

Quality Report

2017/18



Together, putting patients first

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

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

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

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

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

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

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

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

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

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

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

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



Signed

A handwritten signature in black ink, appearing to read 'Clive Kay', written over a light blue horizontal line.

Professor Clive Kay
Chief Executive, 24th May 2018

FOUNDATION TRUST ACHIEVEMENTS IN 2017/18



VISION FOR IMPROVING CLINICAL SERVICES

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



BRIGHT FUTURE FOR PROJECT SEARCH GRADUATES

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



MOVING QUALITY FORWARD

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



NEW MIDWIVES BOOST MATERNITY RECRUITMENT

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



ON THE AIRWAVES FOR 65 YEARS

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



EPR GOES LIVE

September marked one of the biggest advances in patient care ever witnessed by the NHS in Bradford as our electronic patient record (EPR) system went live.

This represented not only the largest deployment of an EPR system in Europe, but also one of the most successful. We, along with our partners from Calderdale and Huddersfield NHS Foundation Trust, have become a shining example of how to do it right.



SURGICAL ROBOT NOTCHES UP 1,000th PATIENT MILESTONE

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

FOUNDATION TRUST ACHIEVEMENTS IN 2017/18



NATIONAL PRIZE FOR ANAESTHETISTS

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



ACHIEVING BEST VALUE

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



STATE-OF-THE-ART CHILDREN'S WARDS

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



VIRTUAL WARD A WINNER

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



FIRST SIR PETER CARR AWARD COMES TO THE TRUST

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



ROYAL SEAL OF APPROVAL

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



FOUNDATION TRUST ACHIEVEMENTS IN 2017/18



NEW ICU UNVEILED

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



NEW STATE-OF-THE-ART MACULA CENTRE

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



UK FIRST FOR BRADFORD HOSPITAL'S NEONATAL INTENSIVE CARE UNIT

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



PIONEERING STROKE SERVICE RE-LAUNCHED

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



MATERNITY SUPPORT WORKER OF THE YEAR

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



NEW BORN HEARING SCREENING SUCCESS

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



SPOTLIGHT ON OUR PHOTOGRAPHERS

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



2.1 PRIORITIES FOR IMPROVEMENT

2.1.1

RETIRED PRIORITIES FROM 2017/18

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

2.1.2

2018/19 PRIORITIES

The Foundation Trust will continue to focus on a broad range of projects for the coming year. We would, however, like to highlight the following key areas of work:

- **Priority 1** (effectiveness and safety): Mortality Review Improvement Programme
- **Priority 2** (effectiveness and safety): Management of the Deteriorating Patient
- **Priority 3** (effectiveness and safety): Pressure Ulcers
- **Priority 4** (safety): Safer Procedures
- **Priority 5** (experience): Patient Experience
- **Priority 6** (effectiveness and safety): Medication Safety

The improvement priorities for inclusion in the Quality Account have been selected following a review of themes and areas of concern arising from a range of sources including:

- Consultation with our Foundation Trust members;
- A review of complaints and Patient Advice Liaison Service (PALS) reports;
- A review of serious incident and other incident reports; and
- A review of national and local patient surveys.

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

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



Programmes of work:	Over the coming year we will:
<p>MORTALITY REVIEW IMPROVEMENT PROGRAMME</p> <p>This programme of work will continue as a key priority in 2018/19. It will continue with a focus on enabling a robust approach to learning from deaths.</p> <p>As a provider organisation, we are keen to enable a learning environment that allows for proactive and reflective mechanisms to ensure that the care we give is of the highest standard.</p> <p>Mortality governance is a key Board priority. We place a significant emphasis on the importance of Board leadership ensuring that learning from patient deaths becomes embedded and that quality improvement approaches are used to enable meaningful and effective actions that continually improve patient safety and experience, and supports cultural change.</p>	<ul style="list-style-type: none"> - Continue to work with specialties to ensure the structured judgement case notes review process is part of routine local mortality and morbidity review practice. - Continue to work towards increasing the percentage of inpatient deaths that we review using agreed screening tools and selection processes. - Continue to deliver ad hoc and planned classroom-structured judgement review training sessions. - Continue to work on improving our approach to thematic analysis of the reviews undertaken and working with the specialties and clinical areas to determine the best way to present their data and their learning. - Continue to develop the reports and the learning in a way that can help inform any future quality improvement programmes and change. - Continue to work with the national mortality programme with a view to adopting the new mortality review and reporting tool developed on Datix. - Continue to strengthen our mortality surveillance and governance processes.
<p>MANAGEMENT OF THE DETERIORATING PATIENT</p> <p>This work continues to be a key priority for 2018/19. This is a complex initiative that requires a multifaceted approach to understanding and identifying the underlying causes and contributing factors to sudden deterioration in patients. To enable a collaborative approach to learning and empowering local action and better ownership, we commenced a deteriorating patient collaborative improvement project to enable clinical teams to identify and create change initiatives that address these problems in their areas.</p>	<ul style="list-style-type: none"> - Complete an intervention bundle to enable wider cascade of improvement interventions that are proven to improve the identification and management of the sick patient. - Establish robust governance around the improvement project to enable wider learning across clinical areas. - Continue to work at promoting involvement and specialty level representation at the 'managing the deteriorating patient' governance meetings. - Continue to influence the wider conversation around improving leadership for improvement and a safety culture that is receptive to trialling out new ways of working.

Programmes of work:	Over the coming year we will:
<p>PRESSURE ULCERS</p> <p>Pressure ulcers are an avoidable and costly harm. This priority will be reintroduced in 2018/19 to continue our focus towards creating an improvement and learning environment to enable clinical staff to deliver quality care as well as adopt innovative practice that is evidence-based.</p> <p>Nationally pressure ulcer prevention remains a key priority with working groups examining education and pressure ulcer data collection and audit. We are keen to review the learning from this and use this to test out intervention bundles that have been trialled and proven effective in achieving measurable improvement in patient care.</p>	<ul style="list-style-type: none"> - Apply the learning from the national collaborative project to create a change intervention bundle in our hospital. - Test out a new approach to improve learning from category 2 pressure ulcer incidents with the intention of developing a Significant Event Audit tool. - Continue to raise awareness of pressure ulcer prevention through International Stop Pressure Ulcers day, posters and a staff competition. - Look into testing out new innovative approaches and equipment that reduce the risk of pressure damage skin e.g. softer nasal cannulae that reduce the risk of pressure damage to ears and noses. - Commence a 2nd wave of the pressure ulcer collaborative improvement project.
<p>SAFER PROCEDURES</p> <p>This priority will continue for 2018/19 and will extend to all patients undergoing an invasive procedure. Having a procedure in a hospital can be vital in ensuring that patients recover from ill health, but such procedures can be associated with risks.</p>	<ul style="list-style-type: none"> - Continue with the implementation of The National Safety Standards for Invasive Procedures (NatSSIPs). - Continue with the work to improve the effectiveness of the Five Steps to Safer Surgery. - Introduce on-going observational work aimed at continually improving safety in areas where invasive procedures take place. - Work closely with our external colleagues through the NHS Quest Theatre Clinical Community to share good practice and aid widespread, sustainable improvements.
<p>PATIENT EXPERIENCE</p> <p>This priority will continue for 2018/19. Constantly working to improve our patients' experience is always a focus for the Foundation Trust. We have prioritised patient experience for a number of consecutive years.</p>	<ul style="list-style-type: none"> - Appoint Patient and Public Voice Representatives to the Patients First Committee. - Roll-out a set of 'Always Events'. - Actively embrace and grow our social media presence. - Expand our online presence with continually updated and expanded internal and external websites that will include British Sign Language video content. - Host a second Patient Experience Showcase conference. - Board of Director meetings will continue to open with patient stories.

