NHS

Bradford Teaching Hospitals
NHS Foundation Trust

Quality Account 2019/20
Final

Contents

1. STATEMENT OF QUALITY FROM THE CHIEF EXECUTIVE

Thank you for taking the time to read our 2019/20 Quality Account. I believe it reflects how immensely proud we are of our achievements during the year. Our mission is to provide the highest quality healthcare at all times, supported by our vision to be an outstanding provider of healthcare, research and education and a great place to work.

The past year has seen us face some significant challenges but also take great strides in bringing digital innovations to improve the quality of care for our patients. At the core of our foundations is making our infrastructure and Information Technology fit for the 21st century. March 2020 saw possibly the largest single transformation to the NHS as dedicated and courageous staff responded to the emerging COVID-19 crisis.

Our reputation has grown in the field of digital enablement with us becoming the first NHS organisation, and indeed the first healthcare organisation in Europe, to implement a Command Centre. The Command Centre opened on 12 November 2019 and is helping us to transform care - reducing waiting times, making the experience of being in hospital smoother, faster, more efficient and safer for our patients. Powered by artificial intelligence (AI), the new system will provide staff with real-time information to help them make speedy and informed decisions on managing patients across the Trust's hospitals.

Through our Electronic Patient Record, which we first implemented in September 2017, we have implemented a range of tools, alerts and assessments, which support the effective identification and management of sepsis, the effective implementation of the NEWS2 (National Early Warning Score), the effective assessment of risk of Venous-thromboembolism (VTE), and effective medicines management.

The CQC visited our Trust at the end of 2019 which gave us an opportunity to demonstrate just how much progress and improvement had been made in the year since the last inspection. They looked at four services at Bradford Royal Infirmary: medical care (including older people's care), maternity, services for children and young people, and outpatients, including outpatients at St Luke's Hospital. The inspectors recognised the improvements that had been made. Medical care (including older people's care), services for children and young people, and outpatients had all been rated 'Good', up from 'Requires Improvement'. Maternity remains as 'Requires Improvement'. Overall, the Trust was rated 'Good', with the 'well-led' and 'use of resources' domains also being rated 'Good'. CQC also identified areas of outstanding practice as well as areas for improvement and we are working hard to develop and implement action plans to address these findings.

We launched our patient experience strategy; embracing kindness at the end of 2018/19, the focused work around patient experience has made a tangible difference that was borne out by the significant improvements in our national patient survey results.

Our research activities continued to flourish with the Bradford Institute for Health Research (BIHR) becoming part of a new research fund to tackle some of the biggest healthcare challenges of our generation. The opening of the new £3m flagship Wolfson Centre for Applied Health Research was a hugely symbolic act, bringing together our academic partners and our own Trust colleagues to work together for the good of our wider population, our patients and their families. This partnership helps consolidate and build upon the reputation we have as national leaders in the field of applied health and care research.

And we continued to win national awards: from the Health Service Journal and the King's Fund; for the ambulatory care experience provided to our patients, for our work on identifying and treating deteriorating patients, for reducing infections and for our informatics and flexible workforce teams.

Our objectives for the next year are set out in this document which aims to build on the excellent work that has already been done.

I want to thank all the staff across the trust for the achievements and hope you enjoy reading our Quality Account.

Mel Pickup
Chief Executive

1.1 BTHFT Achievements in 2019/20

We are 'Good'... we received fantastic news when the CQC rated us 'Good' following their latest unannounced inspection. The CQC inspectors reported some brilliant examples of innovation, compassionate care, ongoing commitment and sheer hard work. They also highlighted 'examples of outstanding practice'.

European 'first'... we officially opened our new Command Centre, which is playing a key role in reducing waiting times and making the whole experience of being in hospital smoother, faster and more efficient for patients. By applying the latest digital innovation and artificial intelligence, the Command Centre is helping us to optimise patient flow and allow real-time coordination of care for each and every patient.

Pioneering... ground-breaking technology was launched on our diabetes ward. 50 of our patients became the first in the NHS to benefit from a new glucose reader, which uses artificial intelligence to monitor, predict and record their blood sugars and help ensure they remain within normal range.

Partnership... we launched our programme of collaboration with Airedale NHS Foundation Trust with a joint clinical summit. The work is seeing both trusts working more closely over the next two years to design a clinical services strategy that will sustain and improve our services for patients and staff.

Gold standard... our cardiac rehabilitation team secured national accreditation for the outstanding service it delivers to our patients. It provides a vital service in the community to get people back on their feet after they leave hospital following a heart attack, heart surgery or coronary intervention procedure.

Stamp of approval... our intensive care unit team was praised in an external audit for its excellent teamwork and culture of safety. In fact, when the report was presented to us, the authors said they had never seen anything so good!

Digital development... we broke new ground with the appointment of Dr Tom Lawton, a consultant in Critical Care and Anaesthesia, as Head of Clinical Artificial Intelligence. His role is focused on helping our hospitals unlock the benefits of this form of technology in the safest and most effective way.

A better welcome... we teamed up with AccessAble UK to launch new, online accessibility guides to all our hospitals to help those patients, visitors and staff with disabilities.

Lights, camera, action... our neonatal unit at Bradford Royal Infirmary was chosen to feature in the new series of BBC1's Inside Out programme – thanks to the caring and friendly service it provides to premature babies and their parents.

Winning team... a programme involving our Trust to drive forward improvements for patients having hip and knee replacements was victorious in the Health Service Journal Patient Safety Awards. The unique collaborative QIST (Quality Improvement for Surgical Teams), which aims to reduce infection rates for patients undergoing joint replacement surgery was crowned Infection Prevention and Control Initiative of the Year.

Making waves... more than 250 of us took to the River Aire to raise money for our Bradford Hospitals' Charity. Our record-breaking 12 teams paddled their way to raise an amazing £16,000 in the Bradford Dragon Boat Festival. Breaking Waters (pictured here) and the Children's Community Cavaliers finished in joint first place.

Crowning moment... our dedicated Informatics Team was named Team of the Year at the prestigious Digital Health Awards. It has played a key role in delivering several major projects throughout our Trust recently, including EPR and our new Command Centre.

Music to the ears... since winning a prestigious Health Service Journal Award last year, our amazing ACE (Ambulatory Care Experience) service has gone from strength-to-strength. Clinicians from around the country have visited us in ever-increasing numbers to find out more. And in another exciting turn, the Royal Northern College of Music performed a piece which aims to describe the service using flutes, oboes and clarinets!

Taking a pledge for equality... we officially launched the new NHS Rainbow Badges into our Trust. It was great to see that so many of us have signed up to the scheme, which aims to promote inclusivity and reduce health inequalities for lesbian, gay, bisexual and transgender (LGBT+) people accessing healthcare as well as supporting their families.

25th birthday... our renal department – which plays such an important role in the lives of kidney patients throughout Bradford and Airedale – celebrated its silver jubilee. The unit was established back in 1994 at BRI and St Luke's. It now has six renal consultants, over 400 transplant patients, more than 300 dialysis patients, and recently received a glowing report from the UK Renal Association.

Research boost: our new multi-million pound Wolfson Centre for Applied Health Research, which will help improve health across generations, from children to the elderly, officially opened. The highlight of the event was the unveiling of the commemorative plaque, carried out by some of the Trust's oldest and youngest patients, currently taking part in research studies.

Stroke care boost... our fantastic Hyper Acute Stroke Unit (HASU) on ward 6 at Bradford Royal Infirmary started to hold coffee mornings every fortnight to help promote patient independence. They aim to give patients and their families the chance to find out more about life after stroke, meet our patient stroke ambassador and ask lots of questions. They also give patients the chance to get off the ward and help with social interaction.

Family support... our new Butterfly Room – a sanctuary for families of life-limited children – opened its doors. This special room is a new addition to our Women's and Newborn Unit, and with its soothing colours and soft furnishings, it is a tranquil space for supporting new mums and their families following diagnosis of a life-limiting condition in their baby.

National winners... we sent huge congratulations to our resourceful flexible workforce team, which was crowned the national Workforce Planning Team of The Year in the "Our Health Heroes" awards.

Quality first... we published our comprehensive Quality Plan for the next three years. The strategy shares our ambitious quality goals and targets which we aim to achieve between now and 2022.

Child's play... Lisa Smith, Play Specialist, Children's Specialist Service, was crowned winner of the 2019 Employee of the Year Award. She received a commemorative plaque, and £300 from our sponsors Sovereign Health Care.

Brilliant Bradford... Our ward 4/ Medical Admissions Unit (MAU) won the race to be crowned our 2019 Team of the Year, one of the most hotly-contested categories at our annual staff awards.

2. PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1. PRIORITIES FOR IMPROVEMENT

Figure 1 - Priorities for Improvement 2020/21

Priority 1: Improving the management of Deteriorating Patients			
Target	Rationale	Progress	Reporting
The command centre patient deterioration tile will be successfully implemented in 5 ward areas by the end March 2021 and improve the management of sick patients in line with the National Patient Safety Improvement Programme focus on preventing avoidable deterioration. Public and patient views on this theme were sought nationally in the National patient safety strategy.	Our incident investigation outcomes and learning from death work identified this as a theme for improvement.	The management of the deterioration patient quality improvement collaborative commenced 2 years ago and the implementation of the command centre deterioration tile will build on this work.	The improvement will be monitored by ongoing review of numbers and themes from incident investigation outcomes and mortality structured judgement reviews. Regularly monitoring and review of our response to sepsis indicators will also be used as a measure to show improvement.
Priority 2: Improving Patient Experience			
Target	Rationale	Progress	Reporting
The Trust will continue to enhance patient experience through its Kindness Strategy with elements such as 'reducing noise at night' 'privacy and dignity' campaigns. The opinions of patients will be surveyed annually and published by the CQC.	In 2018, the Trust's patient experience was reflected through the In-Patient Survey as being within the lowest 20% in England, highlighting the priority for further action.	The average mean score rating across all questions in 2019 has risen to 71.2%, up from 68.6% in 2018. Initiatives across the Trust have promoted patient's feedback and the timely nature by which feedback is escalated and acted upon.	Increased patient experience will be evidenced by the average mean score of the Inpatient survey. The Trust's ambition is to have a score within the top 20% in England, indicating improved patient experience.

Priority 3: Continued reduction in Stillbirths			
Target	Rationale	Progress	Reporting
The Trust will adhere to a significant quality improvement and transformation program to improve the stillbirth rate. Initiatives such as one to one care, the continuity of carer pathway and the saving babies' lives care-bundle v2 will all be implemented to reduce stillbirths. The board-approved action plan was drawn up from CQC recommendations and staff consultations.

By Mar 21 the Trust will see reductions in rate of stillbirths for each quarter, down from 8.4/1,000 births in Q3 2019/20. | The CQC identified that Bradford has a higher than average rate of stillbirths.

At 8.4, Bradford's stillbirth rate in Q3 2019/20 was above the threshold for rolling annual rate of all stillborn babies per 1,000 births and was higher than that of peers across West Yorkshire. | By March 2020, there was a steady decrease in the rate of stillborn babies (down to 7.9 /1,000) that continued through April and May 2020.

COVID-19 has delayed some of the planned continuity of carer work yet other initiatives are being actioned in line with the 'Outstanding Maternity Service' Programme. | The number of stillborn babies is monitored and reported internally to Committees of the Board and externally to CQC.

Progress against the action plan is being reported quarterly to the Board Committees. |

2.2. STATEMENT OF ASSURANCE FROM THE BOARD

2.2.1. REVIEW OF SERVICES

During 2019/20 Bradford Teaching Hospitals NHS Foundation Trust provided and/or subcontracted 39 relevant health services.

The Foundation Trust has reviewed all the data available to them on the quality of care in all 39 of these relevant health services.

The income generated by the relevant health NHS services reviewed in 2019/20 represents 100% of the total income generated from the provision of relevant services by Bradford Teaching Hospitals NHS Foundation Trust for 2019/20.

2.2.2. PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

Bradford Teaching Hospitals NHS Foundation Trust is committed to a programme of continuous improvement supporting its provision of safe, high quality patient care. It understands clinical audit as a professionally led, multi-disciplinary exercise, which should be integral to the practice of all clinical teams. The Foundation Trust also believes that clinical audit should not occur in isolation and supports the view that it should be considered

both within the context of organisational learning and as a mechanism to prove assurance about the quality of services provided.

The Foundation Trust has a **High Priority Clinical Audit Programme** that describes both its involvement in the National Clinical Audit Programme and its management of audits that are prioritised at a local level. All National Clinical Audit activity was suspended at the end of Quarter 4 2019/20 to enable NHS organisations to focus on their response to the COVID-19 pandemic.

During 2019/20 44 national clinical audits and 7 national confidential enquiries covered relevant health services that Bradford Teaching Hospitals NHS Foundation Trust provides.

During that period Bradford Teaching Hospitals NHS Foundation Trust participated in 98% of national clinical audits and 100% 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 2019/20 can be found in Figure 2.

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 2019/20, are listed below 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 learning identified and actions intended to be taken as a priority is described in Annex 3, Section 4.3 of this report.

Figure 2- National clinical audits and national confidential enquiries; eligibility, participation and percentage submission

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	% case submitted
Audits / Programmes The Trust was eligible for and participated in			
Assessing Cognitive Impairment in Older People / Care in Emergency Departments	Yes	Yes	100%
Care of Children in Emergency Departments	Yes	Yes	100%
Case Mix Programme (CMP)	Yes	Yes	100%
Child Health Clinical Outcome Programme:	Yes	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	Yes	100%
Inflammatory Bowel Disease programme / IBD Registry	Yes	Yes	*On-going
Major Trauma Audit (TARN)	Yes	Yes	80%
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK):	Yes	Yes	100%

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	% case submitted
Mental Health - Care in Emergency Departments	Yes	Yes	On-going
National Asthma and COPD Audit Programme (NACAP)	Yes	Yes	On-going
National Audit of Cardiac Rehabilitation	Yes	Yes	100%
National Audit of Dementia (NAD) National Audit of Dementia – Prescription of Psychotropic Medication Spotlight Audit	Yes	Yes	100%
National Audit of Seizure Management in Hospitals (NASH3)	Yes	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes	Yes	On-going
National Bariatric Surgery Registry (NBSR)	Yes	Yes	On going
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Yes	On going
National Emergency Laparotomy Audit (NELA)	Yes	Yes	100%
National Joint Registry (NJR)	Yes	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	Yes	On going
National Cardiac Audit Programme (NCAP)	Yes	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%
National Ophthalmology Database (NOD)	Yes	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	100%
National Prostate Cancer Audit	Yes	Yes	On-going
National Smoking Cessation Audit	Yes	Yes	100%
National Vascular Registry	Yes	Yes	On-going
National Diabetes Audit – Adults	Yes	Yes	100%
Sentinel Stroke National Audit programme (SSNAP)	Yes	Yes	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	Yes	100%
Surgical Site Infection Surveillance Service	Yes	Yes	100%
UK Cystic Fibrosis Registry	Yes	Yes	Not applicable
UK Parkinson's Audit	Yes	Yes	100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Yes	Not Applicable
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Yes	Not Applicable
National Audit of Care at the End of Life (NACEL)	Yes	Yes	Not Applicable
Perioperative Quality Improvement	Yes	Yes	Not

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	% case submitted
Programme (PQIP)			Applicable
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Yes	Yes	Not Applicable
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Yes	Yes	Not Applicable
Medical and Surgical Clinical Outcome Review Programme:			
• Acute Bowel Obstruction	Yes	Yes	75%
• Dysphagia in Parkinson's Disease	Yes	Yes	100%
• In-hospital management of out-of-hospital cardiac arrest	Yes	Yes	100%
National Gastro-intestinal Cancer Programme			
• Bowel Cancer	Yes	Yes	92%
• Oesophago-gastric Cancer	Yes	Yes	75 – 84%
Audits / Programmes The Trust was eligible for but chose to not participated in			
BAUS Urology Audit - Cystectomy	Yes	No	
BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	Yes	No	
BAUS Urology Audit - Nephrectomy	Yes	No	
BAUS Urology Audit - Percutaneous Nephrolithotomy (PCNL)	Yes	No	
BAUS Urology Audit – Radical Prostatectomy	Yes	No	
Audits / Programmes The Trust was not eligible for and did not participated in			
Mental Health Clinical Outcome Review Programme	No	No	
National Audit of Pulmonary Hypertension	No	No	
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive	No	No	
National Clinical Audit of Anxiety and Depression	No	No	
Neurosurgical National Audit Programme	No	No	
Paediatric Intensive Care (PICANet)	No	No	
Prescribing Observatory for Mental Health (POMH-UK)	No	No	
National Diabetes Audit – Foot Care	No	No	

Due to the COVID pandemic data collection for a number of national audits was suspended before the year end. For these audits % case ascertainment is labelled as "On-going". Data entry will recommence at a later date.

2.2.3. PARTICIPATION IN CLINICAL RESEARCH ACTIVITIES

In 2019/20 Bradford Teaching Hospitals NHS Foundation Trust has had an extensive programme of clinical research activities.

Highlights include:

- Recruiting patients to 157 National Institute for Health Research (NIHR) portfolio projects
- The number of patients receiving relevant health services provided or subcontracted by BTHFT in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee: 14,638
- Range of specialties involved in projects from Ophthalmology to General Surgery

Participation in clinical research demonstrates the Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

By being such a high performing research hospital we are providing the highest quality of care for our patients.

2.2.4. CQUIN COMMISSIONING

A proportion of Bradford Teaching Hospitals NHS Foundation Trust income in 2019/20 was conditional on 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 (CQUIN) payment framework.

Figure 3 below describes the full range of CQUIN Schemes that were applicable for the Trust during the 2019/20 Financial Year, and describes the Trust's performance against these schemes.

Figure 3 – BTHFT CQUIN Commissioning 2019/20

CQUIN Name	Commissioner	Our Performance
Antimicrobial Resistance (AMR)	CCG	63.60%
Staff Flu Vaccinations	CCG and NHS England	82%
Alcohol and Tobacco	CCG	21.80%
Three high impact actions to prevent Hospital Falls	CCG	24%
Same Day Emergency Care	CCG	91.51%
Medicines Optimisation	NHS England	100%

During the 2019/20 financial year, the Trust received a total CQUINS conditional income of £4.0012m compared to £6.218m during 2018/19.

Further details of the agreed goals for 2019/20 and for the following 12-month period are available electronically from NHS England's website[1].

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[1] https://www.england.nhs.uk/publication/commissioning-for-quality-and-innovation-cquin-guidance-for-2019-2020/.

2.2.5. CQC REGISTRATION

Bradford Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered'. Bradford Teaching Hospitals NHS Foundation Trust has no conditions on registration.
The Care Quality Commission has not taken enforcement action against Bradford Teaching Hospitals NHS Foundation Trust during 2019/20.

2.2.6. CQC INSPECTION

Figure 4 - CQC inspection ratings

[The Trust was inspected by the CQC from November 2019 – January 2020; the results of the inspection were published in April 2020 and can be viewed on the CQC's website [here][2]. The Foundation Trust's overall rating, improved from 'Requires Improvement' to 'Good' as shown above. The Trust received a "Good" rating for the Well Led, Quality and Use of Resources domain.

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

2.2.7. NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

Bradford Teaching Hospitals NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) that are

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[2] https://www.cqc.org.uk/provider/RAE

included in the latest published data by the service. The percentage of records in the published data that included patients' valid NHS Number and General Practitioner Registration Code is displayed in Figure 12. Percentages for 2019/20 are equal to or above the national England averages.

Record Type	Area	Apr - Nov 2019
Included Patient's Valid NHS Number	Admitted Patient Care	99.8%
	Outpatient Care	99.9%
	A&E Care	99.1%
Included Patient's Valid General Medical Practice Code	Admitted Patient Care	99.7%
	Outpatient Care	99.6%
	A&E Care	99.6%

2.2.8. DATA PROTECTION & SECURITY TOOLKIT

In 2018/19, the Information Governance Toolkit was replaced by the Data Security and Protection Toolkit. The Data Security and Protection Toolkit contains 10 data security standards (with underlying Assertions). These are self-assessed within the Data Security and Protection Toolkit (DSPT) and evidenced to provide overall assurance of the information governance related systems, standards and processes within an organisation. In 2019/20 Bradford Teaching Hospitals NHS Foundation Trust's DSPT met the standards. This is confirmed when an organisation evidences all mandatory Assertion items by final submission on 31 March 2020. A sample of the DSPT evidence is independently assessed by Audit Yorkshire.

2.2.9. PAYMENT BY RESULTS CLINICAL CODING

Although BTHFT was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission, the Trust commissions an external audit each year to assess coding accuracy for continued assurance of data quality. The latest audit undertaken in January 2020 (sample from July 2019) showed the Trust has met or exceeded all national standards. The Trust saw improvement in Primary and Secondary Diagnosis accuracy rates compared to previous years, exceeding national standards. Primary and Secondary Procedure rates meet the national standards (>=90% and >+ 80% accuracy, respectively) but have worsened slightly since the previous audit. This was noted as mainly due to inconsistencies or omissions in clinical documentation which will be addressed through monitored improvement plans.

2.2.10. DATA QUALITY

The Trust is in the fortunate position to be one of the most digitally mature trusts in the country. As part of the strategy to digitise is the ambition to become information-led at all levels and across all areas of operations. The Trust has invested in not only state of the art digital tools for clinicians but also for data and information. The Trust's strategy to achieve a high level of maturity in its use of information includes a number of components focussed on people, process and technology. To date this work has seen the Trust progress from an initial Stage 1: Reactive and Unorganised maturity state through the next stage of 2: Developing Some Coordination and into the third of five stages 3: Defined – Standardised. In this stage the Trust has, for example, established standardised reporting, data flows,

workflows and use of information. This progress provides a solid foundation for ensuring good data quality and information provision, including the provision of codified episode data (clinical coding).

Data Quality is a vital pre-requisite to effective and efficient operations resulting in improved decision making for improved patient care. The Trust is committed to a 'right first time' approach to data quality which applies to all areas - front line patient care, quality improvement, governance and holistic Trust management.

The Trust's Data Quality strategy, remit and performance has oversight from the Board of Director's Quality Committee via the Information Governance Sub-Committee. A Data Governance Board ensures controls related to the maintenance of the Trust's business critical and master data are appropriate and effective. These controls ensure subsequent reports, analyses, and decision- making are based on high quality, accurate and reliable data. This robust structure advocates a culture whereby data quality is everyone's responsibility, driving ownership from Ward to Board.

Robust governance mechanisms and controls are in place to continuously evaluate and improve data quality. A Data Quality Framework, Policy and roadmap for maturity ensure data quality objectives are fully defined with appropriate improvement plans embedded in the Trust's operations. All data collection and information systems used to record pathway data, clinical activity and/or administrative information across the Trust are within the scope of these controls which assure data across the entire lifecycle, from the point of capture through to disposal. High data quality is enabled through the Trust-wide Electronic Patient Record (EPR) and industry recognised data warehousing, analytical and business intelligence tools. The Trust's EPR is the single source of business critical patient demographic and activity data which is secured through role-based access.

In this coming year, Bradford Teaching Hospitals NHS Foundation Trust will be taking the following actions to improve data quality and maturity in line with the maturity plans described above. These plans include:

- Continuation of the Dashboard Project to implement real-time data reporting back to the front line to increase not only use of data but understanding of the importance of data quality.
- Continuation of a Data Warehouse optimisation plan that has been successfully running for the past several years and in 2020/2021 will continue to create additional automated data flows, driving consistency in Trust-wide analytics and reporting.
- An EPR pathway specific data quality improvement programme is in place and will continue focusing on error prevention, correction and validation at an operational level.
- Upgrade of the Trust's online Operational Data Quality Dashboard
- Launch of a new Trust-wide Data Quality communications plan
- Re-launch of an holistic Data Quality Audit and Review plan, cross cutting information systems, master data and key information.

The Trust's data quality maturity is self-assessed bi-annually through the Information Governance Sub-Committee using a standard model. The Trust is currently a strong Level 3 of 5; "Defined". The nationally reported Data Quality Maturity Index (DQMI) also shows the Trust in a strong position compared to local and national peers. As at October 2019 BTHFT DQMI score is 99.7, which is the highest score across acute trusts in Yorkshire and the Humber. The data quality position is presented to the Quality Committee.

2.2.11. LEARNING FROM DEATHS

During 2019/20, 1,253 of Bradford Teaching Hospitals NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

316 in the first quarter;
309 in the second quarter;
305 in the third quarter;
323 in the fourth quarter.

By April 2020, 145 case record reviews and 8 investigations have been carried out in relation to 1253 of the Trust's total deaths shown above.

In 8 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

31 in the first quarter;
27 in the second quarter;
60 in the third quarter;
27 in the fourth quarter.

5 representing 0.4% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:
0 representing 0% for the first quarter;
1 representing 0.32% for the second quarter;
1 representing 0.33% for the third quarter;
3 representing 0.93% for the fourth quarter.

The themes that emerge from SJRs are representative of the themes and trends that are seen in complaints, incidents and claims. It is notable that a lot of these themes have been discussed through our usual Clinical governance and quality oversight systems and have been included in Quality Improvement projects, such as our work to improve the recognition of the deteriorating patient which has been the primary focus for improvement work this year.

A collaborative programme to review the deteriorating patient has been completed and a change package launched Trust wide. A tile designed for the Trust Command Centre identifying patient deterioration has been designed, launched and is being tested successfully in all the adult admitting areas with plans to extend to all wards imminently.

A deteriorating patient group has been established and is monitoring the testing of the use of the tile and have put in place additional education and training as required. The tile allows the command centre and ward based staff to be aware of the ward level data in relation to our sickest patients.

The Trust wide deteriorating patient collaborative programme resulted in a 11% reduction in cardiac arrest calls being made. In addition work on improving our response to sepsis and a sepsis alert within the electronic patient record has shown continued improvement with focused work targeting specific areas identified through the alert.

20 case record reviews and 2 investigations were completed after March 2020 which related to deaths which took place before the start of the reporting period.
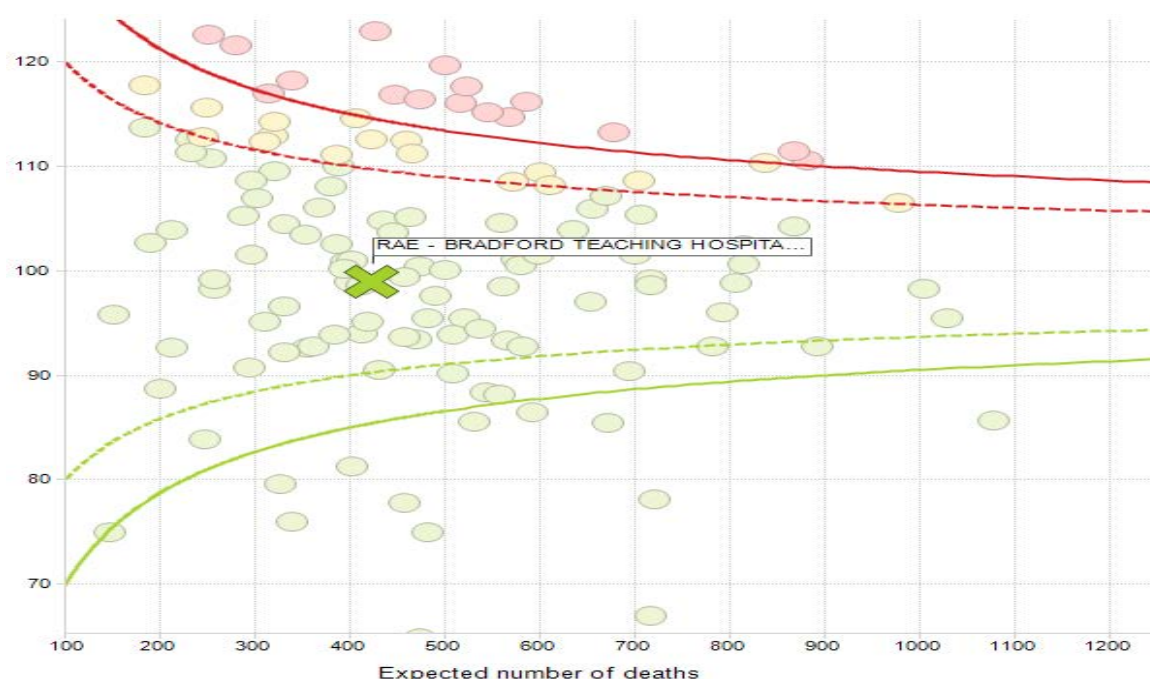
1 representing 0.25% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the SJR method, this is the Trust's standardised template and approach to undertaking mortality reviews. It is a documentation review which constitutes a subjective in-depth capture of the clinical reviewer's assessment of the quality/standard of care received during their stay in hospital, providing invaluable insight into how we provide care across the organisation.

7 representing 0.53% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3. REPORTING AGAINST CORE INDICATORS

2.3.1. SHMI

Figure 6 - Summary Hospital-level Mortality Indicator (SHMI)

Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons; data is captured, processed and analysed through the Trust-wide Electronic Patient Record (EPR), industry-standard data warehousing and analytical and business intelligence tools. An External Reporting Assurance (ERA) programme actively ensures that robust controls are in place for all mandatory reports, ensuring they meet quality and validation criteria. These controls include, but are not limited to, formal sign off requirements and Standard Operating Procedures (SOPs). Data is processed through central analytical services and validated by clinical staff (where relevant) before submission.

The Chief Medical Officer (our Caldicott Guardian) has responsibility for signing off the Trust's SHMI position before publication through the NHS Digital indicator previewer facility.

The SHMI was included in the external audit programme for the 2018/19 quality report.

Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this performance, and so the quality of its services, by continually monitoring quality of care through our quality oversight system. The SHMI for the trust has been consistently 'within expected' and therefore no specific additional actions (others than that linked to our mortality review process described above) has been required.

2.3.2. PATIENT REPORTED OUTCOMES MEASURES ('PROMS')

PROMS Hips

Figure 1.2 | Single Year Funnel Plot
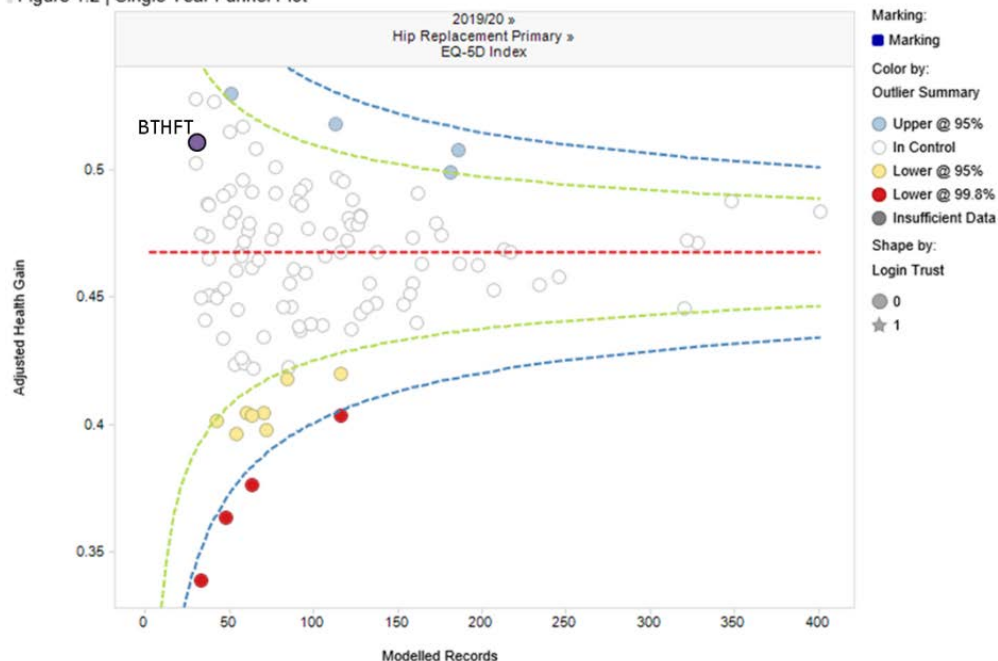
PROMS Knees

Figure 1.2 | Single Year Funnel Plot
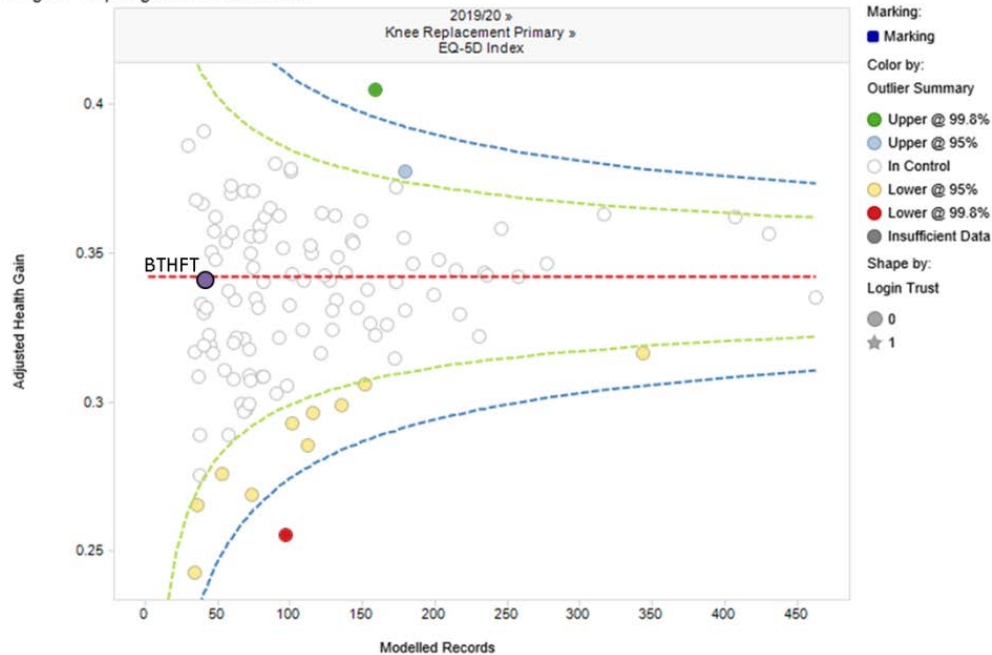
Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons; data processing is conducted by NHS England, who reports that data completeness is greater than 85% for these indicators.

Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this performance, and so the quality of its services, by continually monitoring quality of care through our quality oversight system. No additional actions have been required as the outcomes are within the expected range.

2.3.3. 28 DAY RE-ADMISSIONS

Figure 7 - 30 day Readmissions

Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons; data is captured, processed and analysed through the Trust-wide Electronic Patient Record (EPR), industry-standard data warehousing and analytical and business intelligence tools. An External Reporting Assurance (ERA) programme actively ensures that robust controls are in place for all mandatory reports, ensuring they meet quality and validation criteria. These controls include, but are not limited to, formal sign off requirements and Standard Operating Procedures (SOPs). Data is processed through central analytical services and validated by clinical staff (where relevant) before submission. An in-depth review of readmissions data reporting was undertaken by the Chief Medical Office (CMO) and Informatics function in 2019/20 with executive level sign off of a revised readmissions methodology.

As a consequence of Covid-19 the programme of improvement has been paused and will restart once the impact of Covid and the resumption of normal NHS activities has taken place. This is anticipated from April 2021.

2.3.4. RESPONSIVENESS TO PATIENT NEED

Figure 8 – Friends and Family Test
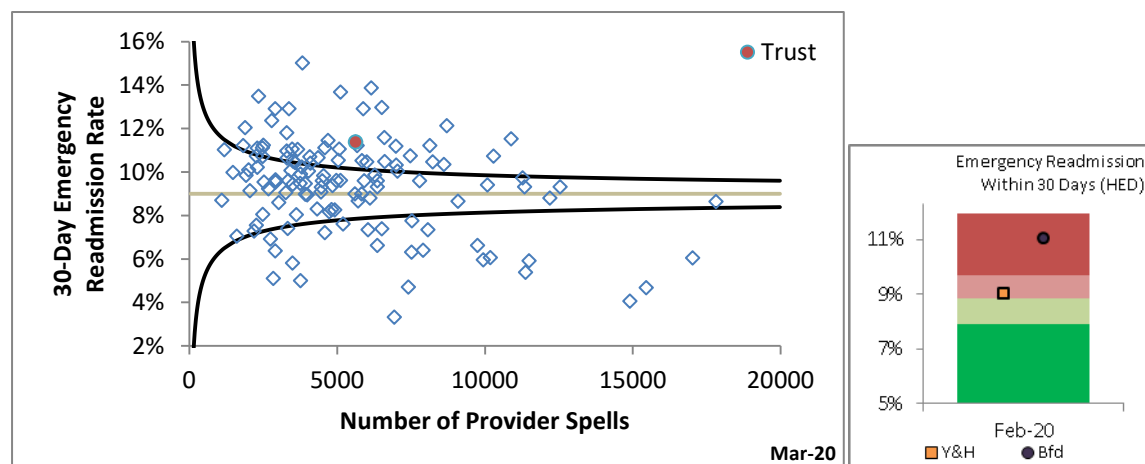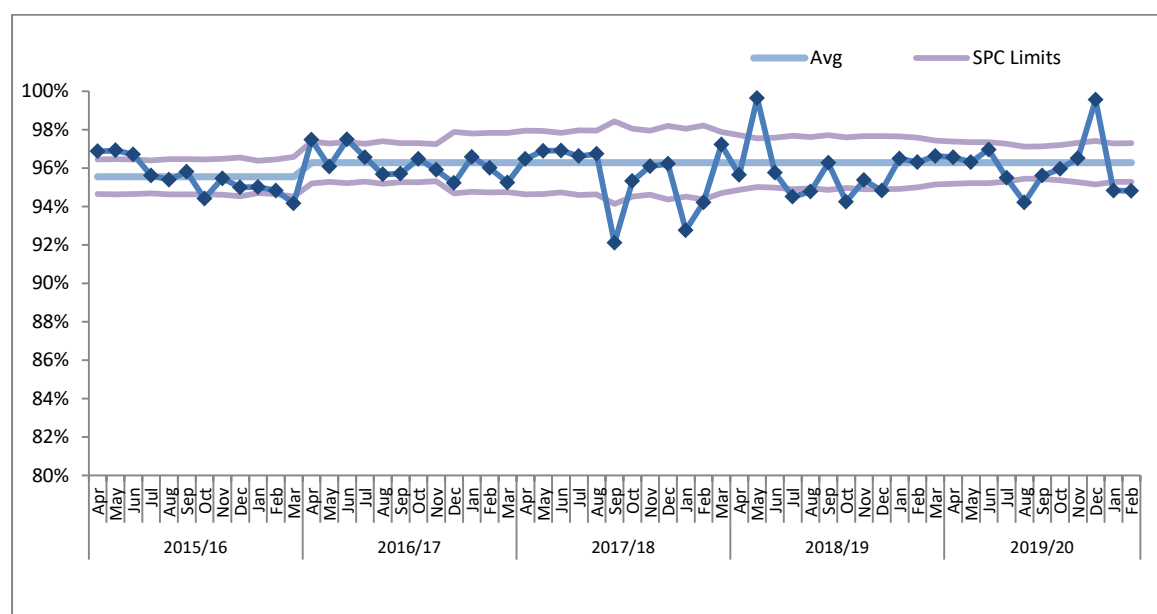

Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons; data is collected via the National NHS Inpatient Survey, where data quality is governed by the Indicator Governance Board, and is processed according to national guidelines.

Bradford Teaching Hospitals NHS Foundation Trust has paused any actions due to Covid-19 and will initiate the revised FFT guidance at the appropriate time.

2.3.5. STAFF FRIENDS AND FAMILY TEST

Figures 9a and 9b – Staff Friends and Family Test (treatment and work)

Treatment

Work
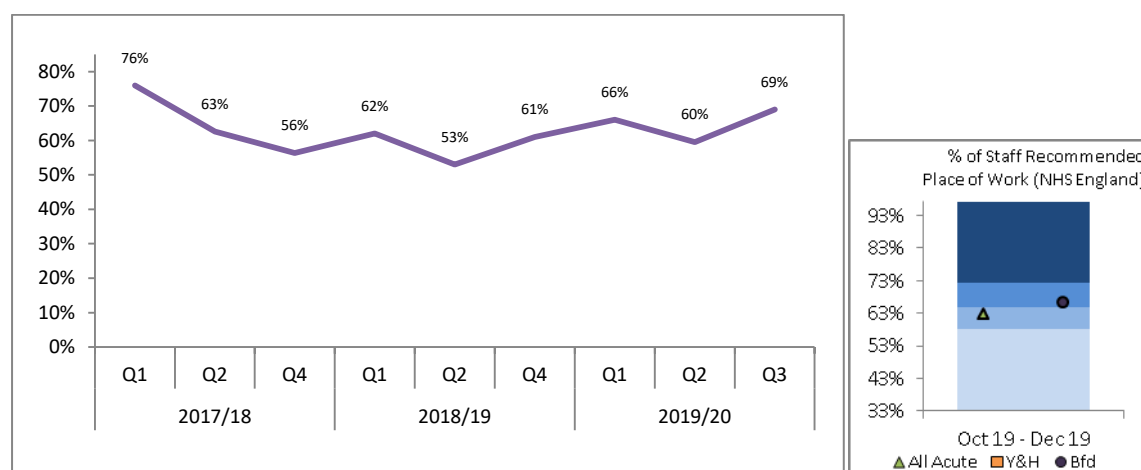
Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons; surveys are completed using digital, online tools that can be widely accessed across the organisation. Data is stored and processed using industry-standard data processing tools. Data is processed by dedicated reporting teams according to Standard Operating Procedures, and is signed off by appropriate sponsors.

Bradford Teaching Hospitals NHS Foundation Trust continues to focus on staff engagement and following the publication of the NHs People Plan (2020) this will be the new programme of work in future years.

2.3.6. VENOUS THROMBOEMBOLISM (VTE)

Figure 10 – Venous Thromboembolism

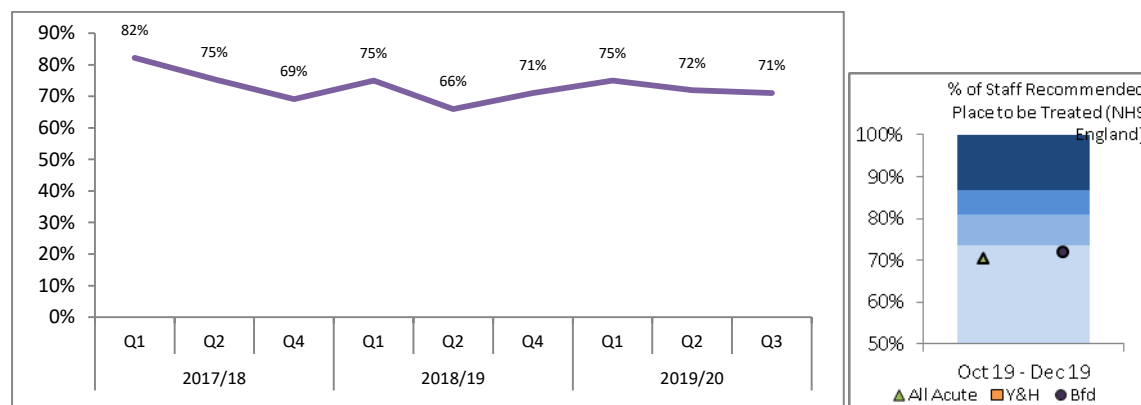
Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons; data is captured, processed and analysed through the Trust-wide Electronic Patient Record (EPR), industry-standard data warehousing and analytical and business intelligence tools. An External Reporting Assurance (ERA) programme actively ensures that robust controls are in place for all mandatory reports. Data is processed by dedicated reporting teams according to Standard Operating Procedures, and is signed off by appropriate sponsors.

Bradford Teaching Hospitals NHS Foundation Trust delivers against this standard and no further actions are required.

2.3.7. C. DIFFICILE

Figure 11 - C. Difficile Infections

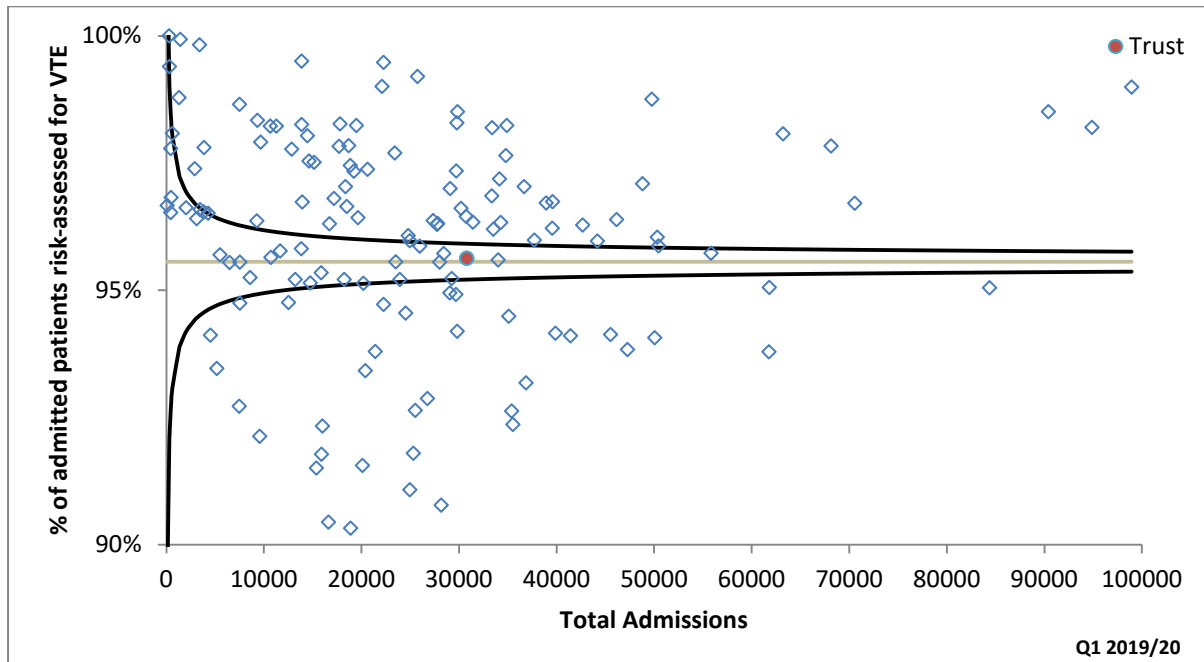Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons; data is captured, processed and analysed through the Trust-wide Electronic Patient Record (EPR), industry-standard data warehousing and analytical and business intelligence tools. An External Reporting Assurance (ERA) programme actively ensures that robust controls are in place for all mandatory reports. Data is processed by dedicated reporting teams according to Standard Operating Procedures, is validated by clinical staff, and is signed off by appropriate sponsors.

Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this performance, and so the quality of its services, by continually monitoring quality of care through our quality oversight system. In addition any case of confirmed infection is subject to a comprehensive review process to identify any lessons to learn.

2.3.8. PATIENT SAFETY INCIDENTS WITH SEVERE HARM OR DEATH

Figure 12 – Total Patient Safety Incidents reported with severe harm or death

Total Patient Incidents Reported (2019/20)

Month	Incidents
Apr 2019	928
May 2019	1004
Jun 2019	898
Jul 2019	969
Aug 2019	938
Sep 2019	924
Oct 2019	935
Nov 2019	1020
Dec 2019	1009
Jan 2020	1092
Feb 2020	910
Mar 2020	776

Patient incidents resulting in severe or death harm (2019/20)

Month	Incidents
Apr 2019	3
May 2019	2
Jun 2019	4
Jul 2019	1
Aug 2019	3
Sep 2019	0
Oct 2019	2
Nov 2019	2
Dec 2019	0
Jan 2020	3
Feb 2020	1

There were a total of 11,403 Incidents
There were 21 incidents that resulted in severe death or harm
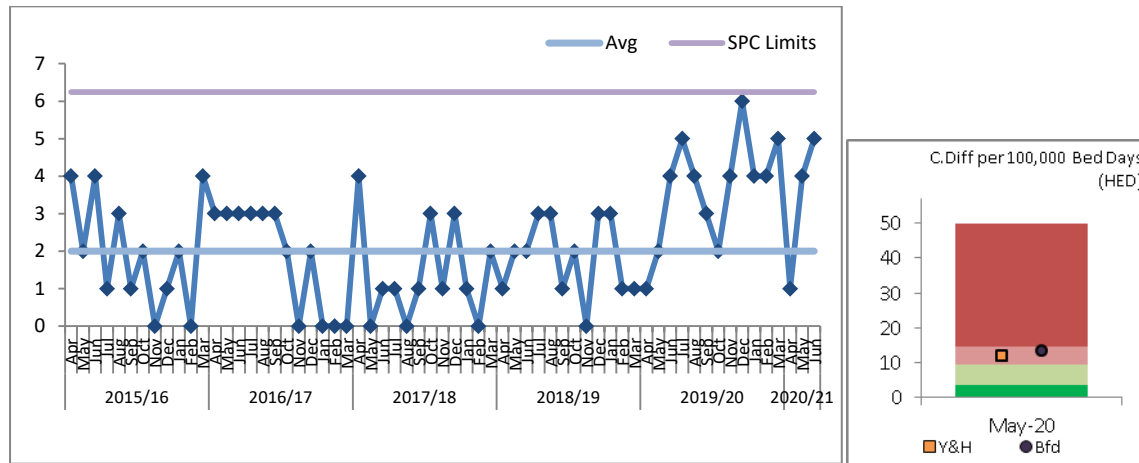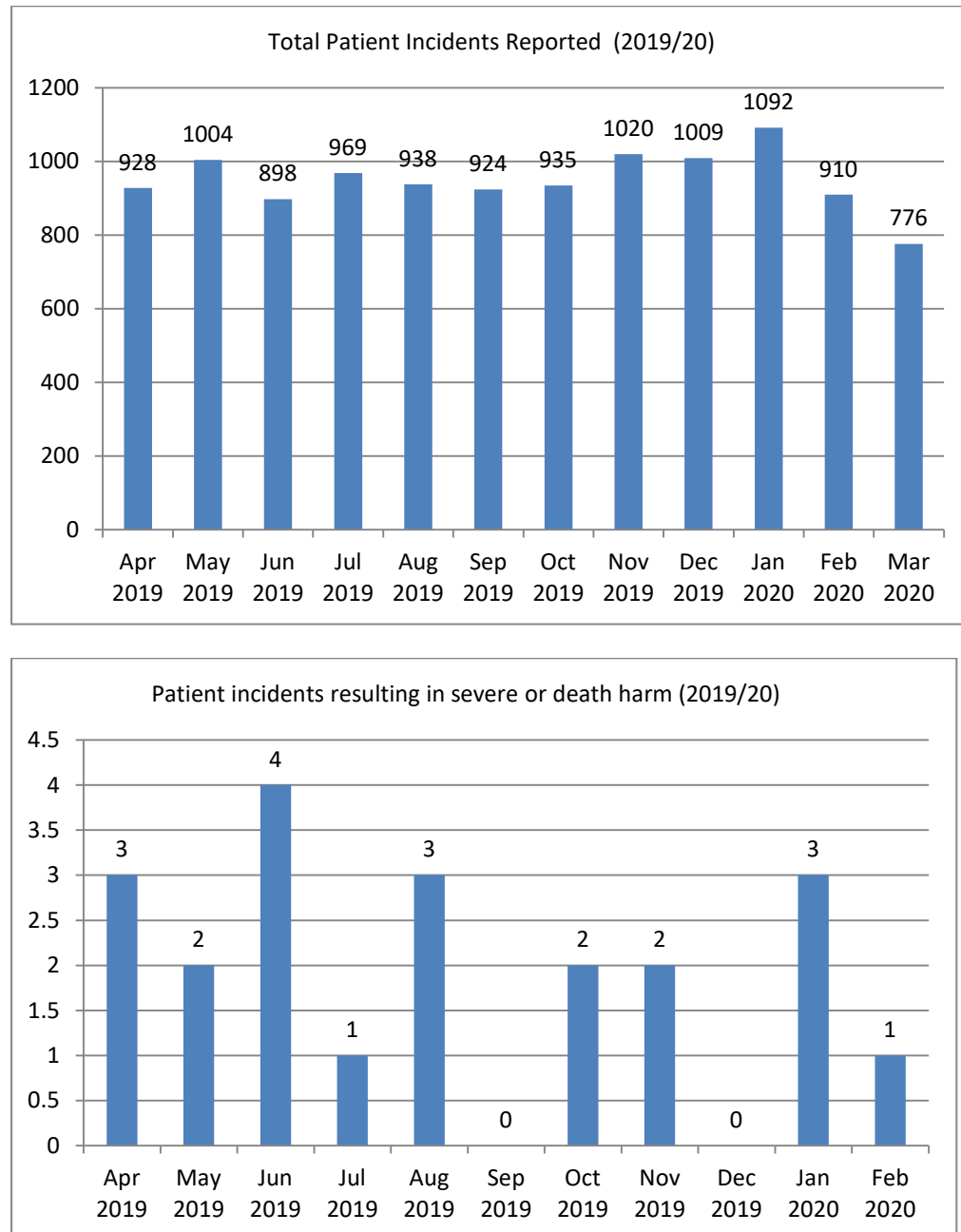The percentage of patient incidents resulting in severe or death harm = 0.18%

Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons; data is captured, processed and analysed through the Trust-wide Electronic Patient Record (EPR), industry-standard data warehousing and analytical and business intelligence tools. An External Reporting Assurance (ERA) programme actively ensures that robust controls are in place for all mandatory reports. Data is processed by

dedicated reporting teams according to Standard Operating Procedures, is validated by clinical staff, and is signed off by appropriate sponsors.

Bradford Teaching Hospitals NHS Foundation Trust continually monitors the outcomes from incident reporting and learning.

3. OTHER INFORMATION

3.1. PATIENT SAFETY

3.1.1. COMPLIANCE WITH WHO SAFETY CHECKLIST

- ➢ 99% compliance has been achieved against the standard.
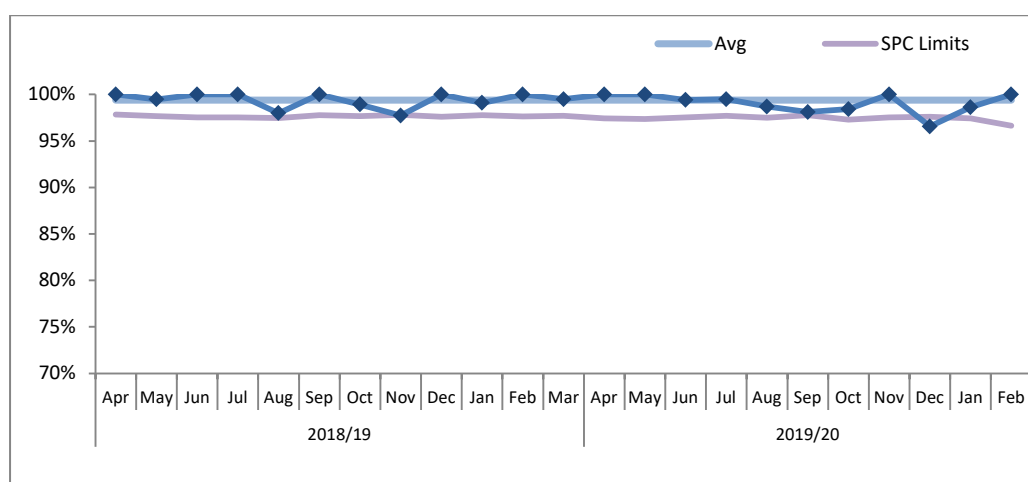
3.1.2. SEPSIS

The Trust monitors the percentage of patients screened for sepsis, performance in relation to this metric has shown steady improvement during 2019/20
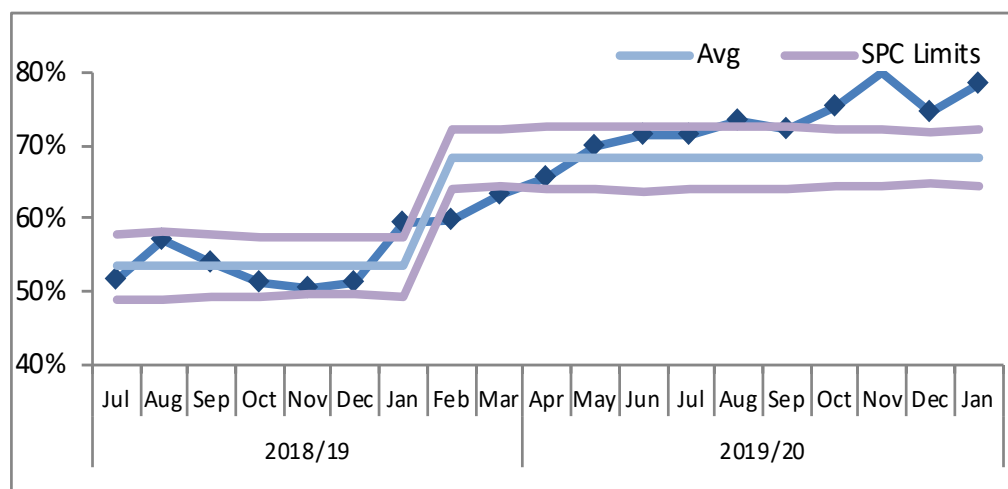
3.1.3. FALLS WITH HARM

The Trust routinely monitors falls with harm per 10,000 bed days. Performance during 2019/20 has remained stable. Detailed work has been commenced to implement the falls Commissioning for Quality and Innovation (CQUIN).
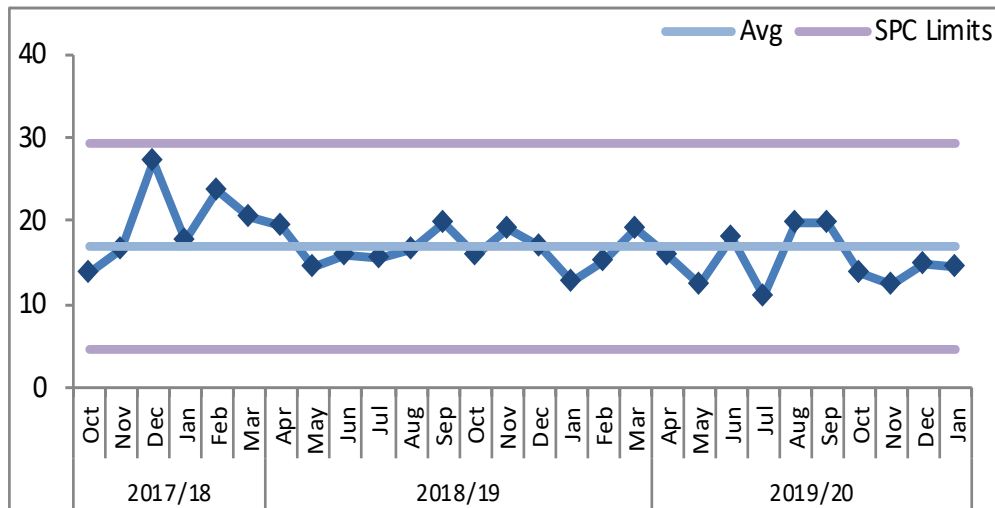
3.2. CLINICAL EFFECTIVENESS

3.2.1. HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

Our Hospital Standardised Mortality Ratio (HSMR) demonstrates that the Trust is 'within expected' for this metric

The trust has shown a steady improvement in the screening of deaths. Work is progressing with colleagues from Airedale Foundation NHS Trust to implement the national medical examiner role from April 2020.

Though our structured judgement review process the Trust has consistently rated care as good or excellent to 80% of our patients reviewed by structured judgement review.
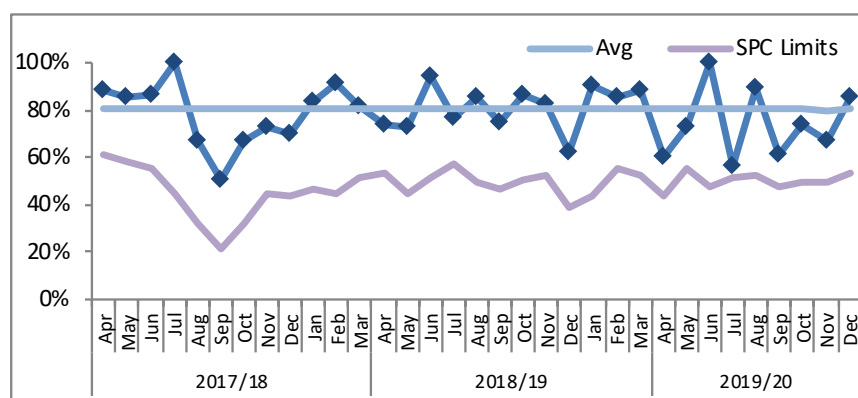
3.2.2. READMISSIONS
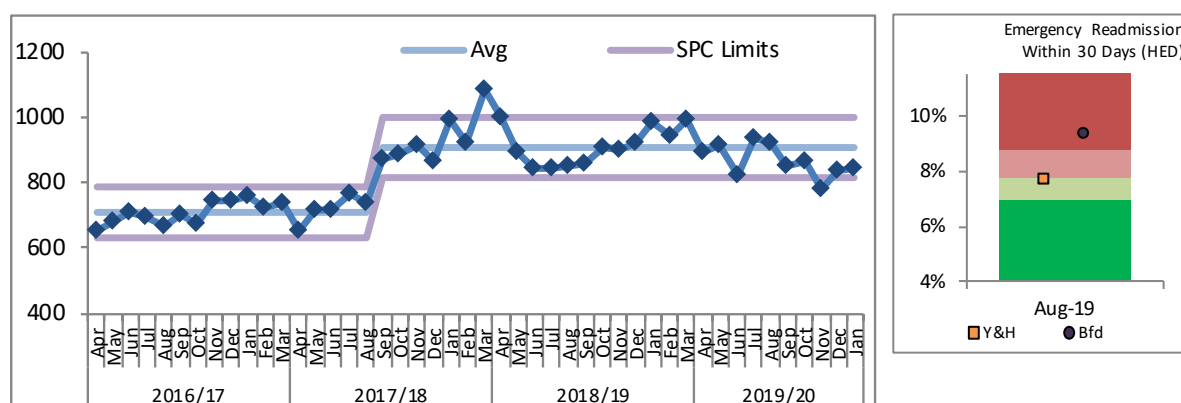
The Trust implemented a new EPR in September 2017. This saw a rise in recorded 'readmissions'. An Improvement programme started in Q3 2019 but has paused as a consequence of Covid 19. It is the intention to restart once the resumption of normal NHS activities takes place, anticipated April 2021 Readmissions reduced in October 2019. Trends at a specialty level have been reviewed and a clinical review of readmissions is being undertaken by the Chief Medical Officer's (CMO's) office.

3.2.3. GETTING IT RIGHT FIRST TIME (GIRFT)

In 2019/20 the Trust participated in the national Get It Right First Time (GIRFT) programme. The GIRFT programme is designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

To date the Trust has participated in 21 GIRFT visits plus 1 revisit in Orthopaedics. The visits have been received very positively by the clinical teams and have provided a peer to peer approach that has provided access to ideas and contacts to support any improvements initiated following the visit. All the observations and recommendations from the GIRFT visits are reviewed by the relevant clinical teams and prioritised both locally and centrally. A number of the recommendations are also included in the collaboration work

currently being planned with Airedale NHS Foundation Trust and also as part of the wider West Yorkshire Association of Acute Trusts collaboration.

3.3. PATIENT EXPERIENCE

3.3.1. COMPLAINTS

The Trust monitors the number of complaints received on a monthly basis and uses national benchmarking data to support its understanding and assurance.
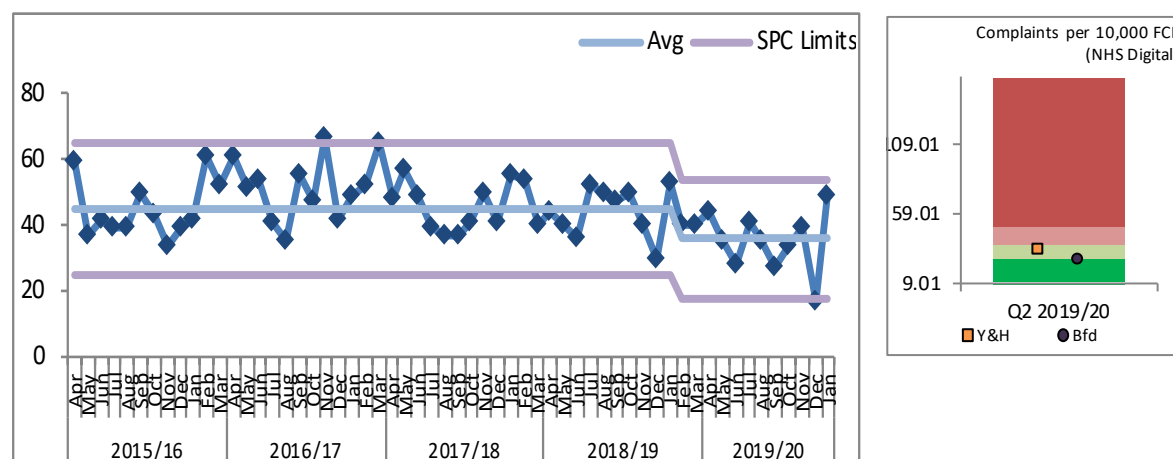
3.3.2. INPATIENT SURVEY

The Trust aims to be within the top 20% trusts in England for Patient Experience as measured through the National Inpatient Survey. The 2019 survey had 419 completed responses with an average mean score rating increase to 71.2% from 68.6% the previous year. Excellent progress has been made on the previous year with just 4 questions being scored within the lowest 20% of trusts, down from 34 the previous year. Work across the Trust has made it easier for patients' to complete the Inpatient Survey and has sped up the Trusts reviewing and acting on the feedback it gets.

3.3.3. MATERNITY SERVICE PROGRAMME AND PATIENT ENGAGEMENTS SURVEY

The Trust has an ambition to have an 'Outstanding' rating from the CQC in Maternity Services. The CQC inspected Maternity Services in November 2019 and rated it 'Requires Improvement' having highlighted a number of areas for improvement. The Trust has now launched its Outstanding Maternity Services programme to help create a culture of quality improvement and a clear vision for the future.

At 8.4 stillbirths per 100,000 births, the Trust knows that it has a higher than average rate than for most of 2019/20 was above the threshold of <4.7. The 'Outstanding Maternity Services' programme has a number of work streams to ensure that the necessary measures are taken to see a rapid and continued reduction in still births. Planned work includes initiatives such as the improving the one-to-one care in labour rates further improvement of the continuity of carer initiative and increased work to hear the voices of women.

Figure 13 - Stillbirths at BTHFT 2018/19 to 2019/20

Figure 13 - Stillbirths at BTHFT 2018/19 to 2019/20
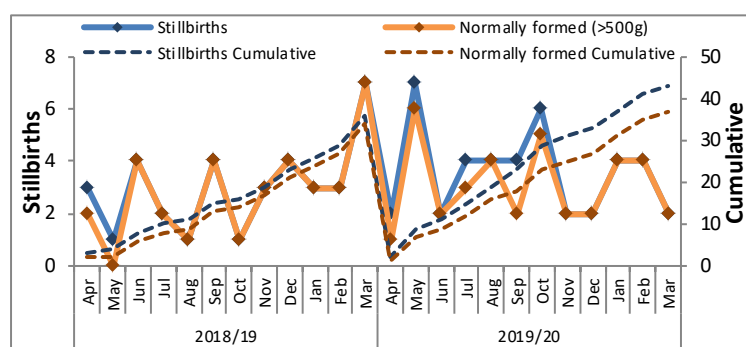
3.4. IMPLEMENTING THE PRIORITY CLINICAL STANDARDS FOR SEVEN-DAY HOSPITAL SERVICES

Seven Day Services (7DS) in hospitals was developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh, involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant –delivered acute care. These standards define what 7DS should achieve, no matter when or where patients are admitted.

The Trust's Clinical Service Strategy 2017-2022 describes how we will develop our clinical services consistent with the vision "to be an outstanding provider of healthcare, research and education and a great place to work" in order to meet the health needs of the people of Bradford and West Yorkshire.

The Clinical Services Strategy is set in the context of the NHS Five Year Forward View and its 2017 update, and the West Yorkshire & Harrogate Sustainability & Transformation Plan. It outlines how we will work with partners to provide new, flexible models of care, tailored to the needs of patients. The vision statement makes a commitment to our patients to meet their needs now and in the future.

That we will "**provide high quality healthcare, 24 hours a day, 7 days a week** – in particular we will focus on;
- Seven day services,
- Learning from deaths
- Care of the deteriorating patient
- Surgical safety
- Use of digital technology to improve care."

The 7DS Programme supports providers of acute services to tackle the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. The Trust has been a first wave implementer of 7DS, working closely with NHS England, Seven Day Service Improvement Programme (SDSIP) in implementing and reviewing progress from the initial six monthly surveys that were undertaken from March 2016 to the more recent Board Assurance Framework that started in 2019.

The Trust has worked with regional and national colleagues to look at new ways of working to improve and sustain compliance to the four priority clinical standards and Trust survey results have demonstrated continual improvement in compliance with the priority clinical standards, however there are still operational challenges to overcome to complete the

sustainable transformational changes required to meet all ten agreed 7DS Standards and to sustain performance of the four priority standards across all specialties.

For the four priority 7DS standards the 2019 self- assessments case review demonstrated

- 87% compliance for Clinical standard 2 over all specialities
  - 80% compliance for the two Urgent Network Clinical Services
  - 100% compliance for Acute (adult) admitting areas
  - Performance at weekend and weekday were at the same level indicating strong consultant led care 7 days per week.
- 100% compliance with standards 5, 6 & 8

The Trust is demonstrating strong compliance against the standards and has identified a number of new initiatives the Trust is focussing on to further improve performance against the standards including the roll out of the Command Centre Tile, continuation of embedding the SAFER principles and further "Work as One" collaborations throughout the Bradford Healthcare system.

3.5. STAFF EXPERIENCE

3.5.1. STAFF WHO SPEAK UP (INCLUDING WHISTLEBLOWING)

Freedom to Speak Up (FTSU) is embedded at BTHFT. Staff can raise concerns in a number of ways:
- by emailing a secure email – speakup.guardian@bthft.nhs.uk
- by down loading BTHFT FTSU free App from the App store (this can be used anonymously)
- by contacting the FTSU Associate Guardians directly by telephone, email or in writing.

The Associate Guardians support the person raising the concern throughout any period of further investigation. At the initial meeting the person raising the concern is informed that they will not suffer any detriment as a result of speaking up, and this is monitored throughout the support.

Following any investigation, the FTSU Associate Guardian always ensures that the recommendations are shared with the person who spoke up. Once the case is closed, the Associate Guardians follow up with the person raising the concern at three months to ask if they would speak up again and also the reason for their answer. The Trust has also implemented a staff advocacy service which staff can contact directly for confidential, impartial advice, helping them to understand their options and make an informed choice about how to address their situation or concern.

Figure 14 - number of concerns raised in 2019/2020

Quarter 2019/2020	No. of concerns raised
Q1	10
Q2	21
Q3	16
Q4	19
Total	66

3.5.2. STAFF SURVEY

- Staff engagement

Our vision is for our staff to feel valued, motivated and well led. We know that improving staff experience has a direct impact on patient experience, so improving staff engagement and experience is a top priority.

'We are Bradford', is an on-going conversation with our staff about why we're here and what makes us special. It is about bringing our values to life through recruitment, induction, appraisals and staff awards. Our 'Work as One' events held throughout the year got everyone working together and making improvements for patients, as well as focusing on the importance of wellbeing and looking after each other. These have brought our values to life across teams and across the wider Health and Social Care system.

'Let's Talk' has become the brand for our engagement activities, from 'Let's Talk Live' events with the Chief Executive, 'Let's Talk Together' Senior Leader sessions to our Let's Talk newsletter providing regular updates and staff stories.

We are proud that our on-going work to make our Trust a great place to work was recognised this year as a finalist in the HSJ 2019 award for Staff Engagement.

- NHS Staff survey

The NHS Staff Survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in eleven themes relating to staff experience. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those. The response rate between September and December for the 2019 Staff Survey was 38 % (2018: 35%). Scores for each theme together with that of the survey benchmarking group average of other Acute Trusts are presented below:

Figure 15 - NHS Staff Survey - Comparison of other Acute Trusts Benchmarking Group

	2019/20		2018/19		2017/18	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.0	9.0	9.0	9.1	9.0	9.1
Health and wellbeing	6.1	5.9	6.0	5.9	6.1	6.0
Immediate managers	7.0	6.8	6.9	6.7	6.7	6.7
Morale	6.4	6.1	6.3	6.1	New indicator – no comparative result available	
Quality of appraisals	5.7	5.6	5.6	5.4	5.3	5.3
Quality of care	7.6	7.5	7.5	7.4	7.5	7.5
Safe environment – bullying and harassment	8.1	7.9	8.1	7.9	8.0	8.0
Safe environment – violence	9.5	9.4	9.6	9.4	9.4	9.4
Safety culture	6.9	6.7	6.7	6.6	6.6	6.6
Staff engagement	7.2	7.0	7.2	7.0	7.0	7.0
Team working	6.8	6.6	6.7	6.5	6.6	6.5

The results of the 2019 Staff Survey show our staff feel they are making a difference and are trusted to do their job. An increasing number feel satisfied with the care they give and are delivering the care they aspire to. Morale is up with staff feeling able to show their initiative and make suggestions for improvements. Staff are confident action will be taken to make sure errors, near misses or incidents do not happen again and say that feedback is given about changes made. Staff feel safe to raise concerns about unsafe clinical practice and feel confident that concerns raised by staff and patients would be addressed. An increasing number of staff would recommend us as a place to work or receive care or treatment. The results show we work well as a team - this is the essence of 'We are Bradford' and shows how important it is to continue our work on culture and staff engagement.

Compared to 2018 we have improved scores in eight of the eleven themed areas: Health and wellbeing; Immediate managers; Morale; Quality of appraisals; Quality of care; Safe environment – bullying and harassment; Safety culture and Team working.

Our scores remained the same in two areas: Staff engagement and Equality, diversity and inclusion. Increasing staff engagement was our top priority in 2019 and although we have not made an improvement in our overall score compared to last year (7.2) we have seen significant improvements in scores in seven of the nine indicators. More staff are enthusiastic about their job and feel they have opportunities to show initiative; more feel able to make suggestions and make improvements happen. More staff would recommend us as a place to receive care or treatment – up from 68% to 71% and more staff would recommend us as a place to work up from 64.7% to 68.5%. We are above average in all areas. However there has been a decrease in scores in two area with fewer staff saying that time passes quickly when they are working and that they look forward to going to work, which will be a focus going forward.

In the questions about Equality, diversity and inclusion, although the overall score has not changed, we have seen an improvement in the perception around career progression and promotion this year with more staff saying that the Trust acts fairly with regard to career progression/promotion. More feel adequate adjustments have been made to enable staff to carry out their work and fewer staff have experienced discrimination at work from a manager or colleague. However there has been an increase in the number of staff experiencing discrimination at work from patients/service users, their relatives or members of the public; this has increased from 7.7% to 8.2% (compared to an average of 6.8%).

Our score decreased for Safe environment – violence. Although there is a drop in number of staff saying they have experienced physical violence from colleagues (from 1.5% to 1.2%) there has been an increase in the number of staff saying they experienced physical violence from patients/service users, their relatives or public, (from 11.2% to 12.5%) and the number of staff saying they experienced an incident of physical violence from managers (from 0.3% to 0.4%). This is a priority area to address. Despite the drop in score for this area, it remains our top score, just short of the best score for acute trusts.

Our priorities in the 2019 Staff Survey action plan were:
- Improve staff engagement and morale
- Equality, Diversity and Inclusion - improving perception and experience of career progression and promotion; provision of adequate reasonable adjustments
- Health and Wellbeing - taking positive action on health and wellbeing and reducing work related stress; experience of Musculoskeletal pain as a result of work activities
- Safe environment – bullying and harassment - reducing experience of harassment, bullying or abuse at work
- Quality of care - improving our quality of care and improving use of patient and service user feedback

We made improvements in seven of our priorities: Morale; Equality, Diversity and Inclusion; Health and wellbeing around taking positive action and reducing experience of MSK and in improving Quality of Care. This shows our focused work in these areas has made a difference. Our scores stayed the same for Staff engagement and Safe environment – bullying and harassment. We did not make an improvement in reducing the experience of work related stress despite a focus on health and wellbeing with a range of awareness and development events for managers and staff. These areas remain a priority for 2020/21.

- Future priorities and targets 2020/21

Building on the success of 'We are Bradford' and to keep up the momentum that will drive the behavioural change we need to make our Trust 'outstanding', this year the focus is making sure our staff feel motivated, valued and engaged; feel safe at work and take care of ourselves and each other. The priorities are:
- Increasing staff engagement with a focus on motivation
- Improving morale
- Health and wellbeing – in particular reducing work related stress
- Safe environment – reducing experience of harassment, bullying or abuse at work
- Safe environment – reducing experience of physical violence at work

Equality, diversity and inclusion will continue to be a priority and will be addressed through the ongoing Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans and equality, diversity and inclusion work.

Performance around staff engagement and morale will be measured through the Staff Friend and Family Test. Overall performance against our priorities will be monitored throughout the year by the Education and Workforce Committee reporting to the Workforce Committee.

3.6. NHS OVERSIGHT FRAMEWORK INDICATORS

Figure 10 below shows the Trust's performance against Indicators defined within the NHS Oversight Framework. Further indicators are described in more detail in Section 2.3.

Figure 16 - Performance against National and Local Indicators and Management of Performance

KPI	ECS 4-hour Standard	18 weeks RTT Incomplete	Cancer 62-day FT Standard	DM01 6-week wait for routine diagnostics
Apr-19	74.02%	85.65%	89.16%	97.50%
May-19	82.32%	86.37%	83.48%	95.35%
Jun-19	78.15%	86.36%	83.53%	93.82%
Jul-19	80.61%	85.10%	86.90%	96.48%
Aug-19	78.03%	83.49%	83.56%	95.92%
Sep-19	74.67%	84.80%	81.19%	98.18%
Oct-19	73.25%	84.76%	82.00%	96.55%
Nov-19	73.41%	85.27%	76.72%	97.36%
Dec-19	66.89%	85.14%	84.49%	96.49%
Jan-20	73.28%	85.28%	79.92%	97.94%
Feb-20	81.15%	84.32%	75.66%	98.29%
Mar-20	83.59%	80.74%	88.44%	93.21%
Overall 2019/20	**76.43%**	**84.74%**	**82.95%**	**96.45%**

4. ANNEXES

4.1. ANNEX 1: STATEMENTS FROM COMMISSIONERS, LOCAL HEALTHWATCH ORGANISATIONS AND OVERVIEW AND SCRUTINY COMMITTEES

4.1.1. STATEMENT FROM NHS BRADFORD DISTRICT & CRAVEN CCG

On behalf of NHS Bradford District and Craven CCGs, thank you for letting me have the opportunity to feedback to Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) on its Quality Account for 2019/2020.
In March 2020 we saw the emergence of COVID-19, which introduced a whole new set of challenges. The Trust has embraced new ways of working, redesigning services, and found new innovative ways to work in partnership across integrated care systems. The Trust's response to the pandemic has been exemplary.

I would like to use this opportunity to say a heartfelt thank you to Trust staff for their admirable dedication, who continue to tirelessly deliver services that are tailored to the needs of our residents, whilst dealing with the challenges COVID-19 brings to their own family lives. The Trust has demonstrated resilience, innovation and dedication to provide responsive, safe and high quality care to our residents during the unprecedented challenges of Covid-19; reducing health inequalities, working with BAME communities and recognising the impact on people waiting for elective treatment.
The Trust was inspected by the CQC from November 2019 – January 2020, and it was fantastic that the Trust's overall rating changed from 'Requires Improvement' to 'Good', receiving a "Good" rating for the Well-Led, Quality and Use of Resources domain.
I am aware that Maternity Services remain rated as 'Requires Improvement'. In addition to the ongoing CQC Maternity Services Improvement Plan, the Outstanding Maternity Services Programme was launched in August 2020. This is the start of a new journey to revolutionise Maternity Services. Whilst the programme is in its early days, I welcome the opportunity to celebrate the futures successes of the programme, which supports those delivering care to our women and families to be part of the solution, with the shared aim of becoming an outstanding maternity service.

The Trust continues to lead and grow in the field of digital enablement, becoming the first healthcare organisation in Europe to implement a digital Command Centre. Trust staff are equipped with real-time information to help them make speedy and informed decisions on managing patient flow, impacting directly on the quality of care delivered.
The Trust continues to advance and lead locally in the field of research. The new flagship Wolfson Centre for Applied Health Research opened in October 2019 bringing together academic partners and system colleagues to work together for the good of our wider population.

The Trust has continued to win numerous prestigious national awards, for progress in ambulatory care experience, treating and recognising deteriorating patients, reducing infections, and for informatics and flexible workforce teams. The launch of the Trust's patient experience strategy 'Embracing Kindness' triggered significant improvements in the Trust's national patient survey results.
Whilst the Quality Account does not give an update on the Trust's previous ambitions to reduce pressure ulcers and focus on medication safety; the account does outline further successes in relation to last year's priorities which include:

- A collaborative programme to review the deteriorating patient was successfully launched, supported by the command centre and deteriorating patient group.

Notably, The Trust wide deteriorating patient collaborative programme resulted in an 11% reduction in cardiac arrest calls

- The Trust continues to improve the response to sepsis, supported by sepsis alerts within electronic patient records

- Improved compliance with surgical checklists, achieving 99% compliance against the WHO safety checklists

I note the identified priority areas for 2020/21 include:

- The command centre patient deterioration tile will be successfully implemented in 5 ward areas (by the end March 2021) to improve the management of sick patients in line with the National Patient Safety Improvement Programme

- The Trust will continue to enhance patient experience through its Kindness Strategy with elements such as 'reducing noise at night' 'privacy and dignity' campaigns
- The Trust will adhere to a significant quality improvement and transformation program to improve the stillbirth rate, utilising initiatives such as one to one care, the continuity of carer pathway and the saving babies lives care-bundle

- Supporting the workforce - increasing staff engagement with a focus on motivation, improving morale, reducing work related stress and experience of harassment, bullying/abuse, and the of experience of physical violence at work

During 2020/21 it is important that we continue to build on this excellent work together with our system partners. It is also important that we collectively concentrate our effort, ANHSFT, BDCFT, the CCG and yourselves to reduce the numbers of Children Looked After who require a health assessment and children and young people requiring a neuro diversity assessment.

The Trust has continued in its commitment to the development of the health and care system actively supporting local community partnerships and PCNs. The Trust has clearly demonstrated its commitment to the 'Act as One' programme which bringing together the contributions of all GPs, district nurses, social workers, mental health providers, care homes, voluntary organisations and local hospitals into a single integrated care system for Bradford district and Craven. The Trust is committed to working as part of the West Yorkshire Association of Acute Trusts and the West Yorkshire and Harrogate Health and Care Partnership.

I can confirm that the Trust's statements of assurance have been completed demonstrating achievements against essential standards.

Finally I confirm that I believe this report to be a fair and accurate representation of BTHFT's achievements and commitments to improve the safety and quality of care of their services.

HELEN HIRST

Chief Officer

4.1.2. STATEMENT FROM HEALTHWATCH BRADFORD

Healthwatch Bradford and District

01/11/20

Healthwatch Bradford and District once again welcomes the opportunity to comment on Bradford Teaching Hospitals NHS Foundation Trust's Draft Quality report. Whilst Healthwatch has undergone management changes during the life of this report we look forward to maintaining and building on our established and positive relationship with the Trust over the coming year.

The report reminds us of the positive action taken in 2019/20 to improve quality at the Trust, and we congratulate staff on these achievements and their on-going commitment to excellent patient care, particularly given the challenging environment facing the NHS locally and nationally. This is of particular relevance with the impact of the Covid-19 pandemic.

We were particularly pleased to see the Trust being awarded an overall 'Good' rating in its CQC Inspection at the end of 2019. Whilst we acknowledge the progress made we do, however, remain concerned regarding maternity services.

Healthwatch is supportive of the Trusts 'Action Plans for Improvement' for the coming year and that these are commensurate with the Care Quality Commission recommendations detailed in the 2019 inspection report.

Healthwatch additionally believes that the priorities are challenging enough to drive improvement in the future, and that maternity services in particular will show consistent positive change.

We are, of course, particularly pleased to note that Priority 2 is to "Improve Patient Experience" and the target of being in the top 20% of Trusts for patient satisfaction.

We look forward to the action plans supporting maternity services to move from the current 'Requires Improvement' grading, and applaud the Trust's ambition to move to an Outstanding rating via the implementation of the 'Outstanding Maternity Services Programme'.

Over the past year, Healthwatch Bradford and District has gathered views and experiences of care at the Trust from service users, and their families and carers. People share their experiences both good and bad with Healthwatch Bradford and District. Feedback has been collected by members of the wider public; patients and carers contacting us directly.

Of particular success was the collaborative work between Bradford Royal Infirmary (BRI), Airedale General Hospital (AGH) and Healthwatch with stroke patients.

This qualitative work explored the experience of stroke patients via a network of 'Stroke Ambassadors' and their feedback was not only welcomed, but implemented by the Trust wherever possible.

Whilst this project ended in December 2019 there is a positive legacy and the relationship between the stroke team and Healthwatch remains strong.

We are encouraged by the Trusts continued commitment to patient involvement, particularly the Patient Experience Strategy outlined in the report. The positive outcomes of the Embracing Kindness initiative and the "focussed work" making a "tangible difference" to patient outcomes is to be commended.

At Healthwatch Bradford and District we believe that demonstrating to patients how their feedback is used to make changes or improvements shows service users and the public that they are valued in the decision-making process. Consequently, this has the potential to increase feedback. We are pleased to note that the Trust is using various ways to communicate with staff and service users regarding how their feedback is used to make changes and improvements.

Healthwatch Bradford and District will continue to listen to people's experiences of care and feed these back to the Trust. We look forward to working with the Trust to ensure that these experiences remain central to its approach to quality improvement and offer our continued support in achieving this.

Helen Rushworth
Manager
Healthwatch Bradford and District
07841 565467 | helen@healthwatchbradford.co.uk

www.healthwatchbradford.co.uk

4.1.3. STATEMENT FROM BRADFORD OVERVIEW AND SCRUTINY COMMITTEE

Bradford Metropolitan District Council has advised the Trust that it has opted not to provide comments on the 2019/20 Quality Account.

4.2. ANNEX 2: STATEMENT OF DIRECTORS' RESPONSIBILITIES FOR THE QUALITY REPORT

4.2.1. STATEMENT OF DIRECTORS' RESPONSIBILITIES FOR THE QUALITY REPORT

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance 'Detailed requirements for quality reports 2019/20'.
- 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 2019 to May 2020
  - Papers relating to quality reported to the board over the period April 2019 to May 2020
  - Feedback from commissioners dated 30/10/2020
  - Feedback from local Healthwatch organisations dated 03/11/2020
  - Feedback from overview and scrutiny committee dated 02/11/2020
  - The trust's complaints report published under Regulation 18 of the local Authority Social Services and NHS Complaints Regulations 2009, most recently dated 06/12/2019.
  - The latest national patient survey
  - The latest national staff survey
  - The Head of Internal Audit's annual opinion of the trust's control environment dated 16/06/2020
  - CQC inspection report dated 09/04/2020
- 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
- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Dr Maxwell Mclean
Chairman

Mel Pickup
Chief Executive

4.3. ANNEX 3: PRIORITY ACTIONS FROM NATIONAL AND LOCAL CLINICAL AUDITS

Figure 17 - Actions from National and Local Clinical Audits

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
Falls and Fragility Fractures Audit Programme (FFFAP): National Hip Fracture Audit	December 2019	The 2019 annual report demonstrated excellent results for key performance indicators. Out of six indicators were above national average including, 98.8% of patients receiving a prompt geriatric assessment and 90% of patients receiving prompt surgery. Other indicators, prompt mobilisation and delirium post op were in line with the national average. We need to continue to improve prompt mobilisation post op with physiotherapists and getting patients to theatre quickly.
National Audit of Cardiac Rehabilitation	December 2019	The audit reports on 7 standards, covering the make-up of staff delivering the programme, eligible patient groups, assessment and waiting time to start the programme and included data from 2017/18. The Trust achieved NACR certification status for 2019/20, providing assurance that all seven key performance indicators are being delivered to our patients. The audit report highlighted that there was an issue with the data upload relating to "exercise status", as a result this metric was not reported. IT work is planned to assess if the file compilation engine that extracts the audit data can be re-programmed to ensure that this data is included in future audit submissions.
National Audit of Care at the End of Life (NACEL)	July 2019	A number of actions have been put in place following a review of the findings and recommendations. Trust staff will be able to accesses Systm1 via EPR. It will ensured that there is accurate recording of reasons for delay in discharge, for 'fast track' discharges. End of Life education will be increased; a timetable has been agreed by the Hospital Palliative Care Committee for implementation of Level 1, Level 2 and Level 3 training and an e-learning package. The 'Last Days of Life Guidance' will be implemented on EPR (currently in a paper document).
National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (CRM)	July 2019	The Trust continues to meet the standard set by National Heart Rhythm Society in terms of the number of pacemaker and complex device procedures performed. The report illustrates high levels of data completeness and good performance against NICE standards. Action planning to further improve data completeness (in particular relating to the recording of screening

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
		time and x-ray dose) has been initiated. Through improved Clinician engagement and monthly review of data prior to submission gaps in data have been reduced significantly. The improvement against this key metric should be shown in next year's audit report.
National Cardiac Audit Programme (NCAP): National Heart Failure Audit	September 2019	The Trust participates fully in this audit with high levels of case ascertainment and data completeness. The report highlights the Trust's improved performance and it is named as an exemplar of good practice with a high percentage of patients prescribed the three key heart failure medications. The appointment of an inpatient heart failure nurse has led to better coordinated care with 62% of patients reviewed by the Specialist Heart failure team during their inpatient stay (previous year 32%). The audit has identified areas where improvement is needed including the number of patients reviewed by a Cardiologist. Local action plans have included the wider deployment of our heart failure nurse and the creation of a heart failure MDT where all in patients with heart failure are reviewed. The Trust's new Electronic Patient Record has allowed accurate review of all records in a timely manner. Provisional data from the 2020 audit report confirms that our quality improvement work has been successful with an increase in the percentage number of patients seen by a Cardiologist from 31 to 61%. The audit has been discussed widely at Cardiology Clinical Governance Meetings.
National Neonatal Audit Programme (NNAP) - Neonatal Intensive and Special Care	December 2019	The National Neonatal Audit Programme (NNAP) covers 15 standards, relating to the admission and aftercare of neonate infants. The majority of standards show compliance that in as good as or better than comparators and / or nationally. Bloodstream and Central Line associated Blood Stream Infection (CLABSI) were higher than nationally. The proportion of babies that developed Necrotising Enterocolitis was higher than comparator units and nationally. The number of babies that were receiving some mother's milk at discharge was lower than the national average. This has been discussed at speciality governance meetings and comprehensive Quality Improvement action plan has been developed.
National Paediatric Diabetes Audit (NPDA)	July 2019	The paediatric diabetes team have implemented a range of quality improvement initiatives including, individual management plans using the 'All About

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
		Me' document, group education for flash glucose monitoring and working with agencies such as, Bradford Schools and Early Help Services. The latest results show significant improvements in key indicators. We are now a positive outlier for HbA1c marker and our health check completion rate is 98.2 % (national average 88.7%). We need to improve the management of microvascular and macrovascular complications and risk factors. We also will continue efforts to reduce and sustain blood glucose diabetes control (HbA1c) targets.

4.4. GLOSSARY OF AUDITED INDICATORS

Figure 18 - Glossary of Audited Indicators

Indicator	Description	Criteria	Source
A&E Performance	Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	Operating standard of 95%.	Data is submitted monthly to NHS Digital by all providers of NHS-funded, consultant led services, through the Strategic Data Collection Service (SDCS). SDCS is the online tool used by NHS Digital for the collection and sharing of NHS performance data. NHS commissioners review and sign off the data and NHS Digital performs central validation checks to ensure good data quality. The definition of the indicators are provided by the NHS Standard Contract 2019/20

4.5. GLOSSARY OF ABBREVIATIONS AND MEDICAL TERMS

Figure 19 - Glossary of abbreviations and medical terms

	List of Abbreviations		
AAWG	Audit Appointment Working Group	LeDeR	National Learning Disabilities Mortality Review
A&E	Accident and Emergency	LGBT	Lesbian, Gay, Bi-Sexual and Transgender
ACE	Ambulatory Care Experience	LLP	Limited Liability Partnerships
AED	Accident and Emergency Department	MARAC	Multi-Agency Risk Assessment Conference
AIS	Accessible Information Standard	MARS	Mutually Agreed Resignation Scheme
AKI	Acute Kidney Injury	MBRRACE - UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
AUKUH	Association of UK University Hospitals	MEWS	Maternal Early Warning System
BAC	Business Advisory Committee	MINAP	Myocardial Ischaemia National Audit Project
BAF	Board Assurance Framework	MHA	Mental Health Act
BAME	Black, Asian and Minority Ethnic	MRSA	Methicillin Resistant Staphylococcus Aureus
BAPM	British Association of Perinatal Medicine	MTI	Medical training Initiative
BAT nurses	Brain Attack nurses	NatSSIPs	National Safety Standards for Invasive Procedures
BDCFT	Bradford District Care NHS Foundation Trust	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
BIG	Bradford Innovation Group	NHS	National Health Service
BIHR	Bradford Institute for Health Research	NHSCFA	NHS Counter Fraud Authority
BMDC	Bradford Metropolitan District Council	NHSI	NHS Improvement
BPA	Bradford Provider Alliance	NICE	National Institute for Health and Care Excellence
BRI	Bradford Royal Infirmary	NIHR	National Institute for Health Research
BSCB	Bradford Safeguarding Children's Board	NIPE	Newborn and Infant Physical Examination
BTHFT	Bradford Teaching Hospitals NHS Foundation Trust	NIV	Non-Invasive Ventilation
CCG	Clinical Commissioning Group	NLCA	National Lung Cancer Audit
CIP	Cost Improvement Programme	NNAP	National Neonatal Audit Programme
COPD	Chronic Obstructive	NPCA	National Prostate Cancer Audit

Abbreviation	Full form	Abbreviation	Full form
	Pulmonary Disease		
CPAP	Continuous Positive Airway Pressure	NPDA	National Paediatric Diabetes Audit
CQC	Care Quality Commission	NRC	Nominations and Remuneration Committee
CQUIN	Commissioning for Quality and Innovation	ODN	Operational Delivery Network
CRIS	Clinical Record Interactive Search	PALS	Patient Advice and Liaison Service
DCE	Deputy Chief Executive	PCI	Percutaneous Coronary Interventions
DEC	Display Energy Certificate	PCSO	Police Community Support Officers
DHR	Domestic Homicide Review	PCT	Primary Care Trust
DHSC	Department of Health and Social Care	PLACE	Patient-Led Assessment of the Care Environment
DNA	Did Not Attend appointment	PMO	Programme Management Office
DNACPR	Do Not Attempt Resuscitation	POMH	Prescribing Observatory for Mental Health
DoLS	Deprivation of Liberty Standards	PPI	Patient and Public Involvement
ECDS	Emergency Care Data Set	PRASE	Patient Reporting and Action for a Safe Environment
ECS	Emergency Care Standard	ProgRESS	Programmed Review of Effectiveness, Safety and Sensitivity
eFI	Electronic Frailty Index	PSF	Provider Sustainability Funding
ELC	End of Life Companions	QIA	Quality Impact Assessment
ENT	Ear, Nose and Throat	QIPP	Quality, innovation, Productivity and Prevention
EPR	Electronic Patient Record	PROMS	Patient Reported Outcome Measures
ERIC	Estates Returns Information Collection	RAG	Red, Amber, Green
ESR	Electronic Staff Record	RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013
FFFAP	Falls and Fragility Fractures Audit Programme	RTT	Referral To Treatment
FFT	Friends and Family Test	SDSIP	Seven Day Service Improvement Plan
FREDA	Human Rights principles - Freedom, Respect, Equality, Dignity, Autonomy	SFI	Standing Financial Instructions
FRF	Financial Recovery Fund	SHMI	Summary Hospital-level Mortality Indicator
GP	General Practitioner	SID	Senior Independent Director
HCA	Healthcare Assistant	SIP	Safety Improvement Plans

List of Abbreviations			
HPMA	Healthcare People Management Association		46
HQIP	The Healthcare Quality Improvement Partnership	SIRO	Senior Information Risk Owner
HSE	Health and Safety Executive	SJR	Structured Judgement Review
HSMR	Hospital Standardised Mortality Ratio	SSNAP	Sentinel Stroke National Audit Programme
HUB	Health User Bank	STF	Sustainability and Transformation Funding
IBD	Inflammatory Bowel Disease	VTE	Venous Thromboembolism
ICNARC	Intensive Care National Audit	WHO	World Health Organisation
ICO	Information Commissioner's Office	WRAP	Workshops to raise Awareness of Prevent
IHI	Institute for Health Innovation	WRES	Workforce Race Equality Standard
IMR	Independent Management Report	WTE	Whole Time Equivalent
ITFF	Independent Trust Finance Facility	WYAAT	West Yorkshire Association of Acute Trusts
KPI	Key Performance Indicator	WYHTASN	West Yorkshire Human Trafficking and Anti-Slavery Network