

Annual Report and Accounts 2012/13



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Health Service Act 2006.**

**Bradford Teaching Hospitals
NHS Foundation Trust**

**Annual Report and Accounts
2012/13**

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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 1 April 2004 – among the very first in the NHS to do so - and employ 5,000 staff, serving a population of around 500,000. We also have one of the largest membership bases in the country with over 50,000 members, equating to 11% of the eligible local population.

We currently operate over several sites; the Bradford Royal Infirmary provides the majority of inpatient services, and St Luke's Hospital provides outpatient and rehabilitation services. 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 Eccleshill Community Hospital.

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

St Luke's Hospital has 80 beds and houses a variety of outpatient clinics and 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 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

Executive Directors

Mr Bryan Millar – Chief Executive

Mr Matthew Horner – Director of Finance

Dr Dean Johnson – Director of Planning and Performance (to 26 November 2012)

Professor Clive Kay – Medical Director

Mrs Sally Napper – Chief Nurse / Chief Operating Officer

Non-Executive Directors

Professor Grace Alderson

Mr Richard Bell

Mr John Bussey (to 30 April 2012)

Professor David Cottrell (to 30 September 2012)

Dr Trevor Higgins (from 21 May 2012)

Mr Chris Jelley

Mr John Waterhouse

Regulatory Risk Ratings

In 2012/13 Foundation Trusts were rated against finance and governance. 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 5 being the lowest rating and 1 being the highest.
- Governance: Trusts are awarded a rating of red, amber-red, amber-green or green on a quarterly basis.

Summary and analysis of rating performance throughout the year

In 2012/13 we received the following ratings:

- Finance: 3 in quarters 1 to 3 and 4 in quarter 4
- Governance: amber-red in all quarters.

In comparison to 2011/12 the Trust's performance in 2012/13 against the two categories is:

	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

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Financial Risk Rating	3	3	3	3	4
Governance Risk Rating	Amber - Red	Amber - Red	Amber - Red	Amber – Red	Amber - Red

The Foundation Trust was assigned an amber – red governance risk rating by Monitor during 2011 as a result of failure to reach waiting time and infection control targets set by Monitor. At the time of the submission of the Foundation Trust's Annual Plan in May 2012 the risk of continued failure to deliver the target relating to *C.difficile* infections was highlighted by the Trust, although the target for the 2012/13 year was ultimately met.

Throughout 2012/13 the Foundation Trust reported failure to reach the 18 week Referral to Treatment targets set by Monitor and following a review by the NHS Intensive Support Team and also a review of the Foundation Trust's Quality Governance arrangements by PricewaterhouseCoopers, a comprehensive Turnaround Programme was launched which resulted in a return to compliance with this target in April 2013.

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 2013. 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 with the option to reappoint for a further year. These appointments were felt to be appropriate to ensure continuity at that time and avoid excessive turnover in any one year.

Assessment of Effectiveness

The Board of Directors carried out a self-assessment of its effectiveness in March 2013. This was led by Chris Jelley, Senior Independent Director.

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

- We became only the second centre in the region to obtain a £2m da Vinci surgical robot to perform critical operations on our patients. Robotic keyhole surgery has many advantages over traditional forms of open surgery, including reduced blood loss, less pain, reduced risk of complications and faster recovery times.
- Our new £1.2 million Birth Centre opened its doors in November. The seven-bedded birth unit, for women with low-risk births, has two birthing pools and specially designed 'home-from-home' rooms. Our adjacent 13-bed consultant-led labour ward also received a full refurbishment as part of the development.
- A new Heidelberg Retinal Spectralis scanner provides faster assessments and more precise treatments for hundreds of Bradford's eye patients. The scanner is being used to diagnose conditions such as wet age-related macular degeneration (wAMD) and to monitor a patient's treatment.
- Wards 23 and 29 at the BRI, which were specially re-designed to improve the hospital environment for elderly patients suffering from dementia, won the 2012 Building Better Healthcare (BBH) award for best interior design project.
- Our new mobile 'on demand' interpreting service became the first of its kind within any UK hospital. The new service enables clinicians and patients to use video points located

around our estate to access interpreters based at our new language centre at St Luke's Hospital.

- The BRI's children's assessment unit went from 'drab to fab' thanks to an artistic spring clean from local artists, schoolchildren and volunteers. The idea for the makeover came from patient feedback which concluded that the area needed to be brighter and more 'child-friendly'.

More care closer to patients' homes

- Bradford launched its first home haemodialysis programme which aims to improve the experience of patients in renal failure by giving them more control over their dialysis. The programme allows patients to dialyse in the comfort of their own homes and provides them with a more flexible dialysis arrangement which better suits their individual needs.
- A 'Home from Hospital' project was launched with Carers' Resource. Designed to ease people back into home life after a spell in hospital, the project helps with everything from benefits guidance and restarting any home care to making sure that prescriptions are renewed, houses are safe and that gas, electricity and water supplies are in working order.

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

- New innovative ways of tackling infections like *C.difficile* were implemented with the piloting of a new HPV machine which cleans sealed wards using hydrogen peroxide vapour, isolation pods for patients admitted with infectious diseases such as norovirus and the use of probiotics for selected high-risk patients being treated with antibiotics.
- The British Association of Stroke Physicians (BASP) named us as one of the top 10 performers for our fast response time in treating stroke patients with clot busting drugs that can prevent further damage to their brains. This procedure (thrombolysis) can help restore blood flow to the brain within minutes of developing symptoms and increase the patient's likelihood of good recovery.
- We were one of just 10 centres across the UK to be awarded a special grant from The Queen's Nursing Institute for our innovative nurse-led cardiac rehabilitation project. This aims to improve the care and lives of patients following a heart attack or heart surgery and particularly encourage women, who are under-represented in cardiac rehabilitation classes nationally, to make positive changes in their lifestyle through exercise.
- We unveiled our first patient to have a completely electronic (paperless) medical record. The drive to replace thousands of paper patient records with electronic ones is a huge task but the programme will have benefits for all – it will lead to increased efficiency, patients will get a faster service and staff will be able to access records, at the touch of a button, across all sites.
- Specialist paediatric diabetes dietitian, Alison Woodhead, was awarded a major top prize in the final of Medipex's 2012 innovation competition after creating an interactive e-learning aid for her colleagues on the children's wards. The computer programme helps nurses to easily calculate the amount of carbohydrates in a meal, which is vital when helping children diagnosed with type 1 diabetes.
- A scheme which aims to deliver high quality care for patients suffering from dementia was rolled out across the Foundation Trust. The 'forget-me-not' project will ensure that patients with dementia are easily identified by the placing of a forget-me-not flower sticker in both their case notes and above their bed.
- Professional development midwife Caroline Booth and specialist midwife Tina Mori were shortlisted for the emergency and critical care prize at the Nursing Times Awards 2012 for their multi-professional management training of out-of-hospital childbirth emergencies.
- A new child development service was launched to improve access for children and their parents. The service launch brought together the child development centre and

community paediatric teams under one joint referral form for the first time, improving communication between local GPs, school nurses, health visitors and speech and language therapists.

- A new safeguarding adult structure and alert mechanism has become embedded within all of our hospitals. The safeguarding team works collaboratively with matrons, the discharge team, clinical site co-ordinators, the social work team and ward staff to ensure protection plans are in place for patients who are at risk or may have been subject to alleged abuse.
- Patients First: our quality initiative that began in 2011 continues to help shape our services and will ensure that quality is at the centre of everything we do.
- A number of staff were recognised for their exceptional service and care by members of the public in the national NHS Heroes awards: Mandy Blackburn, breast cancer specialist nurse; Emma Manchester, MS physiotherapist; Kitty Salisbury, midwife; Sarah Craven, Marie Curie-based physiotherapist; Chris Raine, ENT consultant; ward 2 staff.
- Staff on ward 24 have introduced an alternative way of administering intravenous antibiotics which is improving the patient experience and one-to-one time spent with nurses, and has the potential to save the Foundation Trust thousands of pounds a year.
- Patients in Bradford have, for a number of years, benefited from a multi-disciplinary foot care service that brings both community and hospital specialists together in one co-ordinated service. New research, which was published this year in the journal *Diabetologica* into the national rate of diabetic amputations, has revealed that as a result of this service amputation rates for Bradford patients are among the lowest in the country.
- Physiotherapy's musculoskeletal service team are celebrating after their hard work to turn around lengthy direct access waiting times is finally paying off. Two years ago, patients needing the service had to wait months for appointments but now thanks to a joint project between the department and local commissioners, acute patients are now seen within a matter of days, while the average wait for most referrals is a couple of weeks.
- Our palliative care team became the first in Yorkshire to roll out the last year of life project to improve care for patients who are in their last months of life.
- Our accident and emergency (A&E) department and the orthopaedics early discharge team were shortlisted for the Patient Experience Network National Awards (PENNA) which celebrate excellence and innovation in delivering a better health service experience for patients.
- A touch screen TV where patients can leave real-time feedback about the service they have received has been installed at St Luke's outpatients department. The comments will help improve the standard of care we offer to our patients.

A specialist centre for West Yorkshire

- Bradford Teaching Hospitals has been named as the new national centre for the innovation of wound management prevention and treatment for England. The new facility will form a centre of excellence for the research and development of new products for the benefit of patients and be led by renowned wound health expert, Professor Peter Vowden, who will act as the HTC's clinical director alongside nurse consultant, Kath Vowden and their experienced medical and nursing team.
- Consultant gastroenterologist, Dr Conrad Beckett, has become the first in Yorkshire to use a new technique to shatter gallstones in patients. Traditionally, patients needing treatment for gallstones, many of them elderly, have faced major surgery and hospital stays of up to ten days, now the procedure can be done as a day case and takes about an hour and a half. The Foundation Trust invested £50,000 in the new SpyGlass equipment.

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

- The Head and Neck research team have become universally recognised after winning the International Research prize for the CRUK LIHNCS trial at the 8th International Conference on Head and Neck Cancer. The team has also presented 30 abstracts at British, European or world meetings.
- Dr Dinesh Saralaya and his BIHR team continue to recruit to major commercial trials and have achieved a global 'first patient' into a trial which is testing the safety of a new bronchodilator in treating patients with COPD. This is the second global 'first patient' the team have recruited from Bradford in successive years. Dr Saralaya recently led on a trial which looked into the real life effectiveness of Omalizumab, an anti-IgE antibody in treating patients with severe allergic asthma. The results were presented at the European Respiratory Society Annual Congress in Vienna and have achieved international acclaim.
- Sue Williamson and Clive Nicholson from the Yorkshire Stroke Research Network (based at the Foundation Trust) have been named as 'team of the year' by the UK Stroke Research Network.
- A new study by Born in Bradford has revealed that eating crisps and chips during pregnancy can lead to major health problems for babies. Babies exposed to high levels of acrylamide, commonly found in crisps and chips, can have a lower birth weight and smaller head, which leads to a higher risk of heart disease, diabetes and delayed development.
- BRI A&E clinical lead, Dr Brad Wilson and Leeds Teaching Hospitals colleague, Dr Haidar Samiei, were highly commended at the national patient safety awards for a mobile app they developed. 'My-IED' is a single-screen dashboard and accompanying suite of mobile applications which enables emergency department healthcare workers to immediately log events, handovers and situational reports and seamlessly share them.
- Pioneering research taking place at Bradford Teaching Hospitals which aims to find new ways of diagnosing a pre-dementia condition, called mild cognitive impairment, has been selected to receive a share of £22 million of government funding. The study is being led by John Young, Professor of elderly care medicine and head of The Academic Unit of Elderly Care and Rehabilitation. It is one of 21 research projects into dementia and dementia treatments taking place across the country to be awarded funding by the National Institute of Health Research.
- Consultant in respiratory medicine, Dr Dinesh Saralaya, was presented with a clinical teaching excellence award from Leeds University's School of Medicine following feedback about his teaching which was examined by two external and two internal adjudicators.
- Bradford Royal Infirmary hosted the first bowel cancer surgery training in the North of England. The transanal endoscopic operations course, which was led by consultant colorectal surgeon Mark Steward, saw surgeons from across the region gather to learn about the latest techniques in our innovative technical skills lab at Field House.
- Patients in Bradford are at the forefront of a research trial which early results show could save the NHS £84 million a year if doctors switch to a cheaper drug to treat a leading cause of blindness. The NHS-funded trial IVAN is one of the largest carried out in the field of eye disease and the treatment of wet age-related macular degeneration (wAMD), a common cause of loss of vision in elderly people. The IVAN trial has involved 35 Bradford patients with wet AMD under the care of consultant eye surgeon, Faruque Ghanchi.

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 Portfolio 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 restructuring of roles within the NHS. The newly emerging Clinical Commissioning Groups have been supported to take over commissioning as primary care trusts have disappeared. 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.

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 network of Public Health Observatories, Public Health England.

Staff Survey

Statement of approach to staff engagement

We make every effort to ensure that our staff are engaged and involved in the day-to-day decision-making at the Foundation Trust. We have a staff engagement plan which sets out how we do this.

A programme of open forums and drop-in sessions with Executive Directors and the Director of Human Resources continued during the year. 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 Foundation Trust's score for overall staff engagement is 3.78 against a national 2012 average for acute Trusts of 3.69. 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, in the highest (best) 20% when compared with Trusts of a similar type.

The indicator is based on three questions, staff ability to contribute towards improvements at work (KF22), staff recommendation of the Trust as a place to work or receive treatment (KF24), and the extent to which staff feel motivated and engaged by their work (KF25). We have maintained our 2011 position and are in the best 20% for KF22 and KF25, and above (better than) average for KF24.

	2011		2012	
Response rate	Trust	National Average	Trust	National Average
	43%	54%	37%	50%

Top 4 ranking scores - 2012			
	Trust	National Average	
% of staff receiving job-relevant training, learning or development in last 12 months	89%	81%	Highest (best) 20%
% of staff able to contribute towards improvements at work	75%	68%	Highest (best) 20%
% of staff working extra hours	60%	70%	Lowest (best) 20%
Work pressure felt by staff	2.90	3.08	Lowest (best) 20%

Bottom 4 ranking scores - 2012			
	Trust	National Average	
% of staff having equality and diversity training in last 12 months	42%	55%	Lowest (worst) 20%
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	33%	30%	Highest (worst) 20%
% of staff experiencing discrimination at work in last 12 months	15%	11%	Highest (worst) 20%
% of staff agreeing that their role makes a difference to patients	88%	89%	Below (worse than) average

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

- % of staff able to contribute towards improvements at work (up from 65% to 75%);
- % of staff appraised in the last 12 months (up from 78% to 88%);
- Fairness and effectiveness of incident reporting procedures (up from 3.54 to 3.64)
- Staff recommendation of the Trust as a place to work or receive treatment (up from 3.55 to 3.71)

Future Priorities and Targets

The percentage of staff being appraised has improved significantly and our focus on this area will continue in 2013.

Key priorities remain to improve the percentage of staff who experience harassment, bullying or abuse from patients, relatives or the public in the next 12 months. This remains a corporate priority for the Foundation Trust.

We are disappointed in our scores on equality and diversity. The Diversity Workstream which feeds into the Workforce Strategy Implementation Board will review these scores by protected characteristics in order to establish the priorities going forward. We have already embarked on a new programme of equality and diversity training for senior managers and are developing an e-learning package for all staff.

Whilst in the best 20% of Acute Trusts our position on the percentage of staff suffering work related stress in the last 12 months has worsened. Following completion of the HSE Stress Analysis Tool, facilitated focus groups are being set up in departments where we have areas of concern.

Monitoring of our priorities will take place by the Workforce Strategy Implementation Board and through the divisional quarterly performance review process that is set up in the Foundation Trust.

Our Finances

Income and Expenditure Position

The Foundation Trust continues to report a year on year surplus. This year, the year-end surplus is £6.1m which is ahead of the original plan of £3.4m. This position has been achieved through controlling costs and ensuring the recovery of an appropriate level of income commensurate with the work carried out in the year.

The table below summarises how the position has changed between 2011/12 and 2012/13

	Position at 31.3.12 £m	Position at 31.3.13			% Change on Previous Year
		Plan £m	Actual £m	Variance £m	
Total Income	344.0	335.1	356.6	21.5	4%
Operating Expenditure	-325.6	-319.7	-338.8	-19.1	4%
EBITDA	18.4	15.4	17.8	2.4	
Interest, Depreciation & Dividend	-11.0	-12.0	-11.7	0.3	
Surplus / (Deficit)	7.4	3.4	6.1	2.7	

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

Surpluses since 2006/07 total £26.5m, all of which has been reinvested to improve patient care.

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

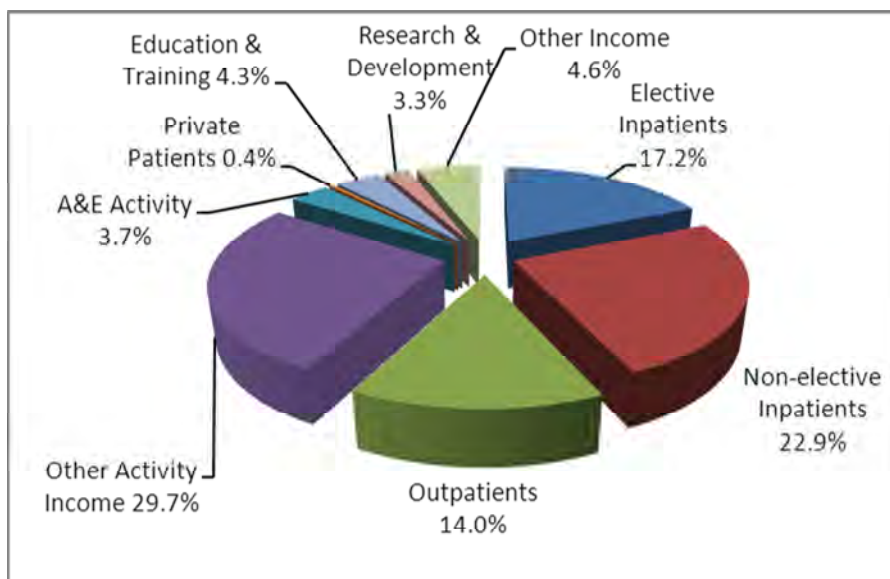
The underlying position remains one of planned surplus to maintain the strong foundation generated over recent years. The financial planning parameters used to populate the financial plan for 2013/14 reflecting both nationally prescribed assumptions and local variations, produce a significant challenge 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 2012/13 financial year was £356.6m which is split as follows:

- Income from Activities - £314.0m
- Other Operating Income - £42.6m

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



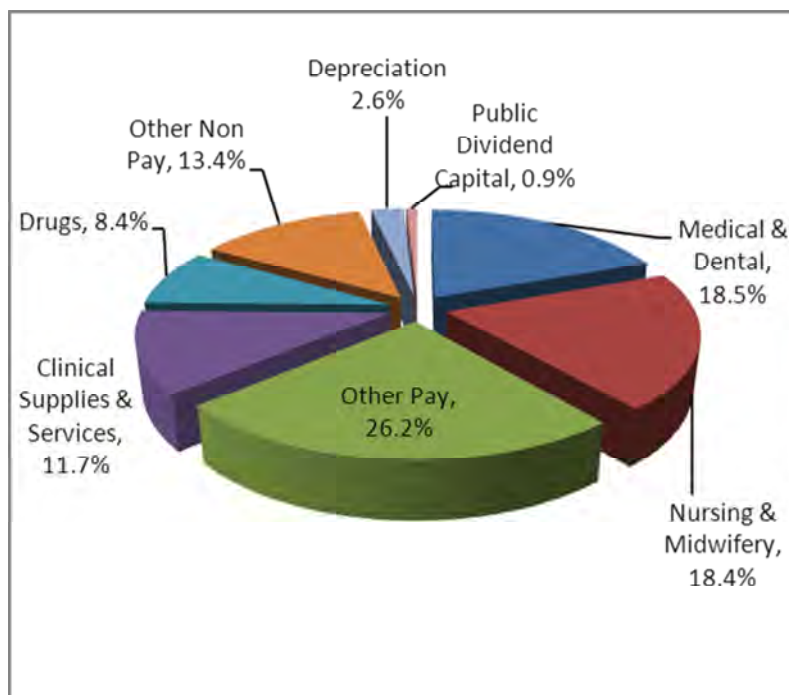
Income from activities is primarily income from Primary Care Trusts (PCTs) in relation to the provision of patient treatment services under contractual and commissioning arrangements. Other income is primarily non-patient related income and includes income for education and training, catering, car parking 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 £350.5m 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 £1.9m.

Cost Improvement Programme (CIP)

The Foundation Trust commenced the year with a plan to deliver a surplus of £3.4m 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 £6.1m 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 delivering the 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 2012/13 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 2012/13. Securing a surplus of £6.1m delivers a financial risk rating of 4 for the year ending 31 March 2013.

Key Financial Risks

The Foundation Trust started 2012/13 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 2013/14 are similar to those experienced in 2012/13, 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 CCGs;
- Detailed monitoring and management of performance against contractual indicators with rigorous internal mechanisms for targeting both delivery and improvement;
- Generate additional income/contribution;
- Regular dialogue with Divisions, to ensure internal reporting processes are appropriately identified where contractual changes have been introduced;
- 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 2013/14, 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 has identified and is 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 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;
- continuing to explore opportunities through the Workforce Productivity Board to maximise the benefits and value of the Trust's workforce;
- 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 decreased slightly to £63.3m (2011/12 £64.9m) which is largely due to the capital programme of £13.1m offset by an operating surplus of £9.2m and non-cash income and expense movements.

Prudential Borrowing

The Foundation Trust had a maximum long-term borrowing limit of £59.0m (2011/12: £57.0m).

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

The Foundation Trust has secured interest free loans from the Salix Energy Efficiency Loan Scheme. The total value of interest free Salix loans which are still to be repaid is £777k. The final principal repayment will be made in September 2015.

The Foundation Trust has £18.5m (2011/12: £18.5m) of committed working capital facility. The Foundation Trust did not draw on this facility during 2012/13 or in the previous year.

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 2012/13 for Non-NHS is broadly in line with the previous year's performance. The performance in 2012/13 for NHS is significantly better than in 2011/12. The Foundation Trust is continuing to look at ways to improve its performance.

	2012/13	
	Number	£000
Total Non-NHS trade invoices paid in the year	58,383	109,143
Total Non NHS trade invoices paid within target	51,787	96,919
Percentage of Non-NHS trade invoices paid within target	89%	89%
Total NHS trade invoices paid in the year	2,233	19,762
Total NHS trade invoices paid within target	1,709	13,915
Percentage of NHS trade invoices paid within target	77%	70%

	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%

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 Board approved policy.

Capital Programme

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

Scheme	£million
Information Technology Schemes	2.1
Medical Equipment	5.9
Patient Environment Improvements	2.3
Buildings and Engineering Maintenance and Upgrade	1.9
New Building Schemes	0.4
Other	0.5
Total	13.1

Statement on Going Concern

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

HM Treasury Review of Tax Arrangements of Public Sector Appointees

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

Off-Payroll engagements at a cost of over £58,000 per annum that were in place at 31 January 2012

	Bradford Teaching Hospitals NHS FT
No. In place on 31 January 2012	3
Of which:	
No. that have since come onto the Organisation's payroll	0
Of which:	
No. that have since been re-negotiated/re- engaged to include contractual clauses allowing the (department) to seek assurance as to their tax obligations	0
No. that have not been successfully re-negotiated, and therefore continue without contractual clauses allowing the (department) to seek assurance as to their tax obligations	1
No that have come to an end	2
Total	3

Off-payroll engagements between 23 August 2012 and 31 March 2013 for more than £220 per day and more than 6 months

	Bradford Teaching Hospitals NHS FT
No.of new engagements	11
Of which:	
No. of new engagements which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	0
Of which:	
No.for whom assurance has been requested and received	4
No.for whom assurance has been requested and not received	7
No. that have been terminated as a result of assurance not being received	0
Total	11

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 2012/13, the Charitable Fund received a large number of very generous donations from many parts of the community, including £172,072 in general donations and £42,823 'in memory of loved ones' donations.

Key Benefits Accruing from the Charitable Fund for 2012/13

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.

Significant purchases included:

- Four chest compression devices for the Emergency department, Coronary Care Unit, Medical Admissions Unit and the Angiography Catheter Lab;
- Two ultrasound machines for the Medical Admissions Unit;
- Video Urodynamics equipment for the Urology department; and
- A Rotational Atherectomy System for the cardiology department.

Council of Governors

The Council of Governors (formerly known as the Board of Governors) holds a number of statutory duties. These are to:

- Appoint and/or remove the Chairman and Non-Executive Directors;
- Set the terms and conditions of remuneration of the Chairman and Non-Executive Directors;
- Approve the appointment of the Chief Executive;
- Appoint the external auditor;
- Receive the annual accounts, auditors report and the annual report;
- Convene the annual general meeting (AGM);
- Be consulted on the forward plans (annual plan) of the organisation.

The Council of Governors met formally six times in 2012/13. Engagement between the Council of Governors and Board of Directors formally occurred during May 2012 and October 2012 in line with an established schedule. These sessions involve discussions related to the development of the Foundation Trust new Corporate Strategy, service developments, progress on current works, governance and the implications of (and actions required in response to) the Health & Social Care Act 2012. Within the discussions the subjects covered form the key areas of the Foundation Trust's Annual Plan with feedback from the Governors used to shape the direction of the Foundation Trust's strategy going forward.

This year the Governors:

- Approved the appointment of the Chief Executive;
- Re-appointed a Non-Executive Director and approved the appointment of the Non-Executive Director representing the University of Leeds;
- Have been consulted on, and contributed to, the Foundation Trust's Annual Plan and contributed to the development of the Foundation Trust's new Corporate Strategy;
- Participated in the annual performance review of the Chairman and considered and accepted the annual performance review report on the Non-Executive Directors;
- Received the annual accounts, auditors report and annual report;
- Approved the agenda for the annual general meeting.

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 elements of the 'extended work programme' involve various numbers of Governors it is recognised that those involved act as representatives for the full Council of Governors. They regularly report back to the scheduled Council 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 extended work 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 2012/13 the Governors extended work programme encompassed the following:

- Non-Executive Director Appointments Search Committee;
- Care Quality Commission (registration outcomes review);
- Charitable Funds & Investment Committee;
- Membership Development and Communications;
- Monitoring and Evaluation of the Quality Account 'membership improvement priorities';
- 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;
- Complaints Steering Group;
- Observation of Practice Audits (outpatient areas);
- Dementia Project;
- Quality Mark for Elder-Friendly Hospitals;
- Clinical Audit Steering Group.

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 2012 which attracted approximately 120 people and they were also integral to the planning and delivery of the accompanying Open Event (the Foundation Trust's seventh 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.

In targeting specific groups, Governors have worked with the Foundation Trust in encouraging members to take part in patient and public engagement activities and encouraging staff teams and departments to increase their use of members within patient and public engagement activities. The Governors have also worked with staff through the monitoring and evaluation work undertaken in relation to the Quality Account 'membership improvement priorities'. The Governor ward visits programme has developed during the year and included the piloting of a patient survey to gather views of patients to support the work taking place around improving the patient experience. In total approximately 30 wards have been visited during the course of the year. As can be seen from the areas above Governors have contributed to a broad engagement programme related to key developments here at the Foundation Trust.

The composition of the Council of Governors from 1 April 2012 to 31 March 2013 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 (to 31/10/2012)
Bradford West	Mr Abdul Ismail (from 01/11/2012)
Bradford West	Mrs Nora Whitham (to 14/12/2012)
Bradford West	Vacancy (from 15/12/2012)
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	
Allied Health Professionals and Scientists	Mrs Alison Haigh
Medical and Dental	Mr Mark Steward (Vice-Chair)
Nursing and Midwifery	Mrs Carolyn Butterfield
All Other Staff Groups	Mr John Sidebottom
Partner Governors	
NHS Bradford and Airedale	Mr Shafiq Ahmed
Bradford Metropolitan District Council	Vacant (to 31/07/2012)
Bradford Metropolitan District Council	Cllr Naveeda Ikram (from 01/08/2012)
Bradford University	Dr Marina Bloj
Leeds University	Professor John Young

Elections to the Council of Governors

The terms of office of 13 elected Governors ended on 31 March 2013. The election process commenced on 23 January 2013 and concluded on Tuesday 19 March 2013. The deadline for nominations was 7 February 2013. The following constituencies were uncontested with the following Governors appointed, they will commence their terms of office from 1 April 2013.

Public Governors	Name
Bradford North	Mr David Robertshaw
Bradford North	Mr Mohammad Yaqoob

Staff Governors	Name
Allied Health Professionals and Scientists	Mrs Alison Haigh
Medical and Dental	Mr Mark Steward
Nurses and Midwifery	Mr Simon Kirk
All Other Staff Groups	Dr Rory Browne

Elections were held in four of the Foundation Trust's Membership constituencies. Voting concluded on 19 March 2013. The following governors were appointed and will commence their terms of office from 1 April 2013.

Public/Patient Governors	Name
Bradford South	Mr Mike Turner
Keighley	Mr Philip Turner
Shipley	Mrs Susan Hillas
Shipley	Mr Phillip Moncaster
Patient (Out of Bradford)	Mr Phillip Hodgson
Patient (Out of Bradford)	Mr Scott Nicholson

Bradford West Public Membership Constituency

No nomination forms were submitted for the Bradford West constituency (despite expressions of interest received from members). This election is scheduled to run again in September 2013.

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.

Council of Governors

Attendance at Meetings of the Council of Governors in 2012/13

Name	Governor Status	Representing	18.4.12	16.5.12	18.7.12	12.9.12 (AGM)	17.10.12	23.1.13	Total
Mr Shafiq Ahmed	Partner Governor	NHS Bradford and Airedale	x	x	✓	x	x	x	1 of 6
Mrs Joan Barton	Public Governor	Shipley	✓	✓	✓	✓	✓	✓	6 of 6
Mr Ron Beale	Public Governor	Keighley	x	x	x	✓	✓	x	2 of 6
Dr Marina Bloj	Partner Governor	Bradford University	x	x	✓	✓	✓	✓	4 of 6
Mrs Mary Brewer	Public Governor	Bradford North	x	x	✓	x	✓	x	2 of 6
Carolyn Butterfield	Staff Governor	Nursing and Midwifery	✓	✓	✓	x	x	x	3 of 6
Mrs Alison Haigh	Staff Governor	Allied Health Professionals and Scientists	✓	✓	✓	✓	✓	✓	6 of 6
Mrs Susan Hillas	Public Governor	Shipley	x	x	✓	x	✓	✓	3 of 6
Naveeda Ikram	Partner Governor	Bradford Metropolitan District Council				✓	✓	✓	3 of 3
Abdul Hamid Ismail	Public Governor	Bradford West					✓ ¹	✓	1 of 1
Mrs Maureen Sharpe	Public Governor	Bradford South	✓	x	x	✓	✓	x	3 of 6
Mr John Sidebottom	Staff Governor	All Other Staff Groups	✓	✓	✓	✓	✓	✓	6 of 6
Mr John Speight	Patient Governor	Out of Bradford Patients	✓	✓	✓	✓	✓	✓	6 of 6
Mr Mark Steward	Staff Governor	Medical and Dental	✓	✓	✓	✓	✓	✓	6 of 6
Mr Mike Turner	Public Governor	Bradford South	✓	✓	x	x	✓	x	3 of 6
Mr Michael Warr	Public Governor	Bradford West	✓	✓	✓	x	✓		4 of 5
Mrs Nora Whitham	Public Governor	Bradford West	✓	✓	✓	✓	✓		5 of 5
Ms Vera Woodhead	Public Governor	Keighley	✓	✓	✓	x	✓	✓	5 of 6
Mr Mohammad Yaqoob	Public Governor	Bradford North	x	✓	✓	✓	✓	✓	5 of 6
Professor John Young	Partner Governor	Leeds University	✓	x	✓	x	✓	✓	4 of 6
Mr Mick Young	Patient Governor	Out of Bradford Patients	✓	✓	✓	✓	✓	✓	6 of 6
Denotes period when not part of Council.									
* provides total attendances out of maximum number of meetings could attend ¹ Attended as an observer									

It will be noted that a number of Governors were unable to attend some/all of the scheduled meetings during 2012/13. The Chairman met with individuals concerned (in line with the constitutional requirement) and established there were acceptable reasons provided for non-attendance which in the majority of cases was due to other scheduling conflicts. All Governors have, however, participated in the extensive Governor Work Programme and so remain committed and active members of the Council.