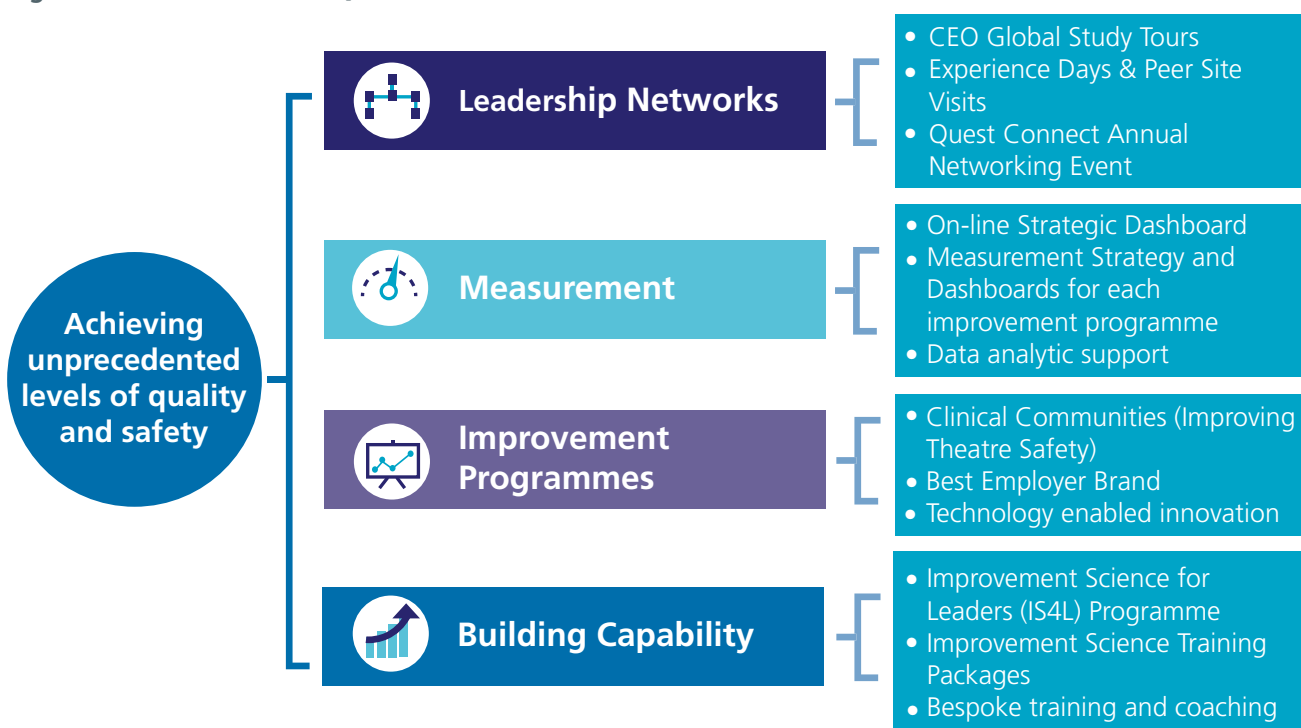
Programmes of work:	Over the coming year we will:
<p>MEDICATION SAFETY</p> <p>This is a new priority for 2018/19. A significant number of our patients receive medication in a hospital setting, whether continued medication or newly-prescribed medication.</p> <p>An error related to medication can have a significant impact on patient safety and can sometimes cause harm to patients.</p>	<ul style="list-style-type: none"> - Review the culture within the organisation in relation to medicines-related incidents and act on the information received. - Improve the reporting of medicines-related incidents and learning from any incidents that occur in order to increase prevention. - Introduce an enhanced pharmacy technician role to aid with the administration of oral medication to patients on wards and enhance medication safety on those wards. - Introduce senior pharmacy assistant roles on wards to improve medication safety and to enable nurses and healthcare workers to focus more of their time on direct patient care.

2.1.3

NHS QUEST

Delivering improvements across all these priority areas will be supported by our involvement in NHS Quest. This is the first member-convened network for NHS Trusts who focus specifically on improving quality and safety. NHS Quest members work together, share challenges and design innovative solutions to provide the best care possible for patients and staff. NHS Quest's mission is to use improvement science methodology to drive sustainable change at pace and scale across a national network. More detail is available on the website: <https://www.quest.nhs.uk>

Figure 1: The work of the Quest national network



Bradford Teaching Hospitals NHS Foundation Trust is one of 13 NHS Trusts which is working with member trusts to improve the quality of care for our patients.

NHS Quest endeavours to empower individuals at all levels of the member organisations from Board to bedside. The focus is on developing an optimistic and compassionate culture for the workforce, in order to reliably deliver the best possible care.

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

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

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

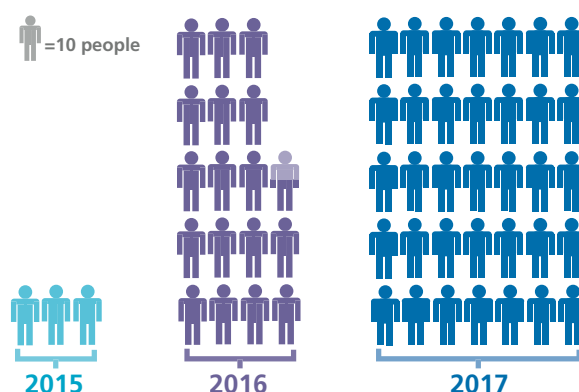


2.1.4

QUALITY IMPROVEMENT CAPABILITY BUILDING

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

Figure 2: Number of staff trained in Quality Improvement Methodology



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

2.1.5

PROGRAMME DESCRIPTIONS

Mortality Review Improvement Programme

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

TYPE OF INDICATOR: Patient Safety, Clinical Effectiveness

WHAT: To increase the number of eligible inpatient deaths reviewed using the Structured Judgement Review method.

HOW MUCH: By 25%

BY WHEN: by March 2019

OUTCOME: In progress

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

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

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

Key achievements in 2017/18:

- We are a national leader in the implementation of the standardised approach to mortality review processes which has been implemented to fit in with our organisational governance processes.
- We have produced our “Learning from deaths” policy in line with national guidelines and have commenced mortality reporting on a quarterly basis to the Board.

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



Improving the Care of the Deteriorating Patient

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

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

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

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

TYPE OF INDICATOR: Patient Safety, Clinical Effectiveness

WHAT: To reduce avoidable deterioration on the collaborative wards. *Operational definition of 'avoidable deterioration' is described as – 'deterioration that could have been prevented if there was timely detection'*

HOW MUCH: Reduce by 50%

BY WHEN: March 2019

OUTCOME: In progress

Key achievements in 2017/18:

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

Pressure Ulcers

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

TYPE OF INDICATOR: Patient Safety, Clinical Effectiveness

WHAT: To reduce the number of hospital acquired pressure ulcers on the collaborative wards by achieving 100 days ulcer free.

HOW MUCH: Reduce by 40%

BY WHEN: March 2019

OUTCOME: In progress

Key achievements in 2017/18:

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



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

Safer Procedures Programme

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

Key achievements in 2017/18:

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

TYPE OF INDICATOR: Patient Safety

WHAT: To improve compliance with the WHO surgical safety checklist and establish safe systems of practice throughout the surgical pathway and extend usage to other areas where invasive procedures take place.

HOW MUCH: > 95% compliance with completion of checklist.

BY WHEN: May 2018 (extended target to March 2019 to include improvements related to new standards).

OUTCOME: On target

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

Patient Experience

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

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



TYPE OF INDICATOR: Patient Experience

WHAT: Appoint patient and public voice representatives to the Patient First Committee.

BY WHEN: by March 2019

OUTCOME: In progress

TYPE OF INDICATOR: Patient Experience

WHAT: Roll-out a set of 'Always Events'

BY WHEN: by March 2019

OUTCOME: In progress

TYPE OF INDICATOR: Patient Experience

WHAT: Host a second Patient Experience Showcase conference.

BY WHEN: by March 2019

OUTCOME: In progress

TYPE OF INDICATOR: Patient Experience

WHAT: Open Board of Director meetings with patient stories.

BY WHEN: by March 2019

OUTCOME: In progress



Key achievements in 2017/18:

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

2.2 STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

2.2.1

REVIEW OF SERVICES

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

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

2.2.2

PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

Bradford Teaching Hospitals NHS Foundation Trust is committed to a programme of continuous improvement, supporting its provision of safe, high quality patient care.

It understands clinical audit as a professionally-led, multi-disciplinary exercise, which should be integral to the practice of all clinical teams. The Foundation Trust also believes that clinical audit should not occur in isolation and supports the view that it should be considered both within the context of organisational learning and as a mechanism to prove assurance about the quality of services provided.

The Foundation Trust has a **High Priority Clinical Audit Programme** that describes both its involvement in the national clinical audit programme and its management of audits that are prioritised at a local level.

During 2017/18, 31 national clinical audits, 2 Maternal Newborn and Infant Clinical Outcome Review Programme (MBRRACE - UK), 3 national confidential enquiries (NCEPOD) and 1 Learning Disability Mortality Review Programme (LeDeR) covered relevant health services that the Foundation Trust provides. During that period, the Foundation Trust participated in 96.8% of the national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate.



PART 2

QUALITY REPORT

The national clinical audits and national confidential enquiries that the Foundation Trust was eligible to participate in during 2017/18 are described as follows in table 1 below:

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

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	Number of cases and % Case ascertainment	
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Yes	754 (est)	100%
Adult Cardiac Surgery	No	N/A	N/A	N/A
BAUS Urology Audits: Cystectomy	Yes	Yes	40 (est)	100%
BAUS Urology Audits: Nephrectomy	Yes	Yes	43	100%
BAUS Urology Audits: Percutaneous nephrolithotomy	Yes	Yes	20	100%
BAUS Urology Audits: Radical prostatectomy	Yes	Yes	15 (est)	100%
BAUS Urology Audits: Urethroplasty	No	N/A	N/A	N/A
BAUS Urology Audits: Female stress urinary incontinence	Yes	Yes	8	100%
Bowel Cancer (NBOCAP)	Yes	Yes	155 (est)	100%
Cardiac Rhythm Management (CRM)	Yes	Yes	350	100%
Intensive Care National Audit and Research Centre (ICNARC) Case Mix Programme	Yes	Yes	902	100%
National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) Child Health Clinical Outcome Review Programme				
<ul style="list-style-type: none"> Cancer in Children, Teens and Young People 	Yes	Yes	N/A	N/A
Congenital Heart Disease (CHD)	No	N/A	N/A	N/A
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Yes	320 (est)	100%
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	189	100%

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QUALITY REPORT

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

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QUALITY REPORT

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	Number of cases and % case ascertainment	
National Audit of Intermediate Care (NAIC) <ul style="list-style-type: none"> National Hip Fracture Database National Audit of Inpatient Falls Fracture Liaison Service Database 	Yes	Yes	193	64%
Endocrine and Thyroid National Audit	Yes	Yes	168	100%
Falls and Fragility Fractures Audit Programme (FFFAP) <ul style="list-style-type: none"> Bed based service user audit Bed based patient reported experience forms Home based service user audit Home based patient reported experience forms 	Yes	Yes	193	64%
			30	60%
			28	56%
			85	85%
			50	50%
National Audit of Psychosis	No	N/A	N/A	N/A
National Bariatric Surgery Registry (NBSR)	Yes	Yes	Not yet available	
National Cardiac Arrest Audit (NCAA)	Yes	Yes	68	100%
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)	Yes	Yes	668	72%
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	No	N/A	N/A	N/A
National Comparative Audit of Blood Transfusion programme <ul style="list-style-type: none"> Audit of Patient Blood Management in adults undergoing elective surgery Audit of Red Cell and Platelet transfusion in adult haematology patients 	Yes	Yes	29	100%
	Yes	Yes	35	100%
National Diabetes Audit – Adults ²	Yes	No	N/A	N/A

²The Foundation Trust was not able to participate in this audit in 2017-18 as the data collection period coincided with the launch of the new Electronic Patient Record (EPR) system. The figures quoted relate to the most recent published reports.

PART 2

QUALITY REPORT

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

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

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

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

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

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

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

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

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

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

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
Falls and Fragility Fractures Audit Programme: Fracture Liaison Service Database (FLS-DB) clinical audit report October 2017	February 2018	The Foundation Trust is currently reviewing the recommendations from this report and completing a "Plan on a Page" to describe the recommendations and action planning to address them.
National Diabetes Audit Report 1: Care processes and treatment targets 2016-17 including LD and SMI	March 2018	The Foundation Trust is currently reviewing the recommendations from this report and completing a "Plan on a Page" to describe the recommendations and action planning to address them.
Child Health CORP Chronic Neurodisability Report: National Confidential Enquiry into Patient Outcome and Death: NCEPOD	March 2018	The Foundation Trust is currently reviewing the recommendations from this report and completing a Recommendations Checklist to describe the recommendations and action planning to address them.
National Diabetes Inpatient Audit Report:	March 2018	The Foundation Trust is currently reviewing the recommendations from this report and completing a "Plan on a Page" to describe the recommendations and action planning to address them.
National Diabetes Footcare Report	March 2018	The Foundation Trust is currently reviewing the recommendations from this report and completing a "Plan on a Page" to describe the recommendations and action planning to address them.
Learning Disability Mortality Review Programme - Annual Report	March 2018	The Foundation Trust is currently reviewing the recommendations from this report and completing a "Plan on a Page" to describe the recommendations and action planning to address them.

The reports for 44 local audits and audit programmes were reviewed by the Foundation Trust in 2017/18; the key actions that it intends to take to improve the quality of healthcare provided are described in Table 3 below, which includes examples of local audits reported in 2017/18.

A more detailed review of the outcomes of the Foundation Trust's local audit programme will be published in its Annual Clinical Audit Report later in the year.

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

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

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

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

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

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

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



2.2.3

PARTICIPATION IN CLINICAL RESEARCH ACTIVITIES

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

The number of patients receiving relevant health services provided or sub-contracted by the Foundation Trust in 2017/18 who were recruited during that period to participate in NIHR portfolio research was 8569 up to 31/12/2017 (Q3). NIHR portfolio projects are approved by a research ethics committee. Participation in clinical research demonstrates the Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff are aware of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. Further information is detailed in 3.6 Research Activity.

2.2.4

COMMISSIONING FOR QUALITY INNOVATION FRAMEWORK (CQUIN)

The Commissioning for Quality and Innovation payment framework is an incentive scheme which rewards the achievement of quality goals to support improvements in the quality of care for patients. The inclusion of the [CQUIN](#) goals within the Quality Account indicates that Bradford Teaching Hospitals NHS Foundation Trust is actively engaged in discussing,

agreeing and reviewing local quality improvement priorities with our local Clinical Commissioning Groups (CCGs). In 2017 the CQUIN scheme announced encompassed a 2 year period between 2017 and 2019.

A proportion of the Foundation Trust income in 2017/19 was conditional upon achieving quality improvement and innovation goals agreed between the Foundation Trust and any commissioning partners they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the CQUIN goals for 2017-19 are available online at:

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

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

2.2.5

CARE QUALITY COMMISSION (CQC) REGISTRATION

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

2.2.6

CQC INSPECTION

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

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

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

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

2.2.7

NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

Bradford Teaching Hospitals NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics that are included in the latest published data by the Service.

The percentage of records in the published data that included patients' valid NHS Number and General Practitioner Registration Code is displayed in table 4 below. These percentages are equal to or above the national averages.

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

Record type	Area	2017/18 (April 2017 to December 2017)	2016/17 (April 2016 to January 2017)	2015/16 (April 2015 to January 2016)	2014/15 (April 2014 to January 2015)	2013/14	2012/13	2011/12
Patients Valid NHS number	Admitted Patient Care	99.6%	99.59%	99.00%	99.60%	99.60%	99.60%	99.50%
	Outpatient Care	99.9%	99.83%	99.00%	99.40%	99.40%	99.40%	99.80%
	A&E Care	98.8%	98.71%	98.00%	98.50%	98.60%	98.40%	98.30%
Patients Valid General Medical Practice Code	Admitted Patient Care	99.0%	99.26%	100%	99.90%	100%	100%	100%
	Outpatient Care	99.2%	99.89%	100%	100%	100%	100%	100%
	A&E Care	98.9%	99.06%	100%	99.09%	100%	100%	100%

2.2.8

INFORMATION GOVERNANCE TOOLKIT ATTAINMENT LEVELS

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

Bradford Teaching Hospitals NHS Foundation Trust's Information Governance Assessment Report overall score for 2017-18 was "Satisfactory". This was independently assessed by Audit Yorkshire.

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

2.2.9

PAYMENT BY RESULTS CLINICAL CODING AUDIT

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

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

Table 5: Clinical Coding Error Rate

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

The audit was based on the methodology detailed in the current Version 11.0 of the Clinical Coding Audit Methodology set out by NHS Digital Classifications Service undertaken by an approved Clinical Coding Auditor.

A number of observations and recommendations to correct coding errors, and the current position, are summarised in table 6 below:

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

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



2.2.10

DATA QUALITY

Good quality information underpins the effective delivery of improvements to the quality of patient care. High quality data has a positive impact and means better patient care and patient safety.

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

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

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

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

- Strengthening the data quality governance arrangements with proactive engagement of Information Asset Owners and operational accountability.

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





2.2.11

REPORTING AGAINST CORE INDICATORS

The Department of Health and Social Care and Monitor first introduced mandatory reporting of a small, core set of quality indicators in the 2012/13 Quality Account. The indicators that are relevant to Bradford Teaching Hospitals NHS Foundation Trust for 2017/18 are reported in Appendix A.

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

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

2.2.12

DUTY OF CANDOUR

Regulation 20 of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, introducing the statutory Duty of Candour for the NHS, came into force on 27 November 2014. It is designed to ensure that providers are open and transparent with people in relation to care and treatment, specifically when things go wrong, and that they provide people with reasonable support, truthful information and an apology.

Healthcare treatment is not risk-free. Patients, families and carers usually understand this, and want to know that every effort has been made to put things right, and prevent similar incidents happening again to somebody else.

We know that trust in our organisation is directly related to how we respond when things go wrong.

Being open is comparatively easy when all is well, but can be far more challenging in cases of actual or possible harm, whether caused by error or when a known and accepted complication occurs during treatment.

The Foundation Trust is committed to making this duty a reality for the people who use our services. We want to ensure there is clear, strong organisational support for staff to supplement their professional and ethical responsibility in being open and honest with patients.

We understand that the impact and consequences of mistakes or errors made during the course of care or treatment can affect everyone involved and can be devastating for individual staff or teams; we aim to ensure there is sustained support for staff in reporting incidents and in being open with their patients. Clinicians already have an ethical Duty of Candour under their professional registration to inform patients about any errors and mistakes related to their care.

The Foundation Trust has therefore built on that individual professional duty and has implemented a new policy which places an obligation on the organisation, not just individual healthcare professionals, to be open with patients when harm has been caused. The policy describes how the Foundation Trust will meet its statutory and contractual Duty of Candour.

The intention is to support a culture of openness, transparency and candour between healthcare professionals and patients and/or their carers when an incident or a prevented incident has occurred and to learn from the error, whatever the level of harm caused.

We routinely monitor our compliance with the statutory and contractual requirements relating to our Duty of Candour using our incident reporting system and report details of any breaches, their impact and opportunities for change and improvement through both our Quality Committee and Finance and Performance Committee, to the Care Quality Commission and our Commissioners.

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

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

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

2.2.13

LEARNING FROM DEATHS

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

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

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

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

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

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

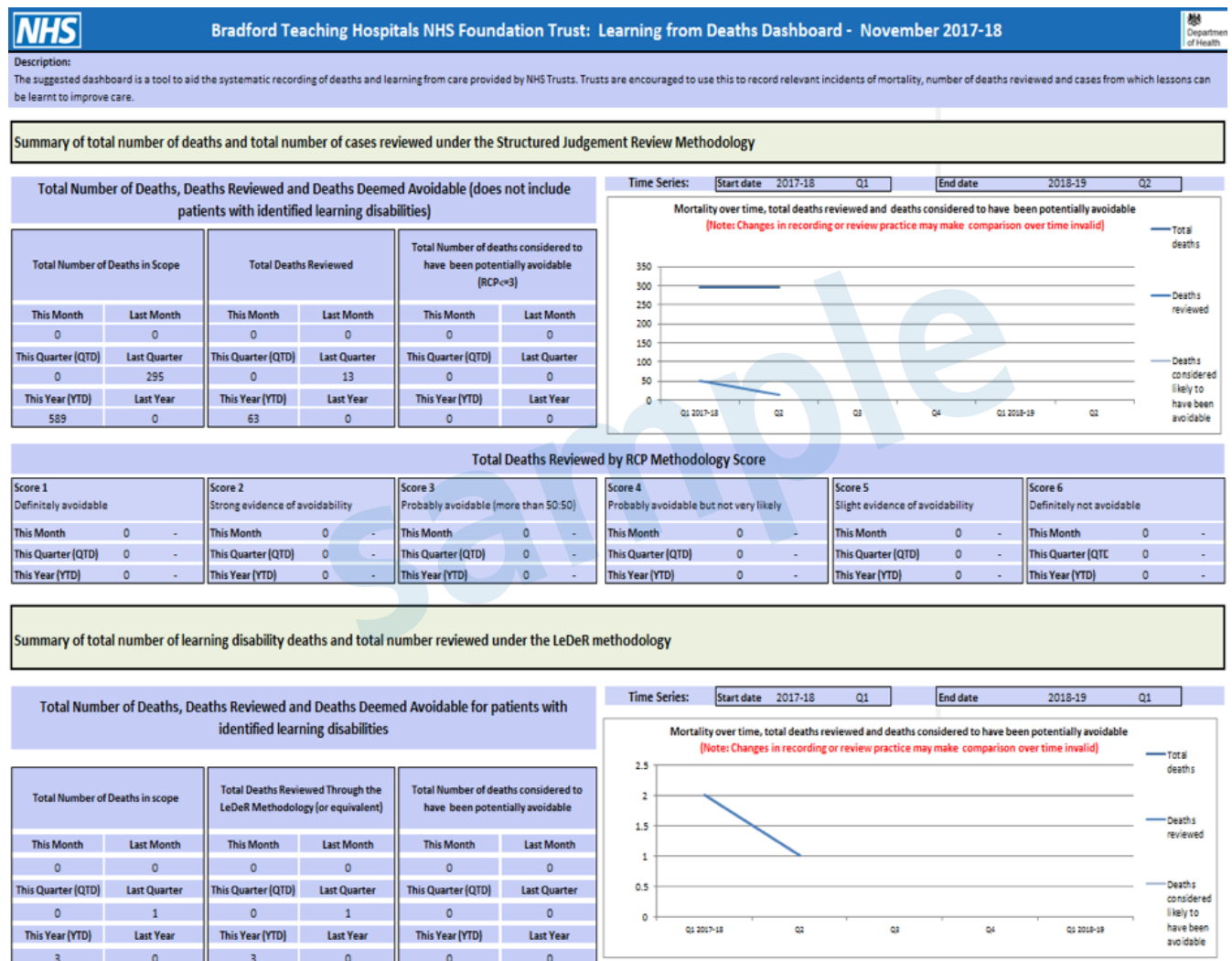
PART 2

QUALITY REPORT

Learning from deaths dashboard – National Guidance

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

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

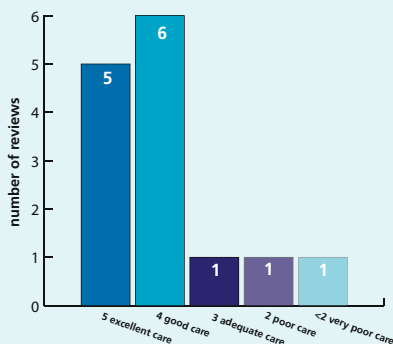


PART 2

QUALITY REPORT

Trust standard learning from deaths dashboard

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



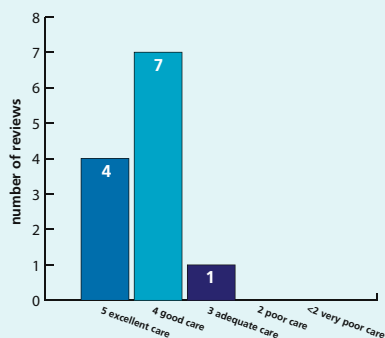
Admission & Initial Score

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

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

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

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

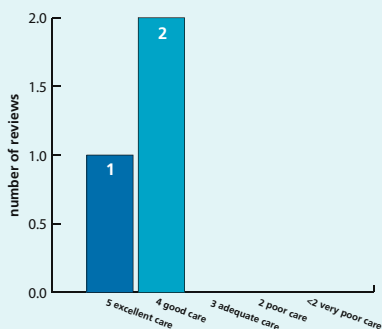


Ongoing Care Score

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

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

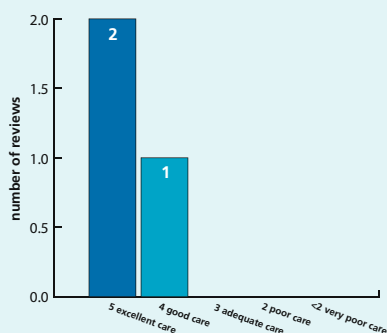
Acknowledged with patient that condition deteriorating and plan to refer to palliative care – this is good care but referral not received by palliative care team until 3 days later – this is not good care.



Care During a Procedure Score

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

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

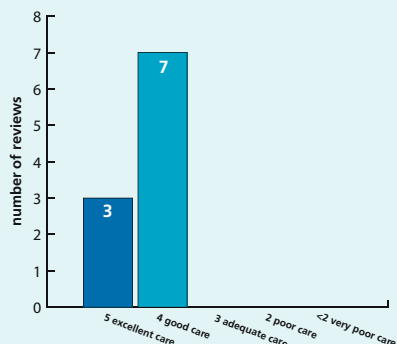


Perioperative Care Score

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

PART 2

QUALITY REPORT



End of Life Care

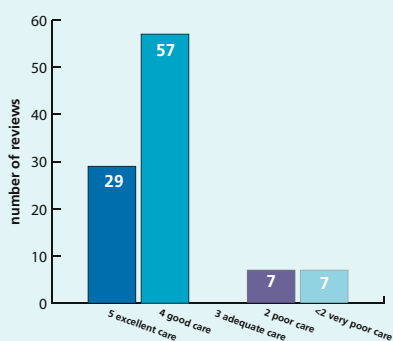
Put on the palliative pathway appropriately.

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

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

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

Good care, given, patient wishes taken to account



Overall Assessment of Care

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

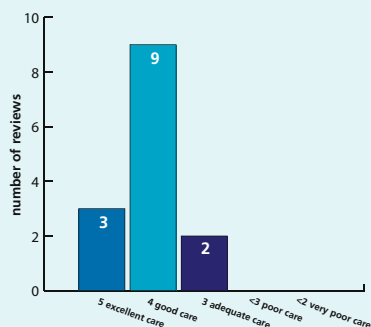
Good consistent communication and care throughout admission

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

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

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

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



Quality of Patient Record Score

Trust mortality data

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

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

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

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

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

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

Table 9

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

Table 10

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

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

Good practice identified:

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

Poor practice identified

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



Key recommendations for learning cascaded trust wide

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

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

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

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

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

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



3.1 KEEPING PATIENTS SAFE

3.1.1

PATIENT SAFETY PROGRAMMES

In addition to the Quality Improvement initiatives that will take place over the coming year, the Foundation Trust is committed to delivering key patient safety programmes that focus on the safety of our patients and staff. These programmes are described over the coming pages.

Quality and Safety Leadership Walk-round programme

A key corporate priority of the Foundation Trust is to improve the quality and safety of care delivered to patients by empowering staff to be safety champions in their areas of practice. The leadership walk-round process provides a structured way of doing this. Leadership walk-rounds are not a one-off event but part of the Foundation Trust's continuing cycle of improvement.

The walk-round visits are informal and reflection sessions to create the space and time for real meaningful conversations between staff, patients and the senior Executive team.

Clinical teams share their stories and experiences of the many innovative work practices developed as well as staff passion and pride in their areas of work. This has increased staff engagement and developed a culture of open communication where the safety of patients is seen as a priority of the organisation.

TYPE OF

INDICATOR: Patient Safety

WHAT:

To increase the visibility of the senior executive team with frontline staff and patients

HOW MUCH:

By 100%

BY WHEN:

March 2019

OUTCOME:

On target

Key achievements during 2017/18

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



PRASE – Involving Patients in Patient Safety

The PRASE (Patient Reporting and Action for a Safe Environment) tool was created by the Yorkshire Quality and Safety Research Group, which is part of the Bradford Institute for Health Research (BIHR). It is a validated and evidence-based patient safety questionnaire developed for use in an acute inpatient care setting.

The Foundation Trust led the project implementation work, in collaboration with the BIHR and the Yorkshire and Humber Improvement Academy, which was completed in July 2016.

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

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

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

TYPE OF

INDICATOR: Patient Safety

WHAT:

Involve hospital volunteers in the collection of patient feedback using the PRASE tool. This is with the intention that reports generated will be used to make safety improvements

HOW MUCH:

Any inpatient ward

BY WHEN:

March 2019

OUTCOME:

Pilot in progress

Key achievements to date:

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

The Learning and Surveillance Hub

The Learning and Surveillance Hub is a new initiative and a key part of our quality oversight system. We have developed a virtual network of partners who work across the Foundation Trust.

The Hub brings together all Divisions and Corporate Departments and their respective information and intelligence, gathered through performance monitoring and regulatory activities and our day to day work.

The group works to collectively consider and review this information, with members working together to safeguard the quality of care that people receive through identifying learning and ensuring translation into practice.

The Hub identifies learning from incidents and produces 'Learning Matters', a monthly publication that describes high impact learning from incidents that have taken place in the Foundation Trust. It has also developed its first issue of 'Responding and Improving', describing how the Foundation Trust has responded to serious incidents, and how we know that the actions undertaken have been effective, thus reducing the likelihood of similar incidents.

TYPE OF

INDICATOR: Patient Safety

WHAT:

To develop and facilitate a multi-disciplinary forum that translates data from our surveillance mechanisms into opportunities to learn

BY WHEN:

On-going

Key achievements in 2017/18:

- Identification and agreement of learning strategies and information sharing mechanisms across the Foundation Trust.
- Development and testing of an action planning development, management and assurance toolkit.
- Development of Learning Matters, a monthly publication that describes high impact learning from incidents.
- Development of testing methodologies ensuring learning and information is received and utilised by the intended audience.
- Development of Responding and Improving, a quarterly publication which describes the response and its effectiveness to serious incidents in the Foundation Trust.

Improving the care of the deteriorating patient

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

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

Safety Huddles

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

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

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

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

TYPE OF**INDICATOR: Patient Safety****WHAT:**

To improve multidisciplinary awareness and alertness to patient safety issues on all clinical areas across the Foundation Trust

HOW MUCH:

Across all clinical areas

BY WHEN:

March 2019

OUTCOME:

Better communication and team working among multidisciplinary teams and focus on patient safety matters that are of importance and relevance to the team

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

TYPE OF**INDICATOR: Patient Safety****Human Dimensions****WHAT:**

Improve access to learning from incidents and increase staff reporting of why incidents have occurred

HOW MUCH:

To be determined

BY WHEN:

March 2019

OUTCOME:

On target

Key achievements in 2017/18:

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

National Maternity and Neonatal Health Safety Collaborative

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

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

TYPE OF**INDICATOR: Patient Safety****Systems and Processes****WHAT:**

Reduce the number of women experiencing delays during the induction of labour care pathway in our antenatal ward

HOW MUCH:

Reduce by 50%

BY WHEN:

March 2019

OUTCOME:

On target

TYPE OF**INDICATOR: Patient Safety****Clinical Excellence****WHAT:**

Reduce the number of babies admitted to the neonatal unit due to avoidable hypoglycaemia and hypothermia

HOW MUCH:

To be determined

BY WHEN:

March 2019

OUTCOME:

On target

TYPE OF INDICATOR:**Patient Safety****Person Centred****WHAT:**

Work with expectant mothers to understand the reasons why there is a delay in accessing the maternity services when they experience decreased fetal movements

HOW MUCH:

95% contact within 12 hours

BY WHEN:

March 2019

OUTCOME:

On target

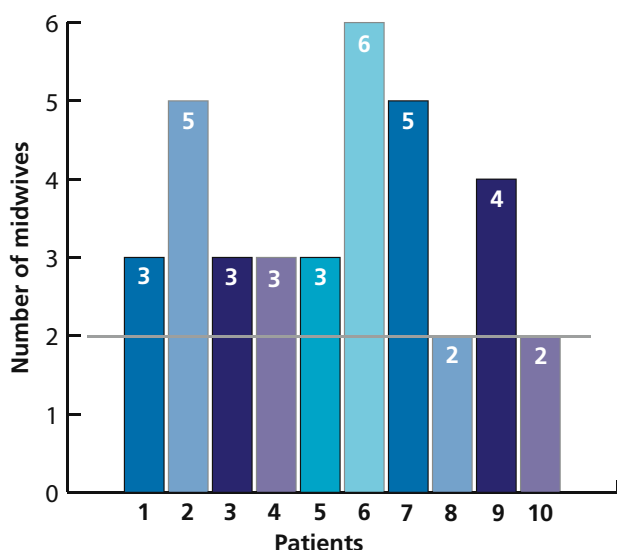
Systems and Processes: An audit has been undertaken to understand where delays may occur in the induction of labour pathway. This will help us to understand where we can improve our services.

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

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

Key achievements in 2017/18:

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

Figure 3: Number of Midwives per patient

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

Common reasons for delaying contacting maternity services

Frightened of the answer

Wasn't aware to contact the hospital

Waiting to see if it improves

Thought it was normal

Didn't want to waste hospital time

Thought the baby was being lazy

Mini Fall Event

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

Key achievements to date:

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

3.1.2

LEARNING FROM INCIDENTS AND NEVER EVENTS

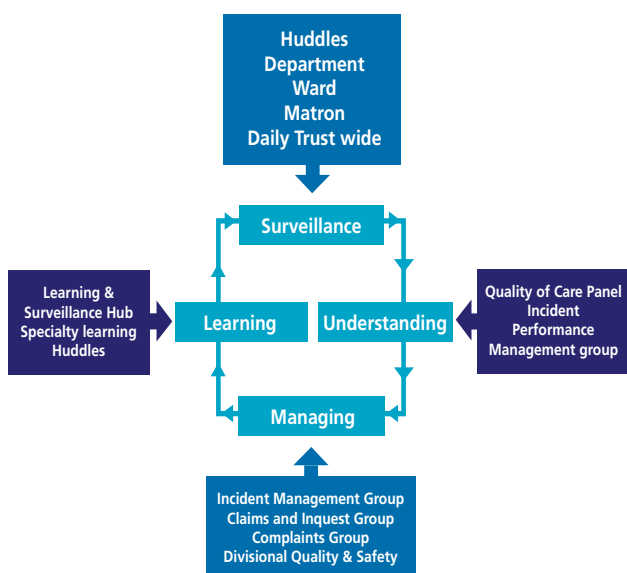
Learning from incidents

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

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

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

Figure 4: The Quality Oversight System



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



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

Never Events

Some incidents that occur are serious, largely preventable patient safety incidents that should not occur if the preventative measures have been implemented by healthcare providers. These are defined nationally and called Never Events. It is important to recognise that Never Events hold a high potential for severe harm or death.

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

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

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

3.1.3

SAFEGUARDING CHILDREN

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

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

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

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

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

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

In 2014, Bradford had 3,890 incidents of domestic violence reported where a child was present and 30,000 contacts made to children's social care. We do have young people who are victims of child sexual exploitation and children who go missing from care, home and school. Consequently, safeguarding activity within the District has risen from previous years with 534 children being subject to a child protection plan as of January 2018, many of whom have frequented our service at both Bradford Royal Infirmary and St Luke's Hospital during the past year. The category splits for Bradford are 47 (9%) children for risk of physical abuse, 177 (33%) for neglect, 269 (50%) for emotional abuse and 42 (8%) at risk of sexual abuse. These figures are in addition to the 1376 Looked After Children within the District, who are nationally recognised as having additional health requirements.

Statutory requirements

When agencies and individuals are working in the safeguarding children's arena, Section 11 of the Children Act places a duty on them to ensure that their functions and any services they contract out to others are carried out with the purpose to safeguard and promote the welfare of children. The Foundation Trust complies with this requirement by way of submitting a Section 11 declaration.

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

Inspection process

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

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

Specific onsite scrutiny by the CQC took place over 2 days, with direct visits from the inspectors to "front-door" services, which included the Accident and Emergency Department (AED) and Maternity Unit at Bradford Teaching Hospitals NHS Foundation Trust. These visits provided the opportunity for inspectors to meet with front-line staff and also to talk to patients about their own experiences. Staff were challenged and questioned about their safeguarding knowledge in general and about awareness of children at risk when an adult attends following an injury that may be the direct result of domestic abuse. The inspector spent time with the Paediatric Liaison Nurse in AED who was asked to give examples of recent practice and multiagency working.

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



Electronic Patient Record (EPR)

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

Safeguarding supervision

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

The policy now reflects the new "Signs of Safety" model that Bradford as a district is currently adopting to ensure consistency in how safeguarding children cases are handled. There are a number of formally trained safeguarding supervisors (both medical and nursing) who are available to support staff throughout the organisation, both on a regular basis and during ad hoc sessions.

For Consultant Paediatricians, a regular "Peer Review" programme is offered, for case review, as recommended by the Royal College of Paediatrics and Child Health and the safeguarding team provide monthly supervision to the AED team, which is open for all staff to attend.

Audit

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

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

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

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

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

3.1.4**SAFEGUARDING ADULTS**

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

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

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

Responsibility for raising awareness of the needs of patients with Learning Disabilities now sits with the safeguarding teams. Work has been undertaken with the learning disabilities team from Bradford District Care NHS Foundation Trust (BDCFT) to raise awareness amongst staff and ensure information and support is available to staff and patients.

Work with Partners

The Safeguarding Adults Team has continued to attend the district-wide Safeguarding Adults Board and its sub groups, the Domestic and Sexual Violence Board and the Multi Agency Risk Assessment Conference (MARAC).

Other district-wide meetings are attended as necessary such as those on the West Yorkshire Human Trafficking and Anti-Slavery Network (WYHTASN) and Prevent, with established links for receiving information.

Workshops to Raise Awareness of Prevent (WRAP) have been delivered in conjunction with trainers from the CCG and the Local Authority (Bradford Metropolitan District Council). Data is provided on a quarterly basis to NHS England on activity relating to Prevent, which includes training, and this demonstrates our recognition of the importance of this agenda. NHS England has set a target of at least 85% for compliance with WRAP training, to be achieved by March 2018. As a result the Safeguarding Adults Team have worked closely with the Education Department devised an action plan to address the requirement.

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

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

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

The Team works closely with the hospital social work team to make enquiries on behalf of the Local Authority when there is a concern that abuse has occurred. This often involves joint visits and ensures that care needs are identified and safety plans are considered, both for whilst the person is in hospital, and also on discharge.

Training is delivered externally by members of the Safeguarding Adults Team, in collaboration with partners across Bradford, to assist in the awareness raising and understanding of the West Yorkshire Safeguarding Adults procedures. This allows for greater understanding of the various agencies' roles within the safeguarding process. It facilitates effective links to be made across agencies.

The Safeguarding Adults team participated in Bradford's Safeguarding Week, which took place in October 2017. Training was provided for staff in the Trust as well as those across the Bradford health economy.

Progress and Outcomes

There has been a continued increase in the number of referrals to the Safeguarding Adults team from staff across the Trust, seeking advice and support on a range of safeguarding issues. Referrals to the Local Authority relating to concerns of abuse are relatively low in comparison to the total number of contacts. This is due to the implementation of the Making Safeguarding Personal agenda and the involvement of the patient from the outset.

The team have worked with staff and patients to ensure that the wishes and views of the patient are at the centre of decision making. This work has also enabled further understanding for staff in relation to the Mental Capacity Act and the importance of ensuring the patient's well-being is central to all care provision.

There has been on-going work to embed the routine questioning of staff about domestic abuse, as part of the return to work interview following sickness, following changes made to the Trust's attendance management policy. The policy aims to support staff to disclose domestic violence following periods of sickness, not only to enable them to be signposted to sources of support, but also to make the question routine so that staff in turn feel able to ask patients.

As part of the on-going work relating to domestic abuse, and in response to a previous audit identifying areas for development, one of the Safeguarding Adults Specialist Practitioner's was based in the Accident and Emergency Department for a period of three months with the remit of assisting staff with the identification, routine questioning and responding to domestic abuse. This work was then re-audited. The audit identified that the targeted work had led to greater understanding, identification and response to concerns of domestic abuse. More robust systems were established for notifying the Safeguarding Adults Team of concerns of domestic abuse, which has enabled work to be undertaken more directly with the patient and greater accuracy of information recorded.

The Safeguarding Adults team worked closely with the EPR team to ensure that the safeguarding processes within the new EPR are effective and that staff know how to use them. Some aspects of Safeguarding are not currently compatible with EPR such as national documentation in relation to the Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act (MHA). The Safeguarding team continue to ensure the accuracy of the applications and that they are saved appropriately.

Future Work

Over the coming year we will see:

- Further development of the Safeguarding Adults training, with specific focus on Prevent and ensuring compliance with the requirement by NHS England.
- On-going participation and involvement with district-wide work across all networks to ensure staff have access to consistent advice and current practice guidance;
- Staff continuing to attend multi agency meetings and assist with the delivery of multi-agency training;
- A programme of clinical audits. Any areas of need identified from these will be used to adapt training as necessary;
- Further development of the processes within the Foundation Trust to support people with a learning disability, in conjunction with Bradford District Care Foundation Trust, with specific focus on reviewing the current policies to ensure they achieve a smooth transition for patients with a learning disability from community to hospital and back to community.
- Development of the Additional Needs group to ensure all patients who may have an additional need such as a learning disability, mental health need, sensory impairment or physical disability are represented and good links are made with the community services which support them.

3.1.5

SAFE NURSE STAFFING LEVELS

Following a requirement from the Chief Nursing Officer for England and the Care Quality Commission, all hospitals are required to publish retrospective monthly data information through the UNIFY system about the number of nursing and midwifery staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines.

We take the care of our patients very seriously and already have a number of robust mechanisms in place to ensure that our wards are safely staffed, including displaying information for patients and visitors in all of our wards, daily staffing reports to Board level, and daily staffing meetings with ward sisters and matrons.

During November and December 2017, we reviewed all our nursing and midwifery staffing establishments on all wards and departments and a report of the results was presented to the Board of Directors in January 2018. The Strategic Nursing and Midwifery Staffing Review set out to:

- Provide high quality and safe nursing/midwifery care that meets the individual needs of the patients;
- Address compliance with national standards and good practice in relation to nursing/midwifery care; and
- Ensure the effective management and mitigation of current and future nursing/midwifery care delivery risks.

During February 2017, the Trust implemented a new electronic system to support the management of safe staffing levels on a daily basis across all the wards. The 'Safecare' system works as part of the electronic staff roster to assist matrons and heads of nursing to use the nursing workforce in the most effective and efficient way possible according to live information about our patients care needs.

The Trust continues to embed this system into everyday practice to support the decision making required to manage the daily staffing in the Trust.

3.1.6

NURSE RECRUITMENT AND RETENTION

Nursing Associates

The Trust is one of the six regional partnership sites participating in the Health Education England Pilot to recruit Band 4 Nursing Associate posts to bridge the gap between Health Care Assistants holding the Care Certificate and Qualified Nurses. The roles are supported by a 2 year foundation degree programme, with the aim of introducing an improved career pathway within nursing and allowing qualified staff to focus on the more advanced elements of their roles.

The Trust appointed 15 trainee Nursing Associates who started their employment with us at the end of January 2017 and who are based within Elderly, stroke and vascular wards, paediatrics and maternity theatres. The Trust has a clinical tutor that has been appointed by Leeds Teaching Hospitals NHS Foundation Trust (as the lead employer) to support the trainees within the Trust and at Airedale NHS Foundation Trust. The trainees have just commenced their second year of the foundation degree at the university with all participants successfully completing year 1.

The Trust is in discussions with other education providers to provide a course commencing later in 2018 for a further 20 trainees. This will strengthen and grow the workforce on the in-patient ward areas reviewed as part of the strategic staffing reviews with the Chief Nurse in December 2017.

The new model of delivery would be with the University of Bolton delivered locally through Bradford College (Bolton were originally part of the Greater Manchester collaboration for the Health Education England pilot).

Health Education England have supported the collaborative approach the Trust has proposed and plans are currently underway to review the practice placement support, coordination of placements and practice education for the new cohorts of staff, in line with the apprenticeship levy funding available.

Return to practice nurse interviews

Two 'return to practice' interviews have been held for nurses / midwives in ICU and maternity.

Facebook

The Business case for a 12 month Facebook recruitment campaign was agreed in September 2017 and the campaign launched at the end of November 2017. This will support recruitment in all areas of the Trust with a monthly focus on specialties, including stroke, elderly care, paediatrics, newly qualified nurses and theatres. The Just R Company delivering the campaign will host a website, contact spreadsheet and deploy new and updated information about the Trust to promote opportunities to targeted audiences using social media. The campaign will direct Nurses, Operating Department Practitioners to adverts, open days and interviews held within the Trust. For the generic open day event in January over 200 enquiries were made through the Facebook page resulting in 31 offers on the day. During January there will be a further photo shoot of staff in the Trust to support the campaign material, the development of a video that can be used and the promotion of working in our Accident and Emergency Department as a targeted campaign.

Healthcare Assistant Apprentices

All HCAs that have started working for the Trust who do not already hold an appropriate qualification are required to complete a relevant apprenticeship qualification. Going forward these staff will be recruited as an apprenticeship terms and conditions.

Mitigation

The number of nurse vacancies continues to be managed through use of existing rota cover, agreed over establishment recruitment in some areas, the use of the Nurse Bank, additional hours and agency usage where required. Matrons review staffing on a daily basis to ensure that ward areas are safe. The Strategic staffing reviews have focused on all elements of the ward teams in order to support the patient care in each area with new roles such as the Nursing associate and advanced clinical practitioners.

The Chief Nurse report provides further detail on nurse staffing levels in line with national requirements.

Retention

The transfer register for Band 5 nurses remains in place. The nursing and midwifery steering group are reviewing this approach for other bands of staff. There have been 4 new applications in 2018.

The current group of nurses undertaking the preceptorship programme will form part of the Trust pilot of informal retention interviews following positive feedback of this initiative in other Trusts.

A plan is in place to offer more support to our nurses in the skills and competencies that are required to progress to work as a nurse in charge of a ward. The programmes will commence in January 2018 and will be delivered internally.

Significant work has taken place to develop more opportunities for new roles, e.g. Advanced Clinical Practitioners, to support the wards and departments. 15 were recruited and commenced working in this role in September 2017 supporting urgent care, general surgery and paediatrics. Plans are in place to recruit a further cohort September 2018. The Advancing Practice group continues to review and support applications for advancing practice in all areas of the Trust.

A recruitment and retention work plan has been agreed by the executive management team and will be reported monthly to the nursing and midwifery steering group.

3.1.7

MEDICAL STAFFING

Post-foundation fellows

A 2016 review of recruitment to trainee rotation gaps (with the emphasis on moving to generic-type appointments rather than individual specialty-specific posts) led to the first cohort of Post-Foundation Fellows joining the Trust in August 2016. These junior doctors had just completed their foundation training, and many were unsure of their future career path in light of the new junior doctor contract negotiations.

Whilst they were utilised across specialties to cover gaps in training rotations and long-standing non-training posts, the Fellows were also offered the opportunity to 'try out' other specialties of their choosing during the daytime (they cover rota gaps out of hours), granted up to 3 months unpaid leave (in agreed blocks), and given study leave time to complete post graduate certificates in education. In addition, each fellow covers the Discharge Lounge for up to a month, removing reliance on expensive agency locums.

The second cohort of Fellows commenced August 2017 with a number assisting the clinical education team as part of their personalised rotations.

Plans are being worked through for August 2018 which includes the appointment of 3 Post Core Fellows. These individuals will have completed 2 years Core Medical Training and may be seeking additional support to complete exams or to bridge the gap between core training and higher specialty training.

Medical training initiative

The Medical Training Initiative (MTI) is a national scheme designed to allow a small number of doctors to enter the UK from overseas for a maximum of 24 months, so that they can benefit from training and development in NHS services before returning to their home countries. It has been in place with the Academy of Royal Colleges for a number of years. However over the past 12 months the number of MTI doctors recruited to the Foundation Trust has increased considerably. MTI doctors work for a period of 6 months on core trainee rotas, at which point they join registrar level rotas (subject to competence assessment). There are currently MTI doctors in the Trust working in Obstetrics and Gynaecology, Anaesthetics, Renal Medicine and Paediatrics.

Representatives from Medical HR and the Anaesthetics team attended an MTI event at the Royal College of Anaesthetists in mid-February, and are undertaking a review of the information shared with a view to updating local processes.

Physician associates

Nationally, the development of Physician Associates forms part of the NHS transformation agenda and is aimed at supporting the need for the NHS to work differently in order to continue providing outstanding care to patients. The role of the Physician Associate is an innovative new health care professional who works to the medical model with the attitudes, skills and knowledge base to deliver holistic care under defined levels of supervision.

At present we are in the process of recruiting to seven posts across the Trust, these posts will support teams of Consultants, junior doctors, nursing staff and therapy staff across a number of surgical and medical specialties.

The roles will be mentored by a designated Consultant and will work alongside a highly trained team of junior doctors and nurses. They will work collaboratively with all members of the multidisciplinary team contributing to the delivery of care in a range of settings including inpatient wards, outpatient clinics and community clinics.

3.1.8

2017/18 ANNUAL REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

The 2016 Junior Doctor Contract includes a requirement for there to be a Guardian of Safe Working Hours who will submit an annual report to the Board to provide assurance that doctors and dentists in training are working safe rotas and that working hours are compliant with terms and conditions.

High level data

Number of doctors / dentists in training: 357

Number of doctors / dentists in training on 2016 contract: 310

Exception reports

Trainees submit exception reports if working beyond contracted hours or educational opportunities are missed. The Guardian monitors hours-related reports, while the Director of Education monitors training-related reports. The exception reporting process is a crucial part of the junior doctors' 2016 contract as it allows contemporaneous reporting of issues, feeding in to the trust and HEE's quality processes, with potential to drive improvement.

There were 336 exception reports submitted for the period 1 April 17 – 31 March 18 (table 11 illustrates exception reports by specialty). The majority related to additional hours worked. Fifteen highlighted training-related concerns. In total, 457 additional hours were worked by junior doctors. Additional hours may be recognized with a supplementary payment, time-off-in-lieu or no action. Table 12 shows the outcomes of the exception reports.

Table 11: Exception reports (hours/rest) by specialty and training grade 1 April 17–31 March 18

Department	F1	F2	CT	ST
EM			2	
Anaesthetics		1		
Gen Medicine	56		5	
Gen Surgery	18			
Elderly Care			11	
Haematology				6
Histopathology				2
O&G				129
Ophthalmology				1
OMFS			29	1
ENT			15	
Paediatrics				7
Palliative Medicine				5
Psychiatry		1		
T&O		25		

Table 12: Exception report outcomes 1 April 17 – 31 March 18

April 17 – March 18	
Exception report outcomes	Hours
Payment	265
Time-off-in-lieu	99
No action	93

Vacancies

A gap on a rota results from the post not being filled or from long term sickness. Gaps may be filled by doctors who are not in training. There were an average of 22 gaps over the year. The majority were uncovered. Some were filled by non-training junior doctors including post-foundation fellows, and doctors from overseas.

Fines

The Guardian of Safe Working Hours can apply fines if breaches of working hours and rest periods occur. Examples of potential breaches are exceeding the 48-hour average working week, exceeding 72 hours of work in 7 consecutive days, lack of 11 hours rest between shifts, or missed breaks. Fine monies are used to pay locum rates to the affected doctors and to enhance the working lives of trainees. No fines were levied to the Foundation Trust in 2017-18.

Qualitative Information

The Junior Doctor Forum meets quarterly and provides an opportunity for junior doctor representatives to bring concerns from their colleagues for discussion with the guardian of safe working hours, director of education, medical HR manager and LNC chair. In addition to working hours and educational aspects, non-contractual issues are discussed, such as the valued junior doctors' mess, and a policy for ensuring short notice availability of free sleeping accommodation for a junior doctor who feels unsafe to travel home after a night shift. The Trust is looking towards alternative workforce options, including the physician associate initiative, which has potential for easing pressure on the junior doctor workforce.

Summary

The junior doctors' hours exception reporting rate has increased over the year. The highest exception reporting specialty was obstetrics and gynaecology which related to shift finish times not coinciding with end times of clinics and theatre sessions, which usually require senior trainees to stay until completed. A recently approved revised work schedule is expected to lead to improvement.

Consultant supervisors are engaging with trainees who are under high workload pressures to ensure this is recognised. The Foundation Trust's Guardian of Safe Working Hours continues to monitor exception reporting and potential solutions.

3.2 FOCUS ON THE EXPERIENCE OF PATIENTS AND THE PUBLIC

Patient experience remains at the heart of our core values within the Foundation Trust. Putting patients at the forefront of everything we do remains a high priority and we recognise that this can only be achieved by continuing to engage with patients and develop new ways of working to improve how they and their friends and family experience our care.

Work carried out within the Trust in relation to Patient Experience is over-seen by our Patients First Sub-Committee. This group meets monthly and provides assurance to our Board of Directors via the Quality Committee, that we are providing the highest quality of healthcare at all times. Yet whilst providing this assurance to the leaders of our organisation, we recognise the need for dissemination down throughout our organisation to all areas within the Trust to ensure patients, friends and family are at the forefront of what we do.

During 2018, we have recently appointed Patient and Public Voice Representatives for the first time as members of the Patient First Committee, increasing our accountability and transparency and furthering our ethos of co-working.

3.2.1

PATIENT STORIES

Patient stories bring the experience of patients, and sometimes of their families or others who care for them, into the spotlight and are a rich and valuable source of learning for improvement. These continue to be of high importance to us at Bradford Teaching Hospitals NHS Foundation Trust and our Board of Directors meetings commence with a Patient Story presentation.

A good variety of clinical and non-clinical areas have been the focus of the Patient Stories at Board, with a particular theme during 2017/18 being on the experiences of disabled persons. We continue to pro-actively seek out stories from a wide range of patients to maximise our exposure and learning. These stories both celebrate excellent care and highlight areas for improvement.

Patient stories can:

- Identify problems, issues, risks, causes and potential solutions as well as highlight good practice.
- Actively provoke debate about change and improvement; hence they can have transformative power.
- Enrich and extend our knowledge, understanding, and empathy and open up a different way of knowing and understanding patient experience.
- Connect organisational processes, systems and protocols with humanity, values and ethical practice and have a potential positive impact on thinking/decisions.

Patient stories come from a variety of sources including patient feedback mechanisms, personal contact with people in community organisations and events in addition to staff suggestions. This has in the past included learning from Serious Incidents, which have further highlighted the important role friends and family provide in terms of sharing valuable information and demonstrated the importance of listening to friends and family. In order to rectify some gaps in the range and type of areas covered through this medium, we have pro-actively sought out stories which have highlighted, for example, the experiences of some seldom-heard groups including physically and cognitively disabled patients and BAME patients. Most often the individual attends the Board meeting in person, with support, to tell their story. If someone does not want to or cannot do this, an advocate of their choosing can present it for them. We have continued working with the University of Bradford's Working Academy to produce films for our suite of Patient Stories. These are a valuable learning resource for individual staff and teams.

When it is appropriate, a formal action plan can be requested by the Board of Directors to take forward any necessary learning and improvements which may be identified from a story. On other occasions more informal discussions to share good practice or embed positive changes are more appropriate. Participants have told us that taking part in this has been important for them, either as an opportunity to share the good care they have received, or to help us to improve.

3.2.2

PATIENT AND PUBLIC INVOLVEMENT (PPI)

We aim to continually develop a range of effective way of involving patients, patient representatives and the wider community at all levels and in all aspects of our work. At this time of change and challenge for the NHS, enabling dialogue with the communities we serve and harnessing their expertise by experience is paramount.

All departments and services within the organisation are responsible for making sure that they think about and plan adequately for patient and public involvement in their services. Support and advice to do this has been provided 'as needed' by the patient and public involvement lead.

Examples of this are in table 13 below:

Table 13: As needed support and advice provided by the patient and public involvement lead

Department/Service	Action
Estates	Targeted pieces of work on way-finding and the use of induction loop systems at reception points.
Maternity	Maternity voices partnership (is a new advisory and action forum aimed at reporting and involving users of maternity services at Bradford.
Estates	On-going development with Patient-Led Assessments of the Care Environment (PLACE).New monetary powers have enabled patients to be consulted about new equipment e.g. handrails.
Informatics	Involving the public in the development of EPR (looking at patient portal).
Renal	Planning and designing a survey regarding advocacy and "voice of the renal patient".
End of Life Care	Facilitating patient input and providing advice on content and design of the Bereavement Survey.
Paediatric	ACE project (Ambulatory Care Experience for wheezy child) aimed to keep children at home. Consultation with service users planned to facilitate in depth evaluation of how the service is working.
Estates	Sourcing and supporting representatives for the Car Parking Strategy group and the West Yorkshire collaborative patient food mini-competition.

Plans have been agreed via the new Patient Experience work programme to develop the knowledge and skills of staff and patients or members of the community who are involved with us. Staff development particularly has been proven to directly affect patient experience.

New standards and frameworks for patient and public involvement have recently been published which will be reviewed and applied appropriately to our approach to involvement.



Initial pilot efforts this year to improve the diversity of people involved with us, sometimes in partnership with other local organisations, have been fruitful, particularly in relation to young adults, disabled people and people from BAME communities. We plan to build on this through increased community outreach. Examples during 2017 include inviting local community members to be part of our work stream around people who may have additional needs.

We have continued to develop productive collaborative work with other local organisations including, Bradford Metropolitan District Council, the Strategic Disability Partnership, Bradford Talking Media, Healthwatch, Bradford University, the Alzheimer's Society, and the Stroke Association. This is in addition to working with local schools and colleges.

Membership and diversity of the Involvement Register has continued to grow, enabling us to meet the needs of services who want to be involved and fostering people with specific experience and expertise.

Sustained involvement of patient representatives in strategic work has increased this year and relationships with community groups and organisations continue to underpin the development of involvement, an example of this is the earlier mention Public Voice Representation which is now part of our Patients First Sub-Committee.

We have recently developed a Patient and Public Involvement Newsletter. It goes out currently to all members of the Trust and any member of the public who has signed up for this. Plans for 2018 include uploading future newsletters onto the Trust's website.

Social media use and engagement has increased, raising the profile of patient and public involvement at the Foundation Trust and creating new connections. We have actively embraced and grown our social media presence with a considerable number of patients, staff and departments throughout the Trust choosing this platform of communication.

The established @bthftpatientexperience and @bthft_yourvoice will continue to value feedback via this medium to further develop patient experience.



3.2.3

FRIENDS AND FAMILY TEST (FFT)

We want to continually use near real-time patient feedback to improve patient experience. The Friends and Family Test (FFT) provides an opportunity for people who use NHS services to provide feedback on their experience in real or near real-time. It asks people if they would recommend the services they have used to friends and family if they needed similar care or treatment and offers a range of responses. The Foundation Trust combines the core question with brief follow-up questions to provide more detailed insights, sometimes on areas specifically targeted for improvement, for example, linking to the results of the National Patient Surveys or quality initiatives.

The Friends and Family Test is now part of the NHS contract for most NHS-funded services in England, including inpatient, day-case, outpatient, community, maternity and paediatric services.

Different methodologies can be used depending on the context and type of care. The Foundation Trust

offers two main routes for patients to provide their views: postcard type forms and using a tablet device whilst in the ward.

The option to use a link in a text message to access an online version is also available for patients attending the Emergency Department who have given us permission to use their mobile phone numbers.

Work continues to promote the use of electronic collection, as the main route for inpatient environments, as this has greater potential to support a swift response to any reported issue and track participation levels on a regular basis, so that the level of feedback remains at a useful level.

The clinical Divisions report monthly to the Patients First Committee on their performance and identify themes and actions relating to Friends and Family data, and work with the Patient Experience team to assess this 'in the round' along with other sources of patient feedback.

The Foundation Trust has implemented the Friends and Family Test across all divisions and services in accordance with NHS England requirements.

Table 14: Friends and Family Test 2017/18 results

	Q1		Q2		Q3		Q4		2017/18	
	% of patients		% of patients		% of patients		% of patients		% of patients	
Area	Recommend	Not Recommend	Recommend	Not Recommend	Recommend	Not Recommend	Recommend	Not Recommend	Recommend	Not Recommend
Wards	100%	0%	98%	0%	95%	1%	94%	1%	97%	1%
A&E	75%	12%	80%	8%	100%	0%	100%	0%	83%	9%
Maternity	98%	1%	100%	0%	100%	0%	100%	0%	99%	0%
Day Case	100%	0%	100%	0%	97%	1%	98%	0%	99%	0%
Outpatients	96%	2%	96%	2%	97%	2%	97%	2%	96%	2%
BTHFT Trust Total	96%	2%	96%	2%	96%	1%	95%	1%	96%	2%

The overall percentage of patients who would recommend us to family and friends through each quarter (Q1-Q4) remains fairly consistent at 95-96%. Whilst this is a figure to be proud of, at Bradford Teaching Hospitals NHS Foundation Trust we always look at what we could be doing better. We recognise that an area for improvement is within the Accident and Emergency department in terms of patient satisfaction and whilst we acknowledge this is an area of great pressure, we need to look at ways to improve during 2018/19 and there will be a strong focus within this area of work. We are proud to report that our maternity results are excellent from the feedback we have received, demonstrating a consistent trend of patient satisfaction.

The Foundation Trust is working on ensuring that each ward is displaying up to date FFT data, including "You Said, We Did" information that shows how we are acting on the issues raised. This includes the improvement of waiting times in the Accident and Emergency Department through department and Foundation Trust-wide patient flow initiatives; and a reminder to staff across the Foundation Trust to keep patients informed of waiting times and delays.

3.2.4

BEREAVEMENT

Bereavement services sit within the Patient Experience Team. In March 2017 the Foundation Trust introduced a Bereaved Carer Survey. This is given to a family member when a patient dies in any of the hospital wards and provides us with useful feedback on how the Foundation Trust supports families at this difficult time. The Foundation Trust recognises that this is a difficult time for any family member and families are under no obligation to complete this. To date there has been a steady flow of responses that will be analysed later in 2018.

3.2.5

CHAPLAINCY

End of life companions

Anecdotally, nursing staff report that they would like to spend more time with dying patients in the last hours and days of life. In early 2016, the Hospital Palliative Care Team discussed with the Chaplaincy team the idea of using existing chaplaincy volunteers to sit with dying patients and offer simple care, presence and comfort. It was agreed that bringing expertise from both teams would enable us to train the companions effectively. This joint scheme would be in line with the Foundation Trust's commitment to patient care, National Institute for Health and Care Excellence (NICE) guidelines (2015) and the CQC advice around end of life care.

Interested volunteers were trained by the Palliative Care and Chaplaincy teams in 3 teaching sessions covering communication skills, knowing limitations and providing comfort such as mouth-care.

Referrals are made from ward staff or the Palliative Care Team to Chaplaincy and the End of Life Companions (ELCs) are contacted for availability. Nursing staff support the ELCs in the ward area and remain responsible for patient care.

Five supervision sessions have taken place allowing the ELCs an opportunity for debriefing, feedback and a space to air any concerns. We regularly ask the ELCs and ward staff for feedback which to date has been overwhelmingly positive. ELCs have felt privileged to support families and nursing staff have felt reassured that patients are not alone. We now aim to sensitively capture any feedback from families and carers for audit purposes.

11 ELCs are currently providing support. So far there have been 45 separate patient referrals/visits (30 dying patients). This equates to a significant number of hours. We have found that ELCs are also supporting family members whilst they are visiting therefore improving carer experience as well as providing company for the patient.

The programme was a finalist in the Patient Experience Network National Awards 2016 'Personalisation of Care' category.

3.2.6

NATIONAL PATIENT SURVEYS

We want to continue to work on strategies to make sure we make best possible use of the data the surveys provide alongside other patient feedback.

Participating in the CQC's national patient survey programme is a mandatory activity. This year has seen a number of changes in the CQC programme and methodology, such as increasing the minimum sample size for all surveys, increasing the frequency of some surveys, and new publicity requirements to make sure patients are aware they may receive a survey and offer them the opportunity to opt out of this. There is on-going consideration of how to capture other areas of care.

These surveys provide an opportunity for patients and, in the case of children, their parents, to provide us with more detailed and comprehensive feedback on their experience with us. The results contribute to assessments of NHS performance and are also used for regulatory activities such as registration, monitoring and on-going compliance.

Each survey page shows England level results and provides access to Foundation Trust-level results, including results of earlier surveys. Because of the methodology CQC uses, care must be taken as it does not allow direct comparison between Trusts, although it does provide a sense of how an organisation is performing compared to all other participating organisations.

All national patient surveys are provided for the Foundation Trust by Patient Perspective, working closely with our staff. Provision is made, at the point when a postal survey questionnaire is received, for patients who do not read English, or need other support to take part. However, it is the patient's choice to access this or not. As the Foundation Trust serves an area with a relatively high BAME population this is likely to have an impact on our response rate, and achieving a good response rate continues to be a challenge.

There are strict limitations on what we are allowed to do to publicise and promote the survey, so as to ensure methodologies remain as standardised as possible across all participating organisations.

An in-depth analysis is provided by Patient Perspective, which is used alongside the CQC analysis to help staff understand the experience of patients and identify areas where improvement or change is needed.

The Foundation Trust holds workshops led by Patient Perspective to enable key staff to gain a more in-depth understanding of the findings and identify priority areas for improvement work, develop and work through action plans.

Key points from the survey

Inpatient survey data July 2017

Bradford Teaching Hospitals had a response rate of 29.9%. This is disappointing compared to 40% last year. Keeping to hospital appointments was a strength, but there are areas for improvement in staff communication and emