for *Clostridium difficile* was set at 69 cases. Schedule 3 Part 1, clause 9.5 of the standard terms and conditions for Acute Hospital

Services says that financial adjustments shall apply where the number of *Clostridium difficile* cases for 2011/12 exceeds our 2010/11 outturn by 2 or more cases. The outturn for 2010/11 for acute services for *Clostridium difficile* was 87 cases. There have been 88 Acute Hospital reported *Clostridium difficile* cases in 2011/12.



What did we do to address the issue?

Despite a continued focus on infection prevention and control that has resulted in a considerable reduction in *Clostridium difficile* over the last three years, the Foundation Trust performance plateaued in 2011/12 with an increase in case numbers linked in part to some clear outbreaks of cross-infection. Our *Clostridium difficile* rate was higher than most of our peer group of Trusts so an external expert review was commissioned to assess the actions the Trust is currently taking to see if the policies, systems and processes in place were sufficiently robust and to advise if there were additional actions which could be implemented.

What did the review team find?

The Review report highlighted the following observations:

- A genuine desire from Board to ward to understand what further action needs to be taken to help overcome the current problems and ensure that the Trust achieves low numbers of *Clostridium difficile* infections;
- Having talked to staff, observed practice on the wards and reviewed the data there was evidence that the Trust was putting in place a number of actions to attempt to reduce the levels of *Clostridium difficile* infections. Overall these are heading in the right direction but policies and action plans needed a much sharper focus, and a harder cutting edge to make it clear to everyone how important it is to do all the procedures properly and within a defined time-frame.

What did they recommend?

The reviewers recommendations, therefore, were targeted at enabling the Foundation Trust to prioritise the following actions:

Board Assurance

The current Board report is presented for “discussion and information” with the purpose of informing the Board on the current position in relation to healthcare associated infections. This report needs to be strengthened to provide assurance that:

- the Trust is taking all necessary actions to reduce healthcare associated infections;
- the risks to delivery of this are clearly understood by the Board;
- the actions to minimise or mitigate the risks are understood and an integral component of Trust and Divisional action plans;
- the content of the report enables the Board to provide adequate challenge that all actions are being taken and progress is being made.

Leadership, ownership and responsibility

Senior medical staff should take clearer ownership and responsibility for delivering the healthcare associated infections/*Clostridium difficile* infections programme as equal partners in the multi-professional teams. They should take a more involved approach to supervising the antimicrobial prescribing on their units by their junior staff.

Isolation

Despite working under significant difficulties with the type of accommodation available and the small number of single side rooms and en suite rooms for infected patients, it is important to review practice and work out the best approach to speedy recognition and isolation of *Clostridium difficile* patients within the constraints of existing facilities.

Root cause analysis (RCA)

Root cause analysis on *Clostridium difficile* infection cases is undertaken but the tool needs to be redesigned and simplified. The process should ensure that RCAs are completed on-time and the findings result in a clear set of actions which are implemented at pace. This includes ensuring themes are collated to enable effective corporate action to be taken when required.

MRSA Bacteraemia

The cumulative overall total for this year is 2 cases which was within our target of 3 cases for 2011-12. The target for 2012-13 will be 2 cases.

Achievements in the last year include improvements in the MRSA screening policy, achieving >95% screening of elective admissions. Around 90% of non-elective admissions are screened - the Divisions continue to work on action plans to improve performance for their wards, reporting progress to the Infection Prevention and Control Committee.

Other HCAI surveillance

Work planned includes further improvement in intravenous line management and devices to tackle some issues recognised around control of MSSA bacteraemia.

Numbers of healthcare associated E coli bacteraemia and VRE bacteraemia have remained low with no significant changes.

Work is continuing on reduction of urinary catheter related urinary tract infection with improved monitoring of catheter care.

Surgical Site Infection (SSI) Surveillance

The Trust fulfilled its responsibilities around mandatory SSI surveillance. Improvements in delivering perioperative antibiotics were demonstrated over the year. Work is ongoing to expand SSI surveillance to other specialities, the major challenge remains of how to achieve surveillance during the 30 days post-operative period when the patient has been discharged with need for collaboration with primary care providers.

Isolation Facilities

The focus is currently centred on improving use of the existing isolation facilities by improved bed management of side rooms. Improving isolation facilities is a key focus of the Capital Programme around the development of the estate and new facilities.

In conclusion the Foundation Trust has recognised the need to revitalise the healthcare associated infections campaign to energise all staff and increase local ownership and accountability. Actions such as displaying up to date graphs, tables or records of healthcare associated infection cases/rates, results of audits etc. in the wards will provide a higher visibility, to both staff and patients/visitors putting the infection prevention and control challenge at the forefront of staff priorities.

Cancer 62 day wait standard – First treatment

Background

Performance in the 62 day standard for first treatment has been below target for Quarters 2, 3 and 4 in 2011/12.

Key reasons for underperformance

The major problems have been in the following cancer sites:

- Lung
- Head and Neck
- Gynaecology
- Urology

Additional concerns and active improvement plans are being undertaken in the following facilitative services:

- Endoscopy Services
- Anaesthetics Assessment Services
- Imaging and Pathology Services

Summary of key issues and actions by specialty team

Table 1.

Team	Issues	Actions	Progress
Lung	Inadequate first chest physician outpatient appointment capacity.	Additional capacity has been deployed.	Weekly slots increased from 10 to 14 with flexibility to increase to 18.
	Inadequate thoracic surgical capacity at LTHT.	Issues escalated with LTHT.	LTHT have had additional capacity since March 2012.

	BTHFT diagnostic capacity for CT	Additional CT capacity deployed.	Secured and in place since January 2012.
	Need to shorten overall pathways.	Need to design ideal timed pathways and increase clinical engagement throughout each patient.	Timed pathway now in place and patient tracking involves clear escalation points and active clinical engagement.
Head and Neck	Need additional surgical and outpatient capacity.	Optimise current capacity; streamline clinics with increased dedicated slots for Fast Track. Complete business case to increase consultant capacity.	Business case pending to be completed after current and on-going divisional job planning.
	Need to shorten overall pathways.	Need to design ideal timed pathways and increase clinical engagement throughout each patient.	Timed pathways are in final stages of development and implementation. Clinical involvement in patient tracking now fully in place.
	Need to shorten diagnostic stage.	Working with imaging and pathology to achieve turnaround within 7 days.	The imaging department are deploying interim measures to increase capacity and better process flows and working towards medium term capacity increases.
Gynaecology	Increase clinic capacity.	Additional clinic capacity deployed.	Now in place.
	Need to shorten diagnostic stage.	Need increased USS capacity.	The imaging department are exploring interim measures to increase capacity.
	Delays with anaesthetic assessment.	Need to work towards patients being offered appointments within the week.	Interim measures in place to ensure that cancer patient targets are communicated and prioritised appropriately. Medium capacity increases are under consideration.
	LTHT surgical capacity.	Issues escalated with LTHT.	LTHT have rationalised existing capacity and work closer with BTHFT Gynae team to optimise capacity since March 2012.
Urology	The Haematuria pathway delays required revision following TCS to ensure compliance with Trust governance arrangements and deliver prompt clinical decisions.	Pathway revisions have been undertaken.	New process in place since March 2012.
	Need to increase	Increased from 16 to 24	In place since February 2012.

	cystoscopy capacity.	a week.	
	Inadequate Urology Oncology capacity.	Capacity increased via provision from LTHT.	In place since February 2012.
	Need to shorten diagnostic stage and overall pathways.	Timed pathway to be developed. Diagnostic protocols to be agreed along specific pathways.	Both in place since April 2012. Active clinical engagement in place for tracking along timed pathways. On-going dialogue with imaging/diagnostics to make further improvements.
	Delays with anaesthetic assessment.	Need to work towards patients being offered appointments within the week.	Interim measures now in place to ensure that cancer patient targets are communicated and prioritised appropriately. Medium capacity increases are under consideration.

What did we do to address this issue?

The Foundation Trust engaged the Cancer Intensive Support Team (IST) with help in improving cancer performance.

The IST undertook a 2 day diagnostic visit on 24-25 January 2012 at the request of the Foundation Trust's Cancer Strategy Team. They met with the Trust's Cancer Strategy Team along with Yorkshire Cancer Network and Primary Care Trust representatives. They also met the Lung, Head & Neck, Urology, Radiology, Pathology and Endoscopy Lead teams as well as targeted administrative staff working across the Foundation Trust.

A report was finalised on 27 February 2012 and key recommendations have been incorporated into the recovery action plan. Specialty specific action plans have also been adjusted accordingly. The Cancer IST key recommendation have been incorporated into the recovery action plans which are reported to the Board of Directors every month (see table 1. above).

Additional support is being received from the PCT and also from the Yorkshire Cancer Network to build on on-going improvements and ensure that sustainable actions are fully embedded into practice.

Updated actions are being pursued through on-going review meetings with specialty teams to improve cancer performance to ensure that:

- Time taken for key diagnostic tests is reduced;
- Full investigations are undertaken by responsible clinicians for breaches of the targets to learn the lessons;
- There is robust use of patients' tracking information to pull patients through and minimise delays between appointments and pathway stages;
- A strong working relationship between regional providers is maintained to minimise inter-provider transfer delays;
- There are robust operational escalation systems in place in each cancer specialty site;
- Dashboards are produced for specific cancer sites.

Monitoring and reporting in the monthly Report for the Board will be undertaken for the following standards:

- 2 week Fast Track patients seen within 7 days;
- The percentage of patients with a decision to treat by day 31;

- The percentage of patients treated by day 54 of the 62 day Fast Track pathway.

How did we perform against our local standards?

CQUIN indicators

In determining the quality indicators for inclusion in the 2011/2012 Quality Account we have incorporated Commissioning for Quality and Innovation scheme indicators (CQUIN) to ensure coverage of locally agreed quality and innovation goals as well as nationally defined quality assurance indicators

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 2010/2011 Quality Account are also reported in the 2011/2012 CQUIN and/or National Targets for year on year comparison of performance where the indicators and the basis of calculation have remained the same.

What is the Commissioning for Quality and innovation Framework?

CQUINs (Commissioning for Quality and Innovation) relates to a **payment framework which makes a proportion of providers' income conditional on quality and innovation. Its aim is to support the vision set out in 'High Quality Care for All' of an NHS where 'quality' is the organising principle. The framework was launched in April 2009 and helps ensure quality is an integral part of all commissioner-provider discussions.**

The CQUIN payment framework is an incentive scheme which rewards achievement of quality goals to support improvements in the quality of care for patients.

How do we use the Commissioning for Quality and Innovation (CQUIN) Framework?

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 Airedale, Bradford and Leeds as our lead commissioning Primary Care Trust.

The local indicators within each of the three quality domains (patient safety, clinical effectiveness and patient experience) were selected by the Board of Directors in consultation with the lead commissioner.

How much money is attached to CQUINs?

A proportion of Bradford Teaching Hospitals NHS Foundation Trust income in 2011/12 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.

The monetary total for the amount of income in 2011/12 conditional upon achieving quality improvement and innovation goals is £4.2m.

What are the CQUIN goals?

In the financial year 2011/12 the Foundation Trust is working to achieve 10 CQUIN Goals. These are split into:

- Two National Goals: VTE (Venous Thromboembolism) and Patient Experience
- Five Local Goals: Urgent Care, Service Transformation, End of Life Care, Medicine Use and Safe Care
- Three Specialist Commissioning Group Goals: Neonates, Haemophilia and Renal

Within each goal there can be a number of indicators. A summary of our performance against the agreed goals for 2011/12 are outlined in tables 3 and 4. Where the quality indicators are the same as those measured in 2010/11 the performance in quarter 4 is reported.

Table 3 : 2011/12 Commissioning For Quality and Innovation Scheme (CQUIN)

g	Achieved
a	Partially achieved/Undecided
r	Not achieved

National or Local Indicator/ Quality Domain(s)	Goal and Indicator	2011/12				2010/11
		Q1	Q2	Q3	Q4 Provisional	Q4
National	1. VTE prevention					
Safety	1.1 % of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool	g	g	g	g	g
National	2. Patient experience					
Experience	2.1 Patient experience - personal needs (composite score)	a	a	a	a	r
Local	3. Urgent care					
Experience Effectiveness	3.1 Continuous inpatient spells (excluding transfers), for patients with an emergency method of admission with zero days length of stay (below 12 hours)	r	r	a	a	
	3.2 A&E survey (composite score)	a	a	a	a	
Local	4. Service transformation					
Effectiveness	4.1 Transfer of services to a community setting at outpatient procedure tariff	a	g	g	a	
Local	5. End of life care					
Experience Effectiveness	5.1 Rate of adults who died on the LCP or equivalent (on an appropriate ward)	r	g	g	g	g
	5.2 Rate of adults who died in their expressed preferred place of care/death (Note: A&E; MAU; Medicine & Care of the Elderly)	a	a	g	g	
	5.3 Rate of staff who have undertaken appropriate education for care of the dying inc use of LCP (who work on appropriate ward - as 5.2)	a	a	g	g	
	5.4 Round 3: National Care of the Dying Audit - hospitals	a	a	a	g	
	5.5 Project plan for End of Life Care (aims: recording place of death)	a	g	g	g	
	5.6 Staff education programme	a	g	g	g	
Local	6. Medicines use - Surgical site infections					

Safety Effectiveness	6.1 Rate of appropriate surgical antibiotic prophylactic prescribing for surgical procedures (to prevent surgical site infections)	r	g	g	g	
	6.2 Local clinical audit of prophylactic antibiotic prescribing for the prevention of surgical site infection in patients undergoing surgical procedures	g	g	g	g	
Local	7. Medicines use - incidents					
Safety Effectiveness	7.1 Rate of medication incidents reported to the national reporting and learning system (NRLS)	a	a	a	g	a
	7.2 Rate of medication error resulting in severe harm	a	a	a	g	
	7.3 Clinical audit of medication errors	a	g	g	g	r
Local	8. Safe care - Catheter urinary tract infections					
Safety Effectiveness	8.1 Rate of adult in-patients with a hospital acquired CAUTI, confirmed by both clinical and laboratory results	a	r	a	g	
	8.2 CAUTI quarterly point prevalence audit report	a	r	a	g	
Local	9. Safe care: Cardiac arrest adults					
Safety	9.1 Rate cardiac arrest calls (excluding paediatrics)	a	a	a	r	
	9.2 Rate of patients who arrested who had a Modified Early Warning System (MEWS) track and trigger system in place	r	g	g	g	
	9.3 Rate of patients who had a situation background assessment recommendation (SBAR) or equivalent used to communicate	r	g	g	g	
	9.4 Mortality rate	a	a	a	r	a
Local	10. Safe care: Cardiac arrest children					
Safety	10.1 Rate of patients who arrested with a paediatric advanced warning score (PAWs) track and trigger system in place	g	g	g	g	
	10.2 Rate of patients who had a situation background assessment recommendation (SBAR) or equivalent used to communicate	g	g	g	g	
	10.3 Paediatric stabilisation audit	a	a	a	g	
Local	11. Safe care: Falls					
Safety	11.1 Rate of A&E attendees aged 65 years or more who are assessed for falls risk	r	r	r	r	r
	11.2 Rate of hospital in-patients aged 65 years or more who are assessed for falls risk	a	g	g	g	r
	11.3 Rate of hospital in-patients where a fall was recorded	g	a	a	a	r
	11.4 Rate of in-patients spells where a fall resulted in moderate or severe harm	a	a	a	a	
	Communication with GP surgery for patients who have fallen whilst in hospital	a	a	a	a	

Table 4: Specialist Commissioning Group (SCG) Indicators 2011/2012

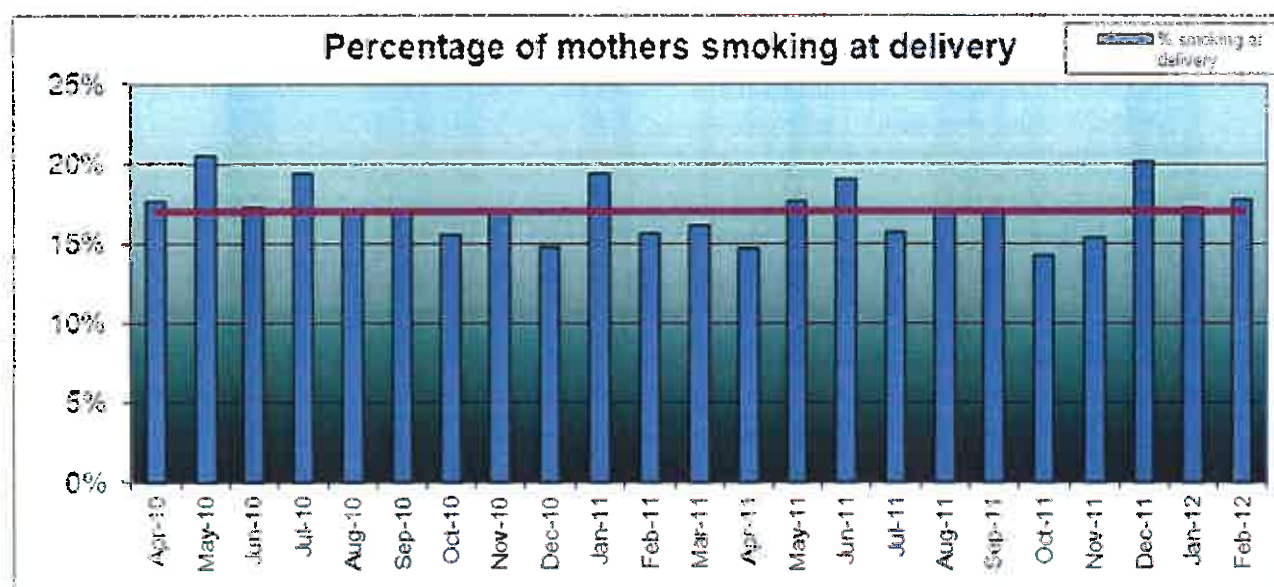
National or Local Indicator/ Quality Domain(s)	Goal and Indicator	2011/12				2010/11
		Q1	Q2	Q3	Q4 Provisional	Q4
SCG	1. Neonatal					

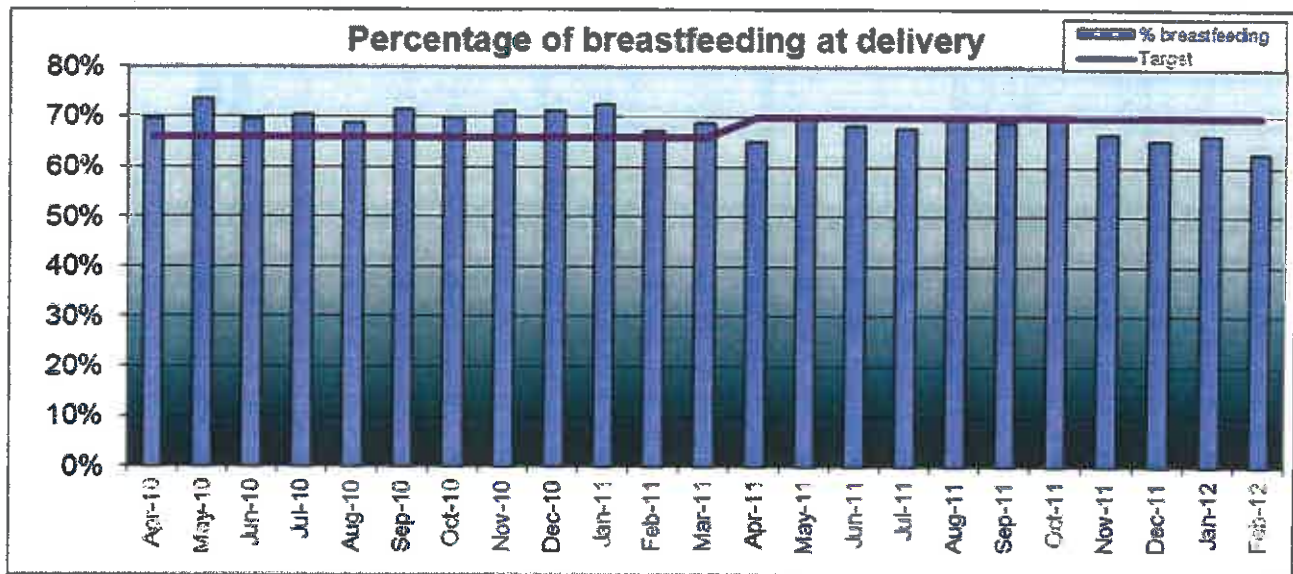
Safety Effectiveness	1.a Percentage of eligible babies with temperature recorded within 1st hour of birth	g	g	g	g	g
	1.b Percentage of unplanned referrals to tertiary unit which ultimately resulted in out-of-network/region transfers	g	g	g	a	g
SCG	3. Renal					
Experience Effectiveness	3.a Percentage bed days for dialysis only	g	g	g	g	g
	3.b Percentage of patients with a referral to transplant service (or decision not to refer) for transplant/ live donor within 180 days of commencing dialysis	g	g	g	g	g
SCG	6. Haemophilia					
Experience Effectiveness	6.a Proportion of haemophilia A patients on home treatment with concentrate, with systematic recording of bleeds and treatments	g	g	g	g	
	6.b Percentage of haemophilia A patients on home treatment and who are in employment or full-time education, for whom information on lost school/work days is recorded	g	g	g	g	

Other key performance indicators

Maternity Services - Smoking & breastfeeding at delivery

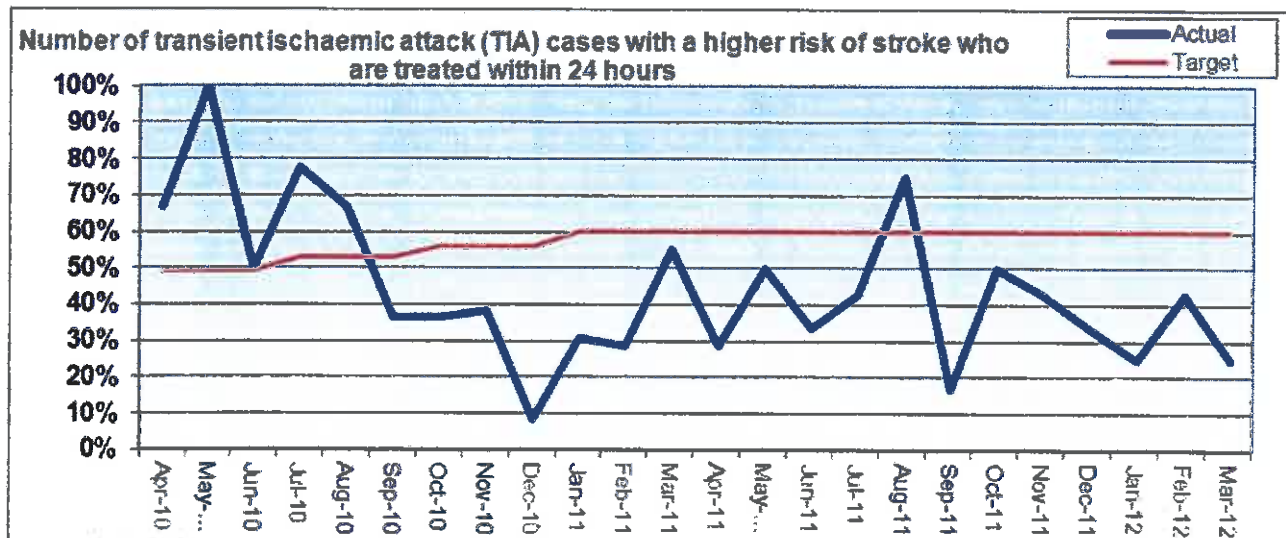
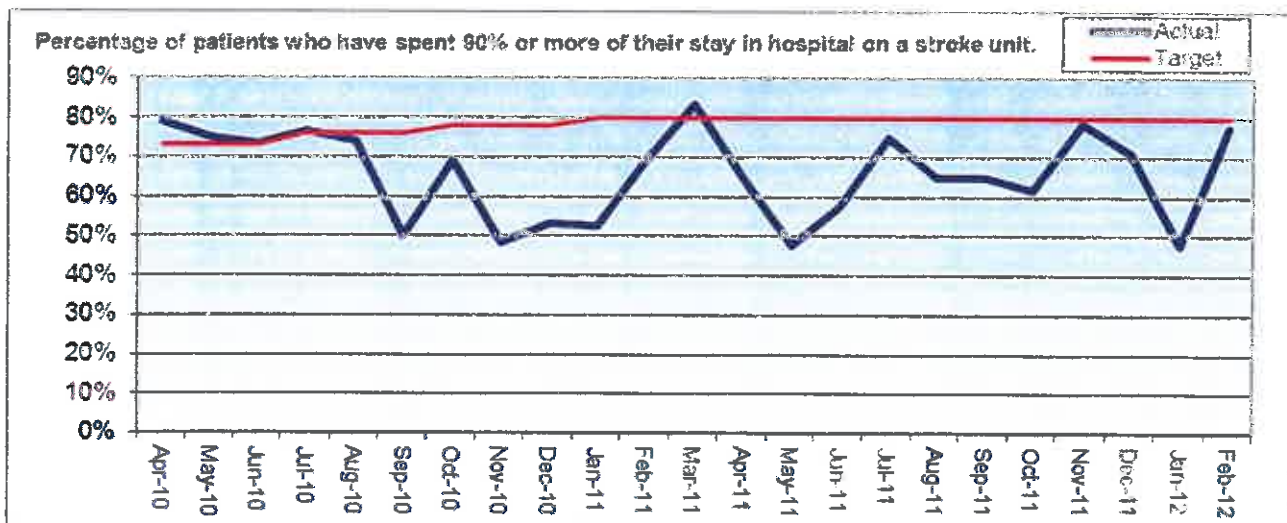
Performance against this standard is always variable. Communication to prospective mothers needs to be strong and consistent across the local health community to be most effective. The percentage of new mothers breastfeeding at delivery has dropped in recent months and is being targeted with a revised action plan.





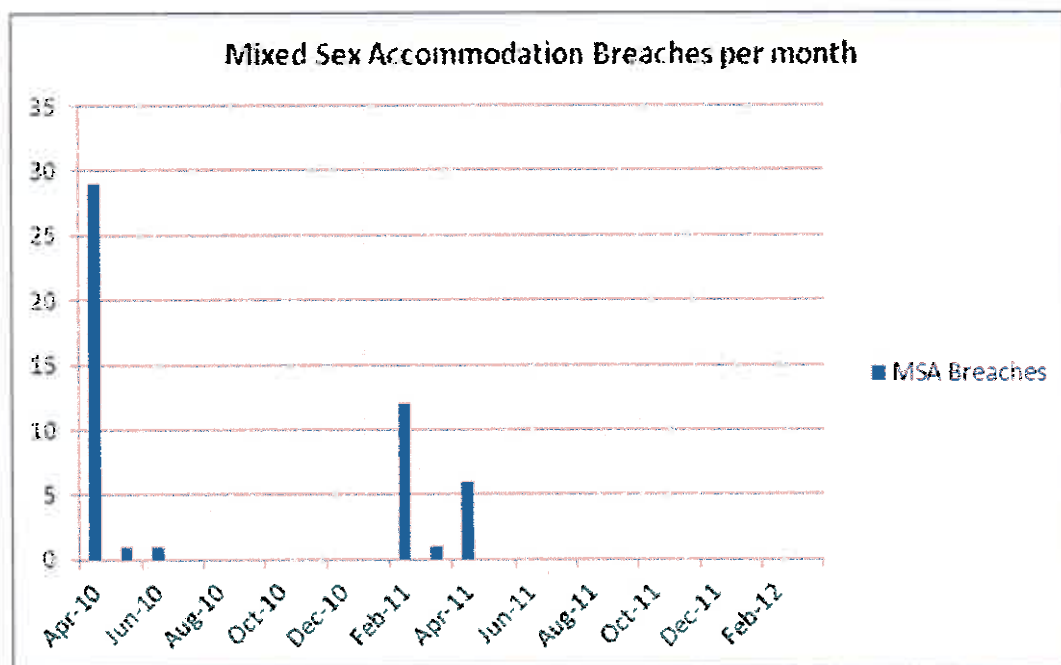
Stroke & Transient Ischaemic Attack (TIA)

Performance has been disappointing and remains a very high priority for the Foundation Trust.



Eliminating Mixed Sex Accommodation (EMSA)

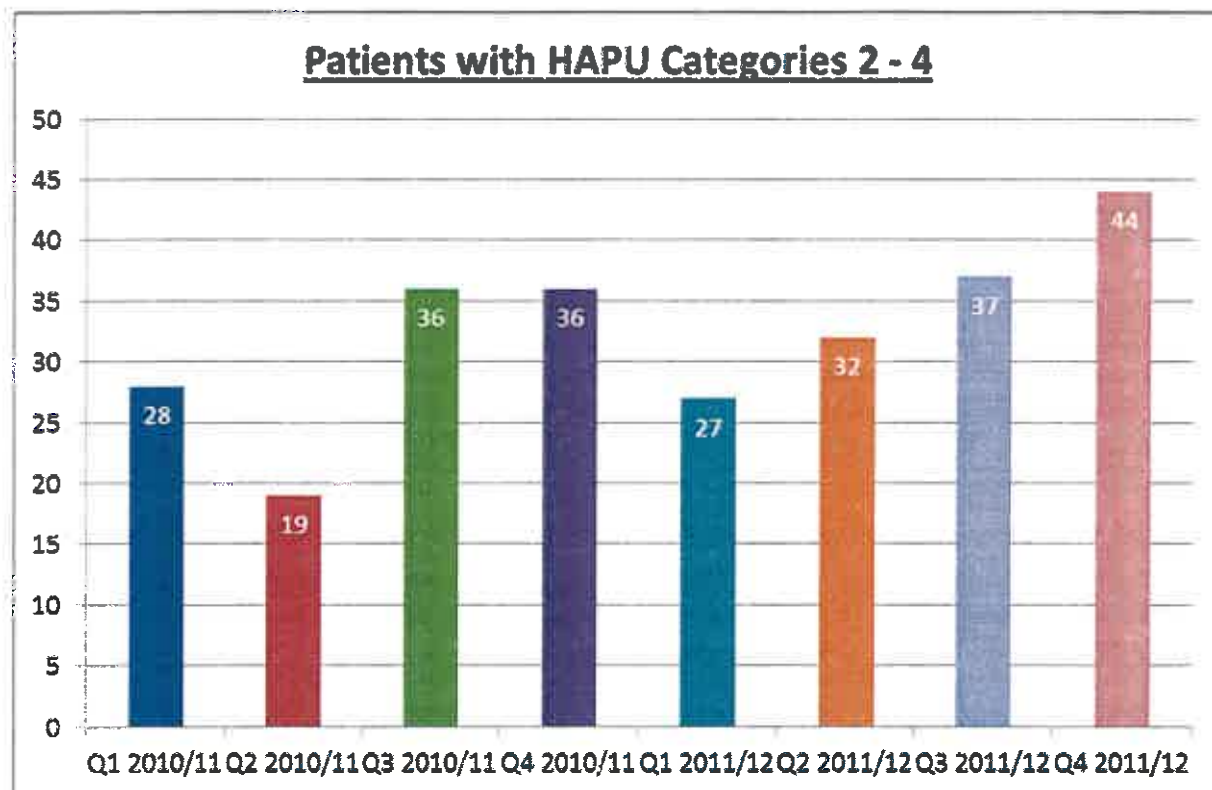
There has been a single breach (involving 6 patients) in 2011/12. The breach occurred in April 2011 – the internal investigation report and action plan identified the need for early identification and escalation of potential breaches with a clear and concise protocol for the nursing staff to follow. There have been no breaches since but this is being carefully monitored on a daily basis.



Hospital Acquired Pressure Ulcers (HAPU)

In January 2010 we started the preventing pressure ulcers work stream, in line with the High Impact Actions for Nursing to improve care and reduce hospital acquired pressure ulcers. The group meets monthly and is chaired by the Deputy Chief Nurse and attended by the wound care nurse consultant, matrons, risk management, clinical improvement facilitator and representation from medical staff.

Initial work focussed on ensuring accurate reporting via the incident system (Datix) as it is suspected at that time reporting was not sufficiently robust and not all cases were being reported. The incidence data has been reported from April 2010 – prior to this only annual prevalence data is available.



The apparent increase in incidence may be attributable to improved reporting processes.

Further progress has included:

- Development and implementation of a standard Trust wide assessment tool using the Waterlow Scoring system to identify patients at risk
- Development and implementation of a standard Trust wide preventing pressure ulcers core care plan for patients identified at risk.
- The above documentation has recently been revised and updated based on audit and feedback from staff to improve its usability.
- Implemented root cause analysis investigation on all category 3 and 4 pressure ulcers, to identify any potential areas where care could have been improved, and ensure actions are put in place to improve care in the future.
- Instigate audits of practice to ensure compliance with the preventing pressure ulcers policy.
- Implemented a total bed management contract, to ensure access to appropriate pressure relieving equipment available for all patients such as electric beds, pressure relieving mattress and chair/ cushions
- Raised the profile of preventing pressure ulcers by including it as one of the topics of the SAFE! campaign at the end of 2011.
- Revised education for staff, through the use of standard training sessions and the development of e-learning.
- Introduced patient information leaflets giving information on how patients can help to reduce the formation of pressure ulcers.

Patient and carer experience

How do we use feedback on our services?

The Foundation Trust actively encourages patients, carers and other service users to give feedback about their care and experience. We seek to respond to any feedback received and if necessary, provide patients with information about complaints procedures and help them to access these.

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

As part of the revision of the Corporate Strategy we are in the process of gathering baseline information to help the Board of Directors and Board of Governors to come up with a vision of what kind of an organisation we would like to be in 5 years' time.

A key part of this is understanding where we are now in terms of quality, and therefore where we want to be. Feedback from service users will provide information that tells us 'where are we now' in relation to quality, both in terms of what we are particularly good at and what, and where, we need to do better.

What are people telling us?

Feedback from National Outpatient Survey 2011

How is the survey organised?

The Care Quality Commission use national surveys to find out about the experience of patients when receiving care and treatment from healthcare organisations. Between June and October 2011, a questionnaire was sent to patients who had recently attended an outpatient appointment for each NHS trust in England.

How many of our patients responded?

Responses were received from 329 patients at Bradford Teaching Hospitals NHS Foundation Trust representing a 39% response rate which is below the overall 53% response rate for all Trusts.

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.

Despite concerns held about how representative the surveys are, those who had completed the surveys had been patients and their feedback is important and will be taken into account alongside all other sources of feedback the Foundation Trust gathers.

How are the results scored?

The survey asked people to tell us what they thought about different aspects of the care and treatment they received. Each NHS trust received scores out of 10, based on the responses given by their patients. A higher score is better. Each trust also receives a rating - 'better' means that the trust is better than most other Trusts who took part in the survey for that particular question, a rating of 'about the same'

means that the Trust is about the same as most other Trusts and a rating of 'worse' means that the Trust did not perform as well as most other Trusts for that question.

Based on patients' responses to the survey the Foundation Trust scored:

Questions about	Score (out of 10)	How this score compares with other trusts
Before the appointment	7.4	About the same
Waiting in the Hospital	4.6	About the same
Hospital environment & facilities	8.5	About the same
Tests and treatments	7.5	About the same
Seeing a Doctor	8.8	About the same
Seeing another professional	8.8	About the same
Overall about the appointment	8.1	About the same
Leaving the department	6.4	About the same
Overall impression	8.6	About the same

What do the results tell us?

In summary, a total of 33 questions were asked and compared to the 2009 survey we are significantly better on 2 questions, significantly worse on 3 and the scores show no significant difference on 28 questions.

The survey has highlighted the positive aspects of the work undertaken to improve patient experience at the Foundation Trust as we scored significantly better on:

- Being fully aware what would happen during appointment;
- Having confidence and trust in a member of healthcare staff other than the doctor.

However there is clearly still room for improvement as we scored significantly worse on:

- Staff not clearly explaining test results;
- Not being told fully about what danger signals to watch for after going home;
- Patient not given information on who to contact if worried about condition or treatment after leaving the hospital.

Other areas where there is room for improvement and more work is required:

- Not given choice of appointment time;
- Patient waiting for longer than they were told, or were not told how long the wait would be;
- Did not receive copies of all letters sent between hospital doctors and family doctor (GP);
- Patients not told fully about side effects of medications.

What action will we take to address feedback from the survey?

The outpatient survey is undertaken across all outpatient areas within the Trust and the divisional representatives on the Outpatient Improvement Programme Board have been asked to consider the key issues and take forward as part of their action plans. The review of the divisional action plans and outcomes will be incorporated into the Outpatient Improvement Programme.

Feedback from National Inpatient Survey 2011

The National Inpatient Survey 2011 elicited views from a number of our patients treated in the hospital during summer 2011. Of the 850 surveys sent out, 336 were returned completed, resulting in a response rate of 40.6% (this is below the Picker average of 49.6%). In terms of ethnicity of respondents, 80.4% of respondents described their ethnic group as British (compared to 79.9% last year) and 9.8% as Pakistani, Indian or Bangladeshi (compared to 7.5% last year). This represents a greater response from South Asian patients.

Key Headlines

A total of 87 questions were used in both the 2010 and 2011 surveys. Compared to the 2010 survey, overall the scores show no significant difference to last year on 83 questions, and show us being significantly better on two questions and significantly worse on two questions. The key headlines from our survey are described in the table below.

The Trust has improved significantly on the following questions:		
	2010	2011
Discharge: not told who to contact if worried	23%	16%
Overall: worried about security of personal information held by the hospital	8%	4%
The Trust has worsened significantly on the following questions:		
Lower scores are better		
	2010	2011
Hospital: food was fair or poor	43%	51%
Nurses: some/none knew enough about condition/treatment	14%	20%

We achieved a CQUINS score of 67 which indicates our achievement of approximately 80% of the total income available. These results appear to demonstrate that actions taken last year to improve information given on discharge have had some impact.

Next Steps

The results of the national inpatient survey will now be communicated widely and reviewed by the Patients First Strategy Group. Divisions will be tasked with producing actions that address the highest priority areas highlighted by the survey. These include:

- Organisation of admission and discharge processes, including addressing delays;
- Communication throughout the patient journey, written and verbal;
- Perceived accessibility of doctors and nurses;
- Pain control;
- Hospital food;
- Privacy;
- Encouraging patient feedback.

Action plans developed will be integrated into the work of Patients First, and progress will be monitored through the Patients First Strategy Group. It is hoped that initiation of Patients First will begin to have some impact on the results for 2012.

The full impact of Patients First will not be seen until the survey results for 2013; however as part of the initiative we are developing a series of measures of service quality which will allow us to track the impact of Patients First on a more regular basis.

Patient opinion website (www.patientopinion.org.uk)

Patient opinion is an independent website which provides an opportunity for service users to tell us what was good, what could be improved and to call for changes. The Patient Opinion website automatically includes all comments made on the NHS Choices website. The following comments are a selection from stories posted in 2011/12:

What I liked:

"Had surgery to treat a fractured cheek/eye socket by the ward 19 team. I would just like to express how impressed I was with the level of service and care I received. From the initial explanation of the procedure, through the procedure and the after care, the professionalism and service of all members of staff was of a high standard."

"My 4 year old son was treated on Thursday 23rd February for a very deep cut across his nose after a fall in the night. From the minute we arrived he was looked after extremely well. We were looked after in Ward 2 and the staff there couldn't have been more helpful or kind. They were all brilliant with him (and also my husband and myself!) All of the preliminary checks and consent forms were completed quickly and we were informed about the procedure that would take place. The staff in theatre were busy and unfortunately due to emergencies my son had to wait until late afternoon for his surgery (we arrived on ward 2 at 8am). However, the nurses on the ward checked we were ok regularly and provided reassurance at all times. When they realised at midday that my son's surgery was still going to be a few hours away they were sensitive to the fact that he hadn't had a drink or anything to eat (he was nil by mouth) and brought him some juice to drink. I didn't get chance to speak to the surgeons after the operation but the staff in the recovery room were also brilliant. Someone even made me a drink whilst I was waiting outside the operating theatre as i was feeling a bit delicate! A huge thank you to everyone involved in my son's care. My husband and I are extremely grateful."

"I am writing this on behalf of my 84 year old mother. On 2nd Jan she fell (at 11pm) and broke her hip - from arriving at A&E to being moved to seeing the orthopaedic surgeon on Ward 23 took less than 2.5 hours - all the doctors, nurses and porters were magnificent with my mum (I was there throughout this process). During her time on ward 23 (she was moved to Westwood Park yesterday) my mum could not speak highly enough of the care she received and how helpful the staff were - I visited at least 3 times a week and on every occasion the staff were incredibly helpful and it was obvious that my mum's care was paramount. You hear too many horror stories about the NHS and not enough about the magnificent work that usually goes unreported - good news apparently doesn't sell newspapers - so I just wanted to take this opportunity to pass on my mums and my families thanks to everyone involved in her care - it has been outstanding."

"I wanted to place on record my complete admiration for all the staff at the maternity unit at Bradford Royal Infirmary. Both of my sons births were difficult and traumatic in particular the birth of my second son this week 24th Jan 2012 where i had to have an emergency c section. I was overwhelmed by the speed at which the staff acted to ensure he was delivered quickly and safely in under 15 minutes. Too many people are quick to moan about the NHS and shouldn't. We are incredibly fortunate to have free health care in this country and the staff I have dealt with at BRI have been fantastic at all times. The staff

at the maternity unit are a credit to the NHS and I will forever hold them in very high regard. They make you feel like you are the most important person they are dealing with despite being obviously stretched resource wise. They all had a smile on their faces at all times both in delivery suite and on the wards Truly inspiration level of service thank you."

"An amazingly good experience giving birth in May 2011. Supportive staff, quick response to any potential problems, spotless...expertise on hand. Brilliant care and a gorgeous baby at the end."

What could be improved?

"The food was quite poor - luke warm at best so that's one area for improvement."

"More communications between the staff, patients knowing exactly what's going on."

"Why does each ward appear to have different uniforms, yes maybe to acknowledge which ward that they work on but why all the different colours so none of the patients know who is who?"

Patient testimonials

"I recently underwent a Colonoscopy procedure at the Gastroenterology unit, BRI, on Jan 9 2012. I would like to convey, to whom it may concern, that the care and attention I received from all of the staff in this unit during my short stay was absolutely first class! The staff were pleasant, caring and worked in a very professional manner and made me feel very comfortable and reassured. My sincere thanks to all staff at the BRI."

"On 12 January 2012 I attended Ward 5 at the Bradford Royal Infirmary to have my gall bladder removed. I am writing to say that the attention and treatment received was excellent in every respect and all of the staff acted very professionally and at the same time were caring, friendly and sensitive to my needs."

"..... Everyone, from the surgical team, the nurses, the staff who kept the ward spotlessly clean, to the kitchen staff who provided me with vegan meals, were marvellous...My thanks and respect go out to you all."

"I am writing to thank the team at the CT/MRI Scan Unit at the BRI. I had a procedure today and can only praise and thank the staff for being so fantastic. In three years of investigative procedures I have never come across such an amazing team as there. From the girls on reception, the calls to check I was coming, and the care when I had a reaction to the drugs pre-procedure, to the care and attention and support on the day - I have to say I have never come across such a caring, well organised, co-ordinated unit. They are a credit and model to others and obviously proud of the facility and the service they can offer. In this day and age we are all too happy to criticise and complain, to object and to be negative... here we have a model of great people, obviously led well, a fantastic service and a feeling that those professionals in who we trust really do care. Please take a few moments of your busy schedule to pass on my comments, praise and pure gratitude for making a very unpleasant procedure certainly much more tolerable. Thank you and thank you to the team - your care really was appreciated."

Patient stories

Bradford patient helps hospital offer support to other patients

A patient who suffers from a debilitating disease has joined forces with Bradford Teaching Hospitals to set up a website.

Matthew Hodgson, 22, from Wibsey, was diagnosed with ulcerative colitis, a form of Inflammatory Bowel Disease (IBD) three years ago and has received care and treatment at the Bradford Royal Infirmary.

Now, with the help of healthcare professionals he has helped design and set-up the Foundation Trust's new website - www.IBDBradford.org.uk - to help patients when they are diagnosed with the condition and to encourage others with Crohn's and colitis diseases to share information and experiences.

"When I was first diagnosed, information was spread across various websites but none had all the information in one place," said Matthew. "It was during one of my first appointments with a consultant, Dr Southern, that we got talking and when he discovered what I did for a living, he asked if I would like to collaborate with the hospital in putting together this website.

"The IBD Bradford website is great because it brings everything that you need to know about the condition together in one place and for first-time diagnosis patients across the district this is really invaluable."

There are nearly 2000 people in the Bradford area with IBD.

IBD nurse specialist, Deborah Patterson, said: "The new website has been designed for Bradford patients to help them find information on the condition and help them seek advice from other patients who have had similar experiences.

"Our aim is to provide a valuable resource for patients and their families to access up-to-date information and support when they first receive a diagnosis and thereafter, with the emphasis being very much on what is available in Bradford.

"The website also includes useful information on the service at the Bradford Royal Infirmary, directions and the location of the gastro unit, times of the clinics and car parking facilities for patients and their families."

The website was put together by patients and the multi-disciplinary specialist IBD team which included the IBD Nurse Specialists, new IBD Consultant leads, Dr Catherine Kenneth and Dr Cathryn Preston, and Consultant Hepatologist, Dr Paul Southern.

Funding came via a charitable donation from the Upper Bolton Conservative Club. Then last year, the hospital's dedicated IBD team which included Matthew and fellow patients Salma Ahmed, Emma Person, Gary Clarke, were crowned Team of the Year and awarded £5,000 prize money. The money is being spent on the upkeep of the website.

Porsche enthusiasts gear up for hospital fundraising

Yorkshire Porsche fans have been rallying round to help raise funds for St. Luke's hospital thanks to the efforts of a grateful schoolboy and his family.

Thirteen-year-old Sam Forrest, from Shipley, who attends St Luke's dermatology unit for eczema treatment, was so happy with his progress that he persuaded his parents, Dave and Lindsay, who run

Strasse, an independent Porsche specialist based in Leeds, to hold their annual fundraising event for the hospital.

Mum Lindsay said: "Sam really wanted to give something back to the unit because of the fantastic care and attention from Dr Andrew Wright and his team over what has been a very difficult year for him.

"Before starting the treatment, Sam missed most of last year's schooling because his eczema was so bad. He was very itchy, sore, heat and cold affected his skin, sleeping was impossible due to the pain and he even had to give up playing the guitar because the skin on his fingers were so split and cracked.

"Fundraising for the unit has been really important to Sam because he also wanted to raise awareness of the suffering endured by eczema patients which is often dismissed by people who have never encountered it before."

Every year, Strasse supports the annual Porsche Club event at Harewood House, which Dave and Lindsay jointly help to organise. This year Sam, a pupil at Beckfoot Grammar School, decided to make St Luke's the beneficiary of fundraising on the day. For the past year he has received UVB treatment three times a week at appointments which have been arranged after school.

Sam paid for a stall himself at the Harewood event, selling sweets and drinks to add to the collection. Other money was donated by customers and Porsche Club members who received mouth-watering pink candy floss cosmopolitan cocktails in return for parting with their cash.

The £1,000 cheque was handed over to consultant dermatologist, Dr Andrew Wright by Sam and his parents who drove to St Luke's in a rare GT3RS Porsche. The money will go towards training equipment for staff.

Sam continues to undergo treatment at the new dermatology day care unit, which saw the Foundation Trust invest £70,000 in new UV machines and facilities for patients.

Lindsay added: "The transformation to Sam's life following the successful treatment on the new machines has been brilliant.

"He's returned to school and is back playing his electric guitar again and is even well enough to play in a band. He's been able to get back the little basic things that most of us take for granted and, as a parent, it is great to see him pain-free.

"We're delighted to hand over a cheque for £1,000 today and we hope that others will be able to benefit from the sterling treatment and support which Sam has benefited from here at St Luke's."

Dr Andrew Wright said he was grateful to Sam and his parents for this wonderful donation.

He added: "We were all pleased that Sam did so well with the ultraviolet light treatment which works by calming down the inflammation in eczema and can be a very effective treatment for a number of troublesome skin conditions.

"We are very grateful to Sam and his family for the fundraising that they have done - as a busy department with many nursing staff, including student nurses, we have an ongoing commitment to education and we have put this money towards developing our teaching facilities in order to continue to develop our staff skills."

Don't put yourself at risk from breast cancer

A Bradford lecturer is urging more women to take up screening for breast cancer after recovering from surgery.

Between April 2010 and March 2011, around 14,000 women put themselves at greater risk from breast cancer by not taking up offers of screening by Pennine Breast Screening Service based at St Luke's Hospital.

The Unit, which serves Bradford, Airedale, Calderdale, Dewsbury and Huddersfield, invited 50,000 women to routine breast screening sessions but only 36,000 took up their appointments.

Andrea Hall, a 62-year-old lecturer, from Allerton, is a living testimony to the benefits of breast screening. A malignant lump was discovered at the Pennine Unit during her regular screening appointment last July which she hadn't been able to feel in her breast.

Andrea describes herself as one of the 'lucky ones' as the cancer was detected early and is now appealing to Bradford women to make sure they get screened.

Andrea was recalled when the Pennine Breast Screening Service noticed a suspicious area on her mammogram, which showed up as a cancerous growth during ultra-sound.

A consultant did a biopsy straight away and Andrea was called back just a few days later to talk to a specialist nurse and given lots of information to read.

Once the cancer was confirmed Andrea met up with consultant oncologist, Dr William Case, to discuss all her options before having surgery at Bradford Royal Infirmary during which the cancerous area, which was about a third of her breast, was successfully removed. During her time in hospital she also received counselling and was encouraged to examine her scar before returning home.

Because Andrea's cancer had been caused by her body producing too much oestrogen, she needed to take a course of tablets and have three minutes of radiotherapy on a daily basis for two weeks. She is now recovering well and looking forward to going back to work.

Andrea said: "I would encourage all women to go for their screening. It doesn't hurt and can save your life. I always thought it could never happen to me - cancer doesn't run in my family and I believed it would be high blood pressure that would cause me problems.

"The support I received from the Pennine Breast Screening Service was absolutely brilliant. I never had to repeat things to different staff and they involved my husband in everything right from the start. They were very sympathetic, never patronising. Everything was incredibly well organised and everyone was very caring and professional. I was given dates for all my appointments well in advance. Everything was explained to me thoroughly including what could happen in the long-term.

"You do go through a whole spectrum of emotions including the depths of despair. I love going for walks in the hills and the countryside and doing this on a regular basis helped me to stay positive and healthy. My husband and family gave me wonderful support as well.

"I feel very, very lucky as they caught the cancer early and have managed to remove it all. If they had not caught it so early I would have faced possible further surgery - in the worst case scenario removal of my breast. I also feel like I've had a really good check-up."

Janette Griggs, Pennine Breast Screening Service co-ordinator, said: "If you get invited for screening, I really would urge you to go. It will provide real peace of mind because for almost all women there will be no problem, but for the small number who do need treatment, the earlier the treatment starts, the better."

The NHS Breast Screening Programme provides free breast screening every three years for all women aged 50 and over.

The Pennine breast screening service is part of Bradford Teaching Hospitals NHS Foundation Trust and operates out of St Luke's Hospital. The team, which is made up of surgeons, radiologists and radiographers, specialist breast care nurses and administrators, currently sees more than 3,000 women a month at clinics throughout Airedale, Bradford, Calderdale, Dewsbury and Huddersfield.

Janette added: "I would encourage all women to make sure they know what is normal for you so that you are aware of any changes that occur in your breasts.

"If there is anything you are not sure about, or you notice something new such as a lump, thickening, or a rash, then it's always best to see your doctor and get it checked out."

Every October, the Pennine unit raises money for Breast Cancer Awareness month - organised by the charity Breast Cancer Care. Staff have raised more than £2,000 for breast cancer charities over the past couple of years.

The unit's aim is to help in the reduction of breast cancer mortality rates by detecting breast cancer early. Last year the team carried out 36,000 mammograms.

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.

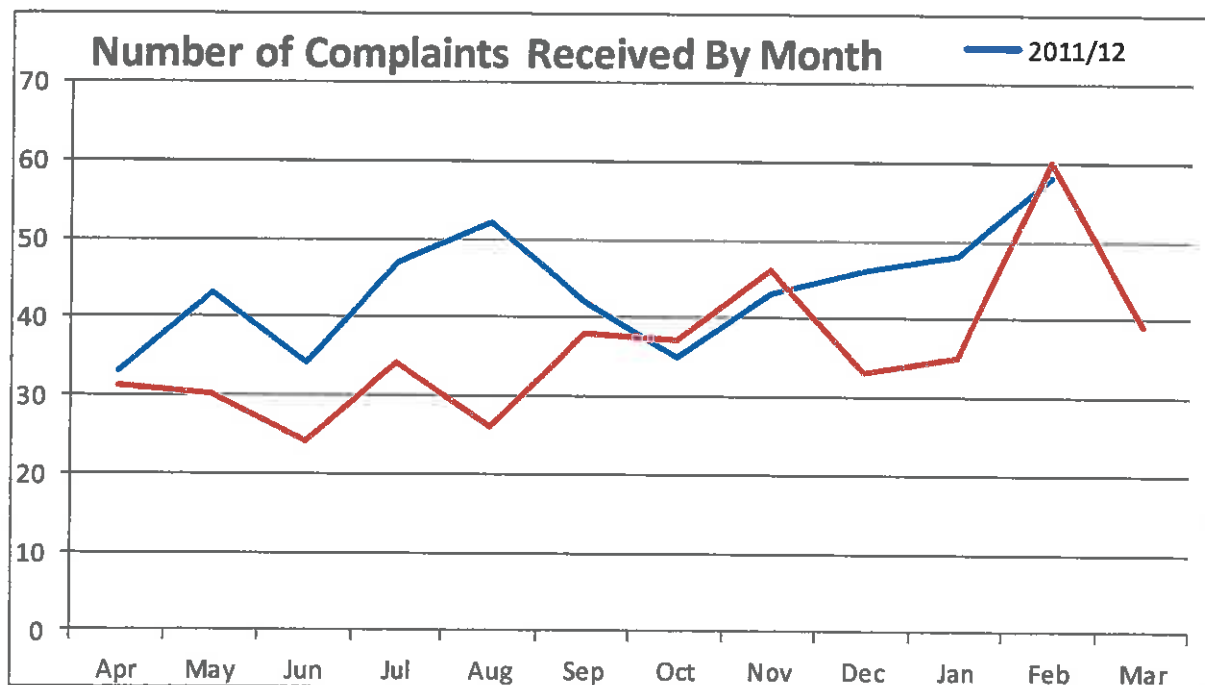
Trends and themes that appear across complaints and incidents are identified and analysed to see if any learning can be developed. A Risk Management Co-ordination Group meets on a monthly basis to share information and seek a co-ordinated approach to any investigation, reporting and subsequent lessons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

The complaints policy was updated in 2011 to take account of the new divisional structure, which came into effect in July 2011. This new structure requires matrons to respond to complaints in the majority of instances, this is already reaping benefits in the number of complainants who are satisfied with our response at initial telephone stage.

There are monthly meetings of the Complaints Steering Group. This provides an opportunity to discuss how we are dealing with complaints across the Foundation Trust and providing an opportunity to learn lessons from complaints. A review of the complaints process has been taking place and is due to be published in May 2012.

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 Division independent of that in which the complaint arose.

The following table shows the number of complaints received over the past two years:



How are we improving communications with our service users?

Many complaints and negative feedback comments are related to poor communication or lack of information. The Foundation Trust is constantly seeking to establish the most effective way of communicating with patients and exploring new ways to address communication barriers faced by patients using our services. The following developments highlight our commitment to improving communication with all our service users:

New video interpreting service technology

We have developed and implemented a new video interpreting service which uses technology to change the way we communicate with non-English speaking patients and improve access to language support.

Mobile language terminals, which will be based in clinical areas throughout the Foundation Trust, will provide direct access to a central group of interpreters based at St. Luke's Hospital who cover the core languages of Urdu, Punjabi, Bengali, Czech, Slovak and Polish.

Initial trials were successful with very positive feedback being received from all patients involved.

Providing hospital letters to blind patients in braille

Patients who are blind may require information in braille (a method used by blind people to read and write using raised dots on paper).

If a patient requires information in braille, the Interpreting Service will arrange transcription of the necessary documents. Transcriptions can be posted directly to the patient or back to the requesting department, as required.

Text reminders for outpatient appointments

The Outpatient Improvement Team has been working with Information Services to develop a text reminder service for patients with a view to reducing Did Not Attends (DNAs) and improving communication with our patients.

The team are currently trialling SMS (Short Message Service) to send appointment reminders to patients attending children's' outpatients. Patients must opt in to the service which automatically sends outpatient SMS reminders each morning.

The pilot has been successfully running since July 2011 in the Paediatric Department; 778 SMS text reminders were sent during July, which captured 40% of all appointments. This number will increase as more patients opt in to the service. The rate of non-attendance for those patients sent a text message was 4.7%, compared with 17.7% for those patients not sent a text. Patients find the reminder helpful, and comment that it is useful to be able to refer back to the saved message.

The team is working with other departments to agree how to roll out the service further across the Foundation Trust.

New website for Trinity Centre

The Trinity Centre now has a new website featuring information on sexual health services, local events and advice on the causes, symptoms, testing and treatment of various sexually transmitted infections. The website can be found at:
www.trinitycentre.nhs.uk

'Coming into Hospital' leaflet now available in Easy Read and British Sign Language

The Foundation Trust has worked with Bradford Talking Media and Bradford People First to produce the information contained in the Coming into Hospital booklet in Easy Read and British Sign Language (BSL).

The aim of this joint project is to increase access to the information for people with learning disabilities and those from the deaf community.

Patients and the public can access the information by going to the Foundation Trust's website and clicking on the "Patients and Carers section" and then "Information in Easy Read and BSL", or using the following link:
<http://www.bradfordhospitals.nhs.uk/static/easy-read/>

Easy Read is a format that makes information accessible to disabled people with a learning disability. The format is straight to the point, clear and simple to understand. British Sign Language is the language used by the deaf community and is expressed through use of the hands, body, face and head.

Maternity lilac team achieve 'You're Welcome' accreditation

The Maternity Lilac team have received the 'You're Welcome' accreditation which sets out principles to support health professionals as they seek to improve their services and ensure they are meeting young people's needs.

This Department of Health initiative specifically relates to services provided to young people. The Lilac Service was assessed against 8 criteria for which they had to provide evidence to support their commitment to providing a quality service.

Supporting Carers

Two members of the Standing Commission on Carers (SCOC) visited the Foundation Trust in October 2011 on a fact finding visit. The Standing Commission on Carers was set up to provide independent expert advice to the secretary of state for health and minister for care services by carrying out information gathering visits to collect evidence around services for carers. Bradford is one of seven areas across the country which was chosen as part of the fact finding mission. They were informed of the opportunities we offer in supporting carers and working with them as partners in hospital discharge and the work undertaken within the Foundation Trust to develop ways of implementing the National Carers Strategy.

Patients First – shaping our services



What is Patients First?

Patients First is our new strategy to continuously improve the quality of our services. It was initiated by the Chief Nurse as a significant range of work had taken place, within the clinical divisions, to seek the views of patients and to improve services in line with the areas identified by patients. However, over the last two years this work had not resulted in a significant improvement in our performance in the National Patient Surveys. The Foundation Trust recognised that it needed to strengthen the current work plan for improving the patient experience whilst ensuring that divisions continue to lead this programme within their teams.

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

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

"We work hard to provide a high quality service here in Bradford and we know that most of the time we get this right for patients but sometimes we do not. We routinely consult with service users about specific service improvements but we have never previously engaged on such a large scale before. Patients First is an opportunity to really listen to and understand what our patients and other key stakeholders expect from us."

**Sally Napper,
Chief Nurse**

Why do we need Patients First?

At a time when healthcare budgets are tightening, yet demands on healthcare are rising, we must understand what is most important to those who have a vested interest in our services so that we can utilise our precious resources in the most effective way.

What will Patients First deliver?

The information which evolves out of the Patients First consultation will be used as a basis to review the Foundation Trust's current services and its ways of working, helping to shape how the organisation develops in the coming years.

What are the timescales for Patients First?

In early 2012, every service and department in the Foundation Trust will be asked to review how they work and develop plans for the future in light of the feedback we receive as part of Patients First. This is a long-term initiative and whilst we expect to implement some actions quickly Patients First will deliver progressive quality improvements over a number of years.

The Patients First initiative aims to ensure that the Foundation Trust listens to the public before it decides on the priorities for the development of future hospital services.

Patient Safety

Keeping the SAFE! campaign at the top of our agenda

The SAFE! Campaign is a focussed patient safety initiative which was launched across Bradford Teaching Hospitals NHS Foundation Trust in May 2010, with the aim of improving patient safety across a range of topics related to the care and management of the acutely ill patient.



The first year of the campaign was completed in July 2011 with all of the planned topics launched. It has been very successful in making practice changes to improve patient safety, so much so that we have extended the length of the campaign following feedback from patients and staff.

The focus of the second year is to evaluate the progress of the campaign over the initial twelve month period as well as to embed and sustain practice changes.

To date we have launched twelve topics:

"It's great to know you're in safe hands"

Member of public,
Trust Open Event -
September 2011

- ✓ Protecting patients from Thromboembolism
- ✓ Patient observations
- ✓ Identifying & managing the deteriorating patient
- ✓ Ward rounds
- ✓ Improving communication in records & handovers
- ✓ Eliminating delays in investigations
- ✓ Oxygen safety
- ✓ Patient identification
- ✓ Medication errors
- ✓ Patient journey
- ✓ Supervision and training
- ✓ Preventing avoidable pressure ulcers

"Helps patients, improves care"

Member of public,
Trust Open Event -
September 2011

Following a number of medication incidents the topic currently running from January 2012 will have a phased implementation to cover key points of medicine safety including:

- Allergy - focusing on antibiotic prescription and administration, in particular penicillin based medicines
- Medicines reconciliation – making sure patients receive the right medication
- Discharge medication and advice – this was highlighted in the National Inpatient Survey as an area which required improvement

In addition the Foundation Trust invited Professor David Cousins, the Head of Patient Safety, Safe Medication Practice and Medical Devices at the National Patient Safety Agency to deliver a lecture on “Safe Medication Practice in the NHS.” Together with colleagues he has recently undertaken a review of medication incidents reported to the National Reporting and Learning System in England and Wales over six years (2005-2010). He provided an overview of important medication incidents together with recommended initiatives and systems to address these risks.

Professor Cousins commented on his impression of an organisation with a strong safety culture which he encountered on his visits to the clinical areas, and which he gathered from the tremendous turn-out of staff from all disciplines to his lunchtime presentation. He was very positive about the work that the organisation has done so far in responding to incidents, and he was able to provide advice on strengthening aspects of medicines’ safety which the Foundation Trust will consider and develop with their management teams.

It is important to still focus and demonstrate improvements with all of the SAFE! Topics as a continuous process. As well as a system of audits, progress is also monitored through unannounced spot checks. The spot checks are a proven process, pairing managers and senior clinical staff to review wards and departments and monitor compliance with the SAFE! topics.

The clinical staff and areas benefit from this process because it:

- Provides a focus on patient safety;
- Shares the improvements first hand and staff receive acknowledgement of the work they have implemented;
- Provides a fresh pair of eyes which highlights aspects that might have been overlooked or missed;
- Promotes sharing of best practice initiatives achieved in other areas.

Figure 1 SAFE! Ward Spot check results 2011-12

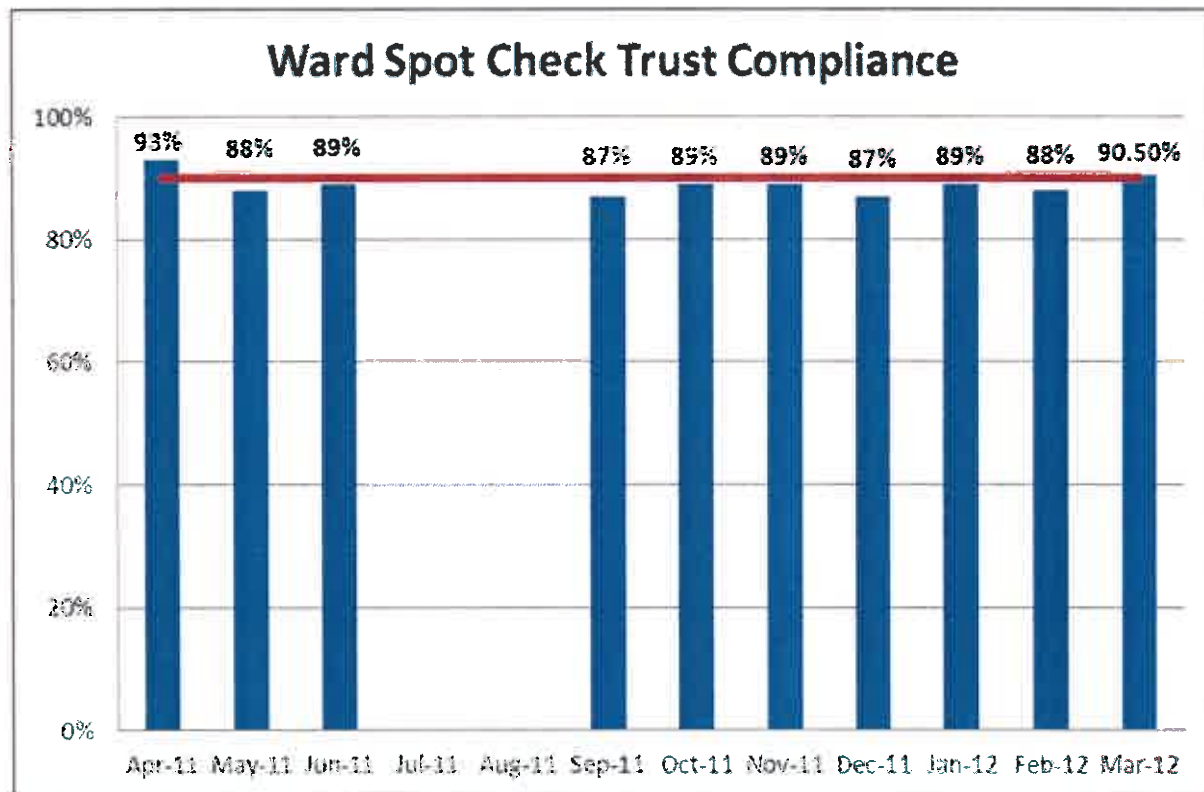


Figure 1 displays the overall results of the spot checks on the wards from April 2011 to March 2012. No data is available for July and August 2011 as the SAFE! Campaign was paused in terms of audits and spot checks for two months following a Trust wide restructure. This was to enable staff to move areas along with adjusting to new roles and also for the Programme Board to review the spot check process and audit schedule.

The average spot-check compliance across all wards is 89% with a target of 90%.

The main benefit of the spot check is that it provides a focus on patient safety and a method to demonstrate measurable improvements. The other benefits of this process staff being able to see how the process is implemented in their own and across other areas. It provides the opportunity to learn and share best practice, to demonstrate the improvements and receive acknowledgement of the work implemented.

We continue to measure the improvements made by performing audits of all the SAFE! topics and through continuing to listen and learn from patient and staff feedback.

We have demonstrated improvements in practice and although there is work still to be done to embed and sustain the changes the overall goals of the campaign have been realised with the main benefits being:

- staff engagement and their contribution to the selection of new topics which will improve patient safety;
- development of a SAFE! website and performance dashboard;
- strengthened safety culture and practices;
- robust education programme linked to each of the topics.

Safeguarding Adults

Progress towards the action plan linked to the safeguarding adults strategy includes:

- **Named lead for Adult Safeguarding**

Appointment of a Lead Nurse Adult Safeguarding who will retain responsibility as the named lead for Adult Safeguarding, providing expert advice and support, and will also be expected to ensure that other key roles in the organisation (which include Matrons, Discharge Co-ordinators and Clinical Site Co-ordinators), have an enhanced level of knowledge to ensure that a culture of safeguarding vulnerable adults is truly embedded into the organisation.

- **Safeguarding Adults Committee**

The Safeguarding Adults Committee membership and terms of reference have been revised to reflect the new management arrangements and strengthened to ensure that it has a more proactive role in the oversight and review of safeguarding arrangements. The committee is chaired by the Chief Nurse, who is the executive lead for Safeguarding, and the committee reports to the Risk Management Steering Group.

The function of the committee will include reviewing practice and ensuring robust arrangements are in place to share good practice and learn lessons, as well as monitor compliance issues around training.

The Committee has to date received a report on activity relating to safeguarding referrals for 2011 and has approved recommendations for improvements to collection of data on activity in 2012. The committee will monitor progress against the Safeguarding Adults action plan.

Arrangements to ensure safeguarding is embedded into Divisional governance structure have been established, and report to the Safeguarding Adults Committee.

- **Systems for Monitoring Incidents/Trends**

The Foundation Trust has recently implemented online reporting of incidents via Datix. This system facilitates overview of all reported incidents via the Safeguarding Lead, to enable her to ensure that appropriate actions have been taken and collect information about safeguarding activity. Lessons learned are then shared via the appropriate forum, i.e. Learning Disabilities or Nursing and Midwifery Development Forum.

- **Learning Lessons**

In addition to the Safeguarding Adults committee referred to above, several other forums exist within the Foundation Trust, where learning of lessons that relate to specific aspects of adult safeguarding, occur.

The Prevention Pressure Ulcers meeting takes place monthly and reviews all root cause analysis investigations for hospital acquired category 3 and 4 pressure ulcers or those that have deteriorated to category 3 or 4 on admission. Action plans are devised for the relevant areas, but themes are also collated and shared with all areas, to ensure wider learning. Arrangements are in place to share information on pressure ulcers with the Safeguarding Adults Board (SAB).

The Learning Disabilities forum, attended by Matrons/ Clinical Service Managers and the Learning Disabilities Health Facilitators from the Care Trust, is a quarterly forum, to share good practice and

learn lessons from complaints, incidents or other patient experiences related to patients with a learning disability. Specific feedback from individual patient/ carer experiences are discussed and fed back through this route, and where appropriate actions to prevent recurrence agreed.

- **Policy**

The Adult Safeguarding Policy is currently under review and will replace the former Acute Trust and BACHs Policies. It takes account of local multi-agency safeguarding procedures, as well as National guidance.

- **Local Procedures**

Arrangements for reporting of safeguarding concerns have been reviewed to ensure clarity of responsibility and information required for all staff. The enhanced role of Matrons and Clinical Service Managers in providing first line day to day advice and support for staff in relation to safeguarding has been reinforced, along with clarity over responsibilities and when to seek expert advice. The role of the Discharge Team and Clinical Site Co-ordinators (who are the senior nurses on site out of hours) with respect to advising staff about safeguarding issues has also been enhanced to ensure that they are able to reinforce the reporting culture.

- **Staff Development**

A training needs analysis in respect of Adult Safeguarding and the Mental Capacity Act, has been undertaken as part of the review of the Safeguarding Adults policy.

The Trust has three members of staff who have undertaken the Local Authority Safeguarding Adults "train the trainer" training and contribute to the Local Authority, multi-agency training, as well as providing in house training. The trainers have recently revised the content of the in house programme, with the first revised session being delivered on 13 March 2012.

All Matrons, Discharge Co-ordinators and Clinical Site Co-ordinators either have or are planned to, undergo the Local Authority 2 day training for managers.

A member of the discharge team is currently undertaking a secondment (funded by the PCT), for 2 days per week, to focus on the development and embedding of best practice in relation to the Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguards (DoLS). A baseline audit of staff knowledge has been completed and targeted training of relevant nursing and medical staff is underway.

- **Priorities in 2012/13**

The Lead Nurse Safeguarding Adults will undertake a full review of compliance against the Safeguarding Standards for Providers of NHS commissioned services and an annual safeguarding audit will be commenced.

Safeguarding Children

Progress in 2011/12 includes:

- Appointment of a Named Doctor for Safeguarding Children;
- A successful West Yorkshire Audit Consortium review of Safeguarding Children practice;
- Implementation of a plan to improve mandatory training compliance.

Clinical Effectiveness

Patient Reported Outcome Measures (PROMS)

What are PROMS?

PROMs are Patient Reported Outcome Measures “collecting information on the effectiveness of care delivered to NHS patients as perceived by patients themselves” (NHS Information Centre).

The NHS is asking patients about their health and quality of life before they have an operation, and then about their health and the effectiveness of the operation after it has happened.

Since April 2009 all NHS patients wherever they are treated who are undergoing hip replacement, knee replacement, varicose vein or groin hernia surgery are being invited to fill in PROMs questionnaires.

Questionnaires are completed by patients before and after surgery (3 months later for groin hernia and varicose vein surgery and 6 months later for hip and knee replacements).

Why are the NHS doing this?

To improve the outcomes of operations it is crucial to ask patients what they think. PROMs will help the NHS improve the quality of outcomes for patients, and will help hospitals reach the very best standards of care.

How do we measure the outcomes?

A condition-specific measure is available for three of the four procedures (there is no condition-specific instrument currently for groin hernia). Condition-specific measures are more sensitive to changes in health status within a given procedure but can only be compared within that procedure.

In addition patients are invited to complete a generic measure of health status which is common to all of the relevant procedures permitting comparison both within and between procedures. Known as an ‘EQ-5D’, the survey comprises of two parts - in the first part, the patient is asked to describe his or her health in terms of the levels within each of five dimensions:

- mobility;
- self-care;
- usual activities;
- pain/discomfort;
- anxiety/ depression.

In the second part, patients are asked to provide an overall assessment of their health on a visual analogue scale of 0-100.

The results are combined to give an index score of health-related quality of life. A health gain is calculated by subtracting the pre-operative score from the post-operative score.

How well are we doing in getting our patients to participate?

In the early stages the Foundation Trust were reporting participation rates which were below the national average particularly for hip and knee joint replacements. In order to increase participation rates leading to increased sample sizes and more statistically significant results, the PROMS forms were administered in the pre-assessment clinic rather than on the orthopaedic unit on the day of admission. This has

resulted in much improved participation rates which are now above the national and regional average for all procedures as illustrated in table 3. In the latest PROMS report published in February 2012 the Foundation Trust has the highest participation rate in the Yorkshire and Humber region for groin hernia procedures.

Table 3 PROMS participation rates 2010-2012

	All procedures average participation rates	
	2011-2012	2010-2011
Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)	78.2%	73.9%
Yorkshire & Humber Region	Not known	73.3%
England	68.4%	69.7%

How is the Foundation Trust performing?

In summary the reported health gain for the Foundation Trust is slightly lower than reported nationally.

Following knee replacements the average health gain reported by our patients is less when compared nationally. However, our patients report more severe symptoms pre-operatively than the national average which could contribute to the lower health gain scores.

For varicose vein procedures, although our patients' post-operative scores are not as good as the national average their symptoms were more severe pre-operatively, therefore a more significant improvement was achieved following surgery than that reported nationally.

What are we doing to improve our outcomes?

We are investigating the hip and knee replacement scores in order to understand why our outcomes are less than the national scores.

There is an issue around the information we have access to due to the use of sub-contractors to deliver this service. The scores for organisations that Bradford sub-contract to will include patients from a range of trusts as it does not identify which organisation was the referring organisation.

To explore these sub contractual issues and to improve our overall PROMS reporting we have enlisted the support and expertise of a Health Intelligence Specialist from the Yorkshire & Humber Public Health Observatory. This will provide our Orthopaedic Consultants and our commissioners with more insightful information, so that we can better understand our performance and establish relevant performance benchmarks.

What other initiatives are helping to improve our clinical outcomes?

Enhanced recovery after surgery

Enhanced Recovery after Surgery (ERAS) is transforming elective and cancer care pathways across the NHS, improving patient experience, clinical outcomes and reducing patients' length of stay.

The programme uses an evidence based approach to patient care, involving a selected number of individual interventions that when implemented as a group, demonstrate positive outcomes for patients such as innovative surgical techniques, avoiding routine use of drains, reduced fasting times, mobilising and eating earlier after surgery, using less opioid analgesia post operatively and encouraging patients to dress in their own clothes.

Enhanced recovery empowers the patient to be a partner in their own care and have greater choice through shared and informed decision making. This starts at pre-assessment when looking at the patient's needs, continues during and after surgery, through the rehabilitation process up to discharge. A main principle of enhanced recovery is ensuring the patient feels informed and ready for surgery. Concise and easily understood information alongside a goal prompt to keep at the bedside highlights three targets for the patient to achieve each day. This aims to prepare and encourage patients to participate in their rehabilitation.

Over six months a small group of staff including a colorectal consultant and colorectal nurse specialist will focus on implementing a sustainable enhanced recovery programme for the majority of elective major colorectal surgery.

The quality and success of the programme will be measured through audit of patient experience and other aspects like compliance and length of inpatient stay.

There will also be work with other areas within the surgical division to implement ERAS for Urology, Upper Gastro Intestinal and Vascular specialties.

The Dementia Carer's Pathway

Chief Nurse, Sally Napper, funded a development opportunity called the Time Out Scheme. This enabled the release of clinical staff from ward duties to develop projects which would influence better practice and improve the patients' experience.

Three ward sisters from elderly care were awarded a grant to develop a dementia carer's pathway, driven by the Foundation Trust's dementia strategy to improve quality outcomes for people with dementia.

The project's aim was to develop the carer's pathway as a single point of information to support relatives and carers living with someone who has dementia.

To achieve this aim, the ward sisters engaged with both patients and carers so that they were involved as partners in care, so that in turn they felt confident in the service they experienced on the wards.

The key issues and carers information needs to develop the pathway were identified through interviews, ideas boards and collating surveys. The Pathway was vetted by experts in communication in the elderly field to ensure it was user friendly and is what carer's want and need. Elderly care focus groups were canvassed for their input and feedback to ensure that the pathway delivered its aims. It was publicised through forums such as local and hospital radio plus local charities such as the Alzheimer's Society and Carer's Resource group. The pathway was made available on disc for sharing best practice at the Nursing Development Forum.

Reflecting on the experience the ward sisters have become local champions and leaders in the specialist care needs of these patients. Their improved knowledge of good dementia care and their increased understanding is being shared with other staff so they can improve individual practices but, most importantly, deliver excellent care to patients.

Oesophagectomy pathway

The Upper Gastrointestinal Clinical Nurses have joined forces with the Service Improvement Team to redesign the pathway for those patients needing an oesophagectomy. An oesophagectomy is where part of the oesophagus or food pipe is removed and joined directly to the stomach in the chest cavity.

The project team, which includes ward based nursing staff, pre-assessment nurses, the waiting list office, upper gastrointestinal surgeons, anaesthetists, theatres staff, dietitians and physiotherapists, is looking for new and innovative ways to improve its service to patients.

Vital input and ideas have already come from patients who have shared their experiences of what it is like to undergo an oesophagectomy. One patient also attended a project meeting and brainstormed with the team to find new ways to improve the pathway. In addition to improving patient satisfaction, the new pathway also aims to reduce the length of stay in hospital for patients. This links in with a national drive to reduce inpatient hospital stays, including those patients with cancer. Best practice suggests that patients should be on defined pathways based on their tumour type and reason for admission as where care is coordinated, unplanned and emergency admissions can be reduced (Department of Health, 2010).

Bradford Teaching Hospitals currently provides surgery to people from across West Yorkshire which has implications for both patients and relatives who have to travel for treatment. The re-designed pathway will address a patient's choices including whether or not the person is offered the choice to be admitted on the day of surgery. Ultimately, this project aims to create a pathway that maintains the highest level of quality, safety and equity of care but which will also deliver efficiency benefits to the organisation.

Guidelines on the prevention and treatment of falls in adult inpatients

Patient falls are the most common safety incident reported to the National Patient Safety Agency (NPSA) for hospital inpatients. They cause many problems for patients ranging from minor bumps to serious injury and in extreme cases death. Although falls can never be eliminated completely there is much that can be done to reduce the risk of falls and minimise harm.

A "Preventing Falls" group has been established as one of several workstreams which are driven by our Improving the Patient Experience and Clinical Governance agendas. The aim of this group is to reduce the incidence of falls in hospital, in line with recommendations in the High Impact Actions for Nursing. The group will also support the delivery of the local CQUIN for falls prevention, and includes membership from Matrons within the Community Hospitals.

Achievements include:

- The launch of ratified "Falls Prevention Guidelines" in June 2011 across the Trust, including community hospitals, which meets the requirements of recent guidance from the National Patient Safety Agency;
- Falls assessment, and falls prevention care plans have been completed, with printed versions in use across all adult inpatient areas;
- A patient information leaflet has been developed and is now in use in ward areas;
- A root cause analysis tool for patients sustaining serious injury (fracture or intra-cerebral bleed) has been rolled out to all areas;
- A process has been established for reviewing completed RCAs (within the group and via divisional clinical governance meetings) and sharing of lessons learned;
- Development and implementation of a standard education package to support the falls prevention guidelines.

New Dialysis Unit for Bradford Royal Infirmary

The new Renal Dialysis Unit opened in March 2011 to provide haemodialysis to inpatients on the BRI site ensuring that seriously ill patients and those already on dialysis therapy receive their treatment on one site rather than having to transfer to St. Luke's Hospital for their treatment. The Peritoneal Dialysis

service which also transferred to the new unit enables staff to assess, treat and support any patient who is admitted to BRI more efficiently.

The move has also improved safety and quality as well as contributing greatly to the inpatient experience.

Diabetes Information Day

More than 80 patients with diabetes attended an information day held at BRI which included a number of education sessions led by specialist healthcare staff and a question and answer session. The day was an opportunity to reinforce patient education issues but also to give information on new developments and technology.

New Birth Centre

Bradford Teaching Hospitals NHS Foundation Trust is expanding its service at the current labour ward to include a midwife-led unit which guarantees that women should be offered the choice of where they give birth.

At present all of the 6,000 births a year at the hospital take place on the consultant-led labour ward. In the consultant-led labour ward, higher-risk women will give birth with input from a multi-disciplinary team lead by obstetricians.

The new midwife-led unit will be called The Birth Centre and will cater for women with a low-risk pregnancy and birth. All the care in the new unit will be delivered by midwives.

"The new midwife-led facility will provide women with a maternity service that is safe, provides high quality care and offers real choice in the range of services available."
Head of Midwifery, Julie Walker

Innovation and Technology

Innovation plays a key role in the link between quality and productivity. New practices and technology can help to improve standards and give rise to cash releasing savings at the same time.

The Foundation Trust has appointed an Innovation Lead to establish processes to promote and assess innovation and to develop support mechanisms to turn ideas into clinical reality. Staff are encouraged to submit ideas for new products, devices, services or new ways of working through the Bradford Innovation Group website on the staff intranet.

The Trust web team are seeking innovative ways to use web based applications to streamline processes for clinicians and administrative staff. The team provide opportunities for staff to submit proposals for making their work area more productive through online working.

Cutting edge ideas on how we deliver top-class healthcare and ever-improving facilities for the people of Bradford and district throughout 2011/12 have included:

Technical Skills Laboratory and Simulation Centre

A new innovative education centre which will train Yorkshire's future doctors, nurses and dentists has been opened at the Bradford Royal Infirmary.

The Simulation Centre and Technical Skills Laboratory will complement the existing suite of training rooms and state-of-the-art Sovereign Lecture Theatre, helping to put the Foundation Trust at the cutting edge of professional healthcare.

The Technical Skills Laboratory provides high-tech facilities for the teaching of advanced surgical techniques across a range of medical specialties and the unit is dedicated to the advancement of medical training. The Simulation Centre consists of several simulated clinical environments including a four-bedded ward complete with hoist; a multi-purpose room which can replicate a patient's home; a clinician's consulting room; a discussion room, and a modern operating theatre plus resuscitation area where students and teachers can recreate real-life medical scenarios. Training performances in the theatre can be viewed from an adjacent seminar room via one-way viewing glass.

"The centre also supports the Foundation Trust's Patient Safety initiative by staging clinical scenarios involving multi-disciplinary teams so that skills can be practiced in a safe but realistic environment, all the time reducing the risk to patients."

Team-working and clinical skills can all be assessed within the safety of the centre and the potential for this facility continues to grow with fire safety, domestic and other forms of non-clinical training already being explored."

Foundation Trust Education Manager

All areas of the Simulation Centre are equipped with audio-visual digital recording equipment to allow various realistic training scenarios to be captured on 'Big Brother' style cameras for feedback purposes which, along with new patient simulators, are controlled via the on-site control room.

Bradford first hospital in world to use new cardiac device

"Coronary Heart Disease is a big concern in Bradford as we have one of the highest death tolls in the country. We think this may be partly due to our large South Asian population who have a 50% higher chance of developing the disease compared to the general population."

**Dr. James Dunbar,
Consultant Physician**



Heartscape vest front view

Bradford Teaching Hospitals is set to become the first hospital in world to introduce a revolutionary new cardiac device which doctors hope will alert them immediately to whether a patient is having a heart attack.

The city has one of the highest rates of coronary heart disease in England.

Currently it can take up to 12 hours to confirm if a person has suffered a myocardial infarction (heart attack), the new Heartscape vest, on the other hand, will provide an instant in-depth 3D view of the heart, making it easier to interpret whether a patient is having a heart attack, ensuring faster treatments at a time when every minute counts and hopefully lead to improved patient outcomes.

The vest will be available to high risk patients in the hospital's A&E and medical admissions unit. This could have major, positive impact for the local area's patients particularly when trying to rapidly diagnose or exclude coronary heart disease in the Accident and Emergency Department.

Next year the Foundation Trust, along with its research arm the Bradford Institute for Health Research, hopes to begin a trial to analyse the effectiveness of the new device throughout the hospital.

Bradford patient first to trial new drug treatment

Bradford has recruited the first patient globally to a new drug research trial which aims to improve treatment for those with chronic obstructive pulmonary disease (COPD).

COPD, which is primarily caused by smoking, is a huge problem across the district, accounting for 1,000 admissions to Bradford Royal Infirmary each year.

Consultant respiratory physician, Dr Dinesh Saralaya, is leading recruitment to the trial, along with respiratory nurses Karen Regan, Nabeela Nazir Ahmed and Jackie Todd. The first patient from the 17 countries taking part is Christopher Heap, of Allerton. Christopher also happens to work part-time in the BRI post room.

Christopher has been given a new inhaler to take home and over 26 weeks will record how he feels every time he uses his inhaler. He said: "I'm proud to be involved in the trial. I've been attending the hospital for COPD for six years now and I'm hoping that other people like me will benefit from these new drugs.

"Living with COPD means that you are up and down a lot. Walking on the flat is okay but the minute you start walking uphill or upstairs it is hard because you get out of breath easily."

About ten patients from hospital outpatient clinics, wards and GPs in Bradford will take part in the trial. Patients will also benefit from closer supervision of their condition during their time on the trial.

Dr Saralaya said: "Taking part in big COPD trials is a chance for patients to be part of new treatments that are far superior to the ones currently in the market. It helps patients from Bradford take part in world COPD trials and also brings cutting edge research to Bradford."

This is the sixth COPD trial to take place in Bradford since 2009 and is made possible because the Bradford Institute for Health Research (BIHR) has now firmly established itself as a national and internationally recognised centre of excellence for health research.

Telewound management in Bradford

Nurse consultant, Kath Vowden, is leading a team of researchers looking at improving wound care for patients in nursing homes. The project, funded in part by Regional Innovation Funding from Yorkshire and Humberside Strategic Health Authority, brings together technology companies and health care teams in Bradford and Sheffield along with patients and staff from 30 nursing homes in the two cities.

The trial is designed to look at potential cost savings and improvements in patient outcomes that could be derived from the introduction of new technology. Patients in half the homes will receive their normal care while those in the remaining nursing homes will see nurses record symptoms and signs using digital pen and paper technology developed by a specialist digital pen data collection company and the Wound Healing Unit in Bradford.

This will be linked to digital pictures of wounds taken using a mobile phone with specially developed software which allows the images to be uploaded and securely stored on an NHS server. These images and the uploaded patient details will be reviewed by Nurse Consultants who will then phone or email their counterparts in the nursing homes with instructions for treatment.

Details of the study have been presented both locally and nationally, most recently at the Healthcare Innovations Expo in London where the project attracted widespread interest.

Annex 1: National Clinical Audits for Inclusion in Quality Accounts 2011/12

Table 1: National Clinical Audits for Inclusion in Quality Accounts 2011/2012

National Audit	Eligible to participate	Participating	Percentage of cases submitted
Confidential Enquiries			
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)			
Surgery in Children	Yes	Yes	Study is applicable but no eligible cases were identified
Perioperative Care	Yes	Yes	100%
Cardiac Arrest Procedures	Yes	Yes	100%
Bariatric Surgery	Yes	Yes	100%
Alcoholic Liver Disease	Yes	Yes	Study is in progress
Subarachnoid Haemorrhage	Yes	Yes	Study is in progress
MBRRACE-UK			
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
Peri- & Neo-natal			
Neonatal Intensive and Special Care (NNAP)	Yes	Yes	100%
Children			
Paediatric Pneumonia (British Thoracic Society)	No	n/a	n/a
Paediatric Asthma (British Thoracic Society)	No	n/a	n/a
Childhood Epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	Yes	100%
Paediatric Intensive Care (PICANet)	No	n/a	n/a
Paediatric Cardiac Surgery (NICOR Congenital Heart Disease Audit)	No	n/a	n/a
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	Yes	100%
Pain management (CoEM)	No	n/a	n/a
Acute Care			
Emergency use of Oxygen (British Thoracic Society)	Yes	Yes	100%
Adult Community Acquired Pneumonia (British Thoracic Society)	Yes	Yes	Data collection is in progress
Non Invasive Ventilation (NIV) – Adults (British Thoracic Society)	Yes	Yes	87% (Minimum no. of cases should be 15 – 13 submitted & accepted.)
Pleural Procedures (British Thoracic Society)	Yes	Not participating due to capacity issues	n/a
Cardiac Arrest (National Cardiac Arrest Audit-ICNARC)	Yes	Yes	Data collection is in progress
Adult Critical Care (Case Mix Programme)	Yes	Yes	100%
Potential Donor Audit (NHS Blood and Transplant)	Yes	Yes	100%
Severe sepsis & septic shock	Yes	Yes	100%
Seizure management (National audit of seizure management)	Yes	Yes	100%

National Audit	Eligible to participate	Participating	Percentage of cases submitted
Long Term Conditions			
Diabetes (National Adult Diabetes Audit)	No	n/a to IP setting	n/a
Heavy Menstrual Bleeding (RCOG National Audit of HMB)	Yes	Yes	31% (Nationally this audit had poor participation rates due to methodological issues with the questionnaire and process for gathering data.)
Chronic Pain (National Pain Audit)	Yes	Yes	100%
Ulcerative Colitis and Crohn's Disease (National IBD Audit)	Yes	Yes	100%
Parkinson's Disease (National Parkinson's Audit)	Yes	No (Planned participation in 2012/13)	n/a
Adult Asthma (British Thoracic Society)	Yes	Not participating due to capacity issues	n/a
Bronchiectasis (British Thoracic Society)	Yes		n/a
Elective Procedures			
Hip, Knee and Ankle Replacements (National Joint Registry)	Yes	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Yes	78%
Liver Transplantation (NHSBT UK Transplant Registry)	No	n/a	n/a
Coronary Angioplasty (NICOR Adult Cardiac Interventions Audit)	Yes	Yes	100%
VSGBI Vascular Surgery Database(VSD)	Yes	Yes	100%
Carotid Interventions (Carotid Intervention Audit)	Yes	Yes	100%
CABG and Valvular Surgery (Adult Cardiac Surgery Audit)	No	n/a	n/a
Intra-thoracic Transplantation (NHSBT UK Transplant Registry)	No	n/a	n/a
Cardiovascular Disease			
Acute Myocardial Infarction and other ACS (MINAP)	Yes	Yes	100%
Heart Failure (Heart Failure Audit)	Yes	Yes	100%
Acute Stroke (SINAP)	Yes	Yes	100%
Cardiac arrhythmia (cardiac Rhythm management audit) same as Heart Rhythm Management Audit (HRM)	Yes	Yes	100%
Renal Disease			
Renal replacement Therapy (Renal Registry)	Yes	Yes	100%
Renal Transplantation (NHSBT UK Transplant Registry)	No	n/a	
Cancer			
Lung Cancer (National Lung Cancer Audit)	Yes	Yes	100%
Bowel Cancer (National Bowel Cancer Audit Programme)	Yes	Yes	99%
Head & Neck Cancer (DAHNO)	Yes	Yes	100%
Oesophago-gastric Cancer (National O-G cancer audit)	Yes	Yes	38% NHS information centre confirmed that the estimated cases (based on previous figures used for the first OG audit) required per month was 12. As at March 2012 they informed us we submitted 46 records.
Trauma			
Hip Fracture (National Hip Fracture Database)	Yes	Yes	100%

National Audit	Eligible to participate	Participating	Percentage of cases submitted
Severe Trauma (Trauma Audit & Research Network)	Yes	Yes	100%
Psychological Conditions			
Prescribing in Mental Health Services (POMH)	No	n/a	n/a
Schizophrenia (National Schizophrenia Audit)	No	n/a	n/a
Blood Transfusion			
Bedside transfusion (National comparative audit of blood transfusion)	Yes	Yes	100%
Medical use of blood (National comparative audit of blood transfusion)	Yes	Yes	100%
Health Promotion			
Risk factors (National Health promotion in hospitals audit)	Yes	No	n/a
End of life			
Care of dying in hospital (NCDAH)	Yes	Yes	217%

Annex 1: List of National clinical audit reports reviewed

National Clinical audit	Improvement action/outcomes achieved
National Dementia Audit	<ul style="list-style-type: none"> Referral pathways for the mental health liaison team are now in place ensuring easy access for patients at any time. Trust wide work stream for 'Pain management for patients with dementia' has been set up and meetings are held monthly. A pain assessment tool is being developed to be used across the acute trust and intermediate care. Currently work is on-going with the pain team, palliative care and anaesthetics to cover all areas of the hospital. The 'See who I am' document is in place and actively in use in elderly care and orthopaedic trauma and is being looked at for roll out across the Trust. A 'Shared care' – with families care plan is being written with the involvement of families. The 'Carers resource' team currently visits the elderly care wards twice a month to talk to families. Elderly care staff are provided with a dementia care work book during induction and supported to complete it. Staff training sessions are supported by the Bradford Dementia Group from the University of Bradford on two wards as a pilot. Funding is now available for every Matron, Clinical Service Manager and one senior nurse from each ward to access dementia training with the intention for these members of staff to become Dementia champions for the Trust. This is a five day training course also delivered by the Bradford Dementia Group from the University of Bradford. The Head of Nursing for Medicine is the Trust's Dementia lead and facilitates regular workshops to develop the role of the Dementia champion. Regarding the use of antipsychotic medication, audits are being done to get a baseline for use. Outcome and findings are discussed at clinical governance meetings as appropriate. Monitoring of its use is on-going.
College of Emergency Medicine - Renal Colic National Audit: Audit of treatment of adult patients presenting to Emergency Department (ED) in severe or moderate pain with renal colic.	<ul style="list-style-type: none"> Recommendations from the audit have resulted in the development of a renal colic care bundle for adult patients with suspected ureteric/renal colic. Work is on-going to update the care pathway and set up a pain group to address pain management issues. A re-audit is planned for early 2013.
The National Sentinel Stroke Audit 2010 Round 7 – the audit	<ul style="list-style-type: none"> The Foundation Trust scored very highly in the domains of commencing aspirin, physio assessment, weighing patients, mood assessment and

National Clinical audit	Improvement action/outcomes achieved
<p>monitors the rate of progress in stroke care services focussing on the organisation of care and the process of care (covering the key indicators of stroke care (both 9 and 12), Total process score and progress against NICE Quality Standards</p>	<p>goal setting. Also performing above average in CT (computed tomography) scanning and patients treated for 90% of stay in a stroke unit. Since the audit was carried out, these figures have already improved (over 2010 as a whole, 83% had CT within 24 hours, 74% spent 90% time on stroke unit).</p> <ul style="list-style-type: none"> • To improve on documentation by reminding all staff admitting stroke patients of the importance of using the correct swallow screening ("sip test") paperwork and ensuring adequate nursing documentation following initial discussions with patients and carers. • Work is on-going to increase staffing levels on the acute stroke /neurology unit (ASNU) to hyper-acute stroke unit (HASU) standards as this has had an impact on lower than average performance in Speech and Language Therapy (SALT) swallow assessments and poor results for Occupational Therapy assessment on the Stroke ward. • The hospital experiences excellent response times (100%) from social services, always within 7 days of referral, which was otherwise reflected within the report. • To improve access and standard of patient medical documentation, it is planned to encourage use of stroke clerking proforma on all stroke patients admitted and improve training of data collectors to know where to find relevant information to supply audit requirements. • Overall areas of process that appear poor reflect identified issues of documentation and data collection rather than sub-standard care.
<p>Stroke Improvement National Audit Programme (SINAP) - the audit collects data on the immediate treatment given to patients who elicit a response from the stroke team and on the first 72 hours of care provided to stroke patients.</p>	<p>The following are actions to address recommendations highlighted by the audit report:</p> <ul style="list-style-type: none"> • To increase the skills of nursing staff on ASNU to Specialist stroke nurses which will allow earlier assessment of patients by a member of the stroke team. • Discussions are ongoing to enable a daily stroke ward round in collaboration with Airedale hospital and also increase the Stroke consultant sessions in-house through a potential new appointment. • The recent appointment of a new elderly care consultant allows the stroke consultants to reduce their input to elderly care on call, and will allow some involvement at weekends. This will improve many of the aforementioned measures. • The newly appointed stroke co-ordinator (Monday – Friday 8am – 5pm) has already achieved visible improvements such as the reduction in average time to CT, time to transfer to acute stroke bed, time to first contact with stroke team and alerting stroke consultant. The role is crucial to the early identification of stroke patients with facilitation of prompt investigation and transfer to ASNU, is essential for early liaison with Accident & Emergency (A&E) and should improve our chances of re-launching the thrombolysis service. • There has been a sustained improvement around indication of time of onset. This will be continued, keeping vigilant attention to ambulance records, A&E paperwork and medical clerking as well as ensure diligence of staff in documenting time of onset.
<p>Blood transfusion audits included as featured within the Hospital Transfusion Committee annual report</p>	
<p>National Comparative Audit of Blood Transfusion: Audit of platelet use</p>	<ul style="list-style-type: none"> • To update Foundation Trust local platelet guidelines to specify that platelets are not routinely required prior to bone marrow aspiration and biopsy and as routine prophylaxis in stable patients with long term bone marrow failure. • To specify within the local platelet guidelines that where platelets are necessary pre-procedure they should be transfused close to the procedure to obtain maximum benefit and also allow time for a post transfusion platelet count to be taken to assess response.
<p>National Comparative Audit 2010</p>	<ul style="list-style-type: none"> • Information will be disseminated across all medical and nursing staff

National Clinical audit	Improvement action/outcomes achieved
Re audit of the use of group O RhD negative red cells	<p>notifying that any incident considered as an inappropriate use of O Negative blood must be reported to the Transfusion Nurse Specialist (TNS) team, via a Transfusion Incident Referral Form (TIRF), who would then investigate and report to the Hospital Transfusion Team (HTT).</p> <ul style="list-style-type: none"> Investigation into cases where patients are unnecessarily transfused with O RhD negative red cells will be undertaken by the Hospital transfusion team to highlight improvements in practice to prevent a reoccurrence. Current Laboratory practice in the Foundation Trust enables type specific blood to be available within 5 minutes of the receipt of a correctly labelled group & save specimen. Where the phenotype is known, and the clinical details warrant it, phenotypically matched O Positive blood will be provided. The Foundation Trust currently stocks approximately 7% of O Negative which is below the recommended level to avoid wastage due to time expiry. The Foundation Trust adheres to National guidance and Standard operating procedures which provides guidelines for efficiently and effectively maintaining stock levels.

Annex 1: List of local clinical audit reports reviewed

Local Clinical audit	Improvement action/ outcomes achieved
SAFE! Campaign - a Trust-wide focused initiative with the aim of improving patient safety through a range of topics rigorously implemented.	<p>A summary of changes in practice that have been implemented to achieve topic specific outcomes include:</p> <ul style="list-style-type: none"> Improved management of venous thromboembolism (VTE) by the introduction of revised assessment tools with Division specific guidance and the production of a pre-printed prescription chart. Development of patient information leaflets on Thromboembolism risk. Standardisation of practice of all staff that perform physiological observations by the provision of dedicated training as well as the requirement to complete a competency assessment for physiological measurement with a 2 yearly re-assessment commitment. Implementation of revised validated physiological assessment tools MEWS (Modified Early Warning Score) & PAWS (Paediatric Advanced Warning Score) to facilitate the early detection of deteriorating patients have now been introduced and where identified as abnormal will be escalated appropriately. A structured communication process for handovers has been introduced as well as improved accessibility of patient records. Pharmacy audit tools have been developed to improve monitoring of documentation of any missed doses, recording of any errors in the prescription and/or administration of medications and also correct recording of the patient details including allergy status. The pharmacist will also be assessing the completion of the patient's discharge sheets.
Stroke Services Audit 2011	<ul style="list-style-type: none"> 97% of stroke patients now access a stroke bed during their admission into the Foundation Trust. Direct admissions from A&E to ASNU (Acute Stroke and Neurology Unit) have risen by 36% from 2010. The number of stroke patients accessing the ASNU has risen by nearly 20%. Access to early CT (including immediate scanning) and aspirin has also improved. Despite the increase in stroke activity, more patients are now discharged home (5% higher than 2010) and mortality has fallen. Overall length of stay for stroke has fallen by a further 5.1 days compared

Local Clinical audit	Improvement action/ outcomes achieved
	<p>with 2010. Whilst this is partly explained by increased admissions turning out to be TIA (Transient Ischaemic attack) rather than stroke (due to better access to beds), it is largely due to general improvements in early stroke recognition, prompt ASNU transfer and early specialist stroke care.</p> <ul style="list-style-type: none"> • Previously low numbers of patients were thrombolysed. It is anticipated that the appointment of the Stroke Co-ordinator post in 2011, planned education and training for ASNU trained staff and stroke on call and thrombolysis rota (using telemedicine) will improve this. • There are also ongoing negotiations to address the absence of a stroke on call rota in the weekends. • There are plans in progress for the ASNU (Acute Stroke Neurology unit) to become a HASU (Hyper acute Stroke Unit).
Blood transfusion audits included as featured within the Hospital Transfusion Committee annual report	
Audit of Minimum Dataset Recording for patients receiving Blood Transfusion	<p>The hospital transfusion team plan to:</p> <ul style="list-style-type: none"> • Improve understanding of the use of the transfusion record with both medical and nursing staff during any available training or meetings. This will in turn improve use of the record and therefore improve compliance particularly with the problem areas identified. • Re audit dataset compliance when the transfusion record has been in use in the Trust for one year which will have given sufficient time for implementation to all appropriate areas.
Management & Reporting of Transfusion Adverse Events and Reactions	<ul style="list-style-type: none"> • A transfusion reaction feedback form has now been developed and is in use. This is completed for all wards that have a patient who has experienced a possible transfusion reaction. • The Management & Reporting of Transfusion Adverse Events & Reactions will be re audited when the new online risk reporting system is established. This is to re-assess whether improvements have been made with compliance with the Blood and Blood Component Transfusion Policy and Practice Guidelines and the Risk Incident Reporting and Investigation Policy taking the recommendations from the national comparative audit into account.
Summary extract of Serious Incident reports dated 2010 to 2012 presented to the Trust Board in 2011	
2010/2124, presented in April 2011	Further actions as a result of the audit are in development. A further audit would be undertaken in 6 months' time through the Infection Control Team to check compliance with these actions.
2010/1819, presented August 2011	The audit of the action plan has been completed and achieved. Further measures have been put in place to increase the suitability of the consent process for the high risk procedures identified. This is to be undertaken within 3 months of the review. A report on the findings of the review is to be discussed and minuted at the Divisional Risk and Governance Meeting.
2009/12724, presented September 2011	An audit of recommendations from the report and actions against these were found to be compliant except for one. To address this, a further recommendation was made for the clerking-in proforma to be reviewed by the Divisional Clinical Director and Division of Medicine. A re-audit is to be undertaken by the Risk Management Department in 6 months to determine if improvements have been made.
2010/5722, presented October 2011	Following the incident, an audit of the action plan indicated that there has been a concerted effort to address issues highlighted. A further action plan has been established to ensure full compliance and a change in practice. To be reviewed within 3 months by the Risk Management Department.
2010/9290, 2010/13180 and the review of audit for 2010/2124 presented in November 2011	<p>2010/9290 Majority of the actions developed have been declared as compliant but for a few outstanding issues referred to which are being monitored within timescales as indicated in the updated action plan.</p> <p>2010/13180 The audit review demonstrated that actions from the action plan had been</p>

Local Clinical audit	Improvement action/ outcomes achieved
	<p>addressed and this has contributed to delivering significant improvements in the care provided to the patients. All actions have been implemented and progress continues to be monitored via an on-going action plan.</p> <p>2010/2124</p> <p>Following the presentation of the audit report in April 2011, a further audit was undertaken in October 2011 and the results were positive. A decision was made that compliance had been demonstrated and a further re-audit was not required.</p>
2010/436, presented in December 2011	The audit of the action plan within the Serious Incident report demonstrated compliance with majority of the actions. The outstanding actions are to be addressed within the timescales indicated in the updated action plan and to be led by the Deputy Chief Nurse.
2010/1471, presented in February 2012	Further work was recognised as necessary to ensure full compliance of the action plan within the updated timescales provided to be facilitated by the identified leads.

Annex 2: Statements

NHS Bradford and Airedale statement on Bradford Teaching Hospitals NHS Foundation Trust Quality Account 2011/12

NHS Bradford and Airedale (part of the NHS Airedale, Bradford and Leeds cluster PCT) welcome the opportunity to comment on Bradford Teaching Hospitals NHS Foundation Trust's Quality Account for 2011/12, the third quality account 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 commitment to quality improvement and high quality services. The Operating Framework for the NHS in England describes quality as spanning three areas: safety, effectiveness and patient experience. This Quality Account provides an overview of these areas and overall is a fair reflection of the provider's achievement of quality of service delivery against the backdrop of a changing NHS.

Delivering care and treatment in an organisation with a wide range of complex services requires strong commitment to continuously monitoring and delivering high quality patient care. NHSBA are pleased to note patient and commissioner engagement in the development of this Quality Account. The Trust has acted on suggested improvements to the report and has acknowledged where further action is required.

The Trust has continued to make significant progress over the past 12 months to improve the quality of patient care and services. These improvements have been particularly challenging for the Trust, whilst undergoing significant reorganisation of structures, capacity and services. In light of these challenges, 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
- Midwifery work in contributing to below regional average caesarean section rates has been a welcome achievement and enabled mothers to deliver and experience a normal birth. The development of the new midwifery led Birth Centre will go a step further in achieving normal and holistic maternity care for mothers and their families.
- The ongoing commitment to patient safety in the implementation of the 'SAFE' campaign continues to deliver improvements in the safety, quality and effectiveness of care. The expansion of topics included within the 'SAFE' campaign (e.g. pressure ulcer prevention and management) continues to raise awareness to staff and patients of the Trust's activity and

assurances relating to patient safety. NHSBA welcomes the ongoing commitment to continuously improving the quality of patient services and is pleased to note continued commissioner engagement in this initiative.

- 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 improvements to eliminate mixed sex accommodation to deliver increased privacy and dignity for patients. NHSBA are pleased to note full investigation into any breaches where they occur.
- The Trust continues to make significant investment in its facilities, estates and equipment to provide improved environments for patients, visitors and staff.
- It is 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 second year of Commissioning for Quality and Innovation (CQUIN) scheme with greater success in 2011/12. Achievement of venous thromboembolism (VTE) risk assessments is above national average, End of life care assessment and care provision has improved. However, it is disappointing to note that, despite additional funding, the Trust has not achieved full implementation and achievement across all of the 2011/12 CQUIN indicators, e.g. falls risk assessment of over 65 year olds in the accident and emergency department.


It is disappointing to note recent serious incidents relating to antimicrobial medication however the action taken by the Trust has been robust. We are pleased to note that, at an unannounced visit by the CQC focussing on dignity and nutrition, the Trust was found to be compliant.

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

- 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) citing capacity reasons in the main for non-participation. It is hoped almost a year following the Trust's reorganisation, that full participation in relevant national clinical audits in the future will become the norm.
- The Trust acknowledges national patient and staff survey data however, not all data was available to the Trust at the time of developing the Quality Account. However we welcome the initiative being taken forward by the Trust to identify and bring around improvements in real time patients experience. Acting on the findings of survey results to improve patient and staff experience is essential for continued delivery of quality. NHSBA would welcome inclusion of such in the 2012/13 Quality Account.
- Training, capability, deployment and skill mix of the workforce to deliver against the priorities outlined within the Quality Account could be incorporated and strengthened in future accounts and NHSBA anticipate such reporting to be realised throughout 2012/13 through the contract mechanisms.
- This Quality Account covers a broad number of areas with a lack of explicit information relating to complaints. However we are aware of work being undertaken by the Trust around themes and trends and work in progress on addressing them by specialities. Inclusion in future accounts would be welcome
- Future Quality Account presentation should be reviewed with ease of accessibility to all being considered.

NHSBA acknowledge the continued prioritisation of investment that the Trust has made in its services over the last year and its continued intentions for quality improvements in 2012/13.

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



Jo Coombs

Director of Quality and Nursing, NHS Airedale, Bradford and Leeds
On behalf of NHS Bradford and Airedale

Bradford District LINK Care Quality Working Group (CQWG) statement

We welcome this opportunity to comment on Bradford Teaching Hospitals' Foundation NHS Trust's (BTHFT) Quality Accounts [QAs] and put on record our appreciation of the readiness of BTHFT staff and governors to meet with us and their helpfulness in dealing with our questions.

We very much welcome the survey that the Governors' Patient and Public Involvement Working Group carried out earlier this year. However it is difficult to understand why much more of the detail from this survey is not reported in the QA

We are very pleased to see that, following this survey, ensuring healthy meals of good quality at the right temperature is the first improvement priority for the Governors. We are aware that there is still a good deal of progress to be made both in the working practice of the catering department and in systems for helping patients get their meals in a timely manner on the wards.

It is interesting to note that there is a discrepancy between the feedback obtained from the postal questionnaire sent to Foundation members, who had recently been In-Patients, in the Governors' survey (14% reporting a poor experience) and the feedback obtained on the ward from patients and reported on page 6 of the QA (0% reporting a poor experience). We repeat our strong advice in our statement last year that all surveys are conducted anonymously with assistance if necessary from volunteers not from staff – there is always a danger of patients filling in questionnaires in order to please staff if the latter practice is adopted, and the respondent's anonymity is not maintained.

It is good that patients' stories are included in the report and some positive comments indicate significant improvements in the quality of care. We would encourage the striking of a balance between positive and negative comments, both being presented alongside resultant plans for improvement to services (which are well reported throughout the QA). The many examples of patients' disappointed with poor communication between staff, and long waits for test results, would illustrate the urgency of the implementation of the improvements that are planned.

Some comments by patients are not addressed by the action plans outlined in the QA. For example we would urge that improvements to hospital cleaning regimes are prioritised and that the Trust respond to the concerns expressed by patients over inconsistency in staff uniforms and thus minimise the confusion about which staff to approach when needed.

We welcome many of the initiatives that the Trust are taking to enable patients to make suggestions, for example the use of suggestions boxes on wards. We recommend this practice to be as widespread as possible with appropriate collation and reporting backup. Also, could further thought be given to facilitating the response of patients who are too ill, too old or too vulnerable to give feedback by existing methods and have no visitors to speak up for them?

The section reporting on health-gain care of PROMS is very useful, but it would be helpful to investigate whether or not the more severe pre-operative condition of BTHFT patients was a result of late referral for treatment or deprivation in the catchment area.

The section explaining how complaints to PALs are dealt with and how learning is shared in the Trust is commendable. However, some detail of the nature of complaints recorded would improve this section (page 38) as would a clearer statement of the respective roles of the 'Risk Management Co-ordinating Group' [P37] and the 'Complaints Steering Group' [P38].

We question the fact that the PALs office also serves as the bereavement area. Should not a clear line be drawn between the two? We are strongly of the opinion that the role of PALs is very important and there is a high priority need for a suitable relaxed and private space for PALs staff to talk to patients. We would stress the need for creative ways of working and encourage a deeper perception into the alleviation of patient distress.

We appreciate the efforts of the staff to work on their own attitudes towards patients and also to accept challenge and ideas for improvement and learning. Included in this is the role of leaders e.g. senior staff and matrons - we notice that they are seeking to encourage this type of ethos.

We urge that prioritisation is given to increasing staff:patient ratios particularly at night.

We note the difficulties with C-difficile and also the efforts of Trust but would urge greater rigour on this issue. The encouragement of greater care including the education of patients and visitors and a higher degree of visibility of good practice to encourage visitor responsibility (e.g. in careful hand-washing). It is also noted that the isolation issues, with C-difficile, is being addressed despite obvious difficulties for the Trust e.g. lack of space.

We wonder if music could be used in the hospital e.g. from voluntary groups and music students from the University. The therapeutic effect of plants, flowers and green spaces is well known - could this element be further developed for staff as well as patients, though we appreciate that additional work arises from the need to ensure that flowers are kept in fresh water and that water spills are minimised to prevent infection. Also could water features be utilised – the grounds surrounding BRI and St Luke's allow scope for this sort of development. We are also concerned that opportunities for suitable exercise are not obviously available for the elderly in hospital – it is important to maintain agility and circulation.

The outreach work undertaken with nursing homes (page 49) is very promising and the achievements of the stroke unit (pages 53 and 55) very welcome.

The narrative in the QA is clear but there is a tendency to clutter the report with graphics that add nothing to the information already conveyed by that narrative.

Annex 3: 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;
- 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 2011 to June 2012
 - Papers relating to Quality reported to the Board over the period April 2011 to June 2012
 - Feedback from the commissioners dated 03.05.12
 - Feedback from governors
 - Feedback from LINKs dated 11.05.12
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - The latest national patient survey dated 2011
 - The latest national staff survey dated 2011
 - The Head of Internal Audit's annual opinion over the trust's control environment dated 23.05.12
 - Care Quality Commission quality and risk profiles dated April 2011, June 2011, July 2011, August, 2011, October 2011, November 2011, December 2011, February 2012, March 2012 and April 2012;
- 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



Chairman



Chief Executive

30 May 2012

Annex 4: 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 to perform an independent assurance engagement in respect of Bradford Teaching Hospitals NHS Foundation Trust's Quality Report (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators in the Quality Report that have been subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Incidence of Clostridium difficile, with the following criteria:
 - Patients aged 2 or more;
 - A positive laboratory test result for Clostridium Difficile recognised as a case according to the Trust's diagnostic;
 - Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken; and
 - The Trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one).
- Cancer 62 Day standard - First Treatment, with the following criteria:
 - The indicator is expressed as a percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer;
 - An urgent GP referral is one which has a two week wait from date that the referral is received to first being seen by a consultant
 - The indicator only includes GP referrals for suspected cancer (i.e. excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – Two week wait);
 - The clock start date is defined as the date that the referral is *received* by the Trust; and
 - The clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice (A copy of this DSCN can be accessed at: <http://www.isb.nhs.uk/documents/dscn/dscn2008/dataset/202008.pdf>). In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.

We refer to these national priority indicators collectively as the "specified indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the assessment criteria referred to in annex 2 of the Quality Report (the "Criteria"). The Directors are also responsible for their assertion and the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") issued by the Independent Regulator of NHS Foundation Trusts ("Monitor"). In particular, the Directors are responsible for the declarations they have made in their Statement of Directors' Responsibilities.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM;

- The Quality Report is materially inconsistent with the sources specified below; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2011 to April 2012;
- Papers relating to Quality reported to the Board over the period April 2011 to April 2012;
- Feedback from the Commissioners dated 16/05/2012;
- Feedback from LINKS dated 16/05/2012;
- The latest national outpatient survey dated 2011;
- The latest national inpatient survey dated February 2012;
- The latest national staff survey dated 2011;
- Care Quality Commission quality and risk profiles dated April 2011, June 2011, July 2011, August, 2011, October 2011, November 2011, December 2011, February 2012, March 2012 and April 2012;

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

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

This report, including the conclusion, has been prepared solely for the 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 2012, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the 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.

The maintenance and integrity of Bradford Teaching Hospitals NHS Foundation Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Assurance work performed

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

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content requirements of the FT ARM 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

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Directors' interpretation of the Criteria in Annex 3 of the Quality Report.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Bradford Teaching Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that,

- The Quality Report does not incorporate the matters required to be reported on as specified in annex 2 to Chapter 7 of the FT ARM;
- The Quality Report is materially inconsistent with the sources specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria.



PricewaterhouseCoopers LLP
Chartered Accountants
Benson House
33 Wellington Street
Leeds

30 May 2012

Annex 5: Awards and Achievements

The 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 our patients.



Home Birth Awards

The BRI Midwives (pictured left) won a Royal College of Midwives award for their Homebirth workshops and the project was highly commended at the All Party Parliamentary Group on Maternity describing it as a "shining example of including patients in the development and delivery of Maternity Services."

Doctors training

Seven departments, including children's services, radiology, anaesthesia, cardiology, oncology, neurology and respiratory at Bradford Teaching Hospitals have been given top marks for the excellent training they provide for future consultants.

Out of more than 20 training sites across Yorkshire and Humber, the seven departments received first place for 'overall satisfaction' in feedback supplied by the specialist registrars and junior doctors in training.

NHS Litigation Authority

The Foundation Trust successfully achieved Level 1 of the Risk Management Standards with a score of 48 out of 50. The assessor commended the hospitals in relation to the work undertaken despite the recent merger with the Bradford and Airedale Community Health Services.

Team of the Year

The Enhancing the Healing Environment project team (pictured left) won this year's Team of the Year. The team were responsible for improving the care of dementia patients on ward 23 and 29.



National honour for chronic pain service

Frances Cole has been awarded third prize in the national NHS Clinical Leaders Network awards ceremony for her innovative programme which helps patients in Bradford with long-term pain cope positively with their condition.

Annex 6: List of Abbreviations

List of Abbreviations	
A&E	Accident & Emergency
ACS	Acute Coronary Syndromes
C. diff	<i>Clostridium difficile</i> - a type of bacteria
ASNU	Acute Stroke Neurology Unit
CABG	Coronary Artery Bypass Grafting surgery
CMACE	Confidential Enquiry into Maternal and Child Health
CoEM	College of Emergency Medicine
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CQUINS	Commissioning for Quality and Innovation Scheme indicators
CT	Computed Tomography
DAHNO	Data for Head and Neck Oncology
DH	Department of Health
DNA	Did not attend appointment
DVT	Deep Vein Thrombosis
ECG	Electrocardiograph
ED	Emergency Department
HAPU	Hospital Acquired Pressure Ulcer
HASU	Hyper-Acute Stroke Unit
HCAI	Healthcare Associated Infections
HMB	Heavy Menstrual Bleeding
HRM	Heart Rhythm Management
HQIP	Healthcare Quality Improvement Partnership
IBD	Inflammatory Bowel Disease
IHI	Institute for Healthcare Improvement
ICNARC	Intensive Care National Audit & Research Centre
MBRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MINAP	Myocardial Ischaemia National Audit Project
MEWS	Modified Early Warning Score
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCDAH	National Care of the Dying Audit - Hospitals
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

NHSBT UK	NHS Blood and Transplant UK Transplant Registry
NHSLA	NHS Litigation Authority
NICE	National Institute of Clinical Excellence
NICOR	National Institute for Cardiovascular Outcomes Research
NIHR	National Institute for Health Research
NIV	Non Invasive Ventilation
NNAP	Neonatal Intensive and Special Care
NPSA	National Patient Safety Agency
O-G	Oesophago-gastric
PALS	Patient Advice and Liaison Service
PAWS	Paediatric Advanced Warning Score
PICANet	Paediatric Intensive Care Audit Network
PPI	Patient and Public Involvement
POMH	Prescribing in Mental Health Services
PROMS	Patient Reported Outcome Measures
RCA	Root Cause Analysis
RCOG	Royal College of Obstetrics and Gynaecology
RCPCH	Royal College of Paediatrics and Child Health
Rh	Rhesus factor
SINAP	Stroke Improvement National Audit Programme
SI	Serious Incident
SUS	Secondary Uses Systems
TIA	Transient Ischaemic attack
TNS	Transfusion Nurse Specialist
TIRF	Transfusion Incident Referral Form
HTT	Hospital Transfusion Team
VSD	Vascular Surgery Database
VTE	Venous Thromboembolism

Our Finances

Income and Expenditure Position

The Foundations Trust's income position has increased by some £25.9m over the last 12 months. This is largely due to the transfer of a range of Community Services from Bradford and Airedale Community Health Services from the 1st April 2011.

The Foundation Trust continues to report a year on year surplus through controlling cost and recovering the appropriate amount of income commensurate with the work carried out throughout the year. This year, the year-end surplus is £7.3m which is £4.0m ahead of the original plan of £3.3m. Some £3.3m of this surplus was achieved through normal trading activities and achievement of cost reduction targets. The remaining £4.0m surplus relates to an investment made by the Foundation Trust's lead commissioner for the enhancement of patient facilities.

The table below summarises how the position has changed between 2010/11 and 2011/12:

	Position at 31.3.11 restated £m	Position at 31.3.12			% Change on Previous Year
		Plan £m	Actual £m	Variance £m	
Total income	318.0	328.6	343.9	15.3	8%
Operating Expenditure	-303.2	-313.8	-325.6	-11.8	7%
EBITDA	14.8	14.8	18.3	3.5	
Interest, Depreciation & Dividend	-11.2	-11.5	-11.0	0.5	
Surplus / (Deficit)	3.6	3.3	7.3	4.0	

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)	3
Q4 (Jan to Mar)	4

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

2006/07	£0.7m surplus
2007/08	£1.9m surplus
2008/09	£4.3m surplus
2009/10	£2.4m surplus
2010/11	£3.6m surplus (restated)
2011/12	£7.3m surplus

Securing this healthy financial position is in recognition of all the hard work invested by all staff within the organisation.

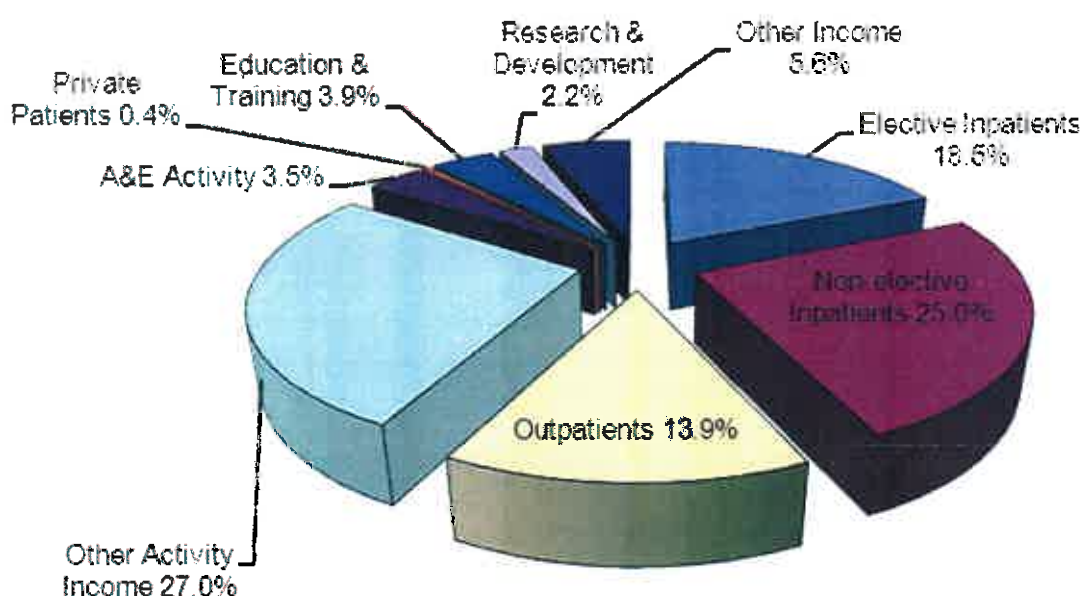
The underlying position remains one of planned surplus to maintain the strong foundation generated over recent years. The financial planning parameters used to populate the financial plan for 2012/13 reflecting both nationally prescribed assumptions and local variations, produce a significant challenge 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 2011/12 financial year was £343.9m which is split as follows:

- Income from Activities - £303.7m
- Other Operating Income - £40.2m

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.

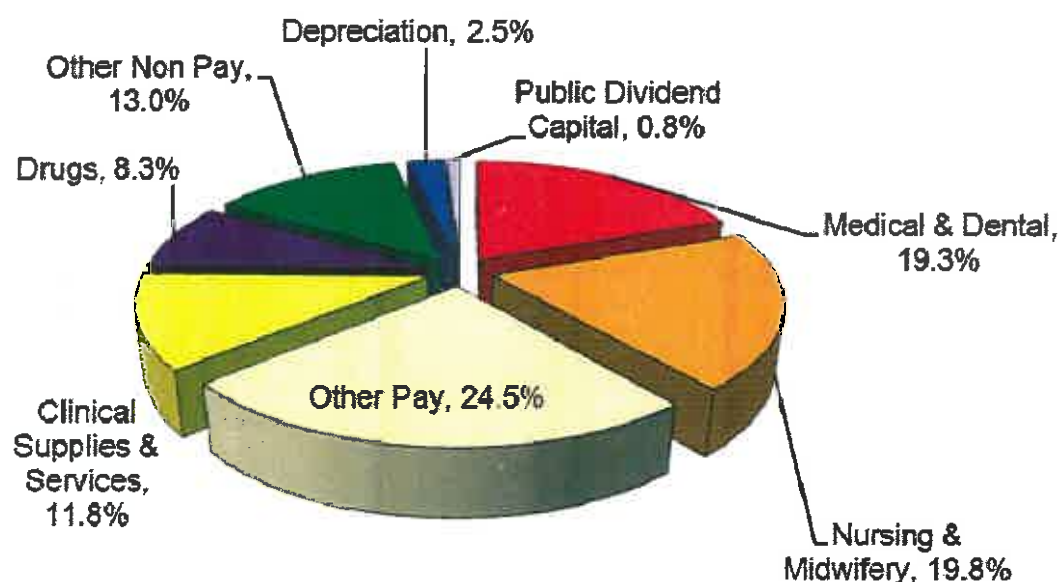
The Foundation Trust has delivered more income than planned through:

- 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 £336.0m is summarised in the chart below:



The Foundation Trust has incurred higher expenditure than planned through:

- 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 £1.5m.

Cost Improvement Programme (CIP)

The Foundation Trust commenced the year with a plan to deliver a surplus of £3.3m which represented 1.0% of turnover. Delivery of this target required the Foundation Trust to secure a cost improvement target of £16.5m 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 Divisions/Departments. A number of corporately sponsored schemes have been

commissioned to support the delivery of Divisional CIPs. By delivering a surplus of £7.3m 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:

- Divisional 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 2011/12 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 2011/12. Securing a surplus of £7.3m delivers a financial risk rating of 4 for the year ending 31 March 2012.

Key Financial Risks

The Foundation Trust started 2011/12 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 2012/13 are similar to those experienced in 2011/12, 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 Divisional and centrally driven productivity and efficiency initiatives;
- Identify non recurrent measures that will release savings in-year;
- Closely monitor progress on access targets using the capacity review provisions within the contract to mitigate the application of financial penalties by the 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 Divisions, 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 and meeting nationally prescribed standards.

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 2012/13, the Foundation Trust will continue to explore in detail the viability of a second modular build, housing modern ward facilities together with a new main entrance.

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

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

The Foundation Trust's 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:

- comprehensive bed re-configuration review;
- complete systems review to reduce the level of inappropriate re-admissions;
- 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;
- continued exploration of opportunities through the Workforce Productivity Board 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 Divisions to secure sustainable and tangible change throughout the organisation, the remit of the team, working in partnership with the organisation, is to:

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

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

The continued development of service line reporting/management improves the Foundation Trust's knowledge regarding the relative standing of services in relation to the income it receives through tariff. This will be further facilitated by the roll-out 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 £64.9m (2010/11 £58.5m) which is largely due to the operating surplus secured in year.

Prudential Borrowing

The Foundation Trust had a maximum long-term borrowing of £57.0m (2010/11: £51.6m).

The Foundation Trust secured a loan of £10m from the Foundation Trust Financing Facility . This loan is to be repaid over 10 years with the final principal repayment due in January 2019.

The Foundation Trust has secured another interest free loan of £0.6m in 2011/12 from the Salix Energy Efficiency Loan Scheme. The total value of Salix loans secured is £1.7m of which £1.2m is still to be repaid. The final principal repayment will be made in September 2015.

The Foundation Trust has £18.5m (2010/11: £18.5m) of approved working capital facility. The Foundation Trust did not draw on this facility during 2011/12 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.

	2011/12 £ 000	2010/11 £ 000
Private Patient Income	1,425	1,467
Total Patient Related Income	303,721	284,961
Proportion as a percentage	0.47%	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 2011/12 for Non-NHS and NHS payables is broadly in line with the previous year's performance. The Foundation Trust is continuing to look at ways to improve its performance.

	2011/12	
	Number	£000
Total Non-NHS trade invoices paid in the year	48,218	97,456
Total Non NHS trade invoices paid within target	40,862	80,950
Percentage of Non-NHS trade invoices paid within target	85%	83%
Total NHS trade invoices paid in the year	2,057	22,792
Total NHS trade invoices paid within target	1,222	18,041
Percentage of NHS trade invoices paid within target	59%	79%

	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%

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 £7.9m was made during the year. The main elements of the capital programme are as follows:

Scheme	£million
Information Technology Schemes	2.0
Medical Equipment	2.2
Patient Environment Improvements	1.1
Buildings and Engineering Maintenance and Upgrade	1.6
New Building Schemes	0.8
Other	0.2
Total	7.9

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 Fund

Purpose of the Charitable Fund

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

Significant Donations During the Year

During 2011/12, the Charitable Fund received a large number of very generous donations from many parts of the community, including £139,524 in general donations, £35,919 'in memory of loved ones' donations and £138,922 in legacy donations.

Key Benefits Accruing from the Charitable Fund for 2011/12

During the year, the Charitable Fund purchased a large number of items of equipment and new fixtures and fittings for the wards and departments within the Foundation Trust, including the enhancement of two birthing pool rooms for the Labour Ward and the Birth Centre.

Other significant purchases included:

- a portable ultrasound unit for the Rheumatology department;
- a high speed tilt table for the Cardiology department;
- neo natal warming mattresses for the Special Care Baby Unit; and
- a vetting and protocolling software package for the Imaging Unit.

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.

Members	26.06.11	31.08.11	26.10.11	29.02.12	Total
Mary Brewer (in attendance)	✓	✓	✓	✓	4
John Bussey	✓	✓	x	✓	3
Matthew Horner				✓	1
Matthew Horner (representing Bryan Millar)			✓		1
Mike McDonnell (in attendance)	✓	✓	✓	✓	4
Bryan Millar	✓	x	x	✓	2
Sally Napper	x	✓	✓	x	2
David Richardson	✓	✓	✓	✓	4
Miles Scott	✓	x	✓		2
Sally Scales (representing Sally Napper)	✓				1
John Sidebottom (in attendance)	✓	x	✓	✓	3
John Speight (in attendance)	✓	✓	x	✓	3
John Waterhouse	x	x	x	x	0
Denotes period when not part of Committee.					
✓ = Attended X = Apologies sent					

Board of Governors

The Board of Governors holds a number of statutory duties. They are 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. They appoint and remove the external auditors.

The Board of Governors meet formally four times a year in addition to the Annual General Meeting. Engagement between the Board of Governors and Board of Directors formally occurs on a bi-annual basis. These sessions involve discussions related to service developments, progress on current works, governance and any other subject concerning the welfare of the Trust. Within the discussions the subjects covered form the key areas of the Trust's Annual Plan with feedback from the Governors used to shape the direction of the Trusts strategy going forward.

This year, in line with their statutory duties, the Governors have appointed the external auditor and appointed a Non-Executive Director. They have been consulted on, and contributed to, the Foundation Trust's Annual Plan and contributed to the establishment of the organisation's 'priorities for change' as a precursor to the development of the Foundation Trust's new Corporate Strategy. 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/Involvement 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 and projects.

All Governors have been involved in some strand of the work/involvement programme and the time devoted has been equitably 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 programmes.

During 2011/12 the Governors work/involvement programme has encompassed the following:

- Auditors Search Committee
- Non-Executive Director Appointments Search Committee
- Care Quality Commission (outcomes review)
- Charitable Funds & Investment Committee
- Membership Development and Communications
- Patient and Public Involvement
- Quality Agenda (Governor Ward Visits programme)
- Young Peoples Engagement Programme
- Volunteers Forum
- Regional Governors Forum
- Foundation Trust Governors Association
- Bradford Institute of Health Research Innovation Group
- 'Appliances Amnesty Project'

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

Governors oversaw the Annual General Meeting (AGM) in September 2011 which attracted approximately 150 people and they were also integral to the planning and delivery of the accompanying Open Event (the Foundation Trust's sixth annual major open event) which showcased over 30 departments, clinical areas and projects. The AGM and Open Event formed the core activities delivered during a full week of special events aimed at staff, volunteers, members and the general public which attracted approximately 3,000 visitors overall.

In targeting specific groups, Governors have worked with the Foundation Trust in continuing to develop engagement activities for young people (aged 16 to 25 years) and to encourage members to take part in patient and public engagement activities in support of the Foundation Trust's major initiative 'Patients First'. Governors have received, considered and evaluated a wide range of information related to seven work streams of the membership improvement priorities included within the Quality Account 2011/12. They have also undertaken a major review of the Governors Ward Visits programme which now reflects a focus on current priorities related to the patients' experience.

The composition of the Board of Governors from 1 April 2011 to 31 March 2012 is set out below:

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
Keighley	Mr Ron Beale
Keighley	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)
Nursing and Midwifery	Carolyn Butterfield
Partner Governors	
NHS Bradford and Airedale	Mr Shafiq Ahmed
Bradford Metropolitan District Council	Cllr Matt Palmer (to May 2011)
Bradford Metropolitan District Council	Vacant (May 2011 until 31 March 2012)
Bradford University	Dr Marina Bloj
Leeds University	Professor John Young

- A contested election took place in the public membership constituency of Bradford West from 27 June until 15 July. Mr Michael Warr was elected and commenced his second term of office from 18 July 2011.
- Mrs Maureen Sharpe was elected unopposed in the public membership constituency of Bradford South and commenced her third term of office from Friday 30 September 2011.

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 2011/12

Name	Governor Status	Representing	20.4.11	20.7.11	14.9.11 (AGM)	19.10.11	18.1.11	Total attendances*
Mr Shafiq Ahmed	Partner Governor	Bradford and Airedale H&PCT	x	✓	✓	✓	x	3 of 5
Mrs Joan Barton	Public Governor	Shipley	✓	✓	✓	✓	✓	5 of 5
Mr Ron Beale	Public Governor	Keighley	x	x	✓	✓	x	2 of 5
Dr Marina Bioj	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	✓	✓	✓	✓	x	4 of 5
Mrs Susan Hillas	Public Governor	Shipley	x	✓	✓	✓	✓	4 of 5
Cllr Matt Palmer	Partner Governor	Bradford Metropolitan District Council	x					
Mrs Maureen Sharpe	Public Governor	Bradford South	✓	x	✓	x	x	2 of 5
Mr John Sidebottom	Staff Governor	All Other Staff Groups	✓	✓	✓	✓	✓	5 of 5
Mr John Speight	Patient Governor	Out of Bradford Patients	✓	✓	x	x	✓	3 of 5
Mr Mark Steward	Staff Governor	Medical and Dental	✓	✓	✓	x	✓	4 of 5
Mr Mike Turner	Public Governor	Bradford South	✓	✓	✓	✓	✓	5 of 5
Mr Michael Warr	Public Governor	Bradford West	x	✓	✓	✓	✓	4 of 5
Mrs Nora Whitham	Public Governor	Bradford West	x	✓	✓	✓	✓	4 of 5
Ms Vera Woodhead	Public Governor	Keighley	✓	✓	✓	✓	✓	5 of 5
Mr Mohammad Yaqoob	Public Governor	Bradford North	✓	✓	✓	x	✓	4 of 5
Professor John Young	Partner Governor	Leeds University	✓	x	x	✓	✓	3 of 5
Mr Mick Young	Patient Governor	Out of Bradford Patients	x	✓	✓	✓	✓	4 of 5
* 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 2011/12. 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.

Appointments to the Board of Directors

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

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 and he is the Chairman of Bradford and Airedale Care Partnerships Ltd-LIFT Co.

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 Bryan Millar, Chief Executive

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

Mr Matthew Horner, Acting Director of Finance

Matthew has a degree in Accountancy and Finance and is a qualified member of the Chartered Institute of Public Finance and Accountancy. His NHS finance career spans over 20 years and covers a variety of finance roles. He has, for the last 10 years, worked for the Acute Trust in Bradford, progressing from Finance Manager to Deputy Director of Finance. Matthew joined the Board as Acting Director of Finance in November 2011.

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

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, communications 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 Sub-Committee for Bradford and Keighley and is 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.

Attendance at Board of Directors' Meetings 2011/12

BOARD MEMBERS	27.4.11	25.5.11	29.6.11	27.7.11	31.8.11	28.9.11	26.10.11	30.11.11	21.12.11	26.1.12	29.2.12	28.3.12	TOTAL
Grace Alderson	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	11
Richard Bell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
John Bussey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
David Cottrell	✓	X	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	10
Matthew Horner ³								✓	X	✓	✓	✓	4
Chris Jelley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
Dean Johnson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
Clive Kay ³	✓	✓	✓	X	✓	✓	X	✓	✓	✓	✓	✓	10
Bryan Miliar ¹	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	10
Sally Napper ²	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
David Richardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
Miles Scott	✓	✓	✓	✓	X	✓	✓						6
John Waterhouse	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	11
Chris Allcock ⁴									✓	✓	✓	✓	4
Jo Bray ⁵	✓	✓	✓	✓	✓	✓	✓	✓					8
Denotes period when not part of Board.													
[✓] = Attended ^X = Apologies sent ¹ = Represented by Matthew Horner ² = Represented by Sally Scales ³ = Represented by Donna Thompson ⁴ = In attendance as Acting Board Secretary ⁵ = Represented by Jason Matthews ⁶ Jo Bray – In attendance, Head of Corporate Affairs, left the Trust 30.12.11													

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.

Attendance at Governance Committee Meetings 2011/12

MEMBERS	1.6.11	24.8.11	7.12.11	1.2.12	TOTAL
Grace Alderson	✓	✓	✓	✓	4
Chris Allcock (in attendance)	✓	✓	X	✓	3
Richard Bell	✓	✓	✓	✓	4
Jo Bray (in attendance)	✓	✓	✓		3
Dean Johnson	X	✓	✓	✓	3
Clive Kay	✓	✓	✓	X	3
Bryan Millar	X	X	✓	✓	2
Sally Napper ¹	✓	✓	X	✓	3
David Richardson	✓	X	✓	✓	3
Miles Scott	X	X			0
Donna Thompson (in attendance)	✓	✓	✓	✓	4
John Waterhouse	✓	✓	✓	✓	4
Denotes period when not part of Committee.					
✓ = Attended X = Apologies sent ¹ = Represented by Sally Scales					

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 Foundation 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 2011/12

MEMBERS	25.05.11	27.07.11	28.09.11	30.11.11	25.01.12	28.03.12	TOTAL
Chris Alicock (in attendance)	✓	✓	✓	✓	✓	✓	6
Richard Bell	✓	✓	✓	✓	✓	✓	6
John Bussey	✓	✓	✓	✓	✓	✓	6
Chris Jelley	✓	✓	✓	✓	✓	✓	6
Matthew Horner (in attendance)				✓	✓	✓	3
Bryan Millar (in attendance)	✓	✓	✓				3
✓ = Attended X = Apologies sent							
Denotes period when not part of Committee.							

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 2011. 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)	2011/12 £000
Audit Services – Statutory Audit	56.2
Other Services	70.1
Total	126.3

The non-audit work relates to a review of the Foundation Trust's bed configuration and work on the Quality Account.


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 2011. 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 Committee

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 Committee Meetings 2011/12

Member	26.05.11	22.07.11	14.10.11	02.03.12	Attendance
Chris Allcock	✓	X	✓	X	2
Jo Bray ¹	✓	✓	✓		3
David Cottrell (Chair)	✓	✓	✓	✓	4
Simon Frazer	X	✓	✓	X	2
Robin Jeffrey ²	✓	X	✓	✓	3
Dean Johnson	X	✓	✓	✓	3
Clive Kay ³	✓	✓	✓	✓	4
Sally Napper	✓	✓	✓	✓	4
Sally Scales	✓	X	✓	✓	3
Donna Thompson	✓	✓	X	✓	3
Derek Tuffnell	X	✓	✓	X	2
Brent Walker	✓	X	X	X	1
John Waterhouse	X	✓	X	✓	2
Stephen Worrall ⁴	✓	✓	✓	X	3
John Wright	✓	✓	✓	X	3
✓ = Attended X = Apologies sent ¹ = Represented by Wendy Davis ² = Represented by Assistant Medical Director ³ = Represented by Donna Thompson ⁴ = Represented by Donna Thompson					
 Denotes period when not part of Committee.					

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 2011/12

MEMBERS	27.4.11	26.10.11	TOTAL
Grace Alderson	✓	✓	2
Richard Bell	✓	✓	2
John Bussey	✓	x	1
Pat Campbell (in attendance)	✓	✓	2
David Cottrell	x	✓	1
Chris Jelley	x	✓	1
David Richardson	✓	✓	2
Miles Scott (in attendance)	✓	x	1
John Waterhouse	✓	✓	2
✓ = attended x = apologies sent			

**Directors' Remuneration
Remuneration of senior managers**

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

Name and Title	Salary (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
2011/12					
Professor Grace Alderson (Non-Executive Director)	10-15				
Mr Richard Bell (Non-Executive Director)	15-20				
Mr John Bussey (Non-Executive Director)	10-15				
Professor David Cottrell (Non-Executive Director)	10-15				
Mr Matthew Horner (Director of Finance, from 01 November 2011)	35-40				
Mr Chris Jelley (Non-Executive Director, Senior Independent Director)	15-20				
Dr Dean Johnson (Director of Planning and Performance)	145-150				
Professor Clive Kay (Medical Director)	85-90	150-155			
Mr Bryan Millar (Chief Executive, from 01 November 2011) ¹	165-170				
Mrs Sally Napper (Chief Nurse)	150-155				
Mr David Richardson (Chairman)	50-55				
Mr Miles Scott (Chief Executive, up until 31 October 2011)	110-115				
Mr John Waterhouse (Non-Executive Director)	10-15				

¹ Bryan Millar, Director of Finance up until 31 October 2011

There were no bonuses paid to any director during either 2011/12 or 2010/11.

Pension entitlement of senior managers

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

Name and Title	Total accrued pension at age 60 at 31 st March 2012	Value of automatic lump sums at 31 st March 2012	Real Increase in pension during the year	Real increase in automatic lump sum during the year	CETV at 31 st March 2012	CETV at 31 st March 2011	Real Increase / (decrease) in CETV during the year
2011/12	(Bands of £2,500) £000s	(Bands of £2,500) £000s	(Bands of £2,500) £000s	(Bands of £2,500) £000s	(Bands of £1,000) £000s	(Bands of £1,000) £000s	(Bands of £1,000) £000s
Mr Matthew Horner (Director of Finance, from 01 November 2011)	20.0 – 22.5	62.5 – 65.0	0.0 – 2.5	2.5 – 5.0	296 - 297	208 - 209	36 - 37
Dr Dean Johnson (Director of Planning and Performance)	32.5 – 35.0	100.0 – 102.5	2.5 – 5.0	10.0 – 12.5	440 - 441	378 - 379	62 - 63
Professor Clive Kay (Medical Director)	57.5 – 60.0	172.5 – 175.0	5.0 – 7.5	17.5 – 20.0	990 - 991	782 - 783	207 - 208
Mr Bryan Millar (Chief Executive, from 01 November 2011) ¹	70.0 – 72.5	215.0 – 217.5	2.5 – 5.0	12.5 – 15.0	1,412 – 1,413	1,219 – 1,220	193 - 194
Mrs Sally Napper (Chief Nurse)	45.0 – 47.5	137.5 – 140.0	0.0 – 2.5	5.0 – 7.5	779 - 780	657 - 658	122 - 123
Mr Miles Scott (Chief Executive, up until 31 October 2011)	57.5 – 60.0	175.0 – 177.5	2.5 – 5.0	7.5 – 10.0	927 - 928	720 - 721	120 - 121

¹ Bryan Millar, Director of Finance up until 31 October 2011

Hutton Review of Fair Pay

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

	2011/12
Band of Highest Paid Director's Total Remuneration (£,000)	240-245
Median total Remuneration	23,589
Ratio	10.3

The median salary calculation is based on the spine point of individuals employed by the Foundation Trust on the last day of the financial year, 31 March 2012. Each staff member's spine point was taken and the median calculated from this population. Agency costs were not included as it was considered impracticable to evaluate the individual cost of vacant posts covered by temporary workers and deemed that such calculation would not materially alter the calculation of the median.



Bryan Millar
Chief Executive

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.

Number of Members

At the year end the Foundation Trust has a total membership of 53,579. 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	3,438	70,895	94,368	5%
Shipley	7,703	71,428	90,029	11%
Bradford North	8,348	69,042	92,364	12%
Bradford South	9,787	71,606	110,308	14%
Bradford West	11,611	68,911	105,954	17%
Total Public Membership	40,886	351,882	493,023	12%

Total Patient Members	7,535
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Staff Membership Constituency breakdown	FT members	Total eligible staff population	Membership as % of total eligible staff population
Allied Health Professionals and Scientists	591	608	97%
Nursing and Midwifery	1,635	1,741	94%
Medical and Dental	362	389	94%
All Other Staff Groups	2,314	2,545	92%
Total Staff	4,902	5,283	93%

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

A Summary of the Membership Strategy 2011 to 2015

The Membership Development Strategy 2011 to 2015 sets the targets and objectives for membership recruitment and aims to build upon the many successes achieved during the life of the previous strategy (2007 to 2010).

The Foundation Trust has taken the considered view that total membership overall should equate to approximately 10% of the local eligible population. Maintaining this level of membership:

- Creates a credible mandate for elections to the Board of Governors;
- Provides a broad and diverse range of people to consult with on wider issues;
- Provides a broad and diverse range of people to draw on for public and patient involvement activities related to their declared interests;
- Means that the Foundation Trust is able to more broadly communicate with the local population and patients.

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

Membership Recruitment, Engagement and Development 2011/12

At the end of March 2011 total overall membership equated to approximately 15% of the eligible local population which is 5% above the baseline set within the strategy. During the year, membership has declined by 2,900 members which equates to a 5% churn rate against our expectation for 2011/12 of 12%. As the Foundation Trust is above the baseline set for membership there were no recruitment campaigns undertaken, however the profile of the membership remained under quarterly review with regard to representation. The Foundation Trust is pleased to report that the membership is representative of the communities served.

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

The engagement programme continued to be developed and implemented during the year. The highlights from 2011/12 are outlined below:

- The Foundation Trust's Annual Open Event, now in its sixth year, attracted approximately 700 visitors;
- The membership interests questionnaire was revised to support increased involvement of members within patient and public engagement activities and the Foundation Trust's Patients First initiative;
- Our fourth annual Young Persons NHS Open Event was full to capacity and covered jobs/careers, training/education, volunteering and health and wellbeing;
- Members participated in an innovative research study aimed at developing management tools that will take into account public preferences regarding setting priorities for health service innovations;
- Our first community art gallery space was launched and will continue to display a rolling programme of exhibits. The first inaugural exhibition, based on the theme of mending broken hearts, features thirty outstanding pieces of work produced by students at 10 local primary and high schools.

Contact procedures for members who wish to communicate with Governors

If members have specific issues they wish to raise they are able to contact individual Governors, the Chairman, or the Board of Governors as a whole via a dedicated

helpline telephone number or via a dedicated email address or in writing c/o the Foundation Trust Membership Office.

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 regular 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 Foundation Trust's Equality and Diversity team aims to ensure that 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 Department also works to promote equality and diversity in 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 and chairs the Workforce Strategy Implementation Board which has a diversity work stream.

Achievements

Below are some of the achievements in 2011/12.

Establishing the Bradford and Airedale NHS Equality Group

The Bradford and Airedale NHS Equality Group was established in September 2011 and has met three times to date. Its primary aim is to support the four NHS Trusts in the district (Airedale NHS Foundation Trust, NHS Airedale, Bradford and Leeds, Bradford District Care Trust and Bradford Teaching Hospitals NHS Foundation Trust) to identify, prioritise and implement equality objectives that will improve the health and wellbeing of people in the

district and ensure that employment opportunities exist and do not discriminate against any protected groups.

The work of the group is steered by the equality leads at the four district NHS Trusts with membership which ensures that all of the Equality Act protected groups are included. Non-executive directors from each Trust and members of staff networks are joined by representatives from a large number of local organisations.

This joint approach to working on equality objectives builds on existing partnership projects that we will continue, for example:

- Lesbian, Gay and Bisexual (LGB) equality work with Equity Partnership
- District Health Violence against Women and Girls Strategy
- Innov8 BME leadership initiative
- NHS Race Equality in Employment group

The Bradford and Airedale Equality Group has replaced our internal Equality Scrutiny Group. This is because the district-wide group performs the same function with the added advantage of providing good benchmarking and collaborative opportunities to improve access to services and employment opportunities for protected groups across the health economy in the Bradford district. The Governance Committee will receive an annual update on the work of the Bradford and Airedale Equality Group, with a focus on our internal activity to achieve our equality objectives and comply with equality legislation.

Implementing the Equality Delivery System (EDS)

The Heads of Equality across the NHS health economy in the district looked at existing evidence of our performance against the four goals and proposed initial grades. Between January and March 2012, members of the Bradford and Airedale NHS Equality Group sat on panels to consider the evidence and assess the grades for the four Trusts. The panels amended the self-assessments based on additional evidence they had and through benchmarking with the other Trusts.

Setting Objectives

From the panel assessments and in discussion with the Bradford and Airedale NHS Equality Group, we have identified seven equality objectives that we will work on jointly and one specific objective for each organisation. Bradford Teaching Hospitals objectives for 2012/13 are:

- Improve Equality Delivery System (EDS) grades year on year;
- Improve Equality Delivery System (EDS) process, year on year;
- Ensure that services better meet the needs of transgender people;
- Make information more accessible - to better meet the needs of visually impaired people, deaf people and people with language / literacy issues;
- Improve the access and experience of BME patients and service users;
- Reduce inequality experienced by BME staff and applicants;
- Increase the diversity of Trust Board / Clinical Commissioning Group / Board of Governors and their understanding of equality issues;
- Determine whether people from protected groups are disadvantaged by the complaints process.

We will report progress on meeting these objectives in next years' Annual Report.

Workforce Strategy Implementation Board Diversity Work stream:

A group chaired by the Director of HR, involving representatives from the three staff networks, reviews the Foundation Trust's recruitment practice and work towards improving

employment opportunities for existing and potential staff. The group reports into the Workforce Strategy and Implementation Board. This Group has set up a number of initiatives in the last 12 months.

Interpreting Services (Spoken Languages)

The demand for interpreting services has more than doubled since 2005 and will continue to increase in the future. The range of languages in which interpreting services are provided is also increasing, with interpreting services provided in over 40 different languages.

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 office hours. In addition to this, through the intranet, staff have access to a list of interpreters who they can contact directly outside office hours.

Interpreting Services (British Sign Language - BSL)

BSL interpreting services enable deaf patients to effectively communicate with staff. We work closely with Morley Street Resource Centre to quality assure the delivery of BSL services.

Video Interpreting Network

An innovative project looking at a Video Interpreting Network is being carried out to enable the Foundation Trust to effectively meet the needs of patients who do not speak English or use BSL. The network is being piloted in Paediatric Services.

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 lesbian, gay and bisexual, black and minority ethnic and disabled staff operate within the Foundation Trust. All the networks are confidential, self-governing groups which provide support and help in raising awareness of issues affecting these staff groups. The Foundation Trust has granted approval for staff to attend network meetings during work time.

Equality Impact Assessments

The Equality Impact Assessment process has been updated to include all protected groups. Initial assessments are carried out on all new and revised policies and changes are made where there is evidence that protected groups might be disadvantaged by the policy.

Challenges

Our Equality Objectives identify the challenges that we face in providing services and employment opportunities for people from the protected groups. Making progress against these will be challenging but we are putting in place realistic targets for achieving the objectives.

Future Developments

Equality Training for Senior Managers

The Board of Directors approved the development of a senior management equality training programme. The brief for the training is being developed and will be subject to a procurement exercise. The training organisation that will carry out this work will have to demonstrate how they will address the specific equality issues facing the Foundation Trust.

Innov8 Charter Pilot

The Innov8 Charter aims to promote a more diverse and inclusive senior NHS leadership in Yorkshire and the Humber. It has a single goal to create a more effective, diverse leadership that is well equipped to realise and respond to the opportunities and challenges of today's NHS. It was developed by the Yorkshire and Humber SHA and is being developed through the new NHS North of England cluster.

The Innov8 Charter lists eight areas that experience and research suggests will have a high impact on the diversity of leaders and the inclusive nature of organisations. The Charter is seen as a mechanism to embed both organisational and individual approaches to improved diversity at senior leadership levels.

Bradford District Care Trust has been chosen locally to be one of the five pilot sites but we have been encouraged to be involved in the pilot. The pilot project runs from April 2012 for 12 months. The areas described in the charter are ones which we would work on jointly with our local health economy partners and fit in well with our EDS objective to increase the diversity of the Trust Board and Board of Governors. We will report progress on the Pilot in next years' Annual Report.

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 in 2011 we embarked on a new staff engagement programme.

A programme of open forums and drop-in sessions with Executive Directors and the Director of Human Resources was launched. All members of staff are welcome to attend and can ask questions, raise a concern or request information or advice. Staff who are unable to attend can put forward questions by email and all presentation material and questions and answers which have been asked (unless confidential) are available on the intranet for all staff who are unable to attend.

The Staff Suggestion Scheme across the Foundation Trust also 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.

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.

3,104 health and safety risk incidents were reported in the last 12 months, 702 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 looking at patients who pose a risk to themselves and others. The group have been looking at the information that is already available for staff on patients that are a risk to themselves and others and have been developing assessments and care pathways to aid staff.

Occupational Health

The Workplace Health and Wellbeing Centre team have participated in quarterly time out sessions and produced a vision and a mission statement for the service, with an action plan for the development of the service.

Evidence has been collated for the Faculty of Occupational Medicine's National Accreditation process 'Safe Effective Quality Occupational Health Service' (SEQOHS). The Workplace Health and Wellbeing Centre will be assessed for accreditation in the next 12 months.

Our flu vaccination uptake rate for 2011/12 was 65% which is a significant increase on last year's figure of 50%.

The department has introduced several new health promotion sessions for staff, these include Health of Men health checks, stop smoking courses and Weight-Watchers sessions.

A salary sacrifice scheme was introduced for the staff gym earlier this year and we are holding promotional road shows to encourage more staff to take part in physical activity and become staff gym members. A Zumba class was introduced at the end of March.

To celebrate the run-up to the Olympic games an NHS Challenge launch event was held for staff in September. National governing body representatives from several sports and local clubs were represented and the Bradford Bulls provided some rugby training taster sessions for staff. Future NHS Challenge events include a sportsmaker convention, a fun run in July and an electronic tool called 'e.play' for staff to arrange to meet and play sports.

Our Cycle to Work scheme will be promoted over the coming year with shower and changing facilities in the workplace Health and Wellbeing Centre for staff to use.

The musculo-skeletal pathway pilot is now complete and an analysis of the data is being conducted. This aims to treat staff more quickly leading to improved outcomes and a reduction in the length of sickness absence. A report will be produced for the Corporate Improvement Management Board.

The department also participated in a further national audit of back-pain management by the Health and Work Development Unit and the results of this are due in the near future.

Monthly audits of the key performance indicators for management referrals are being carried out and an action plan is in place to improve these. The managers' guide to the service is being updated.

The satisfaction rate for management referrals to occupational health is currently 90%. A customer survey was conducted for service users and the results were very positive with 56% of responders rating their care as excellent and 44% rating it as very good.

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").

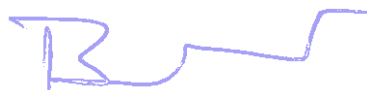
Under the NHS Act 2006, Monitor has directed Bradford Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of 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*.



Bryan Millar
Chief Executive

30 May 2012

Annual Governance Statement 2011/12

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 2012 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 Committee.

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 and the Quality and Safety Review Committee.

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 Division level, designated risk coordinators are in place to coordinate devolved risk management arrangements. Local policies are in place at this level, as are directorate risk registers. Specialist advisors are available to provide input to these arrangements and generic advice and support is provided by the risk management team.

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.

Learning from good practice and from untoward incidents is seen as a primary mechanism for continuously improving risk management systems. In the Foundation Trust these lessons are derived from external guidance, from site visits and from incidents reported through the hospital's risk incident reporting system. All Serious Incidents are reported formally to the Board of Directors.

The risk and control framework

The Foundation Trust's Risk Management Strategy is founded on 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 2011 and the Quality and Safety Strategy was approved in April 2011. A review of the Assurance Framework was carried out by the Board of Directors in March 2012.

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 Annual Governance Statement. 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 – CNST Maternity Services and NHS LA Risk Management Standards. The Foundation Trust has retained level 1 for both following reassessment during the year.

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 Incident Policy incorporates 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 has ensured that arrangements are in place to ensure that the Foundation Trust complies with the Equality Act 2010. It has approved equality objectives for 2012/13 and reviewed the results of a comprehensive self-assessment against the national Equality Delivery System goals.

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 Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Carbon Management Plan has been ratified by the Board of Directors, under which we have committed to a number of carbon reduction projects, with the aim of reducing our CO₂ emissions 10% by 2015, based on 2007/08 levels. Under these plans we also aim to meet our obligations to the 2008 Climate Change Act. We also have a work stream under the NHS Sustainable Development Strategy, guided by the Government's UK Strategy for Sustainable Development. We have a Sustainable Development Implementation Plan ratified by the Board, which is currently being implemented across the Foundation Trust.

Review of economy, efficiency and effectiveness of the use of resources

The Foundation Trust's financial plan, which was submitted to Monitor in May 2011, included a planned surplus of £3.3 million. This plan included a savings target which has been delivered in full throughout the year and this provides a firm baseline for the forthcoming year.

The resources of the Foundation Trust are managed within the framework set by the Standing Financial Instructions, and various guidance documents that are produced within the Foundation Trust, which have a particular emphasis on budgetary control and ensuring that service developments are implemented with appropriate financial controls.

The Board of Directors receives a comprehensive finance report on a monthly basis encapsulating all relevant financial information to allow them to discharge their duties effectively. The Foundation Trust also provides financial information to Monitor on a quarterly basis inclusive of financial tables and a commentary.

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

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

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of Annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Reporting Manual. The Annual Quality report can be found on page 10.

Governance and Leadership

The Chief Nurse leads on matters relating to the preparation of the Foundation Trust's annual Quality Report.

A Non-Executive led Committee of the Board of Directors, the Quality and Safety Review Committee has been established 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 is 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.

Systems and Processes

There are systems and processes in place for the collection, recording, analysis and reporting of data which are focused on securing data which is accurate, valid, reliable, timely, relevant and complete.

Each quality indicator has a named lead with their specific roles and responsibilities in relation to data quality and validation clearly defined and documented.

The data collection system and validation process is monitored through peer review by the named leads.

Where the indicator forms part of the national reporting framework the data is validated and signed off by the Performance team.

Data which will be used for external reporting will be subject to rigorous verification and senior management approval.

The effectiveness of the systems of internal control in relation to the Quality Report will be reviewed through a process of internal audit.

Consultation has been carried out with members of the Foundation Trust to collate the priorities in next year's Quality Report. A Governor Working Group and the Quality and Safety Review Committee will monitor progress on these priorities to report in next year's Quality Report. Information about this is also being fed back to the membership via the member's magazine.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust that have responsibility for the development and maintenance of the internal control framework.

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, Quality and Safety Review Committee, Risk Management Steering Group, Clinical Audit, Internal Audit and leadership from the Medical Director's Office with regard to clinical risk reporting, management and implementing learning, and plan to address weaknesses and ensure continuous improvement of the system is in place.

Conclusion

The Foundation Trust and its officers are alert to their responsibilities in respect of internal control and has in place organisational arrangements to identify and manage risk. The Foundation Trust has not identified any significant internal control issues.



Bryan Millar
Chief Executive

30 May 2012

Bradford Teaching Hospitals NHS Foundation Trust

Annual Accounts

for the year ended 31 March 2012

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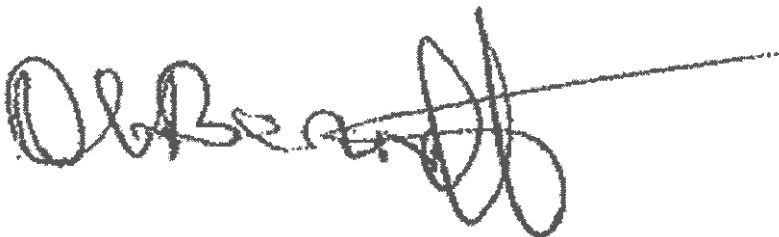
NATIONAL HEALTH SERVICE ACT 2006

**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:

A handwritten signature in black ink, appearing to read 'David Bennett', with a long horizontal line extending to the right.

Name: David Bennett (Chairman)
Dated: 28 February 2011

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 2012 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 2011/12 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 in accordance with the NHS Foundation Trust Annual Reporting Manual 2011/12. 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 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.

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 2011/12, of the state of the NHS Foundation Trust's affairs as at 31 March 2012 and of its income and expenditure and cash flows for the year then ended 31 March 2012; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2011/12.

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 2011/12; 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.

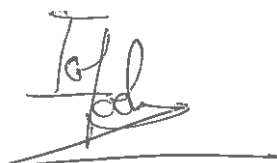
Matters on which we are required to report by exception

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 2011/12 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.

Certificate

We certify that we have completed the audit of the financial statements 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

30 May 2012

FOREWORD TO THE ACCOUNTS

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: 30 May 2012

Bradford Teaching Hospitals NHS Foundation Trust
Annual Accounts for the year ended 31 March 2012

STATEMENT OF COMPREHENSIVE INCOME	Note	2011/12 £000	2010/11 £000 (restated)
Operating income	2.1	343,878	318,021
Operating expenses	3.1	(334,186)	(311,931)
OPERATING SURPLUS		9,692	6,090
FINANCE COSTS			
Finance income	5.1	664	471
Finance cost - financial liabilities	6.1	(231)	(261)
Finance cost - unwinding of discount on provisions	15.2	(51)	(53)
PDC dividend payable	6.2	(2,822)	(2,610)
NET FINANCE COSTS		(2,440)	(2,453)
SURPLUS FOR THE YEAR		7,252	3,637
Other comprehensive income			
Revaluation		12,364	639
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		19,616	4,276

All income and expenses shown relate to continuing operations.
The notes on pages 10 to 47 form part of these accounts.

STATEMENT OF FINANCIAL POSITION		31 Mar 2012 £000	31 Mar 2011 £000	01 Apr 2010 £000
	Note		(restated)	(restated)
Non-current assets				
Intangible assets	7.3	1,936	1,854	1,797
Property, plant and equipment	8.2	144,216	132,368	127,394
Trade and other receivables	10.1	1,329	959	1,102
Total non-current assets		147,481	135,181	130,293
Current assets				
Inventories	9.1	3,764	3,811	3,698
Trade and other receivables	10.1	9,799	6,115	10,242
Cash and cash equivalents	17.1	64,908	58,476	51,059
Total current assets		78,471	68,402	64,999
Current liabilities				
Trade and other payables	11.1	(37,539)	(35,219)	(33,724)
Borrowings	13.1	(1,463)	(1,327)	(1,048)
Provisions	15.1	(3,721)	(3,776)	(2,120)
Other liabilities	12.1	(10,849)	(11,651)	(9,208)
Total current liabilities		(53,572)	(51,973)	(51,100)
Total assets less current liabilities		172,380	151,610	144,192
Non-current liabilities				
Borrowings	13.1	(6,777)	(7,709)	(8,000)
Provisions	15.1	(1,642)	(1,634)	(1,814)
Other liabilities	12.1	(7,179)	(5,318)	(5,504)
Total non-current liabilities		(15,598)	(14,661)	(15,318)
Total assets employed		156,782	136,949	128,874
Financed by taxpayers' equity				
Public Dividend Capital (PDC)		115,413	115,197	115,147
Revaluation reserve	16.1	39,566	27,412	27,014
Income and expenditure reserve		1,803	(5,660)	(13,287)
Total taxpayers' equity		156,782	136,949	128,874

These accounts together with notes on pages 6 to 47 were approved by the Board of Directors on 30 May 2012.

Signed:

Bryan Millar
Chief Executive

Date: 30 May 2012

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY					
	Total	Public Dividend Capital	Revaluation reserve (see note 16.1)	Donated assets reserve	Income and expenditure reserve
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2011	133,200	115,197	27,412	0	(9,409)
Prior period adjustment	3,749	0	0	0	3,749
Transforming Community Services (TCS) and merger adjustments	216	216	0	0	0
Taxpayers' equity at 1 April 2011 - restated	137,165	115,413	27,412	0	(5,660)
Surplus for the year	7,253	0	0	0	7,253
Revaluations - property, plant and equipment	12,505	0	12,505	0	0
Revaluations - intangible assets	(141)	0	(141)	0	0
Other recognised gains and losses	0	0	(210)	0	210
Taxpayers' equity at 31 March 2012	156,782	115,413	39,566	0	1,803
Taxpayers' equity at 1 April 2010	128,596	115,147	27,014	1,235	(14,800)
Prior period adjustment	278	0	0	(1,235)	1,513
Taxpayers' equity at 1 April 2010 - restated	128,874	115,147	27,014	0	(13,287)
Surplus for the year	3,637	0	0	0	3,637
Revaluation - property, plant and equipment	222	0	222	0	0
Revaluation - intangible assets	417	0	417	0	0
Other recognised gains and losses	0	0	(241)	0	241
Public Dividend Capital received	50	50	0	0	0
Taxpayers' equity at 31 March 2011	133,200	115,197	27,412	0	(9,409)

STATEMENT OF CASH FLOWS	2011/12 £000	2010/11 £000
Cash flows from operating activities		(restated)
Operating surplus from continuing operations	9,692	6,090
Non-cash income and expense		
Depreciation and amortisation	8,070	8,183
Impairments	491	469
Interest accrued and not paid	(43)	0
Dividends accrued and not paid or received	23	0
(Increase)/decrease/ in trade and other receivables	(4,333)	4,146
Decrease/(increase) in inventories	48	(113)
Increase/(decrease) in trade and other payables	2,446	(4,588)
Increase in other liabilities	1,059	6,006
(Decrease)/increase in provisions	(98)	1,423
Other movements in operating cash flows	0	165
NET CASH GENERATED FROM OPERATIONS	17,355	21,781
Cash flows from investing activities		
Interest received	664	471
Purchase of financial assets	(307,000)	(319,000)
Sales of financial assets	307,000	319,000
Purchase of intangible assets	(950)	(370)
Purchase of property, plant and equipment	(7,101)	(11,655)
Sales of property, plant and equipment	2	0
Net cash used in investing activities	(7,385)	(11,554)
Cash flows from financing activities		
Public Dividend Capital received	0	50
Other loans received	563	1,134
Loans repaid to the Department of Health	(1,000)	(1,000)
Other loans repaid	(354)	(142)
Interest paid	(192)	(265)
PDC dividend paid	(2,566)	(2,487)
Cash flows from (used in) other financing activities	11	(100)
Net cash used in financing activities	(3,538)	(2,810)
Increase in cash and cash equivalents	6,432	7,417
Cash and cash equivalents at 1 April	58,476	51,059
Cash and cash equivalents at 31 March	64,908	58,476

NOTES TO THE ACCOUNTS

Note 1 Accounting policies and other information

Monitor has directed that the annual accounts of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequently, the following accounts have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2011/12 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, where applicable, 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. Until 31 March 2013, NHS charitable funds 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 NHS Airedale, Bradford and Leeds, the Foundation Trust's host 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 annual accounts 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.

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. 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 subsequently valued at fair value in accordance with the revaluation model set out in IAS 16. Land and buildings are revalued at least every five years. More frequent valuations are carried out if the Foundation Trust believes that there has been a significant change in value.

Valuations of land and buildings are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors Valuation Standards. The last asset valuations were undertaken by the District Valuer Service, part of the Valuation Office Agency of HM Revenue and Customs, during March 2012 at the prospective valuation date of 1 April 2012.

The valuations are carried out primarily on the basis of depreciated replacement cost on a modern equivalent asset basis for specialised operational property and existing use value for non-specialised operational property.

For non-operational properties including surplus land, the valuations are carried out at open market value. Any new building construction or an enhancement to an existing building or building related expenditure of greater than or equal to £1,000,000 will necessitate a formal impairment valuation.

Indices are applied to all equipment with an original cost in excess of £100,000.

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.

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.

Freehold land is not depreciated.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by the Foundation Trust's professional valuers.

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 - 10 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.

Assets in the course of construction are not depreciated until the asset is brought into use.

Disposals

The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the sales proceeds (if any) and the carrying amount of the asset and is recognised in the 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 is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment. In 2010/11 there were impairments totalling £469,000, and 2011/12 there were impairments totalling £491,000.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.7 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

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at fair value. Revaluation gains and losses and impairments are treated in the same manner as for 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 Revenue government and other grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

1.9 Inventories

Pharmacy inventories are valued at weighted average historical cost. Other inventories are valued at the lower of cost and net realisable value using the First In, First Out (FIFO) method.

Provision is made where necessary for obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable.

1.10 Financial instruments

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets in respect of assets acquired through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Foundation Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as 'loans and receivables'. Financial liabilities are classified as 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs. In all cases the fair value is the transaction value. Any long term receivables that are financial instruments require discounting to reflect fair value, using the effective interest method. The effective interest rate 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 annual accounts.

Cash, bank and overdraft balances are recorded at the current values of these balances in the Foundation Trust's cash book. These balances exclude monies held in the Foundation Trust's bank account belonging to patients (see 'third party assets' below). Account balances are only 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 net of transaction costs incurred.

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 as a movement in the allowance account for credit losses and the carrying amount of the asset is reduced through the use of a provision for impaired receivables. Where it becomes apparent that the asset will not be recovered, it is subsequently written off, by removing the amount from the provision for impaired receivables and the carrying amount of the financial asset.

1.11 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost over the life of the lease. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the 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
- where 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 2.8% (2010/11: 2.9%) in real terms.

Clinical negligence costs

The NHS Litigation Authority (NHS LA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHS LA, which, in return, settles all clinical negligence claims. Although the NHS LA 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 NHS LA on behalf of the Foundation Trust is disclosed at note 15.1 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS LA 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 19 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 19 unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.14 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as Public Dividend Capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) net cash balances held with the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. 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 intangible assets, property, plant and equipment. 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 2012, 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.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed in note 17.1 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the 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 annual accounts are outlined below.

Income estimates

In measuring income for the year, management have taken account of all available information. Income estimates that have been made have been based on actual information related to the financial year.

Included in the income figure is an estimate for open spells, patients undergoing treatment that is only partially complete at twelve midnight on 31 March. 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 2012 at the prospective valuation date of 1 April 2012.

Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites.

Recoverability of receivables

In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables and made appropriate adjustments to the existing allowance account for credit losses.

In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rates as stated, as appropriate. Management have also taken into account all available information for disputes and possible outcomes.

NOTES TO THE ACCOUNTS

Note 2.1 Operating income	2011/12 £000	2010/11 £000 (restated)
Income from activities		
Elective income	63,525	62,204
Non elective income	86,114	87,093
Outpatient income	47,708	51,096
Accident and emergency income	12,046	11,426
Other NHS clinical income (see note 2.2)	90,851	69,664
Private patient income (see note 2.3)	1,425	1,467
Other non-protected clinical income	2,052	2,011
Total income from activities	303,721	284,961
Other operating income		
Research and development	7,457	5,318
Education and training	13,463	13,289
Charitable and other contributions to expenditure	178	371
Provider to provider income (see note 2.4)	5,720	5,314
Catering income	1,073	1,227
Car parking income	1,209	1,268
Other	11,057	6,273
Total other operating income	40,157	33,060
	343,878	318,021

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), TCS (transforming community services), direct access services, cost per case items, ward attenders, audiological services, breast screening and bowel screening.

Note 2.3 Private patient income	2011/12 £000	2010/11 £000	Base Year £000
Private patient income	1,425	1,467	1,632
Total patient related income	303,721	284,961	160,654
Proportion (as percentage)	0.47%	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 2011/12 and 2010/11.

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. Other staffing recharges cover nurses, phlebotomists, occupational therapists and other professions allied to medicines. This income also includes the provision of radiation protection, rehabilitation, wheelchair and physiotherapy services to various trusts and PCTs.

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 divisions 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	2011/12 £000	2010/11 £000 (restated)
Services from NHS foundation trusts	587	164
Services from NHS trusts	7,232	7,009
Services from PCTs	274	119
Employee expenses - executive directors	1,070	1,229
Employee expenses - non-executive directors	157	157
Employee expenses - staff	212,648	197,271
Drug costs	27,856	25,347
Supplies and services - clinical (excluding drug costs)	33,507	31,438
Supplies and services - general	4,127	4,146
Establishment	4,169	4,326
Research and development	1,915	1,257
Transport	521	316
Premises	18,521	16,622
Increase / (decrease) in allowance account for credit losses	1,405	1,398
Depreciation on property, plant and equipment	7,342	7,454
Amortisation on intangible assets	728	729
Impairments of property, plant and equipment	491	469
Audit fees		
audit services - statutory audit	67	67
Other auditors' remuneration		
further assurance services	16	30
other services	62	0
Clinical negligence	7,596	6,777
Loss on disposal of property, plant and equipment	11	165
Legal fees	263	235
Consultancy costs	910	946
Training, courses and conferences	808	960
Patient travel	34	33
Car parking and security	9	17
Redundancy	371	1,519
Hospitality	20	33
Insurance	164	132
Other services, eg external payroll	975	1,047
Losses, ex gratia and special payments	241	143
Other	89	376
	334,186	311,931

NOTES TO THE ACCOUNTS

Note 3.2 Operating leases	2011/12 £000	2010/11 £000
Minimum lease payments	2,283	360
	2,283	360

Note 3.3 Operating leases	31 Mar 2012 £000	31 Mar 2011 £000
Future minimum lease payments due:		
- not later than one year;	2,202	258
- later than one year and not later than five years;	122	334
	2,324	592

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 consistent with an operating lease arrangement.

Motor vehicles and other equipment currently held under lease are leased under agreements specific to the lessor concerned. None of the agreements currently in force make provision for any contingent rentals nor comprise escalation clauses.

There was no intention from the inception of any of the current leases that any of the leased equipment would be purchased outright either at the end of or at any time during the lease terms.

Note 3.4 Limitation on auditor's liability	2011/12 £000	2010/11 £000
Limitation on auditor's liability	1,000	1,000

NOTES TO THE ACCOUNTS

Note 4.1 Employee expenses	2011/12 Total £000	2011/12 Permanent £000	2011/12 Other £000	2010/11 Total £000
Salaries and wages	165,258	160,525	4,733	159,418
Social security costs	14,192	13,830	362	13,145
Pension costs - defined contribution plans Employer's contributions to NHS Pensions	9,115	8,883	232	18,749
Pension Cost - other contributions	20,478	20,478	0	0
Termination benefits	371	371	0	1,519
Agency/contract staff	4,695	0	4,695	7,154
	214,109	204,087	10,022	199,985

All employer pension contributions in 2011/12 and 2010/11 were paid to the NHS Pensions Agency.

	2011/12 £000	2010/11 £000
Included in the above figures are the following balances for executive directors:		
Directors' remuneration	856	914
Employer pension contributions in respect of directors	123	324

Note 4.2 Average number of employees (stated on a whole time equivalent basis)	2011/12 Total Number	2011/12 Permanent Number	2011/12 Other Number	2010/11 Total Number
Medical and dental	587.87	584	4	565
Administration and estates	1,095.88	1,050	46	1,063
Healthcare assistants and other support staff	1,121.34	1,121	0	1,052
Nursing, midwifery and health visiting staff	1,739.24	1,543	196	1,591
Nursing, midwifery and health visiting learners	181.22	181	0	143
Scientific, therapeutic and technical staff	608.94	609	0	605
Bank and agency staff	68.52	0	69	104
	5,403.00	5,088	315	5,122

Note 4.3 Exit package cost band	2011/12 Number of compulsory redundancies	2011/12 Number of other departures agreed	2011/12 Total number of exit packages by cost band	2010/11 Total number of exit packages by cost band
<£10,000	0	14	14	0
£10,000 - £25,000	0	9	9	0
£25,001 - £50,000	0	11	11	0
£50,001 - £100,000	2	1	3	0
£100,000 - £150,000	1	0	1	0
Total number of exit packages by type	3	35	38	0
Total resource cost				

Note 4.4 Early retirements due to ill health	2011/12 £000	2011/12 Number	2010/11 £000	2010/11 Number
Number of early retirements on the grounds of ill health		8		8
Value of early retirements on the grounds of ill health	338		422	

This note discloses the number of and additional pension costs for individuals who retired early on ill-health grounds during the year. This information has been supplied by NHS Pensions. The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

NOTES TO THE ACCOUNTS

Note 5.1 Finance income

Interest receivable amounted to £664,000 (2010/11: £471,000). 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 £231,000 (2010/11: £261,000). 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 2011/12 or 2010/11.

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. See accounting policy 1.14 for an explanation of how this dividend is calculated.

The amount payable this year is £2,822,000 (2010/11: £2,610,000), which is 3.5% of the year's average relevant net assets of £80,628,000 (2010/11: £74,581,500 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 55 (2010/11: 224) separate losses and special payments, totalling £241,257 (2010/11: £327,117). 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 2011/12	Total £000	Software licences (purchased) £000
Valuation/gross cost at 1 April 2011	4,272	4,272
Additions - purchased	934	934
Additions - donated	16	16
Revaluation	(353)	(353)
Gross cost at 31 March 2012	4,869	4,869
Amortisation at 1 April 2011	2,417	2,417
Provided during the year	728	728
Revaluation surplus	(212)	(212)
Amortisation at 31 March 2012	2,933	2,933

Note 7.2 Intangible assets - 2010/11	Total £000	Software licences (purchased) £000
Valuation/gross cost at 1 April 2010	3,178	3,178
Additions - purchased	370	370
Revaluation	724	724
Valuation/gross cost at 31 March 2011	4,272	4,272
Amortisation at 1 April 2010	1,381	1,381
Provided during the year	729	729
Revaluation surplus	307	307
Amortisation at 31 March 2011	2,417	2,417

Note 7.3 Intangible assets financing	Total £000	Software licences (purchased) £000
Net book value		
NBV - Purchased at 31 March 2012	1,920	1,920
NBV - Donated at 31 March 2012	17	17
NBV total at 31 March 2012	1,937	1,937
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 7.4 NBV of intangible assets in the revaluation reserve	2011/12 £000	2010/11 £000
Carrying Value at 1 April	1,456	1,882
Movement in year	(566)	(226)
Carrying value at 31 March	890	1,456

NOTES TO THE ACCOUNTS

Note 8.1 Property, plant and equipment 2011/12

Valuation/gross cost at 1 April 2011 - as previously stated

TCS and merger adjustments

Valuation/gross cost at 1 April 2011 - restated

Additions - purchased

Additions - donated

Reclassifications

Revaluation

Disposals

Valuation/gross cost at 31 March 2012

Accumulated depreciation at 1 April 2011

Provided during the year

Impairments

Revaluation surplus

Disposals

Accumulated depreciation at 31 March 2012

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
168,593	19,525	101,692	2,456	343	35,199	396	8,643	339
216	0	0	0	0	216	0	0	0
168,809	19,525	101,692	2,456	343	35,415	396	8,643	339
6,798	0	2,096	0	1,181	2,441	0	1,080	0
177	0	0	0	0	177	0	0	0
0	0	123	0	(124)	0	0	1	0
4,305	(444)	4,142	(97)	0	910	0	(211)	0
(2,241)	0	0	0	0	(1,798)	0	(426)	(17)
177,848	19,081	108,053	2,364	1,400	37,145	396	9,087	322
36,225	0	4,151	239	0	25,188	339	6,072	236
7,342	0	3,742	78	0	2,398	10	1,087	26
491	0	491	0	0	0	0	0	0
(3,200)	0	(3,384)	(317)	0	650	0	(149)	0
(2,226)	0	0	0	0	(1,784)	0	(425)	(17)
33,632	0	0	0	0	28,452	349	6,585	245

NOTES TO THE ACCOUNTS

Note 8.2 Property, plant and equipment financing 2011/12

	Total £000	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction & POA £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Owned	142,970	19,065	107,277	2,364	1,400	10,242	47	2,498	77
Donated	1,246	16	776	0	0	451	0	3	0
NBV total at 31 March 2012	144,216	19,081	108,053	2,364	1,400	10,693	47	2,501	77

Of the totals at 31 March 2012, £1,076,000 (31 March 2011: £1,576,000) related to land valued at open market value, and £339,000 (31 March 2011: £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 2011: £ nil).

No depreciation was charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts (31 March 2011: £ nil).

Land and buildings were revalued during March 2012 at the prospective valuation date of 1 April 2012. In accordance with IAS16, the resultant increases in value have been credited directly to revaluation reserve in respect of that asset. Decreases in value have been debited directly to revaluation reserve to the extent of any credit balance existing in the revaluation surplus in respect of that asset, with the balance being recognised as an expense in the statement of comprehensive income.

There are no restrictions imposed by the donors on the use of donated assets.

Note 8.3 Analysis of property, plant and equipment 31 March 2012

	33,632 £000	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction & POA £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Net book value									
NBV - Protected assets at 31 March 2012	97,420	8,022	89,398	0	0	0	0	0	0
NBV - Unprotected assets at 31 March 2012	46,796	11,059	18,655	2,364	1,400	10,693	47	2,501	77
Total at 31 March 2012	144,216	19,081	108,053	2,364	1,400	10,693	47	2,501	77

The Foundation Trust's unprotected assets include land, car parking, residential accommodation, administrative offices and unused wards.

NOTES TO THE ACCOUNTS

Note 8.4 Property, plant and equipment 2010/11

Valuation/gross cost at 1 April 2010

Additions - purchased

Additions - donated

Reclassifications

Revaluation

Disposals

Valuation/gross cost at 31 March 2011

Accumulated depreciation at 1 April 2010

Provided during the year

Impairments

Revaluation surplus

Disposals

Accumulated depreciation at 31 March 2011

	Total £000	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction & POA £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Valuation/gross cost at 1 April 2010	159,513	19,600	93,129	2,289	549	34,279	396	8,820	451
Additions - purchased	12,739	0	5,152	92	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	753	(75)	0	75	0	142	0	611	0
Disposals	(4,512)	0	0	0	0	(2,518)	0	(1,882)	(112)
Valuation/gross cost at 31 March 2011	168,593	19,525	101,692	2,456	343	35,199	396	8,643	339
Accumulated depreciation at 1 April 2010	32,119	0	0	0	0	25,266	328	6,207	318
Provided during the year	7,454	0	3,682	239	0	2,315	11	1,179	27
Impairments	468	0	468	0	0	0	0	0	0
Revaluation surplus	531	0	0	0	0	116	0	415	0
Disposals	(4,347)	0	0	0	0	(2,509)	0	(1,728)	(109)
Accumulated depreciation at 31 March 2011	36,225	0	4,151	239	0	25,188	339	6,072	236

NOTES TO THE ACCOUNTS

Note 8.5 Property, plant and equipment financing 2010/11

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction & POA	Plant & machinery	Transport equipment	Information technology	Furniture & fittings
Owned	£000	£000	£000	£000	£000	£000	£000	£000	£000
	131,168	19,525	96,735	2,216	343	9,630	58	2,559	103
Donated	1,415	0	807	0	0	597	0	11	0
NBV total at 31 March 2011 (restated)	132,584	19,525	97,542	2,216	343	10,227	58	2,570	103

Note 8.6 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
Net book value	£000	£000	£000	£000	£000	£000	£000	£000	£000
Protected assets	91,444	10,614	80,830	0	0	0	0	0	0
Unprotected assets	41,140	8,911	16,712	2,216	343	10,227	58	2,570	103
Total	132,584	19,525	97,542	2,216	343	10,227	58	2,570	103

Note 8.7 Property, plant and equipment financing 1 April 2010

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction & POA	Plant & machinery	Transport equipment	Information technology	Furniture & fittings
Owned	£000	£000	£000	£000	£000	£000	£000	£000	£000
	126,159	19,600	92,311	2,289	549	8,609	68	2,600	133
Donated	1,235	0	818	0	0	404	0	13	0
NBV total at 1 April 2010 (restated)	127,394	19,600	93,129	2,289	549	9,013	68	2,613	133

NOTES TO THE ACCOUNTS

Note 9.1 Inventories	31 Mar 12	31 Mar 11
	£000	£000
Theatre consumables	567	644
Other consumables	835	731
Drugs	2,175	2,230
Building and engineering	187	206
	3,764	3,811

Note 10.1 Trade receivables and other receivables	31 Mar 12	31 Mar 11
	£000	£000
Current		
NHS receivables	6,396	3,162
Other receivables with related parties	190	108
Provision for impaired receivables	(3,676)	(2,344)
Prepayments	1,394	1,408
PDC dividend receivable	23	279
Other receivables	5,472	3,502
	9,799	6,115
Non-current		
NHS receivables	189	189
Other receivables	1,140	770
	1,329	959

NOTES TO THE ACCOUNTS

Note 10.2 Provision for impairment of receivables	2011/12 £000	2010/11 £000
At 1 April	2,344	1,110
Increase in provision	2,055	2,590
Amounts utilised	(73)	(164)
Unused amounts reversed	(650)	(1,192)
At 31 March	3,676	2,344

Note 10.3 Analysis of impaired receivables	31 Mar 12 £000	31 Mar 11 £000
Ageing of impaired receivables		
0 - 30 days	49	0
30-60 Days	37	26
60-90 days	4	4
90- 180 days	119	50
over 180 days	3467	2264
	3,676	2,344

Ageing of non-impaired receivables past their due date

0 - 30 days	6740	4026
30-60 Days	843	177
60-90 days	219	134
90- 180 days	576	192
over 180 days	4	(100)
	8,382	4,429

The Foundation Trust considered the recent collection history of individual receivables in determining whether to provide for them.

NOTES TO THE ACCOUNTS

Note 11.1 Trade and other payables

	31 Mar 12 £000	31 Mar 11 £000	01 Apr 10 £000
Current			
NHS payables	2,437	1,377	9,631
Amounts due to other related parties	6,971	6,633	4,064
Trade payables - capital	2,445	2,571	1,489
Other payables	827	583	654
Accruals	24,860	24,056	22,886
	37,540	35,220	38,724

Note 12.1 Other liabilities

	31 Mar 12 £000	31 Mar 11 £000	01 Apr 10 £000
Current		(restated)	(restated)
Deferred income	10,849	11,651	9,208
Deferred Government Grant	0	0	0
	10,849	11,651	9,208
Non-current			
Deferred income	6,779	4,918	5,104
Deferred Government Grant	400	400	400
	7,179	5,318	5,504

As at the 31 March 2012 the Foundation Trust is deferring £586,000 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.

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 13.1 Borrowings	31 Mar 12 £000	31 Mar 11 £000	01 Apr 10 £000
Current			
Loans from Foundation Trust Financing Facility	1,039	1,043	1,048
Other loans	424	284	0
	1,463	1,327	1,048
Non-current			
Loans from Foundation Trust Financing Facility	6,000	7,000	8,000
Other loans	777	709	0
	6,777	7,709	8,000
Note 14.1 Prudential borrowing limit	31 Mar 12 £000	31 Mar 11 £000	01 Apr 10 £000
Total long term borrowing limit set by Monitor	57,000	51,600	56,700
Working capital facility agreed by Monitor	18,500	18,500	18,500
	75,500	70,100	75,200
Long term borrowing at 1 April	9,036	9,048	10,048
Net actual repayment in year - long term	(796)	(12)	(1,000)
Long term borrowing at 31 March	8,240	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 £57,000,000 (2010/11: £51,600,000). The Foundation Trust borrowed £10,000,000 with the Foundation Trust Financing Facility in 2008/09 and a no interest loan of £1,134,431 was taken out with Salix in 2010/11. A further £562,854 no interest loan was taken out with Salix in 2011/12.

	2011/12 Actual	2011/12 Approved	2010/11 Actual	2010/11 Approved
Financial ratios				
Maximum debt / capital	N/A	N/A	N/A	N/A
Minimum dividend cover	6.4	>1x	5.6	>1x
Minimum interest cover	79.8	>3x	56.8	>3x
Minimum debt service cover	11.6	>2x	10.6	>2x
Maximum debt service to revenue	0.46%	<2.5%	0.44%	<2.5%

All the actual Prudential Borrowings ratios are well within approved limits.

The Foundation Trust has £18,500,000 (2010/11: £18,500,000) of approved working capital facility. The foundation trust did not draw down any amounts under its working capital facility in either 2011/12 or 2010/11.

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 15.1 Provisions for liabilities and charges

	Current 31 Mar 12 £000	Current 31 Mar 11 £000	Non-current 31 Mar 12 £000	Non-current 31 Mar 11 £000
Legal claims	811	725	0	0
Agenda for Change	1,466	216	0	0
Restructurings	160	1,495	0	0
Continuing care	435	705	0	0
Equal pay	146	344	0	0
Redundancy	381	0	0	0
Other	322	291	1,642	1,634
	3,721	3,776	1,642	1,634

Legal claims consist of a contract dispute and six cases currently being dealt with by the Foundation Trust's solicitors, three of which arose in 2010/11.

Agenda for Change provisions include provisions for unresolved national and local bandings for several job profiles and equal pay claims.

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 2012 £50,528,000 is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Foundation Trust (31 March 2011: £50,204,000).

Note 15.2 Provisions for liabilities and charges analysis

	Total £000	Other legal claims £000	Agenda for Change £000	Restructurings £000	Continuing care £000	Equal pay £000	Redundancy £000	Other £000
At 1 April 2011								
Change in the discount rate	15	0	0	0	0	0	0	15
Arising during the year	2,827	472	1,302	0	435	73	381	164
Utilised during the year	(1,010)	(28)	0	(896)	0	0	0	(86)
Reversed unused	(1,930)	(356)	(52)	(439)	(705)	(271)	0	(105)
Unwinding of discount	51	0	0	0	0	0	0	51
At 31 March 2012	5,363	811	1,466	160	435	146	381	1,964
Expected timing of cashflows:								
- not later than one year;	3,721	811	1,466	160	435	146	381	322
- later than one year and not later than five years;	1,642	0	0	0	0	0	0	1,642
TOTAL	5,363	811	1,466	160	435	146	381	1,964

NOTES TO THE ACCOUNTS

Note 16.1 Revaluation Reserve - 2011/12

	Total revaluation reserve £000	Revaluation reserve - intangibles £000	Revaluation reserve - property, plant and equipment £000
Revaluation reserve at 1 April 2011	27,412	282	27,130
Revaluation	12,364	(141)	12,505
Other recognised gains and losses	(210)	(72)	(138)
Revaluation reserve at 31 March 2012	39,566	69	39,497

Note 16.2 Revaluation Reserve - 2010/11

	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	638	417	222
Other recognised gains and losses	(242)	(135)	(107)
Revaluation reserve at 31 March 2011	27,411	282	27,129

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 17.1 Cash and cash equivalents

	2011/12 £000	2010/11 £000
At 1 April	58,476	51,059
Net change in year	6,432	7,417
At 31 March	64,908	58,476
Broken down into:		
Cash at commercial banks and in hand	295	252
Cash with the Government Banking Service	64,613	58,224
Cash and cash equivalents as in SoFP and SoCF	64,908	58,476

Third party assets held by the Foundation Trust at 31 March 2012 were £3,000 (31 March 2011: £3,000).

Note 17.2 Pooled budget

The Foundation Trust is not party to any pooled budget arrangements in 2011/12 or 2010/11.

NOTES TO THE ACCOUNTS

Note 18.1 Contractual capital commitments

Commitments under capital expenditure contracts at the reporting date were £2,461,000 (31 March 2011: £251,000).

Note 18.2 Events after the reporting period

There are no disclosable events after the reporting period.

Note 19. Contingent liabilities / assets

There are no contingent liabilities or assets as at 31 March 2012 (31 March 2011: £nil).

NOTES TO THE ACCOUNTS

Note 20.1 Related party transactions

Bradford Teaching Hospitals NHS Foundation Trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts.

During the year none of the Board members nor members of the key management staff, nor parties related to them, has undertaken any material transactions with the Foundation Trust.

The Register of Interests for the Board of Governors for 2011/12 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 2011/12		
Short term benefit	0	1,742
Value of transactions with other related parties in		
Airedale NHS Foundation Trust	1,142	436
Barnsley PCT	24,674	0
Bradford and Airedale Teaching PCT	254,734	2,945
Bradford City Council	296	1,267
Bradford District Care NHS Trust	1,794	1,030
Calderdale and Huddersfield NHS Foundation Trust	657	319
Calderdale PCT	8,450	0
Central Manchester University Hospitals NHS Foundation Trust	0	113
Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund	65	0
Department of Health	2,941	0
East Lancashire Teaching PCT	1,351	0
East Riding of Yorkshire PCT	144	0
Heywood, Middleton and Rochdale PCT	337	0
Kirklees PCT	5,864	0
Leeds PCT	5,927	0
Leeds Teaching Hospitals NHS Trust	3,851	9,851
National Insurance Fund	0	14,192
NHS Blood and Transplant	0	1,686
NHS Business Services Authority	0	792
NHS Litigation Authority	0	7,596
NHS Pensions	0	29,593
NHS Shared Business Services	0	354
North Yorkshire and York PCT	3,809	3
Other NHS Bodies	2,054	495
Sheffield Teaching Hospitals NHS Foundation Trust	6	280
Wakefield District PCT	471	0
Yorkshire and the Humber Strategic Health Authority	15,327	18

NOTES TO THE ACCOUNTS

Note 20.1 Related party transactions (cont.)

	Income £000	Expenditure £000
Value of transactions with board members in 2010/11		
Short term benefit	0	1,374
Value of transactions with other related parties in 2010/11		
Department of Health	1,724	0
Airedale NHS Foundation Trust (FT status after 01/06/2010)	986	223
Airedale NHS Trust (NHS Trust status before 01/06/2010)	35	28
Barnsley PCT	25,175	0
Bradford and Airedale Teaching PCT	233,548	605
Bradford District Care Trust	919	503
Bury PCT	136	0
Calderdale and Huddersfield NHS Foundation Trust	524	286
Calderdale PCT	8,252	0
Central Manchester University Hospitals NHS Foundation Trust	6	103
Cumbria PCT	220	0
East Lancashire Teaching PCT	1,210	0
East Riding of Yorkshire PCT	173	0
Heywood, Middleton and Rochdale PCT	286	0
Kirklees PCT	5,103	0
Leeds PCT	6,260	0
Leeds Teaching Hospitals NHS Trust	3,446	10,305
Manchester PCT	85	0
National Blood Authority	0	1,721
National Health Service Pension Scheme	0	18,749
NHS Connecting for Health	178	0
NHS Litigation Authority	6,800	0
North Lancashire PCT	57	0
North Lincolnshire PCT	70	0
North Yorkshire and York PCT	3,543	55
Oldham PCT	75	0
Sheffield Teaching Hospitals NHS Foundation Trust	14	471
United Lincolnshire Hospitals NHS Trust	62	0
Wakefield District PCT	437	0
Yorkshire and the Humber Strategic Health Authority	13,494	77
Other NHS Bodies	1,451	180
Charitable Funds	63	0
NHS Shared Business Services	0	439

NOTES TO THE ACCOUNTS

Note 20.2 Related party balances

	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2012		
Airedale NHS Foundation Trust	707	239
Barnsley PCT	273	0
Bradford and Airedale Teaching PCT	2,547	602
Bradford City Council	79	0
Bradford District Care NHS Trust	318	407
Calderdale and Huddersfield NHS Foundation Trust	602	14
Calderdale PCT	306	0
Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund	65	0
Department of Health	5	0
Derby City PCT	55	0
East Lancashire Teaching PCT	108	0
HM Revenue and Customs	99	6,955
Kirklees PCT	356	0
Leeds Teaching Hospitals NHS Trust	610	716
NHS Business Services Authority	0	85
North Yorkshire and York PCT	156	184
Other Central Government Bodies	13	0
Other NHS Bodies	436	259
Yorkshire and the Humber Strategic Health Authority	86	0
Value of balances with other related parties at 31 March 2011		
Department of Health	360	12
Airedale NHS Foundation Trust	209	79
Barnsley PCT	140	0
Bradford and 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 and 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

NOTES TO THE ACCOUNTS

Note 21 Private Finance transactions

The Foundation Trust is not party to any Private Finance Initiatives. There are therefore no on-statement of financial position or off-statement of financial position sheet transactions which require disclosure.

Note 22 Financial instruments

IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Foundation Trust actively seeks to minimise its financial risks. In line with this policy, the Foundation Trust neither buys nor sells financial instruments. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Foundation Trust in undertaking its activities.

Liquidity risk

The Foundation Trust's net operating costs are incurred under three year agency purchase contracts with local 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 £18,500,000 working capital facility, which to date, due to careful cash management, it has yet to draw on. The working capital facility was renewed on 31 May 2011.

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 £3,000,000 and £7,500,000.

Price risk

The Foundation Trust is not materially exposed to any price risks through contractual arrangements.

NOTES TO THE ACCOUNTS

Note 23.1 Financial assets by category	Total £000	Loans and receivables £000
Assets as per SoFP at 31 March 2012		
NHS trade and other receivables excluding non financial assets	4,114	4,114
Cash and cash equivalents at bank and in hand	64,908	64,908
	69,022	69,022
Assets as per SoFP at 31 March 2011		
NHS trade and other receivables excluding non financial assets	2,028	2,028
Cash and cash equivalents at bank and in hand	58,476	58,476
	60,504	60,504

All financial assets fall within "loans and receivables".

NOTES TO THE ACCOUNTS

Note 23.2 Financial liabilities by category

	Total £000	Other financial liabilities £000
Liabilities as per SoFP at 31 March 2012		
Borrowings excluding finance lease and PFI liabilities	8,240	8,240
NHS Trade and other payables excluding non financial assets	30,568	30,568
Provisions under contract	5,363	5,363
	44,171	44,171
Liabilities as per SoFP at 31 March 2011		
Borrowings excluding finance lease and PFI liabilities	9,036	9,036
Trade and other payables excluding non financial liabilities	28,574	28,574
Provisions under contract	5,410	5,410
	43,020	43,020

All financial liabilities fall within "other financial liabilities".

23.3 Fair values

For all of the Foundation Trust's financial assets and financial liabilities fair value matches carrying value.

23.4 Maturity of financial liabilities

All financial liabilities, with exception of the £7,000,000 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 7 remaining years, with the final principal payment due on 25 January 2019.

NOTES TO THE ACCOUNTS

Note 24 Transforming Community Services (TCS) Transactions

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.

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 and Specialist Children Services;
- Specialist Nursing Services – Cardiac Rehab, Diabetes, Parkinson's Disease, Stroke;
- Contraception and Sexual Health Services;
- Chlamydia Screening;
- Haemoglobinopathy Support teams.

The services are paid for as part of an agreed block contract of approximately £15,700,000 per annum with NHS Bradford & Airedale.

Non-current equipment assets were transferred at a net book value of £216,000. This was funded through a PDC adjustment facilitated by the Department of Health.

Revenue equipment and consumables stock was transferred at a nominal value of £1.

Information technology assets and property assets are being provided through licence and lease arrangements with NHS Bradford & Airedale.

Although the transfer has been accounted for using merger accounting, the Department of Health has agreed that it is impractical to apply merger accounting to the comparative figures and thereby these accounts will only show income and expenditure values from 1 April 2011, which was also the date of transfer.

The accounts reflect that these services have been transferred without impacting on the Foundation Trust's financial ratios, with the additional expenditure commitments in line with the additional income stream of £15,700,000.

The statement of financial position shows two entries for the transfer, an equipment transfer of £216,000, presented in note 8.1 Property, plant and equipment 2011/12 under TCS and merger adjustments and the funding of this acquisition through PDC, presented in the statement of changes in taxpayers' equity under TCS and merger adjustments. Other statement of financial position balances relating to the transfer were reviewed but considered immaterial, and therefore not included.

NOTES TO THE ACCOUNTS

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.

IAS 1 Presentation of financial statements (other comprehensive income) - this standard is applicable for periods beginning on or after 1 July 2012 and the standard has not yet been EU endorsed.

IAS 12 - Income taxes (amendment) - this standard is applicable for periods beginning on or after 1 January 2012 but the standard has not yet been EU endorsed.

IAS 19 Post-employment benefits (pensions) - this standard is applicable for periods beginning on or after 1 January 2013 and the standard has not yet been EU endorsed.

IAS 27 Separate financial statements - this standard is applicable for periods beginning on or after 1 January 2013 and the standard has not yet been EU endorsed.

IAS 28 Investments in associates and joint ventures - this standard is applicable for periods beginning on or after 1 January 2013 and the standard has not yet been EU endorsed.

IAS 32 Financial instruments: presentation on offsetting financial assets and financial liabilities - this standard is applicable for periods beginning on or after 1 January 2014 and the standard has not yet been EU endorsed.

IFRS 1 - 'First time adoption', on hyperinflation and fixed dates - this standard is applicable for periods beginning on or after 1 July 2011 and the standard has not yet been EU endorsed.

IFRS 9 Financial instruments - this standard is applicable for periods beginning on or after 1 January 2013 and the standard has not yet been EU endorsed.

IFRS 10 Consolidated financial statements - this standard is applicable for periods beginning on or after 1 January 2013 and the standard has not yet been EU endorsed.

IFRS 11 Joint arrangements - this standard is applicable for periods beginning on or after 1 January 2013 and the standard has not yet been EU endorsed.

IFRS 12 Disclosure of interests in other entities - this standard is applicable for periods beginning on or after 1 January 2013 and the standard has not yet been EU endorsed.

IFRS 13 Fair value measurement - this standard is applicable for periods beginning on or after 1 January 2013 and the standard has not yet been EU endorsed.

IPSAS 32 - Service concession arrangement - this standard is applicable for periods beginning on or after 1 January 2014 but as it is not an IFRS standard it will have to be endorsed by HM Treasury as part of the HMT FReM before it is adopted.