Board of Directors

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

Appointments to the Board of Directors

Name and title	Commenced in post/terms of office
Mr David Richardson, Chairman	July 1 2005 to June 30 2014
Mr Bryan Millar, Chief Executive	November 1 2011 to March 2013 April 2013 to present
Mr Matthew Horner – Director of Finance	November 1 2011
Dr Dean Johnson, Director of Planning and Performance	November 21 2005 to November 26 2012 November 27 2012 to January 31 2013 - Seconded to NHS Trust Development Authority
Professor Clive Kay, Medical Director	November 1 2006
Mrs Sally Napper, Chief Nurse / Chief Operating Officer	March 31 2008
Professor Grace Alderson, Non-Executive Director	December 1 2009 to November 30 2015
Mr Richard Bell, Non-Executive Director and Chair of Audit Committee	June 1 2005 to August 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 September 30 2012
Dr Trevor Higgins– Non-Executive Director	May 21 2012 to May 20 2015
Mr Chris Jelley, Non-Executive Director and Senior Independent Director	June 1 2005 to August 31 2013
Mr John Waterhouse, Non-Executive Director	February 1 2008 to January 31 2014

Register of Interests

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

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

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 Community Solutions 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. Bryan then filled Executive Director roles at Bradford Community Health NHS Trust and Bradford South and West PCT before joining the Foundation Trust in October 2005 as Director of Finance and Deputy Chief Executive.

Bryan took up the role of Interim Chief Executive at Bradford Teaching Hospitals NHS Foundation Trust in November 2011 and was appointed substantive Chief Executive in May 2012. He is a fellow of the Association of Chartered Certified Accountants.

Mr Matthew Horner, Director of Finance

Matthew has a degree in Accountancy and Finance and is a qualified member of the Chartered Institute of Public Finance and Accountancy. His NHS finance career spans over 20 years and covers a variety of finance roles. He has, for the last 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 and was appointed substantive Director of Finance in August 2012.

Dr Dean Johnson, Director of Planning and Performance (to 26 November 2012)

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.

Professor 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 immediate past Chairman of the Royal College of Radiologists' Scientific Programme Committee. Clive is an Elected Member of Council of the Royal College of Radiologists, and a Member of the Editorial Board of Clinical Radiology. Clive is an immediate past Member of the Professional Support and Standards Board of the Royal College of Radiologists. He is 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 / Chief Operating Officer

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.

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.

Mr Richard Bell, Non-Executive Director

Richard is a chartered accountant with over 30 years' post-qualification experience. Currently, he is part-time Company Secretary to a biotech company where until July 2012 he was Finance Director 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 John Bussey, Non-Executive Director (to 30 April 2012)

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.

Professor David Cottrell, Non-Executive Director (to 30 September 2012)

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.

Dr Trevor Higgins, Non-Executive Director (from 21 May 2012)

Trevor is a passionate Bradfordian who was born and educated in the city. He is the regional partnership director for BT and has enjoyed a diverse career in over forty years with the company - management jobs have ranged from call centre management to senior operations management. In his current role he represents all BT's operational divisions. In his previous role, as BT's Regional Business Manager, he managed 1,200 people with responsibility for a budget in excess of £30 million.

Educated to post graduate level, in July 2011 he was awarded an Honorary Doctorate as Doctor of Bradford University for services to businesses and communities across the region. He is also Chairman of the Bradford Employment and Skills Board, Chairman of Bradford Breakthrough and a Board member of the Airedale Partnership.

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 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 is Non-Executive Chairman of H C Slingsby PLC, the AIM-listed distributor of industrial and commercial equipment. The company has traded for over a century from its base in Bradford and employs one hundred people.

He is a member of the Governing Body at Stroma Certification Ltd, the Wakefield-based accreditation body for environmental engineers and assessors

He maintains his interest in the improvement of both primary and secondary NHS services in his native Bradford, particularly in the tackling of health inequalities in our city.

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

Attendance at Board of Directors' Meetings 2012/13

BOARD MEMBERS	25.4.12	30.5.12	27.6.12	25.7.12	29.8.12	26.9.12	31.10.12	28.11.12	19.12.12	30.1.13	27.2.13	27.3.13	TOTAL
David Richardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Bryan Millar	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	11 of 12
Matthew Horner	✓	✓	✓	✓	✓	✓	x ¹	✓	✓	✓	✓	✓	11 of 12
Dean Johnson	✓	✓	✓	✓	x	✓							5 of 6
Clive Kay	✓	✓	✓	x ²	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Sally Napper	✓	✓	✓	x ³	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Grace Alderson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	11 of 12
Richard Bell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	11 of 12
John Bussey	✓												1 of 1
David Cottrell	x	✓	x	✓	✓	x							3 of 6
Trevor Higgins		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 11
Chris Jelley	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	11 of 12
John Waterhouse	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12

Denotes period when not part of the Board

✓ = Attended X = Apologies sent

In the absence of an Executive Director, their nominated deputy attends

¹ = Represented by Jason Matthews ² = Represented by Donna Thompson ³ = Represented by Sally Scales

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 Annual Governance Statement and the self-certification processes required by Monitor, the Care Quality Commission and other external organisations.

The Committee met four times during the year.

Attendance at Governance Committee Meetings 2012/13

MEMBERS	9.5.12	1.8.12	7.11.12	6.2.13	TOTAL
David Richardson	✓	✓	✓	✓	4 of 4
Bryan Millar	✓	✓	✓	✓	4 of 4
Matthew Horner	✓	x	✓	✓	3 of 4
Dean Johnson	✓	✓			2 of 2
Clive Kay	✓	✓	✓	✓	4 of 4
Sally Napper	✓	✓	✓	✓	4 of 4
Grace Alderson	✓	✓	x	✓	3 of 4
Richard Bell	✓	✓	✓	x	3 of 4
John Waterhouse	✓	✓	✓	✓	4 of 4
Donna Thompson (in attendance)	✓	✓	✓	✓	4 of 4
Denotes period when not part of Committee					
✓ = Attended X = Apologies sent					

Audit Committee

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

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

The Committee has sought and been given assurance that the necessary co-operation had been received from 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
- Trevor Higgins
- Chris Jelley

In addition, the Director of Finance and representatives of both internal and external audit normally attend meetings.

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

Attendance at Audit Committee Meetings 2012/13

MEMBERS	23.05.12	30.05.12	25.07.12	26.09.12	28.11.12	19.12.12	30.01.13	27.03.13	TOTAL
Richard Bell	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Trevor Higgins	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Chris Jelley	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Matthew Horner (in attendance)	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
✓ = Attended X = Apologies sent									

External Audit

The external auditor for the Foundation Trust is:

KPMG LLP
1 The Embankment
Neville Street
Leeds LS1 4DW

The auditor was appointed in April 2012 following a procurement exercise led by a working group of the Council of Governors. The appointment is in accordance with the Audit Code for NHS Foundation Trusts, published by Monitor.

The fee for the year is shown below:

Fee (excluding VAT)	2012/13 £000
Audit Services – Statutory Audit	45.0
Other Services	9.6
Total	54.6

The Other services relate to 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 Council 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

The Quality and Safety Review Committee is a Committee of the Board of Directors. The purpose of the 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 Committee was responsible for initiating our new SAFE! Campaign, to improve the care of acutely unwell patients and spread best practice throughout the organisation.

Attendance at Quality and Safety Review Committee Meetings 2012/13

Member	13.07.12	05.10.12	01.12.12	08.02.13	Attendance
Dean Johnson	✓	✓			2 of 2
Clive Kay	D	✓	✓	✓	4 of 4
Sally Napper	D	✓	✓	✓	4 of 4
David Cottrell	✓				1 of 1
John Waterhouse	X	✓	✓	✓	3 of 4
Chris Allcock	X	✓	✓	X	2 of 4
Simon Frazer	✓	✓	✓	✓	4 of 4
Robin Jeffrey	D	X	✓	X	2 of 4
Sally Scales	✓	X	✓	✓	3 of 4
Donna Thompson	✓	✓	✓	✓	4 of 4
Derek Tuffnell	D	X	✓	✓	3 of 4
Brent Walker	D	✓	✓	✓	4 of 4
Stephen Worrall	✓	✓	X	X	2 of 4
John Wright	X	✓	X	X	1 of 4
Denoted period when not part of the Committee					
✓ = Attended X = Apologies sent D = Represented by a deputy					

Remuneration Report

Remuneration Committee

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

The Remuneration Committee agrees the appointment process, salaries and terms and conditions for new Executive Director posts. The Committee are also responsible for the review of appraisal outcomes for Executive Directors and review progress against the Corporate Priorities.

Contracts for Executive Directors are permanent, and new appointments include a 3-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 is the Medical Director who has retained Medical and Dental Terms and Conditions. An Executive Remuneration Policy is currently in development. There is no separate provision for compensation for early termination. No significant awards were made to former 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 2012/13

MEMBERS	25.04.12	30.05.12	29.08.12	31.10.12	19.12.12	30.01.13	27.03.13	TOTAL
David Richardson	✓	✓	✓	✓	✓	✓	✓	7 of 7
Grace Alderson	✓	✓	✓	✓	✓	✓	X	6 of 7
Richard Bell	✓	✓	✓	✓	✓	✓	✓	7 of 7
John Bussey ¹	X							0 of 1
David Cottrell ²	X	X	X					0 of 3
Trevor Higgins		✓	✓	✓	✓	✓	✓	6 of 6
Chris Jelley	✓	✓	✓	✓	✓	✓	✓	7 of 7
John Waterhouse	✓	X	✓	✓	X	✓	✓	5 of 7
Pat Campbell (in attendance)	✓	✓	✓	✓	✓	✓	✓	7 of 7
Bryan Millar (in attendance)	✓	✓	✓	✓	X	✓	✓	6 of 7
Denotes period when not part of the Committee								
✓ = attended x = apologies sent ¹ = left on 30.04.12 ² = left on 30.09.12								

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 2012/13	Salary (Bands of £5,000s) £000s	Other Remuneration (Bands of £5,000s) £000s	Golden Hello £000s	Compensation for loss of office £000s	Benefits in kind (Rounded to the nearest £100) £000s
Mr David Richardson (Chairman)	50 - 55				
Mr Bryan Millar (Chief Executive)	180 - 185				
Mr Matthew Horner (Director of Finance)	110 - 115				
Dr Dean Johnson (Director of Planning and Performance) ¹	155 - 160				
Professor Clive Kay (Medical Director)	85 - 90	145 - 150			
Mrs Sally Napper (Chief Nurse/Chief Operating Officer)	150 - 155				
Professor Grace Alderson (Non-Executive Director)	10 - 15				
Mr Richard Bell (Non-Executive Director)	15 - 20				
Mr John Bussey (Non-Executive Director) ²	0 - 5				
Professor David Cottrell (Non-Executive Director) ³	5 - 10				
Dr Trevor Higgins (Non-Executive Director) ⁴	10 - 15				
Mr Chris Jelley (Senior Independent Director)	15 - 20				
Mr John Waterhouse (Non-Executive Director)	10 - 15				

¹ Dr Dean Johnson (Director of Planning and Performance) to 31 January 2013

² Mr John Bussey (Non-Executive Director) to 30 April 2012

³ Professor David Cottrell (Non-Executive Director) up until 30 September 2012

⁴ Dr Trevor Higgins (Non-Executive Director) from 21 May 2012

Pension entitlement of senior managers

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

Name and Title	Total accrued pension at age 60 at 31 st March 2013	Value of automatic lump sums at 31 st March 2013	Real increase in pension during the year	Real increase in automatic lump sum during the year	CETV at 31 st March 2013	CETV at 31 st March 2012	Real increase / (decrease) in CETV during the year
2012/13	(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 Bryan Millar (Chief Executive) ¹	–	–	–	–	–	1,412 – 1,413	–
Mr Matthew Horner (Director of Finance)	30.0 – 32.5	90.0 – 92.5	7.5 – 10.0	27.5 – 30.0	440 – 441	296 – 297	143 – 144
Dr Dean Johnson (Director of Planning & Performance) ²	35.0 – 37.5	110.0 – 112.5	2.5 – 5.0	7.5 – 10.0	570 – 571	440 - 441	108 - 109
Professor Clive Kay (Medical Director)	57.5 – 60.0	177.5 – 180.0	0.0 – 2.5	5.0 – 7.5	1,050 – 1,051	990 – 991	60 - 61
Mrs Sally Napper (Chief Nurse/Chief Operating Officer)	47.5 – 50.0	142.5 - 145.0	0.0 – 2.5	5.0 – 7.5	835 - 836	779 - 780	56 – 57

1 Mr Bryan Millar (Chief Executive) left the NHS Pension Scheme on 27 March 2013

2 Dr Dean Johnson (Director of Planning & Performance) to 31 January 2013

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.

2012/13

Band of Highest Paid Director's Total Remuneration (£000)	235 – 240
Median total Remuneration	25,528
Ratio	9.3

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 2013. 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

29 May 2013

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. During 2012/13 the Trust has continued to reflect the old BMDC model with regards to the make-up of the Foundation Trust public 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 who have worked at the Foundation Trust for at least 12 months are also eligible for membership.

Number of Members

At the year end the Foundation Trust has a total membership of 50,839. 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.
Bradford North	8,087	69,042	92,364	12%
Bradford South	9,367	71,606	110,308	13%
Bradford West	11,024	68,911	105,954	16%
Keighley	3,276	70,895	94,368	5%
Shipley	7,369	71,428	90,029	10%
Total Public Membership	39,123	351,882	493,023	11%

Total Patient Members	7,004
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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	579	581	100%
Nursing and Midwifery	1,491	1,708	87%
Medical and Dental	373	388	96%
All Other Staff Groups	2,269	2,497	91%
Total Staff	4,712	5,174	91%

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 at a minimum 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 2012/13

At the beginning of April 2012 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 2,593 members which equates to a 5% churn rate which is the same as the rate experienced in the previous year. 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 remains representative of the communities served.

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

The engagement programme continued to be developed and implemented during the year. The highlights from 2012/13 are outlined below:

- The Foundation Trust's seventh Annual Open Event attracted approximately 500 visitors;
- Approximately 1,900 public and patient members completed the revised membership 'patient and public engagement' questionnaire which had been designed to support increased involvement of members within patient and public engagement activities and the Foundation Trust's Patients First initiative. Throughout the course of the year members have been invited to take part in a range of initiatives led by the Trust's Clinical Divisions;
- Our fifth annual Young Persons NHS Open Event was full to capacity and covered jobs/careers, training/education, volunteering and health and wellbeing. In addition the event included focus groups and consultations;
- FOCUS, the membership magazine was redesigned to provide more in-depth articles about developments at the Foundation Trust, the work programme of the Council of Governors and promotion of the elections process for 12 seats on the Council of Governors;
- Governor Information sessions were held to support the elections process;
- There were increased communications to staff regarding the work of the Council of Governors as well as promotion of the Council of Governor Elections.

Contact procedures for members who wish to communicate with Governors

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

Papers and agendas for Council of Governor meetings are published on the Foundation Trust's website in advance of the meetings taking place.

Members are advised of these processes through the membership welcome pack, regular membership communications updates, the agendas for council of governor 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 Anti-Fraud Specialist and this has linked closely with the Foundation Trust's communications plans.

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

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

Equality and Diversity

Bradford Teaching Hospital NHS Foundation Trust aims to ensure that services we deliver and our employment practices do not discriminate against any individual or groups. The Head of Equality and Diversity leads on the equality agenda in terms of service provision. The Director of Human Resources leads on the equality agenda regarding employment practices.

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 2012/13.

Participation in the Bradford and Airedale NHS Equality Group

The Bradford and Airedale NHS Equality Group was established in September 2011. Its primary aim is to support the four NHS Trusts in the district (Airedale NHS Foundation Trust, 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
- NHS Race Equality in Employment group

The Governance Committee receives 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 are reviewing our performance against the four goals. In April 2013 Equality Panels, made up of members of the Bradford and Airedale NHS Equality Group, will consider the evidence and reassess the grades for the four Trusts.

Performance against Objectives

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

No	Objective	Progress
1.	Improve Equality Delivery System (EDS) grades year on year	This will be assessed by the Equality Panels in April 2013.
2.	Improve Equality Delivery System (EDS) process, year on year	We have tried to engage specifically with young people through the BTHFT young people's engagement event and as a result are devising alternative methods of communication using social media.
3.	Ensure that services better meet the needs of transgender people	A Task and Finish Group made up of a cross-section of staff and a representative from the Trans Community met to devise a policy that covers services to Trans patients, employment practice and information governance issues.
4.	Make information more accessible - to better meet the needs of visually impaired people, deaf people and people with language / literacy issues	The Head of Equality has advised on the business case for the Patient Access Centre and has joined the Strategy Disability Partnership Information Sub Group.
5.	Improve the access and experience of Black and Minority Ethnic (BME) patients and service users	Staff from Midwifery have been involved in a Gypsy and Traveller Group to specifically look at barriers to services for this group. Other work streams are being developed on palliative care and maternity.
6.	Reduce inequality experienced by BME staff and applicants	Observers of recruitment panels highlighted some issues regarding recruitment practice which is being addressed through training and further guidance to staff. The district-wide group continues to identify further action.
7.	Increase the diversity of Trust Board / Council of Governors and their understanding of equality issues	A consultant trainer and the Head of Equality have undertaken a session with the search committee for Non-Executive Director vacancies. The job description and person specification has been equality proofed. The Board of Directors have also received an equality briefing. Training is planned for the Council of Governors.
8.	Determine whether people from protected groups are disadvantaged by the complaints process	As part of the Complaints Review in 2012 a questionnaire was sent to around 140 complainants. The questionnaire included monitoring questions by protected characteristics. The results are being reported through the Panels. Stonewall provided training to patient experience staff in Complaints and PALS around monitoring complaints.

Workforce Strategy Implementation Board Diversity Work stream

A group chaired by the Director of HR, involving representatives from the three staff networks, review 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 been working on a number of issues over 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 in-house interpreters providing services in a core set of languages (Urdu, Punjabi, Polish, Bengali, Hindi, Czech and Slovak) 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.

Staff Networks

Staff networks for black and minority ethnic, disabled and lesbian, gay and bisexual (LGB) 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. Role descriptors have been devised for the Chairs of the Networks which have been approved through the Workforce Strategy Implementation Board.

Equality Analysis

The Equality Impact Assessment process has been updated in line with legislative requirements and is now called an Equality Analysis. It includes analysis of all nine protected groups and also considers the human rights FREDAs principles (Fairness, Respect, Equality, Dignity, Autonomy). 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.

Other achievements

Training for Senior Managers – over 100 staff in senior management positions have received training on their responsibility to improve performance in the number and positions of staff from all sections of the community in employment and providing tools to reduce bias and in exercising management responsibilities.

Stonewall Health Champion – we were chosen as one of only 20 NHS organisations to be a Stonewall Health Champion. We received help and support from Stonewall to improve our services to lesbians, gay men and bisexual people. From analysis that Stonewall undertook, we now have an action plan to improve our performance for LGB people.

Sexual Orientation and the Mental Health Treatment of Lesbian, Gay and Bisexual People – the Chief Executives of the four Bradford and Airedale NHS organisations signed a joint statement against reparative therapies for LGB people.

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

e-learning package – a package has been developed for all staff informing them of their rights and responsibilities for equality as employees and providers of service.

Project SEARCH Bradford – we are the employment partner for an innovative project that provides internships for up to 12 young people with learning disabilities in their final year at school. The interns will be based full time in the hospitals, with three different opportunities to experience work.

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 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 patient safety, clinical, financial and economic factors affecting the performance of the Foundation Trust.

We make every effort to ensure that our staff are engaged and involved in the day-to-day decision-making at the Foundation Trust.

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.

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.

3,209 health and safety risk incidents were reported in the last 12 months, 757 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 number of measures and work streams have been put in place to help reduce the amount of violence and aggression against staff.



Bryan Millar, Chief Executive

Quality Account 2012/13

Part 1: Statement on quality

Statement on quality from the Chief Executive

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

Patients First, our quality initiative that began in September 2011, continues to help shape our services and ensure that quality is at the centre of everything we do. 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, improving information given out on discharge and being involved in decisions regarding care and treatment.

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. It has been so successful in improving patient safety that we have extended the length of the campaign through 2012/13 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. Our new £1.2 million birth centre opened its doors in November 2012 and our adjacent 13-bed consultant-led labour ward also received a full refurbishment as part of the development.

In response to the Francis report on The Mid Staffordshire NHS Foundation Trust's Public Enquiry the Medical Director is taking the lead on behalf of the Foundation Trust in coordinating the review of all the recommendations relevant to the organisation and consider our position with regard to them. By way of an immediate response the following actions have been taken:

- Revisions to the Foundation Trust's Corporate Strategy, and the changing emphasis from "Better Medicine, Better Health", to "Together, Putting Patients First" reflect the organization's desire to put the patient at the centre of all that we do.
- This patient focus is further supported by our SAFE and Patient's First campaigns and by the development of complementary strategies including the development of a quality and safety reserve and the ongoing review of the impact of cost improvement programmes.
- A review of Board and Committee structures in the light of changes required as a result of the Health Act, to introduce a public board meeting, takes account of the need to reinforce our commitment to self-scrutiny with regard to the quality of our services. These arrangements will include the continuation of the programme of Leadership Walkrounds and ward visits which will ensure that patient and staff concerns throughout the organisation will be visible to all Board members and Governors.

I believe it is essential that we review our response to all of the issues raised in the Francis report on a comprehensive and structured basis in the months ahead and I will ensure that we keep this topic of debate live in all of our Board meetings and discussions in the future.

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 black ink, appearing to read 'B. Millar', with a stylized flourish at the end.

Bryan Millar, Chief Executive

Part 2: Priorities for improvement and statements of assurance

Priorities for improvement in 2012/13

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

It then outlines the new improvement initiatives which we will be focusing, and reporting, on in 2013/14.

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.

2012/2013 is the second year in which the 'membership improvement priorities' have been included within the Trust's Quality Account. In setting the improvement priorities it was recognised that it may take a few years to achieve significant improvements and as such consideration would be given to retiring the priorities or continuing to monitor those previously identified to ensure that sustained improvements are achieved. The Foundation Trust's Quality and Safety Review Committee recommended that all seven of the 2011/12 Improvement Priorities remained within the Quality Account for 2012/13.

Quality Domain(s)	Patient Experience
Improvement priority 1	Nutrition
Descriptor	Offering healthy meals that are of good quality and at the right temperature
Why is it important to improve quality in this area?	
<p>It is essential to meet patient's nutritional needs to aid recovery and reduce length of stay. Food therefore needs to be of a good quality and the correct temperature to encourage patients to eat.</p> <p>Improving the patient experience in relation to patient food corresponds with the Foundation Trust's Adult Nutrition Policy. Food and Beverage services have a high public profile within healthcare - they are often cited as the benchmark by which patients, staff and the local community judge hospital services.</p>	
What are we aiming to achieve?	
<p>By using a multi-disciplinary team we are primarily aiming to meet the points raised above. Alongside this we are also aiming to fulfil the Catering Strategy, the main focus being to improve the patients catering experience.</p> <p>This involves changing the way the Foundation Trust provides patient catering with the introduction of a Ward Hospitality Assistant on each ward. The Ward Hospitality Assistant will be responsible for all catering needs on the ward and will be an important part of the ward team.</p>	

How have we measured and monitored any improvement?

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 Trust's Improving Nutrition work stream chaired by the Deputy Chief Nurse.

If there is a problem or query raised via the questionnaire then the Catering Manager or Supervisor makes arrangements to speak to the patient. If a patient wants to see a representative from the Catering department in relation to a particular issue then a Supervisor will arrange to go along to meet with them.

All comments and suggestions provided, where possible, are taken into account when updating menus. For instance, the vegetarian options on the menu are now listed together to make it easier for those wishing to avoid meat.

The survey has been changed to include 'how long a patient has been in hospital' as it might be useful in future to compare responses from short and long stay patients. This will assist with the patient menu planning process.

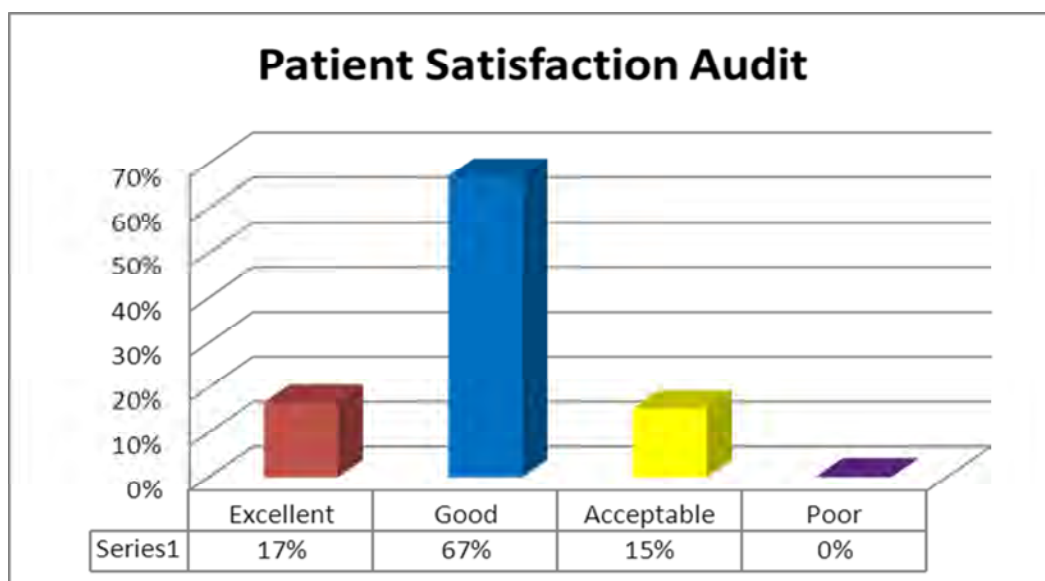
What have the results shown about our performance during 2012/13?

Catering received significantly more completed patient surveys during the second half of 2012. Overall during 2012 the response to all patient surveys has increased by 32%. These were received from the following areas:

1. Monthly Patient audit conducted by the food contractor (Anglia Crown)

All wards are now on the regenerated food system, all of this food is purchased in a frozen state from our nominated supplier who is Anglia Crown. Each month Anglia Crown conduct a face to face audit on five wards – the results of the patient survey audit are below:

Anglia Crown Patient Survey Overall satisfaction - January 2012 to December 2012



2. Internal Catering audit

As suggested by the Governors this audit is now jointly carried out by volunteers and the Ward Hospitality Assistant. They talk to the patients and obtain their opinions on the food and associated services.

When the volunteers initially became involved in distributing and completing the forms in May 2012 the number of responses to the questionnaire increased by, on average, 55% per month. However since September 2012 the response has decreased, partly due to a number of the volunteers returning to full time education. This has been picked up with the Volunteer Manager and a plan has been implemented to remedy this.

3. Dietetic audit (currently under revision)

This audit takes into account the patient feedback from seven wards each month; this is mainly aimed at temperature and nutritional analysis rather than the views of the patients. Catering is working closely with Dietetics on a number of issues including the amalgamation of the Dietetic and Internal Catering audits - we are hoping to have this completed in April 2013.

What have been the key quality improvements & achievements in 2012/13?

To ensure all food served at ward level is of an appropriate temperature, we have changed our food delivery system to a bought in cook - freeze system. St. Lukes Hospital (SLH) was chosen as the Picking and Packing Centre and the work on extending the freezer at SLH catering department was finished to schedule. Consequently, during December 2012, the remaining wards at the Bradford Royal Infirmary (BRI) switched over to the frozen regeneration patient meal service.

This has been rolled out in line with the Catering Strategy with each ward allocated their own Ward Hospitality Assistant. The role of the Ward Hospitality Assistant is to be responsible for all the food and beverage needs of patients on the ward to which they are assigned. The Ward Hospitality Assistant is a crucial member of the ward team.

Catering has been working closely with the dietetics department during 2012 to devise a new patient main menu which will incorporate a snack menu. At the same time a new 'kids menu' will also be introduced - the timescale for this is approximately March 2013.

What actions are we planning to improve performance & monitoring in 2013/14?

There is currently a significant amount of training being undertaken with the newly created Ward Hospitality Assistants to ensure they understand their key role within the ward team. An operational handbook is almost complete which will be a reference document for all Ward Hospitality Assistants and will be kept at ward level.

Catering will also be introducing a computer based patient meal ordering system which will be used by the ward based staff when ordering patient meals.

Catering managers are continuing to encourage the volunteers to assist with completing the patient catering questionnaires.

Quality Domain(s)	Patient Experience	
Improvement priority 2:	Waiting Times	
Descriptor	Reducing waiting times for blood tests and other investigations and informing patients promptly of possible delays and the reason for the delay in relation to any aspect of their care/treatment	
Why is it important to improve quality in this area?		
<p>Both National Best Practice Guidelines and the NHS white paper ‘Equity and Excellence: Liberating the NHS’ have clear guidance about how responsive and efficient outpatient services should be with regard to waiting times in order to improve the patient experience.</p> <p>Following the results of the National Outpatient Survey 2011 (Picker Survey) several areas of improvement were identified by the Foundation Trust in relation to outpatient waiting times, specifically the number of appointments which started after their stated time and how promptly patients were informed of any delays.</p>		
What are we aiming to achieve?		
<p>The National Standard for Outpatient appointments is that all patients are to be seen within 30 minutes of their appointment time and this is also the target in the Foundation Trust Outpatient Management Policy.</p> <p>The National Outpatient Survey action plan identified areas for improvement related to this priority as:</p> <ul style="list-style-type: none">• Reduce waiting times• Improve communication relating to delays		
How have we measured and monitored any improvement?		
<p>There has been a range of audits, surveys, observation of practice and actions taken throughout 2012 to measure and monitor any improvements:</p> <p>All the results are circulated to the Outpatient Improvement Board and discussed and reviewed at the Patient Experience Meeting which has Governor representation and is currently looking to also have patient representation.</p>		
What have the results shown about our performance during 2012/13?		
<p>The Annual Waiting times audit is a snap shot of outpatient waiting times information across a range of specialities within a given month, the 2013 audit was carried out in February. The results of the 2013 audit show a marked improvement in the percentage of patients who were informed of any delays upon their arrival at the clinic and the reason for the delay but a decrease in the percentage of patients who were given the expected duration of the delay and the opportunity to wait or book another appointment. The results are due to be tabled at the next Patient Experience Meeting (14/05/2013) and Outpatient Improvement Board (20/05/2013) to agree any actions for improvement.</p>		
Annual Waiting Times Audit Results	2012	2013
% of patients informed of delays upon arrival	33%	82%
% of patients informed of expected duration of delay	89%	73%

% of patients informed of reason for delay	56%	73%
% of patients who were given a choice to either wait or to book another appointment.	100%	82%
% of patients provided with something to occupy /entertain them during their wait	100%	100%
% of patients informed about delays verbally	100%	100%

The **Management Policy Audit** results from September 2012, in comparison to the same quarter in 2011, show there has been an increase in the percentage of clinics that have started on time, an increase in the percentage of patients being informed of delays and improvements in the number of patients that have been informed verbally about delays and the reason for the delays.

Real Time Patient Experience Survey – the results of the 2012 survey indicate that we still need to improve in one of our key targets, that is to see all patients within 30 minutes of their appointment time. In the last quarter of 2012 we were only seeing 78% of patients within that timescale.

PALS reports show a slight decrease in the number of issues raised about phlebotomy waiting times in 2012.

What have been the key quality improvements & achievements in 2012/13?

National Outpatient Survey 2011 – 71% of respondents reported waiting for longer than they were told, or were not told how long the wait would be. The results from the 2012 Outpatient Policy Audit show an improvement in waiting times and a significant improvement in communicating the reason for delays.

Results of the Outpatient Policy Audit:

Questions	September 2011	September 2012
Did the Clinic start on time?	79%	93% ↑
Was your appointment delayed?	37%	29% ↑
If there are delays how are the patients informed? - verbally	41%	86% ↑
- whiteboard	15%	14%
Were you informed about the reason for the delay and the expected duration?	61%	92% ↑

What actions are we planning to improve performance & monitoring in 2013/14?

The **Observation of Practice Audit** has completed the pilot stage and several of the Governors have expressed an interest in being part of these audits as they are rolled out to all outpatient areas. The specific observations relating to improvements for this priority are:

Are whiteboards completed with relevant clinic and waiting time information?

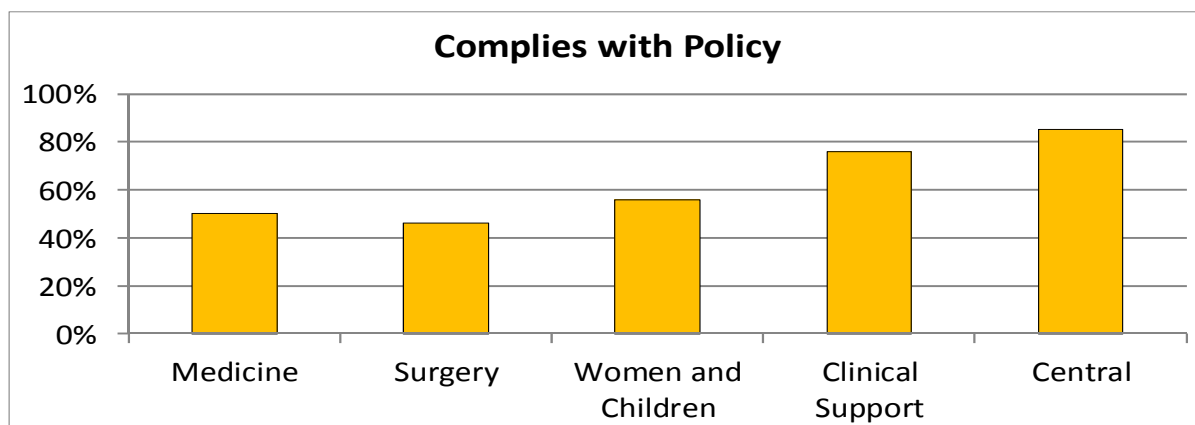
Are verbal and written updates observed to keep patients informed re clinic delays?

Any areas where there is not 100% compliance are fed back to staff and become part of an action plan for improvement.

Phlebotomy waiting times – Several options for changes in checking in for blood tests are being explored and the requirement for a more effective option for the patient has been highlighted in the pathology annual plan for 2013/14.

The **Patient Experience Group** is looking at best practice for communicating delays to patients, both verbally and through circulating good practice ideas from information collated from different outpatient areas.

Quality Domain(s)	Clinical Effectiveness
	Patient Safety
Improvement priority 3	Patient Information
Descriptor	Providing accurate information about a patient's treatment before coming into hospital and understandable written information about the condition and treatment.
Why is it important to improve quality in this area?	
<p>Patient information includes: written information such as leaflets, posters, websites, audio recordings, video and DVD, translation and interpretation. The Foundation Trust has produced patient information for many years and recognises the importance of providing good information to patients in order to:</p> <ul style="list-style-type: none"> • 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 recall the verbal information • Allow people to make informed decisions – it gives people time to go away, read the information and think about the issues involved • Help to ensure patients arrive on time and are properly prepared for procedures or operations • Involve patients and their carers in understanding and cooperating with treatment and managing their condition • Remove barriers for people who experience difficulty in accessing our services • Reduce risk for patients and the Foundation Trust. <p>When the Communication with Patients Policy was last reviewed, a number of changes were introduced and the organisation is working towards improved compliance with the policy.</p>	
What are we aiming to achieve?	
<p>When the Communication with Patients Policy was updated - in January 2012 - it included the requirement to test patient information with users. This was not measured as part of the audit process in March 2012 but will be monitored in 2013.</p> <p>Recommendations were made for each division and they were asked to develop action plans for how they would address non-compliance.</p> <p>The Trust is aiming to achieve 75% compliance with the Communication with Patients Policy in 2013.</p>	
How have we measured and monitored any improvement?	
<p>A comprehensive audit of patient information was undertaken in March 2012 and established a baseline for measuring against. The re-audit will be undertaken in Spring 2013 and will identify any changes and hopefully improvement. The ownership and accountability of this now rests with the divisions and updates on progress are regularly requested at Communication with Patients Approval Group (CPAG) meetings.</p>	
What have the results shown about our performance during 2012/13?	
<p>The audit results have shown that Patient Information Leads are now engaging with this process and systems have been developed within each division for operational management and monitoring. Compliance with the Communication with Patients Policy was found to be variable in March 2012:</p>	



The 2012 national in patient survey reported that 56% of respondents were 'given printed or written information about their condition or treatment' and 73% felt that they received the 'right amount of information.'

What have been the key quality improvements and achievements in 2012/13?

When the policy was updated, in January 2012, it included the requirement to test patient information with users. The Foundation Trust has made a commitment to actively engage with patients and target audiences in the production of patient information and this is documented within the 'Communication with Patients Policy' where authors are required to test new information on potential users – and record the names and titles of all reviewers on the CPAG Submission Form. This will be formally measured as part of the CPAG audit in Spring of 2013 and is being informally monitored via the submission-to-CPAG forms.

With regard to the outcomes relating to patient/public engagement as part of the process of developing patient information, there are examples of good practice within some areas of the Foundation Trust and this has been shared at CPAG meetings.

For example, maternity are particularly good at involving patients and have shared this with CPAG. As part of implementing the equality objectives, maternity staff have joined a working group looking at maternity information for Gypsy, Traveller and Roma communities.

Additionally, a fast-track process for achieving Chair's approval of reviewed information was implemented in 2012 and this has proved to be successful.

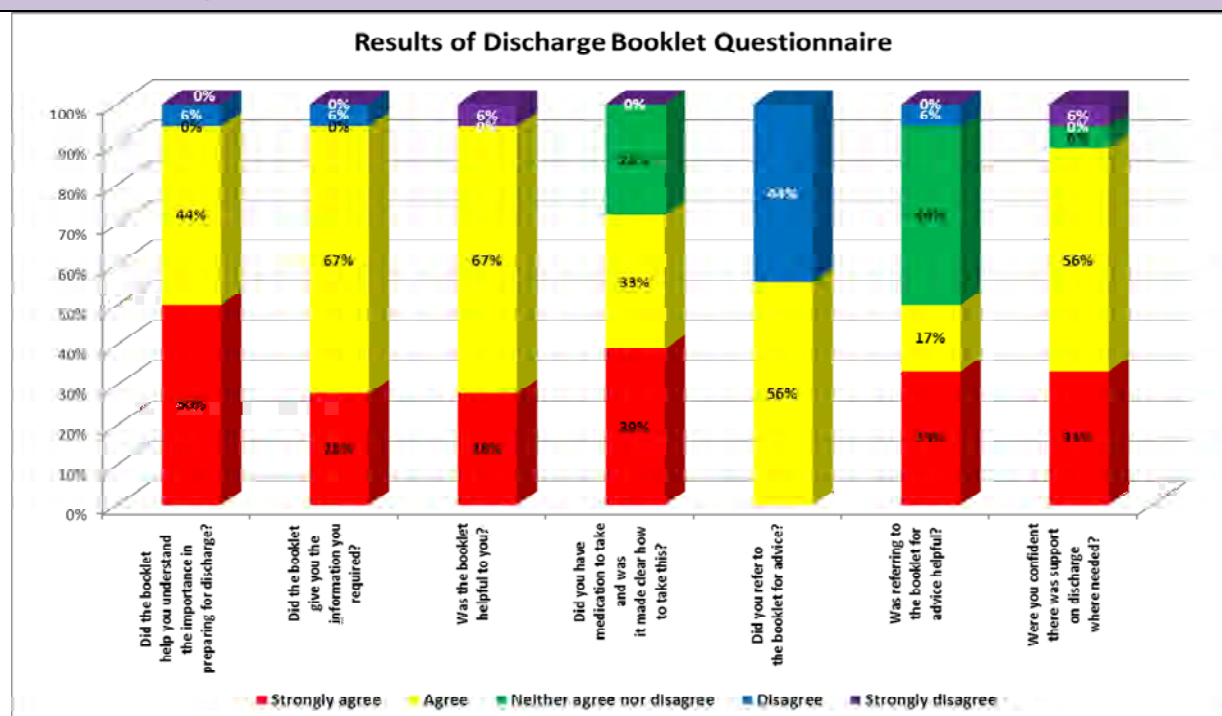
What actions are we planning to improve performance and monitoring in 2013/14?

With regard to the outcomes relating to patient/public engagement as part of the process of developing patient information, there are examples of good practice within some areas of the Foundation Trust. Evidence of best practice has been shared at CPAG meetings and Patient Information Leads are actively working to improve this within their areas.

It is expected that the 2013 national patient surveys will demonstrate an increase in the percentage of patients who receive written information about their condition or treatment.

Quality Domain(s)	Clinical Effectiveness
	Patient Safety
Improvement Priority 4.1	Patient & Carers discharge information - Adult services
Descriptor	Improving information on discharge to ensure that patients understand what to expect when they go home and how to take medicines.
Why is it important to improve quality in this area?	
<p>The Foundation Trust Discharge Policy 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 and what to expect. 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).</p> <p>Information from patient surveys, incident reports and complaints to PALS clearly showed a gap in the general information issued to patients and carers on discharge.</p>	
What are we aiming to achieve?	
<p>The purpose and aim of the booklet is to help patients and their carers to plan their discharge from hospital safely and to provide them with supportive and relevant information or advice that will be helpful when in hospital, and on leaving hospital.</p> <p>This booklet has been produced by the Discharge Team to help patients and their carers understand the discharge process in order to achieve a timely discharge for patients when their condition is stable. The medication section within the booklet is to be used as a prompt for patients with nursing staff providing each person individually with information requirements on their medication.</p>	
How have we measured and monitored any improvement?	
<p>An evaluation of the discharge booklet was undertaken as a pilot in May/June 2012 to identify whether the booklet was a helpful tool to patients being discharged.</p> <p>Fifty booklets and questionnaires were personally handed out by the Discharge Team to patients and a response rate of 36% was achieved, with an additional twenty verbal positive comments from patients who had not returned questionnaires.</p> <p>The evaluation was carried out on Ward 30 (Care of the Elderly), Ward 6 (Acute Medical) and Wards 23 and 27 (Orthopaedics) within Bradford Royal Infirmary.</p> <p>The results are represented as a percentage in order to allow for comparison.</p>	

How have we performed in 2012/13?



What have the results shown about our performance during 2012/13?

The results demonstrated that on the whole patients found the booklet helped them “understand the importance of preparing for discharge” with 94% strongly agreeing or agreeing with this statement. The booklet is a useful tool for patients and from the questionnaires completed and the discussions that took place with patients it was found to make patients aware of the discharge requirements and gave them the information required. The comments received included:

- “Useful booklet to give out”
- “I have found it very informative, at the moment I am a patient but also my husband’s carer”
- “Don’t think it needs improvement, short, sweet to the point, very useful for people who may not know what help is available”
- “All information is in the booklet and contact numbers required, especially carers information which is most important”
- “Brings more awareness to patients and carers”
- “This information was very helpful and well thought out to help everyone”

The 2012 national in patient survey results demonstrate improvement:

Patients given written or printed information about what to do/not do = 65% (↑ from 57% in 2011)
 Patients given written or printed information about medicines = 79% (↑ from 73% in 2011)

What have been the key quality improvements and achievements in 2012/13?

The discharge booklet has been produced as a result of engagement and consultation with the following key stakeholders:

- Matrons, Heads of Nursing and Clinical Service Managers
- Adult Community services
- Public consultation at Trust Open Event
- Service users
- Carers Resource Group
- Communicating with Patients Approval Group

The Foundation Trust Medical Illustration team are currently developing the design for the booklet. The booklet will be printed when the final design has been approved. It is expected that the published booklet will be launched in early 2013/14.

What actions are we planning to improve performance & monitoring in 2013/14?

Audit Programme:

- Ward based audit to check that patients receive the booklet on admission;
- Discharge Team to check that the patients have a completed copy pre discharge;
- To continue to audit and respond to patients and carers feedback with updated versions of the booklet ensuring it continues to meet the needs of all the patients across the Foundation Trust.

External publication:

An electronic copy will be submitted to the web team for inclusion on the Foundation Trust website.

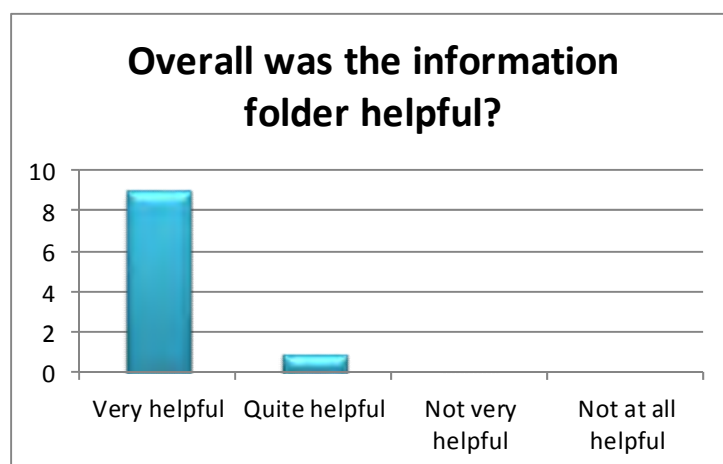
Other initiatives to improve discharge planning and information include:

Patient Information Folder: This folder includes information on:
Bradford Teaching Hospitals NHS Foundation Trust

- What you will need whilst in hospital
- How to identify staff
- Preventing infection whilst in hospital



Each bed has a folder provided - patients and their families are encouraged to look through this and ask questions. A questionnaire has been developed so that we can engage with patients in assessing its usefulness and review and amend the content as required. Patients were randomly selected from wards F6, 19 and 22 – a total of 10 views were captured overall. 9 out of the 10 respondents agreed the folder was very helpful, one thought it was quite helpful.



Overall the feedback was very positive. The patients accepted that there was a need for a Bedside Information Folder and that they would welcome it when it becomes available. The presentation, content and layout were acknowledged as being very good, and the fact that it captures all of the information in one place. It was also acknowledged that having this information supports the patient and should reduce the amount of time having to ask the clinical staff the basic questions.

Pilot of courtesy call following discharge from Elderly Unit (Wards 29 and 30):

The project which started in August 2012 has been very useful in identifying discharge concerns and enabling the ward managers to put plans in place to make improvements and prevent recurrence. The project has also provided many positive comments from patients and relatives. The pilot is being rolled out to the community hospitals. The information gathered will be included on the ward/departments "you said, we did" boards. Themes of patient comments will be monitored for formal reporting in January 2014.

Quality Domain(s)	Clinical Effectiveness
	Patient Safety
Improvement priority 4.2	Patient and Carers discharge information – Children's services
Descriptor	Improving information on discharge to ensure that patients understand what to expect when they go home and how to take medicines.
Why is it important to improve quality in this area?	
<p>Quality information given on discharge:</p> <ul style="list-style-type: none"> • Impacts on the medical outcome for the child; • Prevents/reduces re-admission; • Enhances the patient/parent/carer experience <p>The Picker Inpatient survey, themes of complaints, National Institute for Health and Clinical Excellence (NICE) and National Patient Safety Agency (NPSA) guidance were all drivers for this work to be initiated.</p>	
What are we aiming to achieve?	
<p>The 'Discharge Forum' established in Children's Services agreed priority issues to address:</p> <ul style="list-style-type: none"> • Discharge planning initiated at the point of admission; • Delayed discharges; • Home use of oxygen and associated risks; • Referrals to community nurses/teams; • Observations being checked within 30 minutes of discharge; • Communication on discharge with Neonatal Outreach, Dietetic and Therapy services 	
How have we measured and monitored any improvement?	
<p>Improvement will be monitored and measured by:</p> <ul style="list-style-type: none"> • Focus groups held in three children's centres; • Repeat patient satisfaction surveys – scheduled on the work plan in summer 2013. This work will be supported by University Child Branch Nursing Students to inform their learning and enhance partnership working across children's services; • Reporting on number & severity of complaints; • Themes of complaints – thematic analysis and subsequent action plan being progressed, this work feeds into the Children's Services Patients First Framework; • Audit of readmissions – scheduled on the work plan in April 2013. 	
What have the results shown about our performance during 2012/13?	
<ul style="list-style-type: none"> • Demonstrating a reduction in the number of complaints involving discharge is difficult to quantify as most complaints cover a number of issues and themes. However only one formal complaint has been received in the last six months of 2012 with more of the informal complaints being resolved through effective communication and discussion at an early stage. 	

What have been the key quality improvements & achievements in 2012/13?

- A Discharge Planning document which includes a simple hospitality - style discharge questionnaire for parents/carers to complete prior to discharge;
- The commissioners approached BTHFT Children's Therapy Service to run an interim 'pilot service' to assess and follow up seating, toileting and bathing equipment for the under five population;
- Case studies discussed at the forum highlighting issues and also good practice around discharge planning. The case studies are then cascaded to ward staff as 'lessons learned.' As a result of these discussions a process for ward 2 (children's surgical ward) staff to order simple equipment (for example a commode) direct from Bradford and Airedale Community Equipment Service (BACES) is being progressed;
- Project work to be undertaken in developing a complex discharge resource pack for use across the service. This resource pack will include easy read and visual aids to understanding discharge medication and a timetable of undertaking specific and basic cares for the child once at home;
- The issue of discharge medications is being addressed Trust - wide through the SAFE campaign agenda and audit timetable;
- Children's Assessment Unit to pilot e-Discharge (medications) in early 2013 using the Evolve system (EMR);
- Task and finish group identified to review the discharge information given to parents/carers of children who have been discharged but require follow up from Children's Community Wound care service. New information is currently being piloted;
- We have been looking at ways to have robust Patient and Public Involvement (PPI) activity and engagement into the Discharge Forum. Children with complex needs tend to be the most problematic discharge therefore we have linked into existing parent/carer forums in the community, for example, Children Centre Plus'. To date there have been three focused workshops held at Children's Centres to obtain feedback from parents/carers in relation to their experience of Children's Services – development of a joint action plan in progress.

What actions are we planning to improve performance & monitoring in 2013/14?

- To continue with the 'Discharge Forum' adding to the membership in accordance with specific issues highlighted through this forum;
- Engagement and feedback regarding complex discharges from community special schools;
- The 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. However, due to ward activity and acuity these meetings have not been as successful of late therefore it is planned to hold a focused workshop to brainstorm and explore other options.

Quality Domain(s)	Patient Experience
Improvement priority 5	Dignity and Respect
Descriptor	Being treated with dignity and respect, with staff being polite and staff listening
Why is it important to improve quality in this area?	
<p>Treating patients with dignity and respect is an integral part of providing patient care.</p> <p>The Dignity and Respect: Being Valued Policy was launched in 2010, the aim of which was to provide staff with the guidance and procedures to promote high standards of care where issues relating to Dignity and Respect are an essential part of that care.</p> <p>The key performance indicators of this policy are:</p> <ul style="list-style-type: none"> • Complaints and PALS reports; • CQC quality standards. <p>The national CQUIN on improving the patient experience is also a driver for improvement.</p>	
What are we aiming to achieve?	
<p>To identify themes from complaints and PALS which will drive improvement plans for all areas to action and, therefore, improve patient experience and reduce the level of complaints and PALS issues.</p>	
How have we measured & monitored any improvement?	
<p>The Dignity and Respect: Being Valued Ward Audit tool was developed to look at five areas:</p> <ol style="list-style-type: none"> a) Staff knowledge of the policy and legislation; b) Documented care; c) Observations of interactions- such as staff introducing themselves to patients; d) Observations of care; e) Ward environment – such as was a ‘care in progress’ sign on the curtains. <p>This audit was performed initially in March 2012 across inpatient areas which provided a baseline level from which improvements could be monitored. The audit is scheduled to be performed every six months.</p> <p>Noise at night – Sleep diaries are available for wards to use. Problem areas identified are doctor’s shoes, call buzzers and noisy doors. Areas have been asked to revisit action plans, reinforcing the professional appearance policy (quiet shoes) and consider installation of door closers.</p>	
What have the results shown about our performance during 2012/13?	
<p>The results from the repeated audit in October 2012 have demonstrated aspects of good practice across the five areas. This information was gathered by either staff witnessing the process or by questioning staff in the areas. A selection of the key results are outlined below:</p> <ul style="list-style-type: none"> • Increased awareness / staff knowledge of the Mental Capacity Act • Staff demonstrated a good awareness of how to obtain information to help them meet the needs of different ethnic groups • Communication difficulties having been identified, with evidence of care planning to meet those needs • Staff introducing themselves to patients 	

- Ensuring patient's clothing maintains their dignity at all times
- Patients had access to separate, clearly labelled male and female toilet/ washing facilities that could be accessed without passing through opposite sex areas

These results highlight that there is good practice across all areas audited, with the majority of areas scoring between 80 and 90%. However the audit has identified aspects of patient care where improvements can be made, and clear action plans have been put in place to address these issues.

What have been the key quality improvements and achievements in 2012/13?

Launch of the Privacy and Dignity website to guide staff. It provides information for all staff on the different workstreams and the resources available to help support them and ensure that patient's privacy and dignity is maintained.

What actions are we planning to improve performance and monitoring in 2013/14?

Development of a specific Outpatient / Department dignity and respect audit tool to measure key components of patient care in a different setting.

A Dignity and Respect Patient Survey will be undertaken looking particularly at single sex accommodation but encompassing other aspects of patient care such as being involved in decisions.

A Dignity and Respect Practice Educator has been appointed to develop and deliver inter-professional education. Working within the clinical and support services they have a primary focus of improving patient dignity and respect by working alongside staff to improve and change practice at an individual, ward and Foundation Trust level.

Quality Domain(s)	Clinical Effectiveness			
	Patient Safety			
Improvement priority 6	Organised care			
Improvement priority 7	Involvement in decisions			
Descriptors	Staff working well together to organise care within a well organised ward/department To involve people in decisions regarding their care and treatment and expected outcomes			
Why is it important to improve quality in these areas?				
These are two of the seven ‘improvement priorities’ identified by the Patient and Public Involvement Governor Working Group following consultation with the Foundation Trust membership.				
What are we aiming to achieve?				
To promote high standards of care where issues relating to patient and carer involvement are an integral part of the patient journey. To deliver our commitment to patients in the Policy on Dignity and Respect: Being Valued which states “you and your family have the right to be treated fairly and be routinely involved in decisions about your treatment and care”				
How have we measured and monitored any improvement?				
Following a review of the existing performance review methodology employed within the Foundation Trust, it was determined that there is no single process which measures these outcomes. However, there are a range of initiatives which provide evidence of how well we were performing across the divisions in relation to indicators six and seven.				
What have the results shown about our performance during 2012/13?				
Results from the 2012 National In Patient survey begin to demonstrate the impact of the improvement work undertaken in support of these indicators: Were you involved as much as you wanted to be in decisions about your care and treatment? Yes = 85% Were you involved in decisions about your discharge from hospital? Yes=78% The Governors visited twelve wards based at BRI, SLH and Eccleshill Community Hospital during January and February 2013. The visits highlighted the following result in relation to patient involvement in decision making from a total of 162 completed questionnaires:				
Question	Blank	Yes	Not sure	No
I have been given enough information to make decisions about my care and treatment	3	135	85%	17 11% 7 4%
What have been the key quality improvements and achievements in 2012/13?				
A survey of Patients Experience of Ward Rounds has identified features of the ward round that patients felt were important and what they would like to occur. The most important aspects of the ward round to the patients were explanation of the investigations, discussion regarding progress and communication of the patients’ management. They preferred a full medical team to be present and				

good quality communication between the patient and the team. This feedback will be used, in addition to the SAFE guidance on best practice in ward rounds, to help patients to become more actively engaged in their clinical management and decision making to improve the overall patient experience and their outcomes.

Matrons' ward rounds & intentional rounding have elicited real-time feedback from patients and helped to anticipate and proactively manage patients' needs.

What actions are we planning to improve performance and monitoring in 2013/14?

In 2013/14 the Heads of Nursing and Midwifery will provide evidence of performance at divisional level in a consistent reporting format which describes the improvement work linked to indicators six and seven the evaluation methodology employed and embeds the supporting evidence.

Patients' views on whether they find intentional rounding helpful will be reported in May 2013.

Foundation Trust's Corporate Strategy

Background

Over the past twelve months the Foundation Trust has undertaken an exercise to review and revise its current Corporate Strategy to guide the future priorities for the care that we deliver. This has included extensive discussion at Board of Directors/Council of Governors time-outs, the Clinical Management Group, a dedicated working group and an 'online' consultation to get direct feedback from staff and the public to identify:

- A clear expression of our mission or purpose for existing;
- Our values as an organisation;
- A "strapline" that summarises the core of our strategy;
- Clear vision statements to drive our ambitions for the future;
- Our broad objectives over the next few years.

'Together, Putting Patients First' – the proposed new corporate strategy

The key areas of focus that are forming the core of the new strategy are:

- The aims of our Patients First programme;
- Providing the right kind of healthcare for our population;
- Valuing our staff;
- Our organisational culture;
- Equality and diversity;
- Being a sustainable organisation;
- Getting the basics right but recognising our specialist status in many areas;
- The new 'NHS' environment and our relationship with GP's and the wider community.

The proposed strategy which is presented on the following page also incorporates the work done on the Corporate Values, making a clear link between the two elements - we have called them 'Our' Values rather than corporate values. These have been subject to extensive consultation involving Non-Executive Directors, governors, staff and managers.

Next steps

Following the launch of the revised corporate strategy we will develop measures internally to track our progress during 2013/14 as part of the annual planning and review cycle.

Publication of a new 'strategy' document entitled 'Together, Putting Patients First' will form the basis for the following:

- The Annual Planning submission to Monitor in May 2013 and subsequent Annual Reports;
- The development of corporate priorities in 2013/14 and beyond;
- The development of specific measures of achievement and reporting/communication procedures linked to the strategy - to be determined with clinical and corporate divisions, partners and other reference groups;
- The criteria against which service developments are assessed and measured;
- The engagement of divisions to develop their own local strategies which link into 'Putting Patients First.'

Mission	To provide safe healthcare, of the highest quality, at all times				
Strapline	Together, Putting Patients First				
Values	WE CARE, WE VALUE PEOPLE, WE STRIVE FOR EXCELLENCE, WE MAKE EVERY PENNY COUNT				
Vision Tag	Our Patients	Our Staff	Our Services	Our Organisation	Our Community
Vision	Patients choose their care with us and recommend us to family & friends	Staff excel at putting patients first, wherever they work in the FT	We provide a range of services that support the current and future needs of our patients	We are a well-managed organisation that meets our obligations to patients	We work hand in hand with GPs and other partners to put patients first
Objectives	<ul style="list-style-type: none"> We understand what is important to patients and focus on getting these things right every time We ensure that patients and carers go home happy with our service, and we try wherever possible to resolve issues there and then We work in partnership with patients to deliver the right care and the right services We use clear measures, developed with patients, carers and commissioners, to assess the quality of our services Patients and carers can see the improvements that they have been part of 	<ul style="list-style-type: none"> Every staff member understands their role in putting patients first, and they see this as their most important priority Staff receive development support and recognition that empowers and motivates them to do the best job they can Every staff member is proud to work for BTHFT and this shows in the way that they do their job Staff have well designed jobs We promote equality and diversity across the organisation We are led by clinicians for the benefit of patients 	<ul style="list-style-type: none"> We are welcoming, professional and reassuring We are a safe healthcare provider, delivering high quality outcomes We deliver the appropriate balance of 'general' and specialist care We develop networks of specialist care across the region We aim to be at the forefront of innovation We develop our research capacity and harness the benefits of research 	<ul style="list-style-type: none"> We look to develop a truly 24/7 service We are a sustainable organisation caring for the future; working within financial, social and environmental limits. We keep improving what we do and how we do it, We are open and transparent with our patients, staff and partners We meet our regulatory targets and obligations Our IT systems and processes support the delivery of high-quality care 	<ul style="list-style-type: none"> GPs and external partners are active partners in putting patients first Our staff develop effective working relationships with GPs and others, improving care for patients. All staff see the patient journey extending beyond the walls of our organisation, and they work with others to improve this whole experience for patients We look to develop services in the community where possible, recognising diversity and tailoring services accordingly We are an excellent partner for business, and the voluntary and public sectors

Priorities for improvement in 2013/14

This section briefly summarises the local indicators and specific areas for improvement which we intend to focus on in 2013/14:

Quality Domain: Patient Experience Improvement priority 1: Nutrition
<i>Further increases in the number of patients surveyed;</i> <i>Continued improvements in the satisfaction rates of patients in relation to the food and service they receive;</i> <i>Evidence of how the Ward Hospitality Assistant service is contributing to improvements in the experience of patients.</i>
Quality Domain: Patient Experience Improvement priority 2: Waiting times
<i>Increase in the number of patients completing the real time survey in outpatients and sustained improvements in terms of their experiences;</i> <i>Improved compliance with the national standard in the outpatient waiting times audit;</i> <i>Improvement in the availability of medical records for outpatient clinic appointments;</i> <i>Improvement in waiting times associated specifically with phlebotomy services.</i>
Quality Domains: Clinical effectiveness and Patient safety Improvement priority 3: Patient information
<i>Increased engagement with patients/public in the production of patient information;</i> <i>Improvements in those divisions and departments that fall below the Trust's compliance target of 75% with the Communication with Patients policy.</i>
Quality Domains: Clinical effectiveness and Patient safety Improvement priority 4: Patient and carers discharge information
<i>Patient feedback in relation to the discharge process and responses to the discharge patient information;</i> <i>Development of action plans based on feedback from the regional pilot of patients' experience of discharge;</i> <i>Developments in relation to the children's discharge forum.</i>
Quality Domain: Patient Experience Improvement priority 5: Dignity and respect
<i>Review of progress against action plans from results of the 2012 Privacy and Dignity audit;</i> <i>Review of results from use of hand held devices to receive real time feedback.</i>
Quality Domains: Clinical effectiveness and Patient safety Improvement priority 6: Organised care and Improvement priority 7: Involvement in decisions
<i>Standardised reporting framework for the delivery of this information would be used to seek information from all the clinical divisions in 2013/14;</i> <i>Annual progress reports from clinical divisions detailing where improvements had been made and sustained.</i>

In setting the improvement priorities it is recognised that it may take a few years to achieve significant improvements and as such consideration will be given each year to retiring priorities or to continue to monitor those previously identified to ensure that sustained improvements are achieved.

Other locally selected performance indicators for reporting in 2013/14

As part of their terms of reference the Foundation Trust Quality and Safety Review Committee approve the performance indicators to be reported in the Quality Account. They have proposed that the following indicators are reported (where available) in the 2012/13 Quality Account to establish a baseline for reporting in the 2013/14 Account:

What will we be reporting?	What does this mean?	What is our current performance?		
		2012 Award	2011 Award	2010 Award
Clinical supervision rating from NHS LA ¹	An annual survey is an important part of how the General Medical Council (GMC) makes sure medical education and training is meeting the required standards.	Level 2	Level 2	Level 1
Public Health Observatory national benchmarked data	In preparation for the Academic Health Science Network ² we will develop a regional map of hospital performance to be able to compare ourselves across the region and learn from each other.	Regional map currently under development in preparation for reporting in 2013-14.		
Revalidation of medical staff	Medical revalidation is central to improving the quality and safety of care - all doctors who are licensed with the GMC will have to regularly demonstrate that they are up to date and fit to practise. Robust clinical governance arrangements including doctors' appraisal, will support the RO in fulfilling their duties.	The Medical Director was appointed as the Responsible Officer (RO) for BTHFT in line with the legislation. He has completed his revalidation-ready appraisal for 2012/13 ³ and his revalidation has been confirmed.		

¹The NHS Litigation Authority (NHSLA) seeks assurance from the GMC for the calculation and issue of levels to acute trusts, related to standard 2.4, which is supervision of medical staff in training. Level 0 is the lowest rating, Level 3 is the highest level awarded.

²An Academic Health Science Network provides a systematic delivery mechanism for the local NHS, universities, public health and social care to work with industry to transform the identification, adoption and spread of proven innovations and best practice.

³Only the RO will have a recommendation made about their revalidation before 31 March 2013. Reporting on other doctors revalidation will begin in 2013/14.

Friends and Family test

Background

In May 2012, the Prime Minister announced the introduction of the Friends and Family Test to improve patient's experience of care, and to identify the best performing hospitals in England. The introduction of the Friends and Family Test will be part of the NHS contract for 2013-14 and must be in place by 1 April 2013. It is also one of the National CQUINs for 2013- 2014, with payment being split between achieving the required rollout, obtaining a 15% response rate in Q1 and 20% by Q4, and showing improvement in the score.

Implementation

Implementation of the Friends and Family Test requires that all Trusts must ensure that 100% of inpatients and attendees at A&E/ Medical Assessment Unit are asked the question at the end of their care (e.g. on the day of discharge or up to 48 hours post discharge). At present day-cases and paediatrics are excluded, but roll out to maternity will take place in October 2013.

The question to be asked is "*How likely is it that you would recommend this service to friends and family?*"

The Foundation Trust has implemented the Friends and Family Test across all required areas to meet the deadline of 1 April 2013.

Results

The FFT aims to provide a simple rating which can be used to drive cultural change and continuous improvements in the quality of the care received by patients within Bradford Teaching Hospitals NHS Foundation Trust. This is an excellent opportunity for us to really understand the quality of care delivered to our patients, from the patient's perspective.

In addition there is an expectation that there will be ward to Board reporting, and that all Trusts report responses on a monthly basis via UNIFY2. Results will be published on the NHS Choices website, and providers are encouraged to publish their results in their annual reports and quality accounts.

Arrangements are being put in place to ensure there is a standardised approach to displaying the results at ward level, to ensure transparency for patients. In addition to the score, the display will also include a selection of the comments and a "You Said- We Did" section to inform patients / visitors of actions that are being as a result of their feedback.

In addition to using the negative comments to inform improvements to services, for the first time the Foundation Trust will have a mechanism for systematically collecting positive comments, which can be used to identify and reinforce good practice.

Plans are in place to use the results to inform practice, improve the patient experience and to achieve compliance with the requirements of the Friends and Family Test CQUIN for 2013-14.

Monitoring Progress

Arrangements are being made, through the Patient Experience Team, to monitor response rates and ensure actions are taken to maximise opportunities for patients to take part. This might include for example the use of volunteers to support patients in completing the questionnaire, where they would like to respond but are unable to do this for themselves.

Statements of assurance from the Board

Review of Services

During 2012/13 Bradford Teaching Hospitals NHS Foundation Trust provided and/or subcontracted relevant health 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 the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health NHS services reviewed in 2012/13 represents 88% of the total income generated from the provision of relevant services by Bradford Teaching Hospitals NHS Foundation Trust for 2012/13.

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, New Principles of Best Practice in Clinical Audit, 2011).

Participation in local and national clinical audit is a priority for the Foundation Trust. Bradford Teaching Hospitals NHS Foundation Trust annually produces a prioritised clinical audit programme managed through an effective clinical governance framework that facilitates the systematic engagement of relevant multi professional staff groups in local and national clinical audit projects. The Trust also participates fully in National Confidential Enquiries with robust mechanisms in place for the follow up of recommendations from published studies to improve patient care and clinical practice.

During 2012/13, 39 national clinical audits and 3 national confidential enquiries covered relevant health services that Bradford Teaching Hospitals NHS Foundation Trust provides.

During 2012/13 Bradford Teaching Hospitals NHS Foundation Trust participated in 91% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Bradford Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2012/13 are listed in table 1, Annex 1.

The national clinical audits and national confidential enquiries that Bradford Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2012/13 are listed in Table 1, Annex 1 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The high level of participation in clinical audit demonstrates the dedication of our Clinical Governance Department and the commitment of our clinical staff to improving the quality of services delivered.

The reports of 22 national clinical audits were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2012/13. Table 2 in Annex 1 shows the actions Bradford Teaching Hospitals NHS Foundation Trust intends to take to improve the quality of healthcare provided and the outcomes achieved in 2012/13.

The reports of 10 local clinical audits were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2012/13. Table 3 in Annex 1 shows the actions Bradford Teaching Hospitals NHS Foundation Trust intends to take to improve the quality of healthcare provided and the outcomes achieved in 2012/13.

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

The Bradford Institute for Health Research (BIHR), of which Bradford Teaching Hospitals NHS Foundation Trust is a key player, is a young and vibrant research Institute. In the 6 years since it was established it has created a distinctive ethos and environment for conducting high quality applied health research that makes a difference. It is unusual in being part of the local NHS and embedded in the local Bradford multi-ethnic community whilst at the same time conducting world leading research in partnership with universities. The Institute attracts staff who are committed both to excellence and to making a difference locally and who are working with patients to develop and implement research ideas of clinical relevance.

The BIHR has been very successful and grown quickly in size and reputation. We have created and enlarged a modern physical infrastructure for the conduct of research including a Clinical Research Facility which provides high quality accommodation to undertake patient- dedicated research and which currently provides clinic space for research in respiratory medicine, wound care, cardiology, hepatology, breast cancer, diabetes, elderly care and the Born in Bradford cohort study.

BIHR partners have helped build the culture, systems and infrastructure to ensure that NHS-based research is approved in a timely way and that high research performance and quality is maintained. A Bradford Research Support Unit has been put in place to provide health economic, statistical, qualitative and other methodological support to our researchers.

BIHR has established one of the leading centres in maxillo-facial research in the UK. The Institute leads a new Health Technology Collaborative in wound care, which will build collaborations between clinicians, academics and industry to promote innovation and uptake. A strategic partnership with companies that provide important data to the NHS (SystemOne and Datix) has also been developed.

BIHR is a partner in the Medical Research Council funded Health e-Research Centre, a consortium based in Manchester which will explore new ways of harnessing electronic health data to improve care for patients and communities.

The Foundation Trust is recruiting patients to 114 National Institute for Health Research (NIHR) portfolio projects.

The number of patients receiving relevant health services provided or sub-contracted by Bradford Teaching Hospitals NHS Foundation Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 2639.

The Foundation Trust is also involved in 162 non-NIHR portfolio projects and has recruited 4404 patients in total (this is a cumulative total as the recruitment to non-portfolio projects is not recorded on a yearly basis).

Our Quality and Safety Patient Panel is composed of 20 members from the local community whose aim is to support the research work of the Foundation Trust with active public and patient involvement. The Panel meet with members from the quality and safety research team at the Bradford Institute for Health Research to talk about new research ideas and help researchers with different aspects of their projects such as writing patient information sheets for research projects, demonstrations of innovative medical equipment and participation in a patient safety training DVD for junior doctors and nurses.

"Being part of this panel gives me the opportunity to be able to give something back to the NHS, which I feel so passionate about. I hope my contribution and involvement with the panel will enable the research department to continue with their wonderful work which will lead to contributing to excellent quality and safe healthcare for the community of Bradford and West Yorkshire."

Ruby K. Bhatti
Vice Chair, Quality & Safety Patient Panel

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.

Recent award and achievements include:

Yorkshire Stroke Research Network (based in Bradford Teaching Hospitals) has been named as the 'Team of the Year' by the UK Stroke Research network.

Head and Neck Research team won an International Research Prize at the 8th International Conference on Head and Neck cancer. The team have had 30 abstracts accepted and presented at either British, European or World meetings.

Respiratory Medicine researchers have recently led work on a trial to look into the effectiveness of an antibody in treating patients with severe allergic asthma. The results have achieved international acclaim.

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 2012/13 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 relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2012/13 are available online at:

http://www.institute.nhs.uk/commissioning/pct_portal/2012_and_2013_cquin_schemes_for_the_north_of_england/

A list of the Foundation Trust performance against the 2012/13 CQUIN indicators can be found in the Review of Quality and Performance section.

The monetary total for the amount of income in 2012/13 conditional upon achieving quality improvement and innovation goals is £6.5m and the monetary total for the associated payment in 2011/12 was £4.2m.

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

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

The Care Quality Commission has not taken any enforcement action against Bradford Teaching Hospitals NHS Foundation Trust during 2012/13.

The Foundation Trust participated in a special review by the Care Quality Commission relating to BTHFT's compliance with the Mental Health Act (MHA). The key outcomes of the visit on 14 March 2013 were as follows:

1. CQC were complimentary of their experience at BTHFT - staff were said to have shown ' <i>remarkable common sense</i> ' and the level of awareness of the Mental Capacity Act was high and classed as a positive by the CQC.
2. The CQC recommended the need to have a formal service level agreement with Bradford District Care Trust to ensure that the approved medical officer role, Hospital Manager and scrutiny of the forms is more robust and in line with legal requirements.
3. BTHFT were asked to improve (and embed) processes in place supporting staff to comply with the Mental Health Act and to provide additional training.
4. BTHFT's relationship with the police was highlighted as being very positive.
5. Further visits from the CQC are expected every two years in relation to the Mental Health Act

Following the visit an action plan has been developed to address the areas for improvement that the CQC have identified - a formal written report from the CQC is due in April 2013.

The CQC made an unannounced visit to the BRI in December 2012 to check that essential standards of quality and safety were being met:

We inspected the following standards as part of a routine inspection. This is what we found:		
Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Supporting workers	✓	Met this standard
Records	✓	Met this standard

"Although A&E was very busy I have no complaints, I had seen the doctor during the night and again this morning..... I was given full information, what they have done and what they are going to do; I'm very impressed with it here....."

Patient interviewed on CQC visit

The Foundation Trust received a compliance action (minor impact) for Outcome 9: Management of Medicines as there were some minor concerns regarding the checking of medicines and prescribing by the pharmacy support and the safe self administration of medicines. The Foundation Trust has received the final report from the CQC containing the minor non-compliance rating within Medicines Management. The Foundation Trust has now submitted an action plan as requested by the CQC. This contains actions the

Foundation Trust will undertake to achieve compliance with Medicines Management. All other outcomes were compliant.

At this inspection the CQC looked at the personal care or treatment records of people who use the service, observed how people were being cared for and talked with staff and people who use the service. They found that:

- ✓ peoples consent was sought before treatment
- ✓ the care and welfare of people who used the service was assessed and planned appropriately
- ✓ the staff were supported to deliver care
- ✓ records were accurate and fit for purpose

Everyone they spoke with told them they or their relative had a good overall experience at Bradford Royal Infirmary and that they felt they had been treated with dignity and respect.

Staff reported that they had access to the training they needed to help them understand and meet the needs of the people who used the service. They also said that the management were approachable and they could talk to them whenever the need arose.

"Staff we spoke with were very enthusiastic and proud of the service and said they got a lot of job satisfaction....."

CQC Inspection report January 2013

Many of the people had been admitted via the accident and emergency (A&E) department. They reported their experience in A&E was positive in that they were seen by a doctor and given an explanation regarding their condition and were kept fully informed. They all said they were looked after well and if necessary offered food/drink and toilet facilities.

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:

- Appoint a Director of Informatics to be responsible for providing strategic leadership and provide assurance to the Board on data quality and governance;
- Establish a Data Quality Team managed by a Data Quality manager to lead on current and new Data Quality workstreams;
- Strengthen the strategic governance framework on data quality across the organisation and design a yearly work programme to provide reassurance around data quality for the Foundation Trust Board;
- Continue to review and enhance data quality reports to monitor data accuracy and completeness levels using in-house and external reports and report triangulation;
- Develop and implement a communication strategy across the Foundation Trust to better inform staff of their responsibility to maintain good quality data and get the data right from source.

NHS Number and General Medical Practice Code Validity

Bradford Teaching Hospitals NHS Foundation Trust submitted records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number and General Practitioner Registration Code is displayed in table 1.

Table 1: Percentage of records which included the patient's valid NHS number and General Practitioner Registration Code

Record type	Area	2012/13 compliance (April to September 2012)	2011/12 compliance (April to January 2012)
Patients Valid NHS number	Admitted Patient Care	99.6%	99.5%
	Outpatient Care	99.4%	99.8%
	A&E Care	98.4%	98.3%
Patients Valid GP registration code	Admitted Patient Care	100%	100%
	Outpatient Care	100%	100%
	A&E Care	100%	100%

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 overall score for 2012/13 was 82% and was graded green. This score is a 1% increase on last year's score and achieves Monitor's requirement to attain level 2 compliance for each of the 45 requirements in 2012/13.

Clinical coding

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

Bradford Teaching Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. However an internal audit was conducted and the error rates for diagnoses and treatment coding (clinical coding) were:

Coding Field	% incorrect 2012/13
Primary Diagnoses Incorrect	10.45%
Secondary diagnoses Incorrect	11.82%
Primary Procedures Incorrect	6.45%
Secondary Procedures Incorrect	10.5%

The audit was based on the methodology detailed in the current Version 6.0 of the Clinical Coding Audit Methodology set out by Connecting for Health, using an approved Clinical Coding Auditor. The results should not be extrapolated further than the actual sample audited.

The above table shows the proportion of coding errors in which only a subset is made of coders' errors: clinical coders are expected to code immediately after discharge when the auditor is looking at the completed record with all results and usually discharge letters which may not be available at the time of coding.

A number of recommendations to correct coding errors are summarised below:

- A training plan has been designed to ensure that clinical coding staff receive training appropriate to their needs with a particular focus on data extraction skills from the main data source (i.e. patients' case notes).
- The clinical coding manager to improve the data source for the coding of day cases where full case notes are not used. Additional actions to raise awareness of the impact of poor recording of information in the case notes will be made with Clinical and Operational Service Managers, two areas of action were oncology and oral surgery.
- Awareness actions with clinicians, to continue with engagement through Clinical Governance meetings as these have been found to be very successful so far.
- Further discussion to be progressed so that policy documents can be produced to aid the Clinical Coders in accurate code assignment e.g. coding of hypertension.
- A continued auditing and training cycle at regular intervals: mini audits are to be taken forward to ensure improvement by targeting specific specialty issues.

Core set of National Quality Indicators

The Department of Health and Monitor have introduced mandatory reporting of a small, core set of quality indicators in the 2012/13 Quality Account. The indicators that are relevant to the Foundation Trust are reported in table 2.

In order to provide assurance on the quality of the data the Foundation Trust has published an internal Activity Systems Data Quality Policy on its Intranet, set up governance arrangements to review and improve data quality and acted upon recommendations of internal and external data quality audits.

All of our data reporting processes have standard operating procedures that ensure that whoever is running the process, can refer to the standard operating procedure to ensure the correct process is followed. The data is then checked for validity and data quality errors, sometimes using the previous period to ensure it is in line with what is expected to be seen, and where this does not occur, is checked by another member of the team to ensure there are no data anomalies.

Table 2: Core Set of National Quality Indicators

NHS Outcome Framework Domain	Indicator	Control limits 2011-12	BTHFT performance 2011-12	BTHFT performance 2010-11
Domain 1 - Preventing people from dying prematurely	Summary Hospital Level Mortality Indicator (SHMI)	Upper 1.12 Lower 0.89	0.98 ¹	0.94
¹ Latest published data from October 2011 – September 2012				
The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: <i>The rates published by the Health and Social Care Information Centre show death rates among all trusts in the country. All trusts are given a one, two or three ranking dependent on mortality rates with the Foundation Trust receiving a two – meaning the figure falls within the normal range. The information is from the IC Clinical Indicator Previewer and only the data for own trust is available. There are no details about the other trusts but the performance of our trust is measured via the upper/lower control limits.</i> The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by: <i>The safety of our patients is of the utmost importance and everyone has made enormous efforts to improve our mortality rates. Patient safety runs to the very core of our organisation as evidenced by the SAFE campaign. The low mortality rate shows that the wellbeing of our patients is crucial to our care and our success.</i>				
NHS Outcome Framework Domain	Indicator	National Average 2012-13	BTHFT performance 2012-13	BTHFT performance 2011-12
Domain 3 - Helping people to recover from episodes of ill health or following injury	Patient Reported Outcome Scores (PROMS)	PROMS outcomes and comparative performance reported in table 3.		
The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: <i>Hip replacement - Although we were below national average in 2011/12, we are showing improvement on 2 indicators in 2012/13.</i> <i>Knee replacement - Although we were below national average for one indicator in 2011/12, we are showing improvement on all 3 indicators in 2012/13.</i> <i>Varicose vein - Although we were below national average for one indicator in 2011/12, we are showing improvement on all 3 indicators in 2012/13.</i> <i>Groin hernia - Performance improved in 2010/11 to 2011/12 however we are showing a decline in 2012/13.</i>				

<p>The Bradford Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve these outcome scores, and so the quality of its services, by: Further patient level analysis to be reviewed with engagement of the clinicians. This will inform action plans to address areas requiring more detailed analysis and any subsequent review of current clinical practice.</p>				
NHS Outcome Framework Domain	Indicator	National Average 2012-13*	BTHFT performance 2012-13	BTHFT performance 2011-12
Domain 3 - Helping people to recover from episodes of ill health or following injury	Emergency readmissions to hospital within 28 days of discharge		10.8% ²	11.2%
² Data from April 2012 – January 2013				
<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The data shows that the emergency readmission rates within 28 days of discharge have improved. This is as a result of implementing new initiatives with the specific aim of reducing admissions and readmissions - the details of which are given below. The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by: The Trust has implemented new initiatives and pathways in recent years with the aim to reduce admissions and readmissions to hospitals. The schemes introduced include Early Supported Discharge schemes for medical and orthopaedic patients, allowing medically well patients to be discharged with a supported package at home. We have an established pathway to manage patients with severe, non-life threatening infections including healthcare associated infections (HAI's) and resistant urinary tract infections who require parenteral antibiotics, which can be delivered in an ambulatory setting as an alternative to inpatient hospital-based care (the OPHAT service). The virtual ward pilot was launched in October 2012 for frail elderly patients and also respiratory patients. The model supports patients at home for up to 30 days providing medical, nursing, therapy and diagnostic input when required. The pilot will be rolled out further during 2013/14 and will be extended to include the 'Rapid access to Diagnostics' workstream. During 2012/13 we have developed a new DVT pathway with Commissioners which will fast track patients to diagnostic services for relevant scans avoiding an admission to assessment beds.</p>				
NHS Outcome Framework Domain	Indicator	National Average 2012-13*	BTHFT performance 2012-13	BTHFT performance 2011-12
Domain 4 - Ensuring that people have a positive experience of care	Responsiveness to inpatients needs (score out of 100)		63	67
<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: Our CQUINS score of 63 is a deterioration of 4 since 2012. At the start of the Patients First programme last year it was recognised that it would be 2013 before any impact of the work would be identified through the annual Inpatients Survey. The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services, by: A Patient Experience team have been established with overall responsibility for improving the quality of the care patients receive. Within the team, headed by Assistant Chief Nurse are a new Patient and Public engagement officer, and a new Privacy and Dignity lead. The incorporation of PALS and Complaints within a common domain will ensure effective reporting of incidents and the speedy dissemination of information throughout the organisation to allow effective monitoring of the quality of the patient journey. A common division will also ensure the robust targeting of resources to those areas most in need of improvement. It is anticipated that within the next six months handheld real time data collection devices will be operational. This will ensure patient feedback data is accurate and current, allowing for timely interventions to areas in need of support.</p>				

The Patient experience team is responsible for the support and guidance of volunteers to ensure their effectiveness in supporting patients within the organisation. There is an expectation that the number of volunteers will increase over the coming year.

The team have developed a staff newsletter to improve staff understanding of quality care, attitudes and behaviours. An external agency has been commissioned to work alongside current education programmes to provide Customer care training to all staff to improve professional behaviours.

A comparison between the staff and patients survey has been undertaken, highlighting the disparity between the documents. This will be presented to the Patient First group for targeted work streams to be further developed.

NHS Outcome Framework Domain	Indicator	National Average 2012-13	BTHFT performance 2012-13	BTHFT performance 2011-12
Domain 4 - Ensuring that people have a positive experience of care	Staff who would recommend BTHFT to friends or family needing care	3.57	3.71	3.55

The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

The staff survey does not include a question which says "Staff would recommend the provider to friends or family needing care", we have therefore reported our outcome for question K24 which says "Staff recommendation of the trust as a place to work or receive treatment." The scores are on a scale of 1 to 5 with 1 being 'unlikely to recommend' and 5 'likely to recommend' (higher number is better). Our score is above (better than) the national average for KF24.

The Bradford Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by:

The workstreams which report into the Workforce Strategy Implementation Board will be asked to review the results in the Staff Pledge areas that they are responsible for and determine the actions going forward which will be ratified by the Workforce Strategy Implementation Board. The divisions will also be asked to analyse results from their areas and determine priorities for action which will feed into the quarterly performance review process.

NHS Outcome Framework Domain	Indicator	National Average 2012-13*	BTHFT performance 2012-13	BTHFT performance 2011-12
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk assessed for VTE		96.55%	95.02%

The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

VTE assessment performance remains consistently better than the national target at 96.55% which is an improvement from 2011/12. All divisions were compliant against the 95% target.

The Bradford Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services, by:

Continuing with current practice and progression of divisional action plans to sustain this high level of performance in 2013/14.

NHS Outcome Framework Domain	Indicator	National Average 2012-13*	BTHFT performance 2012-13	BTHFT performance 2011-12
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of C Difficile (per 100,000 bed days)		26 ³	29

³ Data from 1 April to 14 August 2012 which equates to 100 000 bed days

The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

C-diff reported 58 cases for the end of year, the target is less than or equal to 60 cases per year. The rate of C Difficile has reduced from 2011/12.

<p>The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:</p> <p><i>Progressing with the trust-wide action plan which is focused on seven key themes: leadership & accountability, isolation, managing at risk patients, antibiotic prescribing, environment & cleaning, root cause analysis and audit of infection control practice.</i></p> <p><i>Each division continues to update their own detailed action plan based on the areas of work identified by the trust performance improvement group and the trust-wide action plan. Progress is being performance managed locally within the Divisions, and monitored via the infection prevention and control committee and steering group. Two wards are continuing to take part in a special measures programme to improve performance.</i></p>				
NHS Outcome Framework Domain	Indicator	National Average 2012-13*	BTHFT performance 2012-13	BTHFT performance 2011-12
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm	Number of patient safety incidents reported to NRLS**		6951	6620
	% resulting in severe harm (number of cases)	< 1% (taken from NRLS report)	0.6% (n=42)	0.62% (n=41)
	% resulting in death (number of cases)	< 1% (taken from NRLS report)	0.14% (n=10)	0.32% (n=21)
<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:</p> <p><i>The data shows that the levels of reporting of patient safety incidents to the NRLS have improved, however there is still room for further improvement. The percentage of incidents classed as severe harm or death are in line with national average ie <1%.</i></p> <p>The Bradford Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:</p> <p><i>Encouraging staff to report patient safety incidents is seen as an important factor in the management of patient safety. Incidents are now reported on-line with timely feedback on outcomes. The Foundation Trust aims to increase the overall number of reported incidents so that learning can be applied and shared across the trust and patient safety improved.</i></p>				

* National average for 2012/13 not known at time of publication of the Quality Report

** National Reporting and Learning Service

Table 3: PROMS outcome summary

Percentage of patients that report an improvement

		April 2011 to March 2012*			April 2012 to September 2012*			Commentary
		England	BTHFT	+/- 10/11	England	BTHFT	+/- 11/12	
Hip Replacement	EQ-5D Index	87.5%	77.8%	↓	89.4%	88.9%	↑	Although we were below national average in 2011/12, we are showing improvement on 2 indicators in 2012/13. Further patient-level analysis to be reviewed. Consultant engagement established.
	EQ-VAS	63.8%	63.5%	↑	65.5%	55.6%	↓	
	Oxford Hip Score	95.9%	94.2%	↓	96.3%	100.0%	↑	
Knee Replacement	EQ-5D Index	78.8%	79.2%	↑	78.6%	85.7%	↑	Although we were below national average for one indicator in 2011/12, we are showing improvement on all 3 indicators in 2012/13. Further patient-level analysis to be reviewed. Consultant engagement established.
	EQ-VAS	53.9%	55.1%	↑	54.1%	57.1%	↑	
	Oxford Knee Score	95.9%	86.5%	↓	92.1%	100.0%	↑	
Varicose Vein	EQ-5D Index	53.6%	55.1%	↑	52.1%	61.3%	↑	Although we were below national average for one indicator in 2011/12, we are showing improvement on all 3 indicators in 2012/13.
	EQ-VAS	42.1%	32.3%	↓	42.4%	35.7%	↑	
	Aberdeen Score	83.4%	84.7%	↑	83.7%	87.1%	↑	
Groin Hernia	EQ-5D Index	51.0%	65.3%	↑	51.6%	64.3%	↓	Performance improved in 2010/11 to 2011/12 however we are showing a decline in 2012/13.
	EQ-VAS	39.3%	38.5%	↑	39.0%	31.0%	↓	

*provisional results

Questionnaire count less than 30 highlighted in italics. Aggregate calculations based on small denominators may return unrepresentative results

More than 5% below National
Less than 5% below National
Higher than National

Part 3: Review of Quality performance

Quality Management System

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 at 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 performance measures

The Foundation Trust performance against the national priorities in the Department of Health’s Operating Framework 2012/13 and relevant indicators and targets set out in Appendix B of Monitor’s Compliance Framework is reported in Table 4.


Table 4: Performance against indicators and targets for 2012/13


Quality Domain	Indicator	Current Target	2012/ 2013	2011/ 2012	2010/ 2011	2009/ 2010
Quality	Total time in A&E: Less than 4 hours	>=95%	95.7%	95.9%	96.7%	98.3%
Commentary: Overall there has been an increase in the number of patients attending the Accident and Emergency department in 2012-13 in comparison to 2011-12, despite this the 95% target has been consistently achieved in all quarters of 2012-13 with Q3 being recorded as 95.29% and end of year has achieved the target.						
Patient Safety	Incidence of MRSA Bacteraemia	<=6	5	2	3	8
	Incidence of <i>Clostridium difficile</i>	<=60	58	88	87	99
Commentary: The Foundation Trust has a local target of less than or equal to 3 MRSA cases in any one year, the Foundation Trust currently stands at 5 cases, however the Monitor compliance framework applies a de minimus of 6 cases, after which penalties apply. C-diff reported 58 cases for the end of year which is within the target of less than or equal to 60 cases per year and was a 33.3% improvement against 2011/12.						
Quality	All Cancers: two week wait - First Seen	>=93%	95.1%	94%	96%	94%
	All Cancers: two week wait - First Seen Breast Symptoms	>=93%	99.8%	94.4%	95.5%	94.4%

	Cancer 31 Day standard - First Treatment	>=96%	98.8%	96.8%	97.5%	98.2%
	Cancer 31 Day standard - Subsequent Surgical Treatment	>=94%	96.2%	95.3%	95.4%	95.8%
	Cancer 31 Day standard - Subsequent Drug Treatment	>=98%	99.9%	99.6%	99.5%	99.7%
	Cancer 62 Day standard - First Treatment	>=85%	93.3%	83.7%	86.9%	86.6%
	Cancer 62 Day standard - Screening	>=90%	98.8%	96.2%	96.5%	92.2%
Commentary: All cancer targets are expected to be achieved for the whole year. The data has yet to be completely validated. An improvement has been seen in all profile targets in comparison to those reported in 2011/12.						
Patient Experience	Referral to Treatment Waiting Times <18 weeks- Admitted	>=90%	84.93%	91.2%	92.6%	93.4%
	Referral to Treatment Waiting Times <18 weeks - Non Admitted	>=95%	92.26%	98.9%	98.3%	98%
	Referral to Treatment Waiting Times <18 weeks – Incomplete pathway	>=92%	n/a	n/a	n/a	n/a
	Diagnostic waits <6 weeks ¹	>=99%	96.7%	n/a	n/a	n/a
	Direct Access Audiology treatment <18 weeks ¹	>=95%	98.87%	99.5%	n/a	n/a
Commentary: The access targets for 2012/13 have struggled to achieve the targets set by the Department of Health. While the referral to treatment (RTT) targets have fallen in 2012/13, the data is of a much more robust quality and therefore the Foundation Trust can be confident that when improvements are seen this is much more accurate than what was reported previously. The patient access service is undergoing a major change, with a proposed centralised team handling all referrals and ensuring they are handled appropriately and efficiently. The 2012/2013 quality contract has introduced a new nationally specified target regarding diagnostic waits. The target relates to 15 nationally specified diagnostic tests, not all of which are performed at BTHFT. The target is that less than 1% of all the people waiting for these tests should wait more than 6 weeks. As with the RTT targets, the Foundation Trust has struggled to achieve these targets, but this area is included in the centralised team so improvements should be visible in time for the first quarters of 2013/14.						
Patient Experience	Sleeping accommodation breach	>0	2	6	n/a	n/a
Commentary: Two same sex accommodation breaches have been reported in March 2013; a root cause analysis has been undertaken and reviewed within the Foundation Trust and submitted as required to the Primary Care Trust.						
Effectiveness	Data completeness – Community services	50% in 3 areas	Compliant	n/a	n/a	n/a
Commentary: We are compliant in data completeness for Community services						
Patient Experience	Certification against requirements for people with a learning disability	n/a	Compliant	Compliant	n/a	n/a
Commentary: We are currently compliant against the profile for certification against requirements for people with a learning disability.						

¹National contract indicator – not a Monitor performance measure

Key:

 **Green** rating indicates that the target was achieved

 **Red** rating indicates that the Foundation Trust failed to meet the target

During 2012/13 the Foundation Trust declared the following governance risk ratings to Monitor:

Quarter 1 – RTT 18 weeks
Clostridium Difficile
Quarter 2 - RTT 18 weeks
Clostridium Difficile
Quarter 3 - RTT 18 weeks
Clostridium Difficile
Quarter 4 - RTT 18 weeks

Addressing Referral to Treatment Performance

It is a patient's right under the NHS Constitution to receive treatment from a consultant led elective service within 18 weeks of the date of their GP referral. Given the problems experienced in achieving this target during 2012/13, we recognised there was a need to improve our systems for delivery of this. As a result, the Trust has committed to:

- change the way we report our performance;
- standardise the way we receive referrals and ensure that all referrals are registered within 12 hours of receipt;
- centralise the management of referrals and booking of patient appointments;
- retrain and support staff to improve the management of the 18 weeks pathways;
- increase our throughput and efficiency across the patient journey.

Significant progress has been made by April 2013:

- We have overhauled the process for reporting our performance externally and ensured it matches our internal information.
- We have developed an improved Inpatient Patient Tracking List so that managers and clinicians are clear about where every patient is on their 18 weeks journey.
- We have delivered improvement in patient pathways. A few examples are in Orthopaedics, Day Surgery and the Surgical Assessment Unit.
- We have developed a plan and process for centralising patient referrals and bookings, which the Foundation Trust has adopted in principle.

There are robust plans in place for 2013/14 to ensure that the Foundation Trust achieves sustainable delivery of the RTT targets.

Local performance indicators

How did we decide on the indicators?

In determining the quality indicators for inclusion in the 2012/13 Quality Account we have incorporated Commissioning for Quality and Innovation scheme indicators (CQUIN) to ensure coverage of locally agreed quality and innovation goals as well as nationally defined quality assurance indicators.

The inclusion of the CQUIN goals within the Quality Account indicates that the 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.

National CQUIN goals reflect areas where there is widespread need for improvement across the NHS. Their goal is to encourage local engagement and capability building, but also to share good practice, encourage benchmarking and avoid duplication of effort across the country. In 2010/11

and 2011/12, the NHS Operations Board decided to support local health economies by providing a consistent national approach to delivering improvement in two priority areas - VTE and patient experience. For 2012/13, two additional national goals have been included, relating to dementia and use of the NHS Safety Thermometer.

A summary of the indicators selected by the Board of Directors in consultation with the lead commissioner and rationale for their selection are outlined in table 5.

Table 5: CQUIN Indicators 2012/13 – rationale for selection

Indicator	Rationale for selection	Quality Domain		
		Safety	Effectiveness	Experience
VTE prevention	VTE is a significant cause of mortality, long term disability and chronic ill health. Recognised as a clinical priority for NHS by National Quality Board.	Yes		
Patient experience	Questions cover issues which are known to be important to patients and where there is significant room for improvement.			Yes
Dementia screening	Risk assessment will be an effective foundation for appropriate management and improved quality of care.		Yes	
NHS safety thermometer	Data collection will provide a baseline of performance as an important preparatory step to reduce harms.	Yes		Yes
Innovative IT solutions	Use of NHS mail will reduce time taken and resources required to deliver discharge letter to GP and enhance decision making.	Yes	Yes	Yes
Service transformation	To deliver service and patient care improvements focusing on the communications network set up with Bradford District Care Trust.		Yes	Yes
Dementia Plus	To ensure optimal multi professional care to reduce frequency of admission and facilitate early discharge from hospital.		Yes	Yes
Higher risk general surgical patients	To ensure care is patient centred and based on a formalised clinical pathway and continuous risk assessment to improve outcomes.	Yes		

How are we performing against the CQUIN goals?

Within each goal there can be a number of indicators. A summary of our performance against the agreed goals for 2012/13 are outlined in tables 6 and 7.

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 2011/12 Quality Account are also reported in the 2012/13 CQUIN and/or National Targets for year on year comparison of performance where the indicators and the basis of calculation have remained the same. Where the quality indicators are the same as those measured in 2011/12 the performance in quarter 4 is reported.

Table 6: Performance against CQUIN goals and indicators 2012/13

National or Local Indicator/Quality Domain(s)	Goal and Indicator	2012/13				2011/12	2010/11
		Q1	Q2	Q3	Q4	Q4	Q4
National	1. Venous Thromboembolism(VTE) prevention						
Safety	% of all patients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool	G	G	G	G	G	G
National	2. Patient experience – personal needs						
Experience	Responsiveness to personal needs of patients (composite score)	R	R	R	R	A	R
National	3. Improve awareness & diagnosis of Dementia using risk assessment in an						
Effectiveness	3.1 Dementia screening	n/a	G	G	G	n/a	n/a
	3.2 Dementia risk assessment	n/a	G	G	G	n/a	n/a
	3.3 Referral for specialist diagnosis	n/a	G	G	G	n/a	n/a
National	4. NHS Safety Thermometer						
Safety Experience	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter and VTE.	G	G	G	G	n/a	n/a
Local	5. Innovative IT solutions to improve patient related communication between primary and secondary care						
Safety Effectiveness Experience	5.1 e-communication with GP following in patient discharge and outpatient attendance	n/a	n/a	n/a	A	n/a	n/a
	5.2 Access to the patient primary care SystmOne record following acute admission	n/a	n/a	n/a	G	n/a	n/a
	5.3 Medicines and allergy reconciliation	G	G	A	G	n/a	n/a
Local	6. Service transformation: service and patient care improvements						
Effectiveness Experience	Integration of communication and care	G	G	G	G	n/a	n/a
Local	7. Dementia Plus						
Effectiveness Experience	Holistic care for dementia patients in acute hospital setting	G	G	G	G	n/a	n/a
Local	8. Higher risk general surgical patients						
Safety	Risk assessment and peri operative pathway/care planning for higher risk surgical patients	A	G	G	G	n/a	n/a

Table 7: Performance against Specialist Commissioning Group (SCG) Indicators 2012/13

National or Local Indicator/ Quality Domain(s)	Goal and Indicator	2012/13				2011/12	2010/11
		Q1	Q2	Q3	Q4	Q4	Q4
SCG	3. First class renal replacement						

Effectiveness Experience	3a. Reducing the time to transplant listing	G	G	G	G	n/a	n/a
	3b. Establishing definitive access prior to commencing dialysis	G	G	G	G	n/a	n/a
SCG	4. First class neonatal intensive care						
Safety Experience	4a. Tackling central line related infections	G	G	G	G	n/a	n/a
	4b. Improving transition & discharge from neonatal intensive care	G	G	G	G	n/a	n/a

Green	Achieved
Amber	Partially achieved/Undecided
Red	Not achieved

Other key performance indicators

A&E Quality Indicators

Five quality indicators covering various aspects of A&E performance are represented in the PCT contract although there are no financial consequences. Financial contract penalties remain based on the A&E 4hr wait target. The contract divides the five indicators into two groups.

Patient impact indicators:

- Left without being seen
- Unplanned re-attendances

Timeliness indicators:

- Time to assessment
- Time to treatment
- Total time in A&E

The indicators are measured monthly – March 2013 data shows the time to initial assessment is an average of 48 minutes. Time to treatment decision is an average of 1hr 34 minutes and the total time in A&E is 5hrs 2 minutes. This is mainly due to a very poor final month in A&E with a high number of breaches mainly due to lack of available beds.

The proportion of patients leaving the department without being seen is 3% which is well below the target, and the proportion of patients with an unplanned re-attendance is 0.4% which is also well below the target.

Timeliness indicators	Information	Threshold	March 2013 performance
Time to initial assessment	For ambulance arrivals	95 th percentile - ≤ 15 minutes	48 minutes
Time to treatment decision	All clinical decision makers All patients	Median average - ≤ 60 minutes	1 hour 34 minutes
Total time in A&E	Arrival to discharge, admission or transfer	95 th percentile - ≤ 4 hours	5 hours 02 minutes
Patient Impact indicators	Information	Threshold	March 2013 performance
Left without being seen	Without being seen by a clinical decision maker	≤ 5%	3.00%
Unplanned re attendance rate	Within 7 days of original attendance	≤ 5%	0.40%

What is Patients First?

Patients First is our 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. 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, Foundation Trust members, health commissioners, local GPs and staff. All of these groups were canvassed for their views in order for the hospital to gain a greater understanding of what everyone expects from us as a healthcare provider.

This research is being used as a basis to review our current services and ways of working, and to determine how we develop our organisation in the future. Patients First involves every service and department in the Foundation Trust, including finance, human resources and estates in addition to the clinical services. We have used 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.

What are the timescales for Patients First?

In 2012 every service and department in the Foundation Trust was asked to review how they work and develop plans for the future in light of the feedback we receive as part of Patients First. These plans are currently being developed into work streams throughout the hospital, tying together plans where we know we can improve our care to our patients. In 2013 we will integrating the Patients First new vision, mission, values and priorities with our new corporate strategy. Patient's First 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.

By 2015, the Patients First Strategy aims to:

- Develop a truly patient-centred culture in Bradford Teaching Hospitals NHS Foundation Trust, where we can demonstrate that we put patients first in everything that we do, whether it's making decisions about clinical care or deciding where to invest our capital resources.
- Ensure that we remain competitive in the future healthcare market through being the hospital of choice for patients and commissioners.
- Make the best use of our precious resources by directing them to where we know that they add the most value, and reducing waste by getting it 'right first time' for patients.

The vision for Patients First is that **by 2015**:

Patients choose their care with us, and recommend us to family and friends.

Staff excel at putting patients first, wherever they work in the Foundation Trust.

We work hand in hand with GPs and other

Key areas of progress with the Patients First initiative are as follows:

The Patients First work streams

The detailed scope, objectives, required outputs and membership of the trust wide work streams have now been established. Divisions have further developed and implemented their plans to deliver the overall vision for Patients First and to present updates on their progress in implementing Patients First.

The campaign will continue in 2013/14 with a particular focus on:

- Implementing stage two of the marketing campaign to spread the message further and recognise those staff who deliver their role in line with the Patients First manifesto. This includes creating a campaign targeted at patients and staff to vote for their nominated staff who put Patients First, along with the associated judging criteria.
- Integrating Patients First into the new vision, mission, values and priorities within the new corporate strategy.
- Continuing to develop and implement Patients First divisional plans, including addressing areas raised within the national cancer patient experience survey.

The Patients First Marketing Campaign

The Patients First marketing campaign was launched at the Public Open Event and Staff Benefits Event with the distribution of Patients First badges and manifestos to promote the message, along with other marketing materials. These have also been distributed to all senior managers and leaders within the Foundation Trust, along with copies of the Patients First vision and a letter from the Chief Nurse calling staff to action in engaging their teams in delivering the vision in their areas.

The next phase of the marketing campaign will involve the distribution of posters and other visual materials throughout the hospital to communicate the key messages from Patients First. This will include the publication of large posters depicting staff who are selected as great examples of 'putting Patients First' by staff and patients. The opportunity to be selected will be open to all staff across the Foundation Trust, including those in corporate and support departments. Those who are selected will also receive an exclusive gold version of the Patients First badge. We hope that this will help to promote culture change through publicly rewarding and recognising positive behaviours.

Using patient feedback to improve 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 have gathered baseline information to help the Board of Directors to come up with a vision of what kind of an organisation we would like to be in five 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.

Governor ward visits

The governor ward visits programme has gone through a number of changes since its inception and now governors are, as a result of feedback from previous visits, looking to make sure that during these visits they are able to focus more on meeting and talking to patients, visitors, carers and staff about their experiences.

Governors seek to collect some patient experience information from patients during their visits that will help to inform their role as governors representing the interests of members and the local population.

To this end a short survey had been developed and a poster promoting the visit to patients, carers, visitors and staff is displayed in advance of the visit to encourage responses - see below:

Our Foundation Trust Governors regularly visit different wards across our hospitals to meet and talk to **patients, visitors, carers and staff** about their experiences so that Governors are more informed and can better carry out their duties.

Two of our Foundation Trust Governors will be visiting this ward
on
14th January 2013 between 3-4pm

If you would like to talk to one of our Governors then please would you let a member of staff know.

Please will you take part in our Governors Patient Survey?

Would you be willing to take part in a short patient survey to let our Governors know about your in-patient experience? The survey is anonymous. Please ask a staff member for a form. When completed please seal in envelope provided and return to staff who will forward on to Governors.

Feedback from National Inpatient Survey 2012

The National Inpatient Survey 2012 elicited views from a number of our patients treated in the hospital during summer 2012. Of the 1595 surveys which were eligible for the survey 596 were returned completed, resulting in a response rate of 37% (this is below the Picker average of 48%). In terms of ethnicity of respondents, 78% of respondents described their ethnic group as British (compared to 80.4% last year) and 12.5% as Pakistani, Indian or Bangladeshi (compared to 9.8% last year). This represents a greater response from South Asian patients.

Key Headlines

There is evidence that many patients were appreciative of the care they received - the survey has highlighted the following positive aspects of patient experience:

Question	2012
Overall: rated care as 7 or more out of 10	71%
Overall: treated with respect and dignity	71%
Doctors: always had confidence and trust	75%
Care: always enough privacy when being examined or being treated	82%
Hospital: toilets and bathrooms were very/fairly clean	90%
Hospital: room or ward was very/fairly clean	94%

In comparison with the 2011 survey:

The Trust has improved significantly on the following questions:		
Lower scores are better	2011	2012
Hospital: shared sleeping area with the opposite sex	20%	14%
Discharge: not given any written/printed information about what they should or should not do after leaving hospital	40%	33%
The Trust has worsened significantly on the following questions:		
Lower scores are better	2011	2012

A&E Department: not given enough privacy when being examined or treated	21%	30%
Admission: process not at all or fairly organised	41%	48%
Hospital: bothered by noise at night from staff	22%	28%
Hospital: toilets not very or not at all clean	5%	9%
Hospital: felt threatened by other patients or visitors	3%	6%
Hospital: hand-wash gels not available or empty	2%	5%
Hospital: bothered by other patients' visitors	14%	22%
Hospital: not offered a choice of food	20%	27%
Care: could not always find staff member to discuss concerns with	59%	70%
Overall: wanted to complain about care received	7%	13%

We achieved a CQUINS score of 63 which is a deterioration of 4 since last year and results in a failure to achieve the CQUINS payment for this year.

Next Steps

At the start of the Patients First programme in 2012 it was recognised that it would be 2013 before any impact of the work would be identified through the annual Inpatient Survey. However, the deterioration of performance in the results of the 2012 survey is concerning. The results of the national inpatient survey have been reviewed by the Patients First Strategy Group and at the April meeting of the group we will be planning the work programme for the next 12 months which will ensure that more focus is applied to all of the areas where we have received poor patient feedback. The divisional Patient First action plans will need to be revised to ensure that they address the highest priority areas highlighted by the survey.

Feedback from National Accident & Emergency Survey 2012

The Picker Institute conducted the Accident and Emergency Department Survey in 2012 for the Care Quality Commission. 850 patients were sent a questionnaire of whom 830 were deemed eligible to take part. 205 completed questionnaires were returned giving a 25% response rate.

A previous survey was undertaken in 2008 and the results of both were analysed and compared. A detailed analysis was provided which demonstrates no significant improvement in the patient experience in the department since the 2008 survey:

- The department scored significantly worse on 2 questions compared to 2008
- The department showed no significant difference on 40 questions
- Compared to other Trusts the department scored significantly worse than average on 16 questions
- Compared to other Trusts the scores were average on 44 questions.

The key areas that require improvement relate to communication, privacy and dignity, information about treatment and diagnosis and medication.

During the same time period the number of people attending the A&E department has significantly increased through the 24 hour period, however it is important for the team to consider how they can address the issues raised by patients in order to improve the overall experience for patients and carers.

An action plan has been developed by the Accident and Emergency department to ensure that changes are made which aim to improve the quality and safety of the service provided for the patients who attend.

The delivery of the plan is being monitored in the division through the Patients First programme.

Feedback from Day Case Survey 2012

The Day Case Survey 2012 was carried out by Picker Institute Europe on behalf of Bradford Teaching Hospitals NHS Foundation Trust.

The Picker Institute recognised the lack of a nationally co-ordinated effort to measure the experience of day case patients therefore the Institute implemented the organisations first day case survey in the summer of 2012.

The purpose of the survey is to understand what patients think of day surgery provision in the Foundation Trust. All the 33 trusts in the Picker day case survey used a standard survey methodology and standard questions. The questionnaire reflects the priorities and concerns of patients and is based upon what is most important from the patient's perspective.

In comparison to the other 33 'Picker Trusts' we performed 'significantly better' than average on two questions related to 'the Hospital and Ward' - "no posters or leaflets asking patients to wash their hands" and "hand wash gels not available or empty".

In relation to 65 questions our scores were ranked as average in relation to other Trusts.

There were seven questions where we scored below average when compared to the other Trusts:

Question	BTHFT	Average
Before Visit: not offered choice of hospital	79%	70%
Before Visit: not given choice of appointment dates	68%	61%
Hospital: shared a room or bay with the opposite sex	27%	19%
Hospital: some or very few staff introduced themselves	29%	24%
Care: staff contradict each other	20%	15%
Discharge: did not receive copies of letters sent between hospital doctors and GP	59%	34%
Overall: rated experience as less than 7/10	13%	9%

The patient experience in Day Case surgery is extremely important as the time patients are in the Foundation Trust is limited therefore we must aim to improve our patient satisfaction rates.

This survey has been discussed within the Division of Surgery and Anaesthesia and the clear focus will be on increasing staff awareness of communication as this has been highlighted as a problem both between hospital staff and patients and generally between staff giving conflicting information.

A working group has been formed to look at all aspects of Day Case delivery within the Trust and actions to take forward from this survey have been identified in a detailed work plan.

Patient Experience Benchmarking Pilot

Bradford Teaching Hospitals Foundation Trust is engaged in a programme with seven other foundation trusts which aims to:

- Determine and publish a number of key patient experience metrics enabling patients and commissioners to easily compare hospitals
- Provide 'easy to understand' measures
- Provide timely quarterly updates to the data
- Focus on the patient experience in its entirety from admission to discharge

After the benchmarking pilot programme is completed regular comparable data will be available to commissioners from patients on top line issues such as hospital cleanliness, discharge processes, length of stay in hospital and availability of staff.

We are continuing to participate in the programme and alongside the Friends and Family Test it is viewed that the National Inpatient Survey will change significantly as a result of this further work.

Patient Testimonials

"My mother-in-law has recently passed away after suffering a very severe stroke. She spent her last weeks being cared for at St Luke's Hospital. Right from the outset we were reassured of the cleanliness and care being shown to her. This was very important to us as the stroke left her unable to speak and completely bed ridden. Therefore, knowing that the staff were taking good care of her by keeping her clean and turning her regularly took off a lot of pressure in what was a very stressful situation for us. But the excellent nursing staff went well beyond this. Whenever my mother-in-law felt distressed, the nursing staff would take the time to calm her down and sit with her. We also noticed, whenever we visited, that they did this with other patients, too. The staff always tried to keep us informed as to what her situation was and would make time to answer our questions. Finally, when my mother-in-law started to deteriorate and slip away, the staff showed her respect and patience. They allowed us to be flexible with our visiting times, not just restricting us to the set times, especially on the last day. On the day she died, they allowed us to stay with her in the morning and through the afternoon, and when my husband visited her in the evening, he found one of the nurses sitting by her bed holding her hand so that she wasn't on her own. We were very impressed with this level of care, as by this time she was not long conscious. Lastly, at 11.15 that night one of the nurses took the time to ring us so that the whole family could be by her bedside when she slipped away. This particular nurse said that it wasn't in our notes to call us in the night, but she felt we would want to be there. Thanks to her initiative we managed to get to her bedside just 15 minutes before she died. This was an answer to our prayer. There are so many criticisms of the NHS - some of them justified - but we cannot praise or thank this department enough. They are all a credit to the nursing profession and to the NHS."

"I am writing to highlight the excellent care, treatment and support which I have recently received from the Bradford Hospitals Trust. I was diagnosed with cancer of the prostate in January of this year and referred by my local Urology team in Calderdale to the specialist services in Bradford. My initial appointment was at St. Luke's Hospital, where I was seen by two doctors and I received clear, informative and sympathetic information about my illness, its prognosis and the treatment options available. The timescales for my elective surgery were clearly laid out and adhered to and I was subsequently admitted to Ward 14 at the BRI on March 15th for a robotic radical prostatectomy, which was carried out by a doctor and his team, using the Da Vinci robot. My care throughout has been first class and is an excellent example of the NHS at its best. The doctor, Specialist Nurse, has provided speedy and accessible support and advice, the staff of Ward 14 demonstrated the highest levels of nursing care and professionalism and the robotic surgery enabled me to be discharged promptly and without any significant pain or discomfort. Throughout my inpatient and outpatient care I have been treated with respect, dignity and a high level of efficient and professional practice. Appointments have always been reliable, on-time and efficient. Although I am in the relatively early stages of recovery, I am optimistic about my future

health and confident that any necessary support will be provided by the Trust . I am very grateful for the care received by the skilful, hard working and dedicated staff. At a time when the NHS is under great scrutiny, the BRI can be rightly proud of the high quality services provided by staff within the Urology Department. The Da Vinci robot enabled me to be discharged home promptly without pain and the Trust should be congratulated on acquiring this equipment and on the skill and expertise of the doctor and his team in operating it.”

“I would like to thank the Maxillofacial Unit staff, theatre teams, specialists, nursing and admin staff for their professional, caring and compassionate way I was treated pre and post-surgery after being diagnosed with cancer of the tongue. I was kept informed at every stage and treated with respect and kindness in a dignified way as possible after such extensive surgery. You are all special people. Thank you.”

Letter to the editor of the Yorkshire Post from a patient:

“Being aware of all the current problems we are hearing about concerning the National Health Service, I would just like to tell of my experience following my recent admission at Bradford Royal Infirmary due to a heart attack.

Thinking I was suffering from some acute form of indigestion, I rang the NHS Direct helpline. Following a verbal diagnosis I was told to summon an ambulance immediately. Instead, as I thought I was okay, I got my wife to run me to the hospital (I should have called an ambulance). On arrival, I was seen at the next available opportunity. I was admitted for further treatment, which culminated in angioplasty surgery. Without exception, the consultants, doctors, nurses and staff who attended me were courteous, caring and took the time to explain what was being done and why. I’m sure the treatment I received could not have been bettered anywhere.”

Letter to the editor of the Telegraph & Argus from a patient:

“Reading in the Telegraph & Argus recently regarding the new system of league tables for NHS hospitals and the poor position in the tables of Bradford Royal Infirmary made me wonder exactly how the information is gathered.

At the beginning of this month, and for the first time in my 71 years, I spent a week in the hospital. My previous and quite regular visits have been as a day-care patient attending routine appointments.

I can honestly say my care on Ward 15 was first class. I would have to give my heartfelt thanks to all of the staff for making my stay so bearable, from the ambulance men who came to my home to collect me, the staff in Accident and Emergency who checked me out and those who carried out a CT scan. I was treated with professionalism, cheerfulness and the best of care.

I was taken to Ward 15 which was clean and tidy with a lovely clean bed. I was treated with the best of care from the doctors, nursing staff and ancillary staff.

The food was very good, with a good choice. I jokingly asked the cheerful ‘dinner lady’ if it would be possible once I was discharged to return to the ward from home at dinner times to have a meal as they were so good!

I did complete a rather basic questionnaire regarding my stay. There was so much more I could have said. My thanks again to all the staff at the BRI.”

Patient stories

Bradford Hospital’s first Da Vinci surgical robot patient to talk about his experience of the perfect operation

When Mike Watson found out that Bradford Teaching Hospitals’ new £2 million da Vinci robot was going to help perform his operation, he was delighted if not a little apprehensive.

Consultant surgeon, Sanjai Addla, reassured him that he would experience little if no pain afterwards and would recover in under half the time of conventional surgery, so he was keen to go with the expert advice and medical evidence.

In late July, Mike became the first person to have his prostate removed at Bradford Royal Infirmary using the da Vinci robot.

Mike says: "I was enthusiastic about robot surgery as I had done my research and learnt that the recovery time would be much quicker and that the actual incisions would be so much smaller than conventional surgery.

"So I was happy to be considered and while not quite prepared to be the first patient I was very pleased none-the-less.

"I expected to feel really sore but now, having had the operation, I can honestly say I have felt no pain."

The da Vinci robot is an innovative surgical machine which is revolutionizing patient operations and while it cannot be programmed or make its own decisions, it acts as an extension of the surgeon's hands and fingers in miniature.

The pincers at the end of its robotic arms are just a quarter of an inch across, but the high-definition 3D camera magnifies the site of the operation so it feels as if the surgeon is just inches away. Sitting at a computer console, the surgeon performs the procedure on the patient with the aid of four robotic arms that are inserted into the abdomen.

One arm carries the camera and sends a 3D image of the patient's insides back to the surgeon. The real-time image is then magnified eight times while the other robotic arms are moved around by the surgeon to perform the operation and can rotate 360 degrees, allowing surgeons more precision than they have with their own hands.

The robotic arms are steady and maneuverable and can even iron out any shakes in the surgeon's movements. Mike's surgeon recommended him for the procedure which took place at the Bradford Royal infirmary, as he was a model candidate given he was fit, active, a non-smoker and relatively young at 60 to have been diagnosed with prostate cancer.

Mike, 60, from Skipton, adds: "My wife, Liz, and I had just returned from two years working in Uganda and I went to my GP for a raft of health tests to make doubly sure I'd not picked up anything nasty during our time abroad.

"Given I'd just turned 60, the doctor suggested I be screened for prostate cancer, despite having no symptoms I agreed as I felt it sounded sensible.

"When the results came back saying that I had a higher reading than normal I was sent for biopsy which confirmed prostate cancer. Now I think, thank goodness I had the test because my cancer was moderate in growth and by the time I showed any symptoms it might have been too late.

"I count myself amazingly lucky that I had the test and that the doctors caught the cancer early. I've had, what I consider, the best and least invasive method available. I've had less pain after this operation than I would have had under conventional surgery, the incisions are small and less than an inch each, and weeks later I feel fantastic.'

The robotic keyhole surgery helps to minimise blood loss. Patients recover far more quickly than with normal abdominal surgery, and are likely to be back at work in two to four weeks rather than in six weeks to three months.

Removal of the prostate can sometimes result in impotence or incontinence, but the greater precision used during the robot-assisted technique reduces the risk of complications.

Today Mike is well and describes his recovery from surgery as a “huge success.” The robot, which was named after Leonardo da Vinci, who put forward the idea of a robot in 1495, has seen its technology developed by the NASA space programme and means patients can be operated on more quickly and their recovery time reduced.

There are currently 31 robots in UK hospitals, used for a range of procedures including bowel and prostate cancer and kidney operations.

Alongside Leeds, Bradford is one of only two centres offering this advanced treatment in the whole of Yorkshire. The majority of robots are based in or around London.

“This is definitely the surgery of the future and I envisage a time coming when it will be rare to have an open abdominal operation, and just as rare to have conventional keyhole surgery,” adds Mr Addla.

“The introduction of the robot into the Foundation Trust will have huge benefits for patients across the district and beyond.

“It will provide a specialist hub for urological cancer surgery in West Yorkshire and put the hospital on the map as a nationally recognised centre of excellence.”

The Foundation Trust's da Vinci robot was made possible thanks to the support of the Sovereign Health Care Charitable Trust which generously donated £200,000 towards the machine's £2million price-tag.

Home haemodialysis transforming patients' lives

Bradford has launched its first home haemodialysis programme which aims to improve the experience of patients in renal failure by giving them more control over their dialysis.

More than 235 people currently receive long term dialysis at the Foundation Trust and the renal team hopes this new development will increase the proportion of patients who undergo dialysis in the comfort of their own homes.

Dr Russell Roberts, the renal consultant who led the project, said: “This new service which we are bringing into people's homes will see patients benefiting from a more flexible dialysis arrangement which better suits their needs.

“NICE (National Institute for Clinical Excellence) guidance says units should offer all possible models of treatment and home haemodialysis is another step along the way of improving our service to patients.

“The standard in-centre regime sees patients dialysing for four hours, three times a week but there is increasing evidence that a significant number of patients will do better on different regimes; some for long gentle dialysis overnight, while others may benefit from doing shorter dialysis sessions five or more times a week so this new home-based service means patients can adapt the dialysis to the schedule that best suits and is most flexible for their lifestyle.”

The renal team have appointed home haemodialysis sister Jayne Oldroyd, who coordinates the support and advice available to home haemodialysis patients and also trains potential new patients before they go home. Technical support is coordinated by David Croft, chief renal technologist and his team who also supervise the necessary modifications to the patients' homes.

Patients visit a review clinic every three to four months and receive home visits from staff when required. They also have the reassurance, as do existing dialysis and kidney transplant patients, of knowing that they can contact a member of the renal team for telephone advice 24-7.

Dr Roberts added: "Dr John Stoves and sister Sheila Hull at our Skipton satellite dialysis unit piloted the introduction of a new technique for inserting needles into patients' veins called the 'buttonhole technique'. This is considered more suitable for home patients so that they can needle themselves more easily compared to conventional techniques and was an important step along the road to the home haemodialysis programme.

"As the home haemodialysis service expands, it's hoped that it will ease some of the pressure on the main hospital dialysis unit at St Luke's."

"Home haemodialysis is a very exciting development as it has been an aspiration for a very long time," said Dr Roberts. "It is great to see our first patient dialysing herself and reporting that she feels so much better. She is not only genuinely physically better, but there is a huge psychological benefit as well."

Julie Clarke, a patient of Dr Roberts, has spoken about her experience of home haemodialysis:

"It was quite a big deal when Dr Roberts first agreed to start the process that would lead to me being able to dialyse at home. Over the months that followed, sister Sheila Hull and her team patiently taught me how to do everything for myself making sure that our aim was achieved, and here I am.

A special thank you to the technicians who ensured I had everything I need in a room we designated my 'hospital at home'. Also to sister Jayne, who has joined the team. We are working together to make sure my home haemo experience continues to work.

I have played with various routines over the last year to make sure that my sessions fit around my life, which is the biggest benefit for me. I currently dialyse for three hours, four days a week, which means I get the 12 hours that I need plus two full days at work per week. The advantages of getting dialysis every other day are not only in terms of my health, but the flexibility it gives me means that I can be more efficient at work.

Home haemodialysis has put me back in control of my treatment and my health, my aim now is to move to overnight home haemo, which would mean that I can have my working week back and that would seriously give me my life back. Also improving my health further as the treatment is much more gentle. I now live a much better life than before and would recommend this to anyone who wants more control and freedom in their life."

ENT Staff are NHS Heroes

Ear Nose and Throat surgeon Professor Chris Raine and doctors and nurses from the Bradford Royal Infirmary's children's department have been officially recognised as NHS Heroes for going the extra mile to improve the life of a little boy in their care.

The group were nominated in a national scheme as part of the NHS's 64th anniversary celebrations, to highlight the achievements of staff who show exceptional compassion, kindness and skill above and beyond the call of everyday duty. The group's nomination was sent in by a patient's mother who said: "The staff went above and beyond expectation to fit my son, Charlie's, tonsiladenoidectomy in at 8am on a Saturday morning, before usual surgery, because he was very ill.

"Then the aftercare they provided was excellent when he suffered an infection and was readmitted. Professor Raine even sent me a text whilst in Sweden to check on Charlie's progress and co-ordinate his re-admission. We were very worried and they were all fantastic. He has now made a full recovery and is thriving."

Bryan Millar, chief executive of Bradford Teaching Hospitals, said: "I am delighted that Professor Chris Raine and the Foundation Trust staff have been recognised for their hard work. Providing excellent healthcare is not just about saving lives, it's often the small things that make a huge difference to people when they are being looked after through their most difficult and vulnerable of times. The length and effort that Professor Raine and his team have gone to is not only heart-warming, but shows that day in, day out, NHS staff here in Bradford are going the extra mile for patients and their families."

Learning from Complaints and PALS issues

Performance Review

Overall there have been 447 complaints received between April 2012 and 31 March 2013. This compares to 523 received between April 2011 and 31 March 2012. This is a decrease of 14% over the period. The graph in figure 1 shows the number of complaints received per month compared to the previous year.

Figure 1

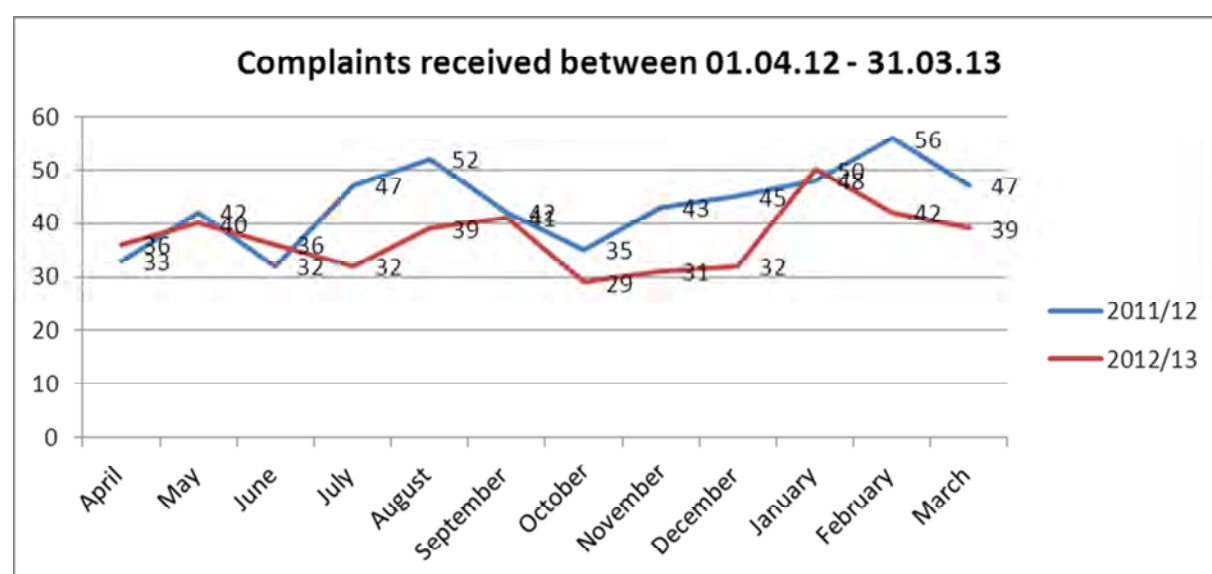
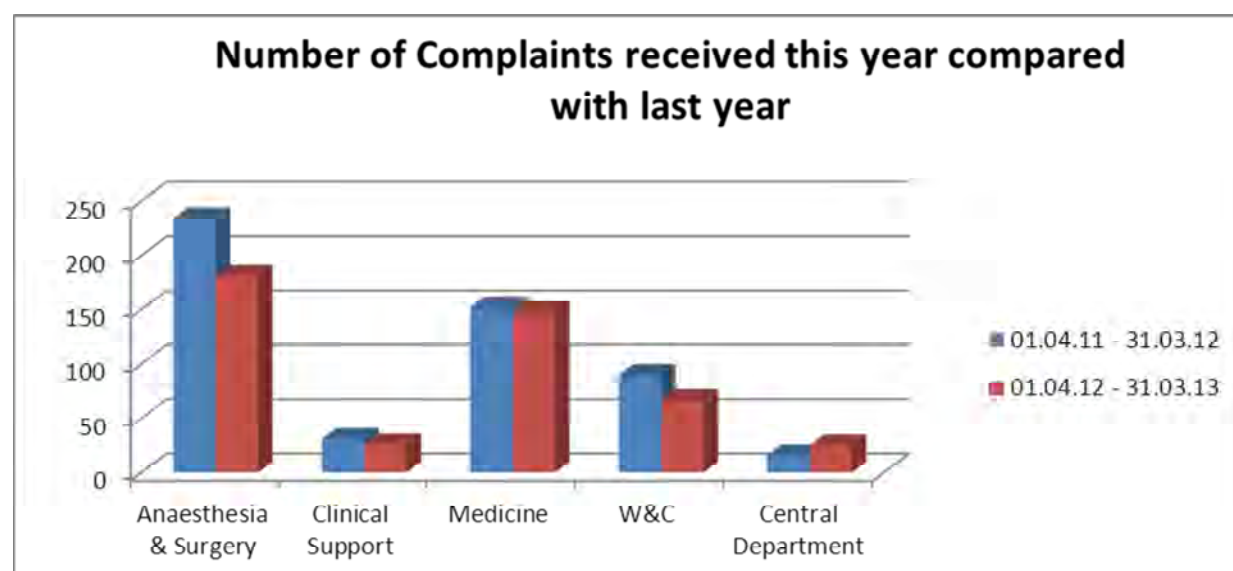


Figure 2 highlights the number of complaints received by division for the period 2011- 2012 and 2012 - 2013. Overall there were 39 complaints in March 2013. This compares with 47 complaints that were received in March 2012, this is a 17% decrease over the same period last year.

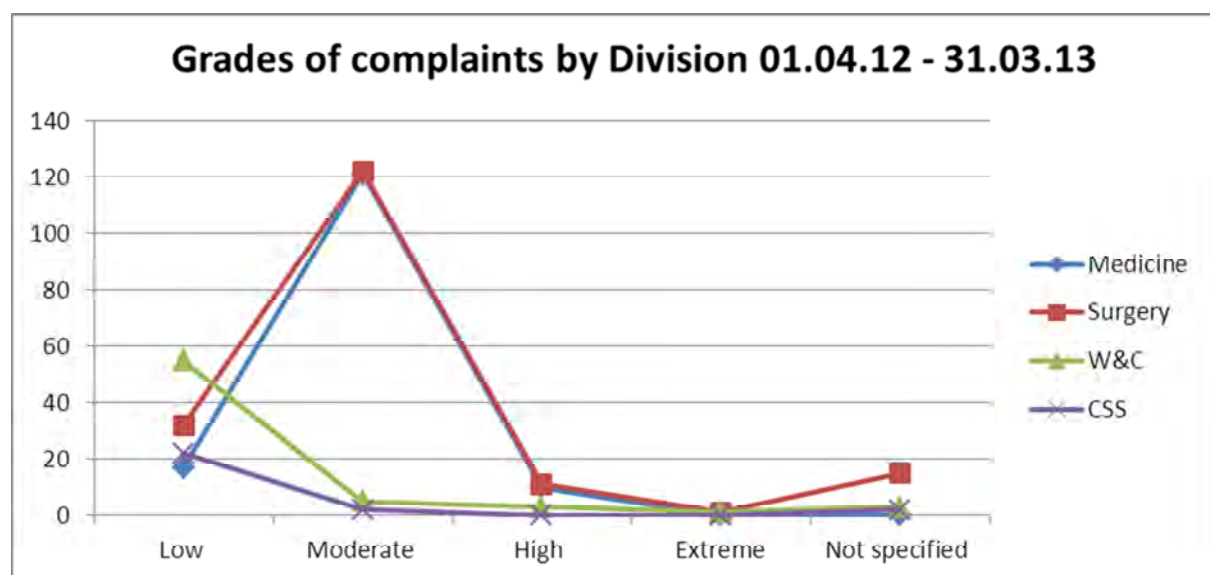
Figure 2



Grading of complaints since April 2012

Figure 3 identifies the trend of the grading of complaints by division from April 2012 to 31 March 2013.

Figure 3



Patient Environment

The Patient Environment Action Team (PEAT) assessment process is a well established benchmarking tool and occurs on an annual basis. PEAT aims to provide a non-technical view of the quality of non –clinical services provided to in-patients and other hospital users. It is based on a visual assessment rather than relying on the application of any technical or scientific tools. The audit gathers the views of patient representatives, working together with hospital managers to identify actions necessary - to improve food, nutrition, cleanliness, infection control, general environment and privacy and dignity. The process is one of self-assessment, including patient representatives, to obtain an unbiased opinion. NHS Trusts are each given scores from one (unacceptable) to five (excellent) for standards of the environment, food and privacy and dignity.

The PEAT inspections took place in January and February 2012.

Results

Location	Environment	Food	Privacy & Dignity
Bradford Royal Infirmary	Good	Excellent	Good
St Luke's Hospital	Good	Excellent	Good
Eccleshill	Excellent	Excellent	Excellent
Westwood Park	Good	Excellent	Good
Westbourne Green	Good	Excellent	Excellent

Bradford Royal Infirmary and St Luke's Hospital

The good scores have continued to be maintained, with an improvement to the food score at Bradford Royal Infirmary. It is important to note that although ratings of “excellent” have been received, the scores for MUST and nutrition screening were between 61 % and 80 % and therefore the divisions should be aiming for 81% -100% score.

Community Hospital Sites

This is the first year the Community Sites have been included. The scores for Eccleshill remain the same as last year. Westwood Park's privacy and dignity score is less compared to last year. The environment score for Westbourne Green is also less compared to last year. This highlights the attention needed to improve the décor, flooring and improvements to bathrooms and toilets.

Action

Following a PEAT inspection, an internal action plan is circulated to all divisions to respond to issues identified at the time. Divisions have responded to these issues, confirming action taken. Liaison has taken place with the PCT, or landlord, to ensure actions are completed at the three Community Hospital sites.

Divisions need to continue to maintain the good work already achieved, demonstrated by this year's results. Safe audits and hygiene spot checks have ensured wards are focussed to improve standards of cleanliness and tidiness for patients. It is important this process continues to ensure compliance.

Divisions need to ensure protected mealtimes and MUST scores continue to be adhered to. This is monitored via the Improving Nutrition Workstream audit process.

The main areas which scored only a satisfactory score, were; windows and glazing, floors in common areas/lifts, tidiness and decoration in stairwells and corridors, toilet décor and cleanliness in A&E, signage, access to external areas. The main confidentiality issues were regarding SMART cards left in PC's. All actions identified were included in the action plans circulated.

Future assessments

April 2013 will see the introduction of patient - led assessments of the care environment (PLACE), which is the new system for assessing the quality of the patient environment, replacing the PEAT inspections. The assessments will see local people go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The assessments will take place every year, and results will be reported publicly to help drive improvements in the care environment. The results will show how hospitals are performing nationally and locally.

Enhancing the Healing Environment

The King's Fund's Enhancing the Healing Environment (EHE) programme promotes person-centred care and relaxation through art, film, colour and touch to improve the environment of care for people with dementia. The EHE programme's emphasis on involving patients and carers and the staff who care for them in every scheme makes each one rightly unique.

Staff at Bradford Royal Infirmary, recognised that even in its newer wards there could be improvements made to the physical environment to better support people with cognitive problems and dementia. Their project focused on two wards, aiming to promote person-centred care, improve the interaction between patients and staff and enhance the physical environment. The aims were to reduce episodes of agitation and improve the patient experience and staff morale.

The team set up a steering group with local voluntary and community representatives including Age UK, the Alzheimer's Society and South Asian dementia group Meri Yardin. Once fundraising began, the team made presentations to the Foundation Trust itself, the Charitable Funds Committee, the Friends of Bradford Royal Infirmary and local businesses, to secure the £0.6 million needed to transform both wards.

The Foundation Trust has agreed a local CQUIN goal with commissioners, encouraging further improvements across the trust, including painting toilet doors red and installing red toilet seats in all patient areas. Patient satisfaction with the environment in the two wards is high, orientation has improved, and visitors are enjoying having somewhere to talk to patients away from the bedside.

The team members were awarded Trust Team of the Year for their work. They also received the prestigious UK-wide 2012 Building Better Healthcare Award for interior design. Following this success, they are already advising on other refurbishment schemes, as well as talking about their work at local and national events.

"It was exciting and inspiring to see what can be achieved with imagination, dedication and funding used in a most beneficial way."

Representative, Bradford LINK



Patient Safety



SAFE! campaign

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 campaign continues into a third year, with a total of 14 topics being introduced to date.

The topics launched to date include:

- Protecting patients from Thromboembolism
- Patient observations- incorporating the training of staff
- Identifying and managing the deteriorating patient- this includes the introduction of a standard recording chart entitled Modified Early Warning Score (MEWS)
- Ward rounds
- Improving communication in records and handover
- Eliminating delays in investigations
- Oxygen safety
- Patient identification
- Medication - this includes work on medication errors, delays and omissions of medication, allergies and discharge medication
- Patient journey
- Supervision and training
- Preventing avoidable pressure ulcers

We continually monitor and evaluate the progress of the improvements introduced. This is accomplished through a scheduled audit programme and from listening to, and learning from patient and staff feedback.

This information, in conjunction with the production of national guidance informed the decision to refocus on the following topics in 2013/14:

Identifying and managing the deteriorating patient

The MEWS chart will be replaced by the National Early Warning Score (NEWS) chart and all staff will be trained in its use. This decision was taken as being a nationally implemented tool any staff that move hospitals will be able to recognise and be competent to perform NEWS, therefore improving patient safety by being a consistent approach.

Ward rounds

Best practice guidance produced in 2010 from the introduction of this topic will be reviewed against the new national guidance produced by The Royal College of Physicians. Any additional changes to practice which are recommended will be incorporated to maintain a consistent approach to ward round practice across the organisation.

Medical handovers

Following feedback from the junior doctors the decision was made to review current practice and produce new handover standards. This will be monitored within all areas and further staff engagement will be sought to evaluate the medical handover process.

SAFE! Appraisals

As well as a system of audits, progress is also monitored through an announced appraisal process. This replaces the spot checks which are a proven process, pairing managers and senior clinical staff to engage in a discussion with senior nursing and medical staff within the area.

We continue to demonstrate improvements in practice, although we recognise that there is work still to be done to embed and sustain the changes and fully realise the overall goals of the campaign.

Safety thermometer

What is the safety thermometer?

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The NHS Safety Thermometer was developed by the NHS for the NHS, as an instrument to be used by frontline healthcare professionals to measure four key aspects of nursing care at a given point in time, i.e. on a particular day in the month. The tool measures four patient safety issues or harms that occur most often:

- pressure ulcers (bed sores)
- falls in care
- urinary infection in patients with a urinary catheter (tube in the bladder)
- treatment for venous thromboembolism (Blood clots in legs or lungs)

How are we using it?

The Foundation Trust undertakes an audit on one day in every month, on every patient in every ward. The audits started in July 2012, and have continued on a monthly basis since.

The data is anonymous, so no individual patients are identified in the audit results. The information being collected is information already known by the team caring for the patient, for example whether they have a pressure ulcer or whether the patient has had a fall within the previous 3 days. The information is collected on all wards in the same time period 9am to 12 midday on the day of the audit. The audit identifies whether the harm was present when the patient was admitted (old harm) or whether it has occurred during admission (new harms).

Unlike other audits, the results are considered on a patient level, and reported as the number (and type) of harms experienced by patients, or whether they have received harm free care, rather than say the number of pressure ulcers, or the number of falls. Results are monitored at a ward and trust level from month to month to identify any improvement or deterioration in the number of harms being experienced by patients, so that actions can be targeted to implement improvements where necessary.

What have we found?

The Trust level data for July 2012 to March 2013 is shown in table 2 below.

	Jul 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
Harm free	89.75%	88.62%	91.95%	89.89%	90.24%	93.25%	91.29%	91.58%	91.92%
All Harms	10.25%	11.38%	8.05%	10.11%	9.76%	6.75%	8.71%	8.42%	8.08%
New Harms	5.73%	6.43%	3.59%	4.16%	3.83%	3.04%	3.62%	3.24%	3.39%

The figures to date show that overall there has been a slight improvement in the number of patients who have received harm free care, and a reduction in the number of new harms (i.e. those that have occurred during this admission). No patient has experienced more than two harms.

In common with the majority of other acute hospital Trusts, the most frequent harm experienced by patients is pressure ulcers (new and old). For this reason, the Department of Health has set targets to decrease the numbers of pressure sores in 2013-14 as part of the quality payment scheme (CQUINS).

What are our aims in 2013/14?

During the forthcoming year, we will be working with our clinical teams across the organisation, to continue to try to reduce all harms developed within the Foundation Trust to ensure that as many of our patients as possible receive harm free care.

Safer Nursing Care project

What is the Safer Nursing Care Project?

The Safer Nursing Care Project was initiated as part of a portfolio of quality improvement projects sponsored by the Chief Nurse. Its primary aim is to review all nursing establishments across the Trust with the intention of determining adequate levels of nursing staff and skill mix to improve the patients' experience and enable the delivery of safe, good quality nursing care.

The Foundation Trust manages its nursing staff review processes through the Safer Nursing Care Project Board, which was established in May 2012.

What methodology have we used?

The methodology being adopted by the Foundation Trust for adult in-patient wards is the Safer Nursing Care Tool (SNCT), which is currently hosted by the NHS Institute of Innovation and Improvement. The tool was specifically designed for use in adult inpatient wards in acute hospitals, and measures the critical factors which affect the nursing workload.

The measures recorded by the tool include the number of patients and level of care required, (based on their acuity and dependency), the number of nurses on duty, and the quality of nursing care. The latter is measured by collecting data on five indicators of nursing care; complaints, drug errors, hospital acquired infections (MRSA and Clostridium difficile), falls and hospital acquired pressure ulcers (bed sores). The data is collected for a 20 day period, which has been repeated on a 2 monthly cycle, to make allowances for any variations in ward workload.

Using all this information, the tool generates a recommended staffing requirement to safely manage the ward workload. This information provides an evidence based assessment of staffing requirements which can then be used, in conjunction with information from other sources such as the electronic rosters, to adjust nursing establishments accordingly.

The Safer Nursing Care Project Board also oversees reviews of nursing and midwifery staffing for other areas across the Foundation Trust, including Paediatrics, Midwifery (hospital & community), Theatres, the Accident & Emergency department and outpatient departments.

What have we achieved so far?

Each of these reviews is at a different stage of development. The review of hospital midwifery staffing was completed during 2012, and demonstrated a requirement for additional midwifery posts. As a result of this, £400,000 funding for additional midwives was made available, the extra staff were appointed in September 2012.

Following completion of two full cycles of data collection using the SNCT, the project board has identified those wards where further staffing is required. As a result of this the Foundation Trust is investing an additional £750,000 in the adjustment of nurse staffing levels.

Work is still underway on the remaining areas.

Safeguarding Adults

During early 2012 the Foundation Trust undertook a review of the arrangements for safeguarding adults, which resulted in a number of improvements being implemented.

A new Lead Nurse for Adult Safeguarding was appointed in June 2013, under the revised arrangements, following the retirement of the previous post holder. The new role, reports to the Matron for the Discharge Team, and together with the Safeguarding Adults Administrator, they make up the Safeguarding Adults Team. In addition to this all Matrons, the Discharge Coordinators and the Clinical Site Coordinators have received additional training to give them an enhanced level of knowledge, to enable them to provide a first line of advice for ward/department staff in relation to safeguarding issues.

All these changes have ensured that safeguarding procedures are firmly embedded across the Foundation Trust. As a result of this we have seen a much greater level of knowledge and understanding of how to recognise potential abuse and what actions to take to investigate and protect patients from harm. The number of referrals to the Safeguarding Adults Team, identifying potential issues of abuse, requesting independent mental capacity advisors (IMCAs) and to make an application under the Deprivation of Liberty Safeguards, have all increased during 2012-13.

The Foundation Trust is represented on the Safeguarding Adults Board, (hosted by Bradford Metropolitan District Council) and is involved in multi agency working to safeguard adults across the district.

Safeguarding Children

A Bradford district - wide inspection of Safeguarding and Looked After Children services occurred in May 2012. OFSTED and the Care Quality Commission came to Bradford for two weeks and inspected all children's services across the district. The findings of their inspection is reported in the health report for the district and covers all health commissioners and providers of children's services in Bradford and Airedale. The overall grade awarded to health in Bradford was GOOD:

Key points of OFSTED and CQC Report
Very positive report that highlights the excellent cross organisational working in Bradford. Partnership working is noted as excellent.
For Bradford Teaching Hospitals particular positive points relate to our teenage pregnancy service, transition work especially in diabetes, and the Patients First / patient engagement work.
There are no specific recommendations for action for BTHFT, however we will contribute as a provider to reviewing our audit strategy and aim to strengthen our audit arrangements going into 2013/14.

Following the OFSTED/CQC recommendations from May 2012 the PCT commissioners requested an update of the Section 11 self-assessment report. The Self-Assessment scores 201/208. Areas for improvement included participation of children and young people in safeguarding services and also improving the engagement of fathers in our services for children and young people.

The Trust Safeguarding Children Policy was due for review in Autumn 2012 and it was restructured to make it more user friendly for staff. The updated policy was approved by the Board in January 2013.

Staff Experience

Statement of approach to staff engagement

We make every effort to ensure that our staff are engaged and involved in the day-to-day decision-making at the Foundation Trust. We have a staff engagement plan which sets out how we do this.

A programme of open forums and drop-in sessions with Executive Directors and the Director of Human Resources continued during the year. 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.

National staff survey

The Foundation Trust's score for overall staff engagement is 3.78 (improved from 3.68 in 2011) against a national 2012 average for acute Trusts of 3.69. 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, in the highest (best) 20% when compared with Trusts of a similar type.

The indicator is based on three questions, staff ability to contribute towards improvements at work (KF22), staff recommendation of the Trust as a place to work or receive treatment (KF24), and the extent to which staff feel motivated and engaged by their work (KF25). We have maintained our 2011 position and are in the best 20% for KF22 and KF25, and above (better than) average for KF24.

	2011		2012	
Response rate	Trust	National Average	Trust	National Average
	43%	54%	37%	50%

Top 4 ranking scores - 2012			
	Trust	National Average	
% of staff receiving job-relevant training, learning or development in last 12 months	89%	81%	Highest (best) 20%
% of staff able to contribute towards improvements at work	75%	68%	Highest (best) 20%
% of staff working extra hours	60%	70%	Lowest (best) 20%
Work pressure felt by staff	2.90	3.08	Lowest (best) 20%

Bottom 4 ranking scores - 2012			
	Trust	National Average	
% of staff having equality and diversity training in last 12 months	42%	55%	Lowest (worst) 20%
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	33%	30%	Highest (worst) 20%
% of staff experiencing discrimination at work in last 12 months	15%	11%	Highest (worst) 20%
% of staff agreeing that their role makes a difference to patients	88%	89%	Below (worse than) average

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

- % of staff able to contribute towards improvements at work (up from 65% to 75%);
- % of staff appraised in the last 12 months (up from 78% to 88%);
- Fairness and effectiveness of incident reporting procedures (up from 3.54 to 3.64)
- Staff recommendation of the trust as a place to work or receive treatment (up from 3.55 to 3.71)

Next steps and future priorities

The workstreams which report into the Workforce Strategy Implementation Board will be asked to review the results in the Staff Pledge areas that they are responsible for and determine the actions going forward which will be ratified by the Workforce Strategy Implementation Board. The divisions will also be asked to analyse results from their areas and determine priorities for action which will feed into the quarterly performance review process.

Investors In People (IIP) Standard

The Foundation Trust has been accredited with the IIP standard continuously since 1996.

A formal IIP review was carried out in May 2012 based around one of the six key themes of the corporate strategy document 'Better Medicine Better Health' - the theme chosen for review was **'The right staff, with the right training, in the right place at the right time.'**

In order to provide a valid sample for quality feedback the assessors interviewed around 157 people individually or in groups.

The assessors agreed unanimously that Bradford Teaching Hospitals is maintaining the Investors in People Standard.

The assessors report highlighted that they were all impressed with the:

- ✓ positivity of feedback from interviewees - this was particularly pleasing given the management restructure, and the current pace of change and uncertainty in the NHS;
- ✓ strong ethos of encouraging people to develop their skills and talents across the Foundation Trust;
- ✓ feedback that people feel valued for their work;
- ✓ very noticeable spirit of care and having pride in the job.

"This is a brilliant place to work, people are so enthusiastic"

Staff member,
IIP interview

Summary of results

Many strong areas of performance were found during the review, such as:

- ✓ Empowerment and decision making;
- ✓ Colleague support;
- ✓ Continuing Professional Development for clinical staff;
- ✓ Innovative learning;
- ✓ Consultation with staff representatives;
- ✓ Learning and development activity at all levels.

To help increase people's effectiveness and success in meeting corporate objectives areas for continuous improvement were identified as follows:

- Communications;
- Executive visibility;
- Appraisal completion;
- Expectations of leaders and managers both clinical and non-clinical;
- The development of formal Trust values.

A continuous improvement plan will be reviewed with the assessors in November 2013 prior to formal review of the IIP standard in January/February 2015.

Innovation

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.

One such example is the introduction of an alternative way of administering intravenous antibiotics on Ward 24 which is not only improving the patient experience but also has the potential to save the Foundation Trust thousands of pounds per year. The team learnt that a neighbouring hospital were using a different method of giving antibiotics that was both cost effective and improved the one-to-one time spent with the patients, the new practice is now the norm on the ward.

"Ward 24 are delighted as we have improved the patient experience and advanced clinical care which has led to greater efficiency and shows how a simple change in practice can be extremely cost effective."

David Britton, Ward Manager

The Trust web team are also 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.

Technology

Cutting edge ideas on how we deliver top-class healthcare and ever-improving facilities for the people of Bradford and district throughout 2012/13 have included the:

External Enhanced Counter Pulsation Service (EECP)

EECP is a non-surgical, mechanical procedure that can reduce the symptoms of angina by increasing blood flow to the damaged areas of the heart. Nationally there is only one recognised centre based at the National Refractory Angina (RA) Centre in Broadgreen, Liverpool. It is the Foundation Trust's vision to establish Bradford Royal Infirmary as the country's second centre and the first in Yorkshire to provide a dedicated service to manage RA.

"EECP therapy has left me feeling sky high. I am even decorating at home which would have been out of the question a few months ago. It has given me back my life again. I am back to what I used to be like before my heart problems and life is great – it is wonderful!"

Philip Perry, EECP patient

Annex 1: National Clinical Audits for Inclusion in Quality Accounts 2012/13

Table 1: National Clinical Audits for Inclusion in Quality Accounts 2012/13

	National Audit	Eligible to participate	Participating	Percentage of cases submitted
1	Clinical Outcome Review Programmes - National Confidential Enquiry into Patient Outcome and Death (NCEPOD)			
	Surgery in Children	Yes	Yes	Eligible cases not identified during data collection phase
	Perioperative Care – Knowing the risk	Yes	Yes	100%
	Cardiac Arrest Procedures	Yes	Yes	100%
	Bariatric Surgery	Yes	Yes	100%
	Alcoholic Liver Disease	Yes	Yes	100%
	Subarachnoid Haemorrhage	Yes	Yes	100%
	Tracheostomy	Yes	Yes	Study in progress
2	Child Health (CHR-UK)	Yes	Yes	100%
3	Maternal infant and perinatal MBRRACE-UK	Yes	Yes	100%
4	Suicide and homicide in mental health (NCISH)	No	n/a	n/a
	The Foundation Trust does not submit data to NCISH but reviews published reports and acts on findings where appropriate. The 2012 annual report has been reviewed and no implications were highlighted for action.			
	Acute Care			
5	Adult community acquired pneumonia (British Thoracic Society)	Yes	Yes	100%
6	Adult critical care (Case Mix Programme – ICNARC CMP)	Yes	Yes	100%
7	Emergency use of oxygen (British Thoracic Society)	Yes	Yes	100%
8	National Joint Registry (NJR)	Yes	Yes	100%
9	Non-invasive ventilation - adults (British Thoracic Society)	Yes	Yes	110% (cases to be submitted 2013)
10	Renal colic (College of Emergency Medicine)	Yes	Yes	100%
11	Severe trauma (Trauma Audit & Research Network)	Yes	Yes	100%
	Blood and Transplant			
12	Intra-thoracic transplantation (NHSBT UK Transplant Registry)	No	No	n/a
13	National Comparative Audit of Blood Transfusion:	Yes	Yes	
	a) O negative blood use (2010/11)	Yes	Yes	100%
	b) Medical use of blood (2011/12)	Yes	Yes	100%

	National Audit	Eligible to participate	Participating	Percentage of cases submitted
	c) Bedside transfusion (2011/12)	Yes	Yes	100%
	d) Platelet use (2011/12)	Yes	Yes	100%
	f) Audit of blood sampling & labelling (2012/13)	Yes	Yes	100%
14	Potential donor audit (NHS Blood & Transplant)	Yes	Yes	100%
	Cancer			
15	Bowel cancer (NBOCAP)	Yes	Yes	100%
16	Head and neck oncology (DAHNO)	Yes	Yes	100%
17	Lung cancer (NLCA)	Yes	Yes	100%
18	Oesophago-gastric cancer (NAOGC)	Yes	Yes	100%
	Heart			
19	Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	100%
20	Adult cardiac surgery audit (ACS)	No	No	n/a
21	Cardiac arrhythmia (HRM)	Yes	Yes	100%
22	Congenital heart disease (Paediatric cardiac surgery) (CHD)	No	No	n/a
23	Coronary angioplasty	Yes	Yes	100%
24	Heart failure (HF)	Yes	Yes	87.92%
25	National Cardiac Arrest Audit (NCAA)	Yes	Yes	Data collection in progress
26	Peripheral vascular surgery (VSGBI Vascular Surgery Database, NVD)	Yes	Yes	100%
27	Pulmonary hypertension (Pulmonary Hypertension Audit)	Yes	No	n/a
	Long Term Conditions			
28	Adult asthma (British Thoracic Society)	Yes	No	n/a
29	Asthma Deaths (NRAD)	Yes	No	n/a
30	Adult Bronchiectasis (British Thoracic Society)(previously part of the Bronchiectasis audit 2010-13)	Yes	No	n/a
31	Diabetes (Adult) ND(A)	Yes	No	n/a
	National Diabetes Inpatient Audit (NADIA)	Yes	Yes	100%
32	Diabetes (Paediatric) (NPDA)	Yes	Yes	100%
33	Inflammatory bowel disease (IBD)	Yes	Yes	No data collection in 2012/13
34	Pain database	Yes	Yes	No data collection in 2012/13
35	Renal replacement therapy (Renal Registry)	Yes	Yes	100%

	National Audit	Eligible to participate	Participating	Percentage of cases submitted
36	Renal transplantation (NHSBT UK Transplant Registry)	No	No	n/a
	Mental Health			
37	National audit of psychological therapies (NAPT)	No	No	n/a
38	Prescribing in mental health services (POMH)	No	No	n/a
	Older People			
39	Carotid interventions audit (CIA)	Yes	Yes	100%
40	Fractured neck of femur	Yes	Yes	100%
41	Hip fracture database (NHFD)	Yes	Yes	100%*
42	National dementia audit (NAD)	Yes	Yes	100%
43	Parkinson's disease (National Parkinson's Audit)	Yes	Yes	100%
44	Sentinel Stroke National Audit Programme (SSNAP):	Yes	Yes	
	SSNAP clinical audit	Yes	Yes	Data collection in progress
	Other			
45	Elective surgery (National PROMs Programme):	Yes	Yes	
	a) Groin Hernia	Yes	Yes	64.60%
	b) Hip replacement	Yes	Yes	90.90%
	c) Knee replacement	Yes	Yes	104.60%
	d) Varicose veins	Yes	Yes	46.80%
	Women's & Children's Health			
46	Epilepsy 12 audit (Childhood Epilepsy)	Yes	Yes	100%
47	Neonatal intensive and special care (NNAP)	Yes	Yes	100%
48	Paediatric asthma (British Thoracic Society)	Yes	Yes	To participate 2013/14
49	Paediatric fever (College of Emergency Medicine)	Yes	Yes	100%
50	Paediatric intensive care (PICANet)	No	No	n/a
51	Paediatric pneumonia (British Thoracic Society)	Yes	Yes	100%

*percentage of cases submitted subject to final validation

Table 2: List of national clinical audit reports reviewed

National Clinical audit	Improvement action/ outcomes achieved
National Audit of Dementia	<ul style="list-style-type: none"> • The Dementia Pathway and Assessment group have developed a dementia screening tool to facilitate the early identification of patients for which dementia is suspected. All acute admission patients aged over 75 are screened. All patients who screen positively are referred to their GP for a referral to a memory clinic as required. 100% compliance for the Dementia March 2012/13 CQUIN target has been achieved. • A pain assessment tool has been developed and piloted on the wards. This has been rolled out to the Emergency Department to be used in conjunction with the Neck of Femur pathway. • A communication work stream sub group has been set up to focus on improving communication between staff and carers. • A carer's information bag has been developed available for all identified carers - this contains information on support services within the hospital and the Bradford district, available to patients and carers. • The 'Shared care' document has been trialled and to be released shortly across the Trust • A Dementia education work stream has been set up with the responsibility of coordinating the roll out of dementia training/education and development of a Dementia education strategy to provide guidance for appropriate levels of education for all staff grades. • A Dementia friendly hospital environment work stream has been established. The aim of the work stream is creating a dementia friendly hospital environment in the Foundation Trust. Some improvements include: installation of contrasting blue toilet seats, new signs with clear text and pictures for toilets, large faced clocks that show the date and the development of a therapeutic hospital colour pallet eg red painted walls in patient toilets. With support from the group a number of wards have had refurbishments completed. • The Dementia group have been successful in progressing through to the second stage bid of the Prime Minister's challenge. The bid was to improve the corridors in St Luke's Hospital to facilitate 'way finding', orientation and improving public spaces.
National Audit of Seizure Management in Hospitals	<ul style="list-style-type: none"> • Development of an adult Seizure pathway to be used for all adult patients attending with a generalised seizure to improve senior review of patients. • To ensure improved neurological/epilepsy input during patient attendance/admission/aftercare plans are in place to increase access to Epilepsy specialist nurses. • Action is in progress to improve follow up links for all patients who present with a seizure- either to first fit clinic, or community epilepsy service/ neurology out-patients.
British Thoracic Society - Emergency use of Oxygen	<ul style="list-style-type: none"> • To increase the number of clinical staff educated and trained in the safe use of oxygen. • To encourage the use of oxygen prescribing stickers on drug charts, as prompts to staff, to ensure patients receive the appropriate oxygen supply to achieve the target saturations.

National Clinical audit	Improvement action/ outcomes achieved
	<ul style="list-style-type: none"> Plan to continue to engage in the national audit to measure improvement outcomes against report findings.
European COPD audit	<ul style="list-style-type: none"> Spirometers are now available on the Respiratory wards and the Admission units. Currently negotiation is on-going to provide a 24/7 Respiratory consultant rota on the wards to improve quality of care provided to COPD patients even during evenings and weekends. To address current pressures/demand on the respiratory service, progress has been made in recruiting a Locum Respiratory Consultant
MINAP (Myocardial Ischaemia National Audit Project)	<p>This national audit is on-going and the Cardiology speciality is committed to submitting data annually. Recommendations from the audit are discussed with Consultant Cardiologist colleagues in their bi monthly meetings with a view to incorporating into their local clinical governance agenda.</p> <p>Plan to consider extending data collection to include all Acute Coronary Syndrome patients including those managed by elderly care or others.</p>
British Thoracic Society (BTS) Adult Community Acquired Pneumonia Audit	<p>Findings from the report based on data collected in 2011/12 has led to the following actions:</p> <ul style="list-style-type: none"> To drive an increase in the number of patients recruited to 40 in the 2012-2013 BTS CAP audit Staff in A&E and Medical Admissions Unit to request chest x ray asap with appropriate assistance from radiology department Staff in A&E and Medical Admissions Unit to prescribe and administer antibiotics without delay Beta lactam and a macrolide combination antibiotics to be used for all cases of moderate and severe CAP (unless contraindicated), and to be considered for low severity CAP Staff to prescribe intravenous antibiotics if clinically indicated Senior medical staff to educate and monitor prescribing of antibiotics Senior review to happen preferably within 6 hours of admission by A&E or Medical Admissions Unit staff To include post discharge from hospital data at 30 days in the next audit
Severe Sepsis CEM Audit	<p>The report presents results from the audit of severe sepsis and septic shock treatment against the clinical standards published by the College of Emergency Medicine (CEM) Clinical Effectiveness Committee (CEC) and the Guidelines and care bundles published by the Surviving Sepsis Campaign. Review of the Trust Accident & Emergency Department's practice against these guidelines has driven the following improvements:</p> <ul style="list-style-type: none"> To drive adherence and use of the sepsis patient pathway. All patients on the sepsis pathway are to be given antibiotics, IV fluids and have a serum lactate measurement in a timely manner. Patients are to be catheterised before leaving the department. Consultant of the day to encourage use of pathways, and try to oversee patient care plans (medical staffing and patient numbers permitting)
UK Carotid Endarterectomy clinical audit report- Round 3	<p>Additional frequent transient ischaemic attack clinics now in place and should improve rapid access for patients who present and are referred in a timely fashion</p> <p>Plan to evaluate the impact and benefit of increasing 48 hour</p>

National Clinical audit	Improvement action/ outcomes achieved
	access to surgery to achieve the quality indicator requiring patients to receive surgery within 2 days of referral
Audit of Potential Donors	Key performance indicators are set by NHSBT. The six monthly reports present details of compliance and achievement. To date the Trust is compliant with all the quality indicators.
National Joint Registry (2012)	<ul style="list-style-type: none"> • Ensure appropriate selection of patients for hip resurfacing • Ensure patients for hip resurfacing are made aware of the increased risk of aseptic lymphocyte-dominated vasculitis-associated lesion (ALVAL) and high revision rates associated with the DePuy ASR. • To ensure that, unless contraindicated, all patients receive both chemical and mechanical DVT thromboprophylaxis in line with national trend. • To explore the feasibility of purchasing separate pump machines as a capital asset, to enable on-ward use of mechanical DVT thromboprophylaxis. • To increase patient consent rates for all joint replacements (shoulder, hip, knee and ankle) for NJR data submission • To improve data submission compliance to ensure comparability of BTHFT data against national data. This timely submission will also improve adverse reporting of revision rates.
National Hip Fracture Database	<p>The Trust is currently compliant with the majority of the quality indicators measured by this national audit. Improvement actions are planned to:</p> <ul style="list-style-type: none"> • Increase compliance to the 'admit to Orthopaedic Ward within 4 Hours' outcome measure by driving timely completion of ward/nursing documentation which will be further facilitated by the Trust's planned move to electronic patient records. • Plans to extend Geriatric service / cover to ensure medical assessment of all elderly hip fracture patients within 48 hours is ongoing.
Inflammatory Bowel disease (IBD) UK audit 2011 (includes the adult inpatient experience audit, results of the primary care questionnaire)	<ul style="list-style-type: none"> • To increase clinical research involvement the Gastroenterology Research Nurses are to present at the IBD annual review meeting. Regular meetings have been arranged between the IBD team and research to help identify IBD related studies for potential involvement. • Regular IBD MDT Team meetings are held • Colorectal surgeons are encouraged to contribute data to the ileal pouch registry • Work ongoing to ensure the shared patient care protocols between primary and secondary care with regard to patient access, follow up management plan • To improve patient referral and promotion of local smoking cessation services for use in IBD service • To improve communication with the GPs, the IBD team have designed an IBD letter template with relevant up to date patient care management plans as required. • 86% of inpatients are seen by a Consultant Surgeon and a Consultant Gastroenterologist within 24 hours. • Negotiations ongoing to facilitate provision of dietetic support in the IBD outpatient setting • Education and improved awareness of IBD for general ward nurses is being scoped to support delivery of high quality nursing.
National Bowel Cancer Audit	Bradford MDT submits all data to the National database annually. To date the Trust is compliant with all the quality indicators.

National Clinical audit	Improvement action/ outcomes achieved
	Currently engaging in an on-going local audit looking specifically at issues of prolonged length of stay due to colectomy and excision of the rectum. To identify and resolve the causes identified, which are multifactorial, to reduce length of stay. In accordance with the colorectal clinical lines of inquiry, we are also reviewing all 30-day post-operative deaths as a standard agenda point at the twice-yearly Colorectal Time Out.
National Care of the Dying Audit	<ul style="list-style-type: none"> • The Foundation Trust's End of Life Education strategy agreed • Education programme set up and launched – this has involved the development of e learning package to ensure all staff caring for dying patients and their families have access to appropriate education and training. The Hospital Palliative Care team continue to support clinical areas through formal education and patient referrals as appropriate • A permanent Liverpool Care Pathway facilitator has been recruited to post (0.4WTE) • There are now available End of Life champions on wards to facilitate awareness raising, support improvement of how patients and their families are dealt with in the last days/hours of life and recording of these goals • Improvement plan in place to monitor compliance with quality indicators around better communication with GP /Primary Health care team, provision of written information to support conversations and support bereaved relatives
Heart Failure audit	<ul style="list-style-type: none"> • Drug prescriptions particularly beta blocker usage are accessed locally to determine whether treatment initiation and optimisation is occurring in the community once the patient has been discharged. This would be in accordance with the heart failure care pathway to ensure all patients, regardless of admission ward, have access to recommended medication in line with NICE guidelines and that treatment is managed by specialist staff. • To assess the number of patients who have prior Left Ventricular functional assessment and waits for functional assessment with patients to improve access. • Whilst the report concentrates on hospital aspects of care, it is vital that there is close collaboration between primary and secondary care if the improved outlook for heart failure patients is to be realised. • To continue submission of at least 20 cases per month to the national audit
British Thoracic Society: Non Invasive Ventilation (NIV)	<ul style="list-style-type: none"> • A Trust wide Chronic Obstructive Pulmonary Disease (COPD) NIV BIPAP pathway is now in place. It will be initiated in the emergency department and will follow the patient to the Medical Admissions Unit (MAU) and the medical wards thereafter as required. • Measures to ensure a reduction in oxygen toxicity are now in progress • Education and training for staff providing NIV is available on the wards • Continuous review of NIV performance is on-going
Heart Rhythm Management Audit (HRM)	Data collection and audit of the local service is to be improved. This will be achieved through maintaining a local pacing complications database, preferably using PACS to incorporate a facility to collect local implant data in addition to direct Central Cardiac Audit Database (CCAD) submissions
National Vascular Database	<ul style="list-style-type: none"> • To undertake a coding audit comparing NVD data set with

National Clinical audit	Improvement action/ outcomes achieved
(NVD)Registry	HES submission for the Trust <ul style="list-style-type: none"> Improve data entry to NVD and evaluate resource implications
National Lung Cancer audit	Improvement work on-going to ensure data capture of all eligible patient data for submission to the national audit Multidisciplinary team is fully active in obtaining tissue for diagnosis. The appointment of an additional Clinical Nurse Specialist (CNS) has supported increased access at the Outpatient department where previously capacity was not sufficient.
Epilepsy12 Audit	<ul style="list-style-type: none"> Develop local guidelines to facilitate appropriate first clinical assessment and investigations, particularly for use in the acute setting Develop local guidelines/prompt for essential initial investigations of first seizure Encourage colleagues to refer earlier to colleague with expertise in epilepsies, particularly where no syndromic diagnosis made Increase awareness of epilepsy syndromes through education and teaching sessions To ensure greater use of the Paediatric Neurology Service
National Heavy Menstrual Bleeding (HMB) Audit	To continue to monitor patient care pathways, referral and operative rates. There are currently well established primary & secondary care pathways for HMB in Bradford that offer intrauterine system (IUS) in primary care and refer to secondary care for surgery if medical management fails. The Foundation Trust already offers global endometrial ablation on a local primary care site.
National Neonatal Audit Programme	The Foundation Trust plan's to continue participation in this audit subject to a review of on-going data completeness and ascertainment issues.

Table 3: List of local clinical audit reports reviewed

Local Clinical audit	Improvement action/ outcomes achieved
Management of Head Injuries local audit (against College of Emergency Medicine (CEM) standards & NICE Clinical guideline 56)	An Emergency Department head injury pathway based on NICE guidance/CEM standards has been developed to improve and facilitate quality management of patients that come in to Accident & Emergency with a Head injury. This covers triage, assessment, investigation and early management of head injury in children and adults. The pathway has been developed in collaboration with clinicians from the Foundation Trust's Departments of Anaesthesia, Orthopaedics, Neurosurgery, Radiology and Paediatrics. Future compliance audits planned to review practice against NICE recommendations and ensure adherence to the pathway process.
Pre-operative assessment of axillary lymph nodes (previously titled Breast Cancer and Axillary USS Audit)	To continue with current pre-operative axillary Ultrasound (USS) arrangements as currently doing well in terms of pre-operative diagnosis. To consider value of ANC (axillary node clearance) following positive Sentinel Lymph node biopsy (SLNB) as noted at recent Yorkshire Cancer network discussions.
Osteoporosis Guidelines local audit	<ul style="list-style-type: none"> All gastroenterologists to be made aware of the guidelines, and a local flow chart of the guidelines be made available to all involved in the care of Inflammatory Bowel disease patients Plan to re-audit to assess improvement

Local Clinical audit	Improvement action/ outcomes achieved
Physiological and Operative Severity Score for the enUmeration of Mortality and morbidity (POSSUM) local quality control audit	<ul style="list-style-type: none"> To continue with the audit as a monitoring tool once a year to look at the mortality and morbidity scores and compare practice against the predicted scores. To review individual surgical consultant performance against set key performance indicators to ensure performance is to an acceptable standard. Data is actively used for consultant appraisal.
Audit of deaths within 30 days of systemic anti-cancer therapy in Medical Oncology	<p>An Acute Oncology Service was launched in January 2012 with 24/7 contact number.</p> <p>All patients admitted with a terminal decline post chemotherapy where appropriate are commenced on the Liverpool Care Pathway (LCP). Monitoring of this requirement is on-going.</p>
Outpatient Patient Experience Questionnaire	<p>Plan now in place to address the following actions:</p> <ul style="list-style-type: none"> Rescheduled appointments Staff introducing themselves Communicating waiting time delays in clinic Booking follow up appointments before leaving the department Improving appointment letter production and dispatch
Re audit of NICE compliant gastroenteritis pathway	<ul style="list-style-type: none"> Develop reference guide for management of diarrhoea and vomiting for children under 5 years in both the A&E Department and Children's Assessment Unit setting To develop a new leaflet to be given on discharge from A&E and Children's Assessment Unit that covers key points around management of diarrhoea and vomiting in children To meet with General Practitioners involved in developing primary care paediatric services to illustrate need for continuity between management of gastroenteritis the primary and secondary care
Wheezy Child Pathway audit	<ul style="list-style-type: none"> To design new wheezy child pathway and guideline but keep the advice the same and consistent as current pathway is not suitable for all providers affected in the care of the patient To develop a wheezy child care bundle
Paediatric High Dependency Care Assessment	<ul style="list-style-type: none"> Monthly data is used to demonstrate the need for a children's High Dependency Unit Senior management currently engaging with commissioners to agree a local tariff.
Stroke Service Audit 2012	<ul style="list-style-type: none"> Major stroke service changes achieved in 2012 (appointment of third stroke consultant, specialist stroke on call rota including weekend ward rounds and dedicated hyper-acute stroke unit beds on the acute ward), have enabled tremendous improvements in activity, particularly in the Stroke unit's ability to admit stroke patients directly from A&E into acute stroke beds. Thereby reinvigorating the thrombolysis service. Almost all stroke patients can now access a stroke bed during their admission. Earlier identification of stroke patients has meant access to early CT (including immediate scanning) and aspirin has further improved. More patients are now discharged home and mortality has fallen Unable to provide an out-of-hours thrombolysis service however this is to be remedied by collaborative support from neighbouring trusts to facilitate a regional rota supported by telemedicine.

Local Clinical audit	Improvement action/ outcomes achieved
	<ul style="list-style-type: none"> • Negotiations are on-going with primary care to boost Speech and Language therapy staff numbers • Discussions on-going with adult social care colleagues to streamline assessment times to improve delayed discharges

Annex 2: Statements on Bradford Teaching Hospitals NHS Foundation Trust Quality Account 2012/13

Bradford Teaching Hospitals NHS Foundation Trust has fulfilled its duty in providing a copy of their 2012/13 Quality Account to the relevant Clinical Commissioning Groups, Bradford and District Healthwatch Group and the Health Overview and Scrutiny Committee. We received the following statements in response:

Bradford City and Bradford Districts Clinical Commissioning Group Feedback on:
Bradford Teaching Hospitals NHS Foundation Trust Quality Account 2012/13

Bradford City and Bradford Districts (BC and BD) CCGs welcome the opportunity to review and feedback on the Quality Account presented by Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) for 2012-2013.

As commissioners of healthcare services on behalf of the local population we believe this account to be a clearly articulated and evidenced document demonstrating commitment to the quality and safety of care for patients providing a fair reflection of the provider's achievements. BTHFT have continued to make significant improvements over the past twelve months.

BC and BD CCGs acknowledge that the majority of quality priorities for 2012-13 were met, with subsequent improvements to services. In particular the following areas of achievement were noted:

- Systems have been revised to ensure that patients' nutritional needs are met and meals are of good quality.
- Several areas for improvement in out-patient waiting times were identified and acted upon, resulting in reductions in waiting times and improvements in communication.
- The Trust has actively engaged with patients in order to ensure that accurate, relevant information is provided to patients pre and post discharge.
- A privacy and dignity website has been launched to support staff.
- There is evidence that patients have been involved in decision-making regarding their care and treatment.
- The Trust is to be commended in remaining within the target for Clostridium Difficile.
- Clinical audit has improved from 87% participation to 91% participation with an expectation from BC and BD CCGs that this will further increase.
- The Trust have implemented the 2012-13 CQUIN scheme and although not yet fully reconciled have achieved the majority of requirements of the scheme.

BTHFT have developed a new strategy "Putting Patients First" and will be developing ways of monitoring its progress.

We note the continuing momentum of the Patient Safety campaign and that progress is continually evaluated.

A review of Adult Safeguarding arrangements has taken place within the year resulting in revised structures and enhanced training packages to provide a first line of advice at ward or department level. These changes have ensured that safeguarding procedures are firmly embedded across the trust.

A Bradford wide OFSTED and CQC inspection took place within year grading the Trust as "Good". The children's safeguarding policy has been updated to make it more user friendly.

BTHFT have highlighted in the Quality Account those areas that have not been fully achieved. These areas are as follows:

- The local target for MRSA, being 3 cases, was not achieved as there were six cases reported; however this was less than the Monitor *de minimus* of six cases.
- The 18-week referral to treatment targets have not been reached and indeed have fallen in 2012-13. The Trust proposes to introduce a centralised team to ensure all referrals are handled appropriately and efficiently.
- There have been two Eliminating Mixed Sex Accommodation (EMSA) breaches with subsequent investigations.
- BTHFT highlight concerns regarding the deterioration of results within the annual in-patient survey and are seeking to ensure that focus is on the areas of poor performance.
- It is noted that during 2012/13 BTHFT received a special review and unannounced visit from the Care Quality Commission (CQC). Non-compliance was given in respect of medicines management.

The priorities for 2013-14 have been reviewed and it is recognised that those from 2012-13 are being rolled over as they cannot be achieved in-year.

BC and BD CCGs look forward to understanding how BTHFT plans to implement the report of Robert Francis QC on Mid Staffordshire Hospitals NHS Foundation Trust.

BC and BD CCGs acknowledge that the information within this Quality Account reflects the continued commitment and intention of BTHFT to provide safe, quality services, commend its proactive approach and support their continued steps towards quality improvement.



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

Bradford Teaching Hospitals' Foundation NHS Trust 2012-2013 Quality Accounts

We welcome the additional detail in this year's Quality Account (QA). We felt that the BTHFT was looking more carefully into the issues that it faced, with more thought and analysis. The QA was well laid out and the detailed contents directory was a major asset. The glossary was very welcome.

However, we are concerned at reports we receive which indicate inconsistency in the standard of care delivered at BRI. We are aware that the challenge of managing two large hospitals in a city with high levels of deprivation and inequality is great and we know that BRI and SLH have large numbers of excellent staff who provide first class care. Often we hear of compassionate and intelligent care being delivered but, regrettably, we also hear of neglect and failure to provide basic nursing care. We are aware that this is a national problem as recently highlighted by the Francis Report and we welcome the Trust's plans to implement the lessons from this important report. Problems of this sort are presumably showing up in the poor responsiveness to patient needs CQUIN scores (page 40) and in the Inpatient Survey (page 45-46). It might help to have more detail about changes in practice resulting from the Patient First strategy (pages 43-44 spells out management processes and aspirations rather than actual changes on the ground) and also of the issues addressed by the Safer Nursing Care project (page 59-60).

We worry at reports we receive of inadequate staff levels, in particular on night shifts.

We are very pleased to see the continuation of the SAFE campaign.

We welcome the continuing work of the Governors' PPI group and hope that Bradford Healthwatch will be more closely involved with this work in the future.

We are pleased to see progress in introducing the hospitality assistant programme and urge a high priority for progressing this work.

We note the Trust's understandable concern at the reduction in the number of active volunteers and welcome the commitment to an action plan to increase recruitment. We urge a proactive campaign to recruit from BME communities.

We welcome the concentration on providing high quality discharge information and would like the opportunity to discuss the development of this with the Trust. In particular we would urge that the Trust investigate further the significant minority response signalling strong disagreement with the helpfulness of the booklet issued and with confidence in post-discharge support (6% strong negative response on both questions).

We are pleased to see the priority given to learning from comments received from PALS in order to improve practice in treating patients with dignity and respect. We welcome the stories presented as patient testimonials – but would urge that as well as complementary reports (e.g. page 48-49) the Trust should quote from more critical patient comments and describe learning and action resulting from these.

We urge all health providers to welcome strong responses from patients and relatives when they have disappointing experiences of care. A staff culture must be encouraged where all seek to work with elements of constructive challenge and the PALs unit must actively support complainants to this end.

We are very concerned at the deterioration of performance in responsiveness to patients needs (page 33) and would welcome more detail. We are unsure about the implication of the management changes of the PALS and complaints service – it is imperative to maintain or improve the effectiveness of these services.

We look forward to the publication of detailed results of the “Friends and Family” test. We are pleased to see an improvement in staff response (page 34). We would like detail of how staff training and management will increase staff confidence in the outcome of their work.

Additional detail, for example of action plans, at several other points in the QA would improve confidence in the Trust’s care management strategies but we appreciate that there is a danger in the QA becoming unwieldy and lengthy given the prescribed statements and data that must be included. We would very much welcome further discussion with the Trust on the detail that might be useful for future QAs.

We were very pleased at the work in a number of areas where the Trust leads the way e.g. on strokes (page 72), the use of Da Vinci robots (page 49-50), home haemodialysis (page 51), ENT care (page 52) and the Enhanced healing environment (page 56) and EECp (page 63)

We look forward to an improvement in cancer treatment access times (page 38)

We urge action to further reduce mixed ward provision as a matter of priority (page 45)

Annex 3: 2012/13 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 2012/13;
- 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 2012 to May 2013
 - Papers relating to Quality reported to the Board over the period April 2012 to May 2013
 - Feedback from the commissioners dated May 2013
 - Feedback from governors at each meeting of the Council of Governors
 - Feedback from the Local Healthwatch organisation dated May 2013
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated May 2013
 - The latest national patient survey dated February 2013
 - The latest national staff survey dated February 2013
 - The Head of Internal Audit's annual opinion over the trust's control environment dated May 2013
 - Care Quality Commission quality and risk profiles dated January 2013
- 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
29 May 2013

Chairman

29 May 2013

Chief Executive

Annex 4: Independent Auditor's Report to the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust on the Annual Quality Report

Independent Auditor's Report to the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Bradford Teaching Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Clostridium Difficile – all cases of Clostridium Difficile positive diarrhoea in patients aged two years or over that are attributed to the Trust; and
- 62 Day cancer waits – the percentage of patients treated within 62 days of referral from GP.

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

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

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

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in *NHS Foundation Trust Annual Reporting Manual*; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and 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 2012 to May 2013;
- Papers relating to Quality reported to the Board over the period April 2012 to May 2013;
- Feedback from the Commissioners dated May 2013;
- Feedback from local Healthwatch organisations dated May 2013;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 2012/13;

- The 2011/12 national patient survey;
- The 2011/12 national staff survey;
- Care Quality Commission quality and risk profiles 2012/13; and
- The 2012/13 Head of Internal Audit's annual opinion over the Trust's control environment.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting 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 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Bradford Teaching Hospitals NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can 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 criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Bradford Teaching Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

KPMG LLP

KPMG LLP, Statutory Auditor

Chartered Accountants

1 The Embankment

Neville Street

Leeds

LS1 4DW

Date 29 May 2013

Annex 5: List of Abbreviations

List of Abbreviations	
A&E	Accident & Emergency
ACS	Adult Cardiac Surgery
ASNU	Acute Stroke Neurology Unit
CABG	Coronary Artery Bypass Grafting surgery
C. diff	<i>Clostridium difficile</i> - a type of bacteria
CHD	Congenital Heart Disease
CHR-UK	Child Health Review - UK
CIA	Carotid Interventions Audit
CMACE	Confidential Enquiry into Maternal and Child Health
CMP	Case Mix Programme
CoEM	College of Emergency Medicine
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
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
HF	Heart Failure
HMB	Heavy Menstrual Bleeding
HQIP	Healthcare Quality Improvement Partnership
HRM	Heart Rhythm Management
HTT	Hospital Transfusion Team
IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care National Audit & Research Centre
IHI	Institute for Healthcare Improvement
IM&T	Information Management and Technology
MBRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (formerly CMACE)
MEWS	Modified Early Warning Score
MINAP	Myocardial Ischaemia National Audit Project
MRSA	Methicillin Resistant Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
NAD	National Audit of Dementia
NAPT	National Audit of Psychological Therapies
NBOCAP	National Bowel Cancer Audit programme

NCAA	National Cardiac Arrest Audit
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
NHFD	National Hip Fracture database
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
NLCA	National Lung Cancer Audit
NNAP	Neonatal Intensive and Special Care
NPDA	National Paediatric Diabetes Audit
NPSA	National Patient Safety Agency
NRAD	National Review of Asthma Deaths
NVD	National Vascular Disease
O-G	Oesophago-gastric
PALS	Patient Advice and Liaison Service
PAWS	Paediatric Advanced Warning Score
PICANet	Paediatric Intensive Care Audit Network
POMH	Prescribing in Mental Health Services
PPI	Patient and Public Involvement
PROMS	Patient Reported Outcome Measures
QA	Quality Account
RCA	Root Cause Analysis
RCOG	Royal College of Obstetrics and Gynaecology
RCPCH	Royal College of Paediatrics and Child Health
Rh	Rhesus factor
SI	Serious Incident
SINAP	Stroke Improvement National Audit Programme
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Uses Systems
TIA	Transient Ischaemic attack
TIRF	Transfusion Incident Referral Form
TNS	Transfusion Nurse Specialist
VSGBI	Vascular Surgery Database
VTE	Venous Thromboembolism

Annex 6: Glossary of mandated indicators

To assist the readers of the Quality Report we have included the following definitions of the mandated indicators:

Indicator	Description	Criteria	Source
Clostridium Difficile (C-Diff)	The trust has a target of no more than 60 cases per year attributable to the organisation.	<ul style="list-style-type: none"> Patients aged 2 or more; A <i>C. difficile</i> infection is defined as a case where the patient shows clinical symptoms of <i>C. difficile</i> infection, and using the local Trust <i>C. difficile</i> infections diagnostic algorithm (in line with DH guidance) is assessed as a positive case. 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 Foundation 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 the trust (where the day of admission is day one). 	Results are reported via telepath laboratory system, with results being imported via ICE reporting system. The results are reported to the Infection Prevention and Control team via ICNet surveillance reporting system.
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. The threshold is 85%.	Cancer referral to treatment period start date is the date the acute provider receives an urgent (two week wait priority) referral for suspected cancer for all cancers (ICD-10 C00 to C97 and D05) from a GP and treatment start date is the date first definitive treatment commences if the patient is subsequently diagnosed.	Patient Pathway Manager (PPM) – a cancer data system used across Yorkshire.
Number of patient safety incidents reported and the percentage of such incidents that resulted in severe harm or death	Patient safety incidents reported to the National Reporting and Learning Service (NRLS), and percentage of all patient safety incidents reported. where degree of harm is recorded as 'severe harm' or 'death.'	A patient safety incident (PSI) is defined as 'any unintended or unexpected incident(s) that could or did lead to harm for one of more person(s) receiving NHS funded healthcare'. The 'degree of harm' for PSIs is defined as follows: 'severe' – the patient has been permanently harmed as a result of the PSI; 'death' – the PSI has resulted in the death of the patient.	Clinical Governance – information recorded via Datix (incidence reporting system)

A&E Quality Targets – Time to initial assessment	Five quality indicators covering various aspects of A&E performance measures the length of time the patients wait to be seen, have a decision to treat and spend in the department prior to either being discharged or admitted. Threshold is out of 5 possible targets.	Timeliness indicator	Information	Threshold	System Development – via clover
		Time to initial assessment	For ambulance arrivals	95 th percentile ≤ 15 minutes	

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Bradford Teaching Hospitals NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by Monitor.

Under the NHS Act 2006, Monitor has directed Bradford Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Bradford Teaching Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements; 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

29 May 2013

Annual Governance Statement 2012/13

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 2013 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 Trust Secretary 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 Trust Secretary 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.

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 Risk Management Strategy was approved by the Board of Directors in August 2011 and the Quality and Safety Strategy was updated in March 2012. These will both be reviewed in 2013.

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 principal organisational objectives defined by the corporate objectives and the Annual Plan submission to Monitor.

The Annual Plan submission includes a number of Board Governance Statements. The Foundation Trust's submission for 2012/13 declared non-compliance with the statement relating to the Board's satisfaction that plans were in place that would ensure ongoing compliance with all existing targets. This was a result of concerns to whether the detailed plans in place to reduce the number of *C.difficile* cases would actually successfully deliver the required reduction.

Following submission of the Foundation Trust's Annual Plan for 2012/13, Monitor commissioned PricewaterhouseCoopers (PwC) to carry out a review of its Quality Governance arrangements. The review focussed on concerns raised by Monitor regarding the achievement of a number of performance targets. PwC acknowledged the processes that were already in place in the Foundation Trust which had identified the issues and the steps that had been taken to address them, and made a number of recommendations for improvement which either have been or are in the process of being implemented.

The Foundation Trust subsequently commissioned PwC to carry out a further review examining its governance arrangements for the referral to treatment target and other performance measures. The recommendations of this report are also in the process of being implemented. They include significant changes in the Board's Committee structure which will take place during 2013/14.

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 enable the 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 Annual Governance Statement are derived from internal and external sources of evidence. The governance framework has a key role in monitoring, evaluating, reporting and collating this evidence. This evidence is to a great extent derived from the schedule of reports and reviews that are generated by:

- The operational management and governance systems;
- Internal audit;
- External audit and external reviews.

These reviews and reports have taken the form of:

- Monthly reports to the Board of Directors, for on-going monitoring;
- Annual, or more frequent, internal reports to the Board of Directors, and other key meetings, required by guidance or statute resulting from monitoring processes within

- the operational management frameworks;
- External reports from inspecting bodies;
- Specific reports on particular focussed key risk issues.

These reports and reviews are generally associated with action plans whose achievement priority is reflected in the risk register and in organisational and personal objectives.

Key internal assurances can be derived from the following reviews by the Board of Directors:

- Self-assessment against the requirements of Monitor's 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 currently holds level 1 for both parts.

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. There have been no known lapses in information security during the year.

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 on 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 with the Council 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 20% by 2015, based on 2007/08 levels. Under these plans we also aim to meet our obligations to the 2008 Climate Change Act which requires a 34% CO₂ reduction by 2020, followed by an 80% reduction by 2050 on a 1990 baseline. We also have a complementary workstream under the NHS Sustainable Development Strategy that is wider

ranging in its scope and has projects and targets established within the Sustainable Development Implementation Plan approved by the Board of Directors.

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

The Foundation Trust's financial plan, which was submitted to Monitor in May 2012, included a planned surplus of £3.4 million. This plan included a savings target (described within the organisation as the performance improvement target) which has been delivered in full throughout the year and this provides a firm baseline for the forthcoming year.

The 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 Account

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

Governance and Leadership

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

A Non-Executive led Committee of the Board of Directors, the Quality and Safety Review Committee ensures 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 Account 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 the Quality Account. A Governor Working Group and the Quality and Safety Review Committee will monitor progress on these priorities. Information about this is also being fed back to the Foundation Trust 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.

The Head of Internal Audit Opinion on the effectiveness of the system of internal control was presented to the Foundation Trust's Audit Committee on 21 May 2013. The opinion was that there was significant assurance that there is a generally sound system of internal control, designed to meet the organisation's objectives. However there have been some internal audit reports issued during the year with limited assurance opinions and these are listed below:

- Compliance with Statutory Regulations
- Emergency Planning
- Business Continuity
- Electronic Medical Record Quality Testing

For each of these audits a detailed list of prioritised recommendations has been agreed and the implementation of these recommendations will be followed up by internal audit and reported to the Audit Committee

I have drawn on the content of the Quality Account attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee, 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.

A handwritten signature in black ink, appearing to read 'B. Millar', with a stylized flourish at the end.

Bryan Millar
Chief Executive

29 May 2013

Bradford Teaching Hospitals NHS Foundation Trust

Annual Accounts

for the year ended 31 March 2013

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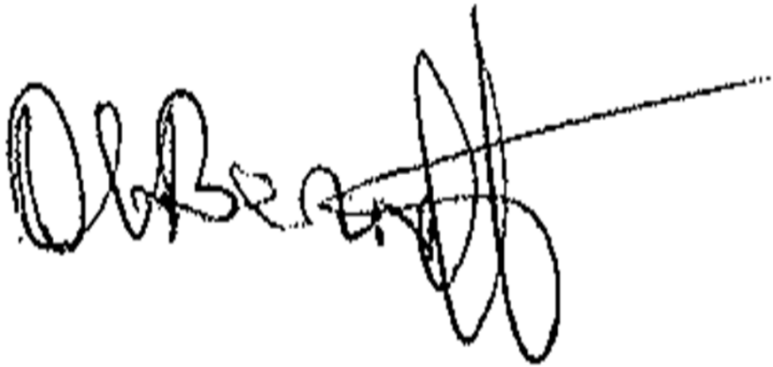
NATIONAL HEALTH SERVICE ACT 2006

DIRECTION BY MONITOR, IN RESPECT OF FOUNDATION TRUSTS' ANNUAL REPORTS AND THE PREPARATION OF ANNUAL REPORTS

Monitor, in exercise of powers conferred on it by paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, hereby directs that the keeping of accounts and the annual report of each NHS foundation trust shall be in the form as laid down in the annual reporting guidance for NHS foundation trusts within the NHS Foundation Trust Annual Reporting Manual, known as the FT ARM, that is in force for the relevant financial year.

Signed by authority of Monitor

Signed:

A handwritten signature in black ink, appearing to be 'Oliver', followed by a long horizontal line extending to the right.

Dated: 28 February 2011

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL 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 2013. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and related notes. These financial statements have been prepared under applicable law and the NHS Foundation Trust Annual Reporting Manual 2012/13.

This report is made solely to the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of the accounting officer and the auditor

As described more fully in the Statement of Accounting Officer's Responsibilities the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

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 Trust's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the accounting officer and the overall presentation of the financial statements. In addition we read all the financial and non-financial information in the annual report 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 of the state of Bradford Teaching Hospitals NHS Foundation Trust's affairs as at 31 March 2013 and of its income and expenditure for the year then ended; and
- have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion 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 where under the Audit Code for NHS Foundation Trusts we are required to report to you if, in our opinion, the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We are not required to assess, nor have we assessed, whether all risks and controls have been addressed by the Annual Governance Statement or that risks are satisfactorily addressed by internal controls.

Certificate

We certify that we have completed the audit of the accounts of Bradford Teaching Hospitals NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

A handwritten signature in black ink that reads "S R Clark". The letters are cursive and slightly slanted.

Stephen Clark

for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
1 The Embankment
Neville Street
Leeds
LS1 4DW

Date: 29 May 2013

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: 29 May 2013


Bradford Teaching Hospitals NHS Foundation Trust
Annual Accounts for the year ended 31 March 2013

STATEMENT OF COMPREHENSIVE INCOME	Note	2012/13 £000	2011/12 £000
Operating income	2.1	356,575	343,878
Operating expenses	3.1	(347,484)	(334,186)
OPERATING SURPLUS		9,091	9,692
FINANCE COSTS			
Finance income	5	493	664
Finance expense - financial liabilities	6.1	(200)	(231)
Finance expense - unwinding of discount on provisions	15.2	(44)	(51)
Public Dividend Capital (PDC) dividend payable	6.2	(3,233)	(2,822)
NET FINANCE COSTS		(2,984)	(2,440)
SURPLUS FOR THE YEAR		6,107	7,252
Other comprehensive income			
Revaluation	16.1	(176)	12,364
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		5,931	19,616

All income and expenses shown relate to continuing operations.
The notes on pages 9 to 45 form part of these accounts.

STATEMENT OF FINANCIAL POSITION		31 Mar 2013 £000	31 Mar 2012 £000
	Note		
Non-current assets			
Intangible assets	7.3	2,007	1,936
Property, plant and equipment	8.2	147,821	144,216
Trade and other receivables	10.1	1,104	1,329
Total non-current assets		150,932	147,481
Current assets			
Inventories	9	3,714	3,764
Trade and other receivables	10.1	10,255	9,799
Cash and cash equivalents	17.1	63,289	64,908
Total current assets		77,258	78,471
Current liabilities			
Trade and other payables	11	(39,836)	(37,578)
Borrowings	13	(1,424)	(1,424)
Provisions	15.1	(9,398)	(3,721)
Other liabilities	12	(3,920)	(10,849)
Total current liabilities		(54,578)	(53,572)
Total assets less current liabilities		173,612	172,380
Non-current liabilities			
Borrowings	13	(5,353)	(6,777)
Provisions	15.1	(1,696)	(1,642)
Other liabilities	12	(3,850)	(7,179)
Total non-current liabilities		(10,899)	(15,598)
Total assets employed		162,713	156,782
Financed by taxpayers' equity			
Public Dividend Capital (PDC)		115,197	115,197
Revaluation reserve	16.1	39,021	39,566
Income and expenditure reserve		8,495	2,019
Total taxpayers' equity		162,713	156,782

These accounts together with notes on pages 5 to 45 were approved by the Board of Directors on 29 May 2013.


 Signed: Bryan Millar
 Chief Executive

Date: 29 May 2013

Bradford Teaching Hospitals NHS Foundation Trust
Annual Accounts for the year ended 31 March 2013

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY	Total	Public Dividend Capital	Revaluation reserve (see note 16.1)	Income and expenditure reserve
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2012	156,782	115,197	39,566	2,019
Surplus for the year	6,107	0	0	6,107
Revaluations - property, plant and equipment	(299)	0	(299)	0
Revaluations - intangible assets	123	0	123	0
Other recognised gains and losses	0	0	(369)	369
Taxpayers' equity at 31 March 2013	162,713	115,197	39,021	8,495
Taxpayers' equity at 1 April 2011	133,200	115,197	27,412	(9,409)
Prior period adjustment	3,749	0	0	3,749
Transforming Community Services (TCS) and Merger adjustment	216	0	0	216
Taxpayers' equity at 1 April 2011 - restated	137,165	115,197	27,412	(5,444)
Surplus for the year	7,253	0	0	7,253
Revaluation - property, plant and equipment	12,505	0	12,505	0
Revaluation - intangible assets	(141)	0	(141)	0
Other recognised gains and losses	0	0	(210)	210
Taxpayers' equity at 31 March 2012	156,782	115,197	39,566	2,019

Bradford Teaching Hospitals NHS Foundation Trust
Annual Accounts for the year ended 31 March 2013

STATEMENT OF CASH FLOWS	2012/13 £000	2011/12 £000
Cash flows from operating activities		
Operating surplus from continuing operations	9,091	9,692
Non-cash income and expense		
Depreciation and amortisation	9,125	8,070
Impairments	0	491
Loss on disposal	47	11
Non-cash donations/grants credited to income	(483)	0
Interest accrued and not paid	(6)	(43)
Dividends accrued and not paid or received	0	23
Increase in trade and other receivables	(218)	(4,333)
Decrease in inventories	49	48
Increase in trade and other payables	3,214	2,446
(Decrease)/increase in other liabilities	(10,257)	1,059
Increase/(decrease) in provisions	5,730	(98)
NET CASH GENERATED FROM OPERATIONS	16,292	17,366
Cash flows from investing activities		
Interest received	493	664
Purchase of intangible assets	(913)	(950)
Purchase of property, plant and equipment	(12,617)	(7,101)
Sale of property, plant and equipment	39	2
Net cash used in investing activities	(12,998)	(7,385)
Cash flows from financing activities		
Other loans received	0	563
Loans repaid to the Foundation Trust Financing Facility	(1,000)	(1,000)
Other loans repaid	(424)	(354)
Interest paid	(200)	(192)
PDC dividend paid	(3,245)	(2,566)
Cash flows (used in)/from other financing activities	(44)	0
Net cash used in financing activities	(4,913)	(3,549)
(Decrease)/increase in cash and cash equivalents	(1,619)	6,432
Cash and cash equivalents at 1 April	64,908	58,476
Cash and cash equivalents at 31 March	63,289	64,908

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 FT ARM 2012/13 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified, where applicable, to account for the revaluation of 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 2014, 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 NHS commissioners in respect of healthcare services.

The figures quoted are based upon income received in respect of actual activity undertaken within each category. Where income is received for a specific activity which is to be delivered in the following financial 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 (PbR) 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 the Foundation Trust's Host Commissioner 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.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

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 (PPE) is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Additionally 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 full 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. In 2012/13 an impairment review was carried out for the Midwifery Lead Scheme with effective date 1 April 2013. The valuation was carried out in March 2013 at the prospective valuation date of 1 April 2013. The resulting impairment was taken to the revaluation reserve against previous revaluation surpluses relating to the original building.

Indices are applied to all equipment with an original cost in excess of £100,000.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the 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.

Bradford Teaching Hospitals NHS Foundation Trust
Annual Accounts for the year ended 31 March 2013

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	7 - 10 years
Medical and other equipment	5 - 15 years
IT equipment	4 - 10 years
Buildings, installations and fittings	15 - 60 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each statement of financial position 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 Statement of Comprehensive Income (SoCI).

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the SoCI as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment. In 2012/13 there were no impairments (2011/12: £491,000).

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at fair value. 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 10 years.

1.8 Government and other grant funded revenue

Government grants are grants from Government bodies other than income from NHS commissioners for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the 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 discounts exactly the estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and in hand and are classified accordingly in the annual accounts.

Cash, bank and overdraft balances are recorded at the current values of these balances in the Foundation Trust's cash book. These balances exclude monies held in the Foundation Trust's bank account belonging to patients (see 'third party assets' below). Account balances are only off-set where a formal agreement has been made with the bank so to do. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts are recorded as, respectively, 'interest receivable' and 'interest payable' in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

For the purposes of the Statement of Cash Flows, cash and cash equivalents are classified as above.

Financial liabilities

All financial liabilities are recognised initially at fair value. In all cases the fair value is the transaction value net of transaction costs incurred.

They are included in current 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 SoCI as a movement in the allowance account for credit losses and the carrying amount of the asset is reduced through the use of a provision for impaired receivables. Where it becomes apparent that the asset will not be recovered, it is subsequently written off, by removing the amount from the provision for impaired receivables and the carrying amount of the financial asset.

1.11 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost over the life of the lease. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the SoCI. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are deducted from the lease rentals and charged to operating expenses over the life of the lease.

The 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 2.20% (2011/12: 2.20%) in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 2.35% (2011/12: 2.80%) in real terms.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Foundation Trust is disclosed at note 15.1 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHSLA and in return receives assistance with the costs of claims arising. The annual membership contributions and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 19 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 19 unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.14 Public Dividend Capital

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 PDC 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 of 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 2013, 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 (SoFP) date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed in note 17.1 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the 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 estimate must be made as to the collectability.

Expense accruals

In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.

Impairment of property, plant and equipment

In accordance with the stated policy on asset valuation, a valuation is carried out by professionally qualified valuers on any scheme, brought into use in the year, whose value is in excess of £1,000,000.

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	2012/13 £000	2011/12 £000
Income from activities		
Elective income	61,163	63,525
Non elective income	81,555	86,114
Outpatient income	49,879	47,708
Accident and emergency income	13,305	12,046
Other NHS clinical income (see note 2.2)	105,747	90,851
Private patient income (see note 2.3)	1,321	1,425
Other non-protected clinical income	1,050	2,052
Total income from activities	314,020	303,721
Other operating income		
Research and development	11,697	7,457
Education and training	15,424	13,463
Charitable and other contributions to expenditure	359	178
Provider to provider income (see note 2.4)	3,599	5,720
Catering income	1,154	1,073
Car parking income	1,248	1,209
Other (see note 2.5)	9,062	11,057
Profit on disposal of PPE	12	0
Total other operating income	42,555	40,157
	356,575	343,878

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 local NHS 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

Due to the repealing of the statutory limitation on private patient income by the Health and Social Care Act 2012, the Foundation Trust is no longer required to disclose the percentage of total patient income that is received from private patient income.

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 Ear, Nose and Throat, ophthalmology and plastic surgeons working at Calderdale and Huddersfield NHS Foundation Trust and Airedale NHS Foundation Trust. Other staffing recharges cover nurses, phlebotomists, occupational therapists and other professions allied to 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, 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 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	2012/13 £000	2011/12 £000
Services from NHS foundation trusts	297	587
Services from NHS trusts	7,128	7,232
Services from PCTs	344	274
Services from other NHS bodies	10	0
Purchase of healthcare from non NHS bodies	2,287	0
Employee expenses - executive directors	1,057	1,070
Employee expenses - non-executive directors	149	157
Employee expenses - staff	219,488	212,648
Drug costs	29,389	27,856
Supplies and services - clinical (excluding drug costs)	33,883	33,507
Supplies and services - general	4,387	4,127
Establishment	4,164	4,169
Research and development - (not included in employee expenses)	3,670	1,915
Transport	367	521
Premises	14,771	16,238
(Decrease)/increase in allowance account for credit losses	(1,881)	1,405
Drugs Inventories consumed	181	0
Rentals under operating leases - minimum lease receipts	2,932	2,283
Depreciation on property, plant and equipment	8,101	7,342
Amortisation on intangible assets	1,023	728
Impairments of property, plant and equipment	0	491
Audit fees		
audit services - statutory audit	64	67
Other auditors' remuneration		
further assurance services	0	16
other services	0	62
Clinical negligence	8,144	7,596
Loss on disposal of property, plant and equipment	60	11
Legal fees	279	263
Consultancy costs	1,963	910
Training, courses and conferences	748	808
Patient travel	34	34
Car parking and security	23	9
Redundancy - (not included in employee expenses)	2,650	371
Early retirements - (not included in employee expenses)	277	0
Hospitality	40	20
Insurance	160	164
Other services, eg external payroll	1,104	975
Losses, ex gratia and special payments- (not included in employee expenses)	178	241
Other	12	89
TOTAL	347,484	334,186

NOTES TO THE ACCOUNTS

Note 3.2 Operating leases	2012/13 £000	2011/12 £000
Minimum lease payments	2,932	2,283
	2,932	2,283

Note 3.3 Operating leases	31 Mar 2013 £000	31 Mar 2012 £000
Future minimum lease payments due:		
- not later than one year	2,700	2,202
- later than one year and not later than five years	1,619	122
	4,319	2,324

The Foundation Trust leases comprise of buildings, medical equipment, 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	2012/13 £000	2011/12 £000
Limitation on auditor's liability	1,000	1,000

NOTES TO THE ACCOUNTS

Note 4.1 Employee expenses	2012/13	2012/13	2012/13	2011/12
	Total	Permanent	Other	Reanalysed
	£000	£000	£000	Total
	£000			£000
Salaries and wages	178,765	163,483	15,282	174,373
Social security costs	14,546	14,546	0	14,192
Pension costs - defined contribution plans	19,816	19,816	0	20,478
Employer's contributions to NHS Pensions				
Termination benefits	0	0	0	371
Agency/contract staff	7,638	0	7,638	4,695
	220,765	197,845	22,920	214,109

All employer pension contributions in 2012/13 and 2011/12 were paid to the NHS Pensions Agency.

	2012/13	2011/12
	£000	£000
Included in the above figures are the following balances for executive directors:		
Directors' remuneration	843	856
Employer pension contributions in respect of directors	108	123

Note 4.2 Average number of employees	2012/13	2012/13	2012/13	2011/12
(stated on a whole time equivalent basis)	Total	Permanent	Other	Total
	Number	Number	Number	Number
Medical and dental	643	643	0	588
Administration and estates	1,662	1,593	69	1,096
Healthcare assistants and other support staff	643	527	116	1,121
Nursing, midwifery and health visiting staff	1,677	1,596	81	1,739
Nursing, midwifery and health visiting learners	0	0	0	181
Scientific, therapeutic and technical staff	616	616	0	609
Bank and agency staff	139	0	139	69
	5,380	4,975	405	5,403

of which

Number of Employees (WTE) engaged on capital projects	6	6	0	5
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Note 4.3 Exit package cost band	2012/13	2012/13	2012/13	2011/12
	Total number	Number of	Number of	Total number
	of exit	compulsory	other	of exit
	packages by	redundancies	departures	packages by
	cost band		agreed	cost band
<£10,000	16	0	16	14
£10,000 - £25,000	16	1	15	9
£25,001 - £50,000	10	1	9	11
£50,001 - £100,000	3	0	3	3
£100,000 - £150,000	0	0	0	1
Total number of exit packages by type	45	2	43	38

Note 4.4 Early retirements due to ill health	2012/13	2012/13	2011/12	2011/12
	£000	Number	£000	Number
No of early retirements on the grounds of ill-health		7		8
Value of early retirements on the grounds of ill-health	277		338	

Note 4.5 Analysis of termination benefits	2012/13	2012/13	2011/12	2011/12
	£000	Number	£000	Number
No of cases		45		38
Cost of cases	901		972	

NOTES TO THE ACCOUNTS

Note 5 Finance income

Interest receivable amounted to £493,000 (2011/12: £664,000). 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 £200,000 (2011/12: £231,000). 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 2012/13 or 2011/12.

Note 6.2 Public Dividend Capital dividend

PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as PDC dividend. See accounting policy 1.14 for an explanation of how this dividend is calculated.

The amount payable this year is £3,233,000 (2011/12: £2,822,000), which is 3.50% of the year's average relevant net assets of £95,109,000 (2011/12: £80,628,000 at 3.50%).

Note 6.3 Losses and special payments

NHS foundation trusts are required to record cash and other adjustments that arise as a result of losses and special payments. These losses to the Foundation Trust will result from the write off of bad debts, compensation paid for lost patient property, or payments made for litigation claims in respect of personal injury. In the year the Foundation Trust has had 234 (2011/12: 142) separate losses and special payments, totalling £390,000 (2011/12: £314,000). The bulk of these were in relation to bad debts and ex gratia payments in respect of personal injury. Losses and special payments are reported on an accruals basis but excluding provisions for future losses. There were no individual cases exceeding £100,000.

NOTES TO THE ACCOUNTS

Note 7.1 Intangible assets 2012/13	Total £000	Software licences purchased £000
Valuation/gross cost at 1 April 2012	4,869	4,869
Additions - purchased	913	913
Additions - donated	58	58
Revaluation	448	448
Valuation/gross cost at 31 March 2013	6,288	6,288
Amortisation at 1 April 2012	2,933	2,933
Provided during the year	1,023	1,023
Revaluation surplus	325	325
Amortisation at 31 March 2013	4,281	4,281

Note 7.2 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)
Valuation/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 7.3 Intangible assets financing	Total £000	Software licences purchased £000
Net book value		
NBV - Purchased at 31 March 2013	1,946	1,946
NBV - Donated at 31 March 2013	61	61
NBV total at 31 March 2013	2,007	2,007
Net book value		
NBV - Purchased at 31 March 2012	1,919	1,919
NBV - Donated at 31 March 2012	17	17
NBV total at 31 March 2012	1,936	1,936

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	2012/13 £000	2011/12 £000
Carrying Value at 1 April	69	282
Movement in year	(14)	(213)
Carrying value at 31 March	55	69

NOTES TO THE ACCOUNTS

Note 8.1 Property, plant and equipment 2012/13

	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
Valuation/Gross cost at 1 April 2012	177,848	19,081	108,053	2,364	1,400	37,145	396	9,087	322
Additions - purchased	11,666	0	4,616	0	493	5,509	0	1,048	0
Additions - donated	426	0	74	0	0	352	0	0	0
Reclassifications	0	0	1,499	0	(1,499)	0	0	0	0
Revaluation	101	0	(869)	0	0	671	0	299	0
Disposals	(699)	0	0	0	0	(661)	(38)	0	0
Valuation/Gross cost at 31 March 2013	189,342	19,081	113,373	2,364	394	43,016	358	10,434	322
Accumulated depreciation at 1 April 2012	33,632	0	0	0	0	26,452	349	6,586	245
Provided during the year	8,101	0	4,198	316	0	2,523	11	1,032	21
Revaluation surplus	400	0	(357)	0	0	543	0	214	0
Disposals	(612)	0	0	0	0	(594)	(18)	0	0
Accumulated depreciation at 31 March 2013	41,521	0	3,841	316	0	28,924	342	7,832	266

NOTES TO THE ACCOUNTS

Note 8.2 Property, plant and equipment financing 2012/13

	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
Owned	144,924	19,081	107,424	2,048	394	13,303	16	2,602	56
Government granted	128	0	0	0	0	128	0	0	0
Donated	2,769	0	2,108	0	0	661	0	0	0
NBV total at 31 March 2013	147,821	19,081	109,532	2,048	394	14,092	16	2,602	56

No assets were held under finance leases and hire purchase contracts at the SoFP date (31 March 2012: £ nil).

No depreciation was charged to the SoCI in respect of assets held under finance leases and hire purchase contracts (31 March 2012: £ nil).

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 2013

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction & POA	Plant & machinery	Transport equipment	Information technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
NBV - protected assets at 31 March 2013	99,450	8,022	91,428	0	0	0	0	0	0
NBV - unprotected assets at 31 March 2013	48,371	11,059	18,104	2,048	394	14,092	16	2,602	56
NBV total at 31 March 2013	147,821	19,081	109,532	2,048	394	14,092	16	2,602	56

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 2011/12

	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
Valuation/gross cost at 1 April 2011 - as previously stated	168,593	19,525	101,692	2,456	343	35,199	396	8,643	339
TCS and merger adjustments	216	0	0	0	0	216	0	0	0
Valuation/gross cost at 1 April 2011 - restated	168,809	19,525	101,692	2,456	343	35,415	396	8,643	339
Additions - purchased	6,798	0	2,096	0	1,181	2,441	0	1,080	0
Additions - donated	177	0	0	0	0	177	0	0	0
Reclassifications	0	0	123	0	(124)	0	0	1	0
Revaluation	4,305	(444)	4,142	(92)	0	910	0	(211)	0
Disposals	(2,241)	0	0	0	0	(1,798)	0	(426)	(17)
Valuation/gross cost at 31 March 2012	177,848	19,081	108,053	2,364	1,400	37,145	396	9,087	322
Accumulated depreciation at 1 April 2011	36,225	0	4,151	239	0	25,188	339	6,072	236
Provided during the year	7,342	0	3,742	78	0	2,398	10	1,088	26
Impairments	491	0	491	0	0	0	0	0	0
Revaluation surplus	(8,200)	0	(8,384)	(317)	0	650	0	(149)	0
Disposals	(2,226)	0	0	0	0	(1,784)	0	(425)	(17)
Accumulated depreciation at 31 March 2012	33,632	0	0	0	0	26,452	349	6,586	245

NOTES TO THE ACCOUNTS

Note 8.5 Property, plant and equipment financing 2011/12

	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
Owned	141,496	19,081	105,969	2,364	1,400	10,060	47	2,498	77
Government granted	181	0	0	0	0	181	0	0	0
Donated	2,539	0	2,084	0	0	452	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

Note 8.6 Analysis of property, plant and equipment 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
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
NBV total at 31 March 2012	144,216	19,081	108,053	2,364	1,400	10,693	47	2,501	77

NOTES TO THE ACCOUNTS

Note 9 Inventories

	31 Mar 13	31 Mar 12
	£000	£000
Theatre consumables	598	567
Other consumables	962	835
Drugs	1,994	2,175
Building and engineering	160	187
	3,714	3,764

Note 10.1 Trade and other receivables

	31 Mar 13	31 Mar 12
	£000	£000
Current		
NHS receivables	6,446	6,396
Other receivables with related parties	291	190
Provision for impaired receivables	(1,583)	(3,676)
Prepayments	1,009	1,394
PDC dividend receivable	35	23
Other receivables - revenue	4,057	5,472
	10,255	9,799
Non-current		
NHS receivables	0	189
Other receivables - revenue	1,104	1,140
	1,104	1,329

NOTES TO THE ACCOUNTS

Note 10.2 Provision for impairment of receivables	2012/13 £000	2011/12 £000
At 1 April	3,676	2,344
Increase in provision	4,046	2,055
Amounts utilised	(212)	(73)
Unused amounts reversed	(5,927)	(650)
At 31 March	1,583	3,676

Note 10.3 Analysis of impaired receivables	31 Mar 13 £000	31 Mar 12 £000
Ageing of impaired receivables		
0 - 30 days	17	49
30 - 60 days	6	37
60 - 90 days	9	4
90 - 180 days	67	119
Over 180 days	1,484	3,467
	1,583	3,676

Ageing of non-impaired receivables past their due date		
0 - 30 days	8,549	6,740
30 - 60 days	581	843
60 - 90 days	656	219
90 - 180 days	196	576
Over 180 days	(38)	4
	9,944	8,382

The Foundation Trust considered the recent collection history of individual receivables in determining whether to provide for them.

NOTES TO THE ACCOUNTS

Note 11 Trade and other payables

	31 Mar 13 £000	31 Mar 12 £000
Current		
NHS payables - revenue	1,121	2,476
Amounts due to other related parties - revenue	7,147	6,971
Other trade payables - capital	1,495	2,445
Other payables	1,662	827
Accruals	28,411	24,859
	39,836	37,578

Note 12 Other liabilities

	31 Mar 13 £000	31 Mar 12 £000
Current		
Deferred income	3,920	10,849
	3,920	10,849
Non-current		
Deferred income	3,850	6,779
Deferred government grant	0	400
	3,850	7,179

NOTES TO THE ACCOUNTS

Note 13 Borrowings	31 Mar 13 £000	31 Mar 12 £000
Current		
Loans from Foundation Trust Financing Facility	1,000	1,000
Other loans	424	424
	1,424	1,424
Non-current		
Loans from Foundation Trust Financing Facility	5,000	6,000
Other loans	353	777
	5,353	6,777
Note 14 Prudential borrowing limit	31 Mar 13 £000	31 Mar 12 £000
Total long term borrowing limit set by Monitor	59,000	57,000
Working capital facility agreed by Monitor	18,500	18,500
	77,500	75,500
Long term borrowing at 1 April	8,240	9,036
Net actual repayment in year - long term	(1,463)	(796)
Long term borrowing at 31 March	6,777	8,240

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 four 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 £59,000,000 (2011/12: £57,000,000). 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.

	2012/13 Actual	2012/13 Approved	2011/12 Actual	2011/12 Approved
Financial ratios				
Minimum dividend cover	4.8	>1x	6.4	>1x
Minimum interest cover	58.8	>3x	79.8	>3x
Minimum debt service cover	9.3	>2x	11.6	>2x
Maximum debt service to revenue	0.5%	<2.5%	0.5%	<2.5%

All the actual Prudential Borrowings ratios are well within approved limits.

The Foundation Trust has £18,500,000 (2011/12: £18,500,000) of approved working capital facility. The Foundation Trust did not draw down any amounts under its working capital facility in either 2012/13 or 2011/12.

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 13 £000	Current 31 Mar 12 £000	Non-current 31 Mar 13 £000	Non-current 31 Mar 12 £000
Legal claims	367	811	0	0
Agenda for Change	4,191	1,466	0	0
Restructurings	2,042	160	0	0
Continuing care	807	435	0	0
Equal pay	0	146	0	0
Redundancy	0	381	0	0
Other	1,991	322	1,696	1,642
	9,398	3,721	1,696	1,642

Legal claims provision consist of two unfair dismissal cases.

Agenda for Change provisions include provisions for unresolved national and local bandings for several job profiles, unresolved enhancements pay and equal pay claims.

Restructurings relate to on-going restructuring commitments the Trust is undertaking.

Continuing care provisions relate to contractual issues for service provision from suppliers and commissioners.

Additionally, the other category contains amounts due as a result of third party and employee liability claims. The values are based on information provided by the NHS Litigation Authority, NHS Business Services Authority and NHS Pensions and have previously been reported in legal claims. There is also a provision within this section resulting from obligations arising from research activities committed to by the Trust through Bradford Institute for Health Research.

As at 31 March 2013 £52,829,000 is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Foundation Trust (31 March 2012: £50,528,000).

Note 15.2 Provisions for liabilities and charges analysis

	Total	Other legal claims	Agenda for Change	Restructurings	Continuing care	Equal pay	Redundancy	Other
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2012	5,363	811	1,466	160	435	146	381	1,964
Change in the discount rate	68	0	0	0	0	0	0	68
Arising during the year	7,283	52	3,010	1,942	372	0	0	1,907
Utilised during the year - cash	(203)	(14)	0	0	0	0	0	(189)
Reversed unused	(1,461)	(482)	(285)	(60)	0	(146)	(381)	(107)
Unwinding of discount	44	0	0	0	0	0	0	44
At 31 March 2013	11,094	367	4,191	2,042	807	0	0	3,687
Expected timing of cashflows:								
- not later than one year;	9,398	367	4,191	2,042	807	0	0	1,991
- later than one year and not later than five years;	1,696	0	0	0	0	0	0	1,696
TOTAL	11,094	367	4,191	2,042	807	0	0	3,687

NOTES TO THE ACCOUNTS

Note 16.1 Revaluation reserve - 2012/13

	Total revaluation reserve £000	Revaluation reserve - intangibles £000	Revaluation reserve - property, plant and equipment £000
Revaluation reserve at 1 April 2012	39,566	69	39,497
Revaluation	(176)	123	(299)
Other recognised gains and losses	(369)	(137)	(232)
Revaluation reserve at 31 March 2013	39,021	55	38,966

Note 16.2 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 17.1 Cash and cash equivalents

	2012/13 £000	2011/12 £000
At 1 April	64,908	58,476
Net change in year	(1,619)	6,432
At 31 March	63,289	64,908
Broken down into:		
Cash at commercial banks and in hand	50	295
Cash with the Government Banking Service	63,239	64,613
Cash and cash equivalents as in SoFP and SoCF	63,289	64,908

Third party assets held by the Foundation Trust at 31 March 2013 were £3,000 (31 March 2012: £3,000).

Note 17.2 Pooled budget

The Foundation Trust is not party to any pooled budget arrangements in 2012/13 or 2011/12.

NOTES TO THE ACCOUNTS

Note 18.1 Contractual capital commitments

Commitments under capital expenditure contracts at the reporting date were £1,827,000 (31 March 2012: £2,461,000).

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 2013 (31 March 2012: £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 2012/13 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 2012/13		
Short term benefit	0	1,611
Value of transactions with other related parties in 2012/13		
Airedale NHS Foundation Trust	1,316	361
Barnsley PCT	26,544	0
Bradford and Airedale Teaching PCT	259,254	2,868
Bradford City Council	307	1,227
Bradford District Care NHS Trust	1,742	1,009
Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund	66	0
Calderdale and Huddersfield NHS Foundation Trust	627	332
Calderdale PCT	7,786	0
Central Manchester University Hospitals NHS Foundation Trust	0	129
Department of Health	2,150	0
East Lancashire Teaching PCT	1,391	0
East Riding of Yorkshire PCT	116	0
Kirklees PCT	5,738	0
Leeds PCT	5,949	0
Leeds Teaching Hospitals NHS Trust	3,408	9,527
National Insurance Fund	0	14,546
NHS Blood and Transplant	0	1,444
NHS Business Services Authority	0	166
NHS Litigation Authority	0	8,164
NHS Pensions	0	19,816
NHS Shared Business Services	0	419
North Yorkshire and York PCT	3,634	0
Other Central Government Agencies	46	0
Other NHS Bodies	1,900	437
Sheffield Children's NHS Foundation Trust	80	20
Sheffield PCT	113	1
Sheffield Teaching Hospitals NHS Foundation Trust	12	89
Wakefield District PCT	432	0
Yorkshire and the Humber Strategic Health Authority	14,094	14

NOTES TO THE ACCOUNTS

Note 20.1 Related party transactions (cont.)

	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 2011/12		
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 20.2 Related party balances

	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2013		
Airedale NHS Foundation Trust	591	137
Barnsley PCT	217	0
Bradford and Airedale Teaching PCT	2,679	0
Bradford City Council	156	32
Bradford District Care NHS Trust	233	163
Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund	66	0
Calderdale and Huddersfield NHS Foundation Trust	530	19
Department of Health	35	130
HM Revenue and Customs	0	2,403
Kirklees PCT	22	42
Leeds Teaching Hospitals NHS Trust	1,630	427
National Insurance Fund	0	2,154
NHS Business Services Authority	0	42
NHS Pensions	0	2,590
North Yorkshire and York PCT	16	21
Northumbria Healthcare NHS Foundation Trust	0	68
Other Central Government Agencies	105	0
Other NHS Bodies	431	61
Sheffield Children's NHS Foundation Trust	30	2
Sheffield PCT	35	0
Yorkshire and the Humber Strategic Health Authority	33	8
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	2,434
Kirklees PCT	356	0
Leeds Teaching Hospitals NHS Trust	610	716
National Insurance Fund	0	2,090
NHS Business Services Authority	0	85
NHS Pensions	0	2,447
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

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 2012.

The Foundation Trust currently finances its capital expenditure from internally generated funds and funds made available from Government, in the form of additional Public Dividend Capital, under an agreed limit. In addition, the Foundation Trust can borrow, both from the Department of Health Financing Facility and commercially, to finance capital schemes. Financing is drawn down to match the spend profile of the scheme concerned and the Foundation Trust is not, therefore, exposed to significant liquidity risks in this area.

Interest rate risk

With the exception of cash balances, the Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest.

The Foundation Trust monitors the risk but does not consider it appropriate to purchase protection against it.

Foreign currency risk

The Foundation Trust has negligible foreign currency income, expenditure, assets or liabilities.

Credit risk

The Foundation Trust receives the majority of its income from NHS commissioners 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 to between £3,000,000 and £12,000,000 and the duration of the investment to a maximum of 3 months.

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 2013		
NHS trade and other receivables excluding non financial assets	5,154	5,154
Cash and cash equivalents at bank and in hand	63,289	63,289
	68,443	68,443
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

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 2013		
Borrowings excluding finance lease and PFI liabilities	6,777	6,777
NHS trade and other payables excluding non financial assets	32,689	32,689
Provisions under contract	11,093	11,093
	50,559	50,559
Liabilities as per SoFP at 31 March 2012		
Borrowings excluding finance lease and PFI liabilities	8,201	8,201
NHS trade and other payables excluding non financial assets	30,607	30,607
Provisions under contract	5,363	5,363
	44,171	44,171

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 £6,000,000 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 6 remaining years, with the final principal payment due on 25 January 2019.

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.

IFRS 9 - Financial Instruments: Financial Assets - published November 2009; **IFRS 9 - Financial Instruments: Financial Liabilities** - published October 2010 - this standard is not likely to be adopted by the EU until the IASB has finished the rest of its financial instruments project.

IFRS 10 - Consolidated Financial Statements - published May 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IFRS 11 Joint Arrangements - published May 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IFRS 12 Disclosure of Interests in Other Entities - published May 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IFRS 13 Fair Value Measurement - published May 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IAS 12 Income Taxes amendment - published December 2010 - this standard is applicable for periods beginning on or after 1 April 2012 but has not yet been adopted by the EU.

IAS 1 Presentation of financial statements, on other comprehensive income (OCI) - published June 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IAS 27 Separate Financial Statements - published May 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IAS 28 Associates and joint ventures - published May 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IAS 19 (Revised 2011) Employee Benefits - published June 2011 - this standard is applicable for periods beginning on or after 1 April 2013.

IAS 32 Financial Instruments: Presentation - amendment (offsetting financial assets and liabilities) - published December 2011 - this standard is applicable for periods beginning on or after 1 April 2014 but has not yet been adopted by the EU.

IFRS 7 Financial Instruments: Disclosures – amendment (offsetting financial assets and liabilities) - published December 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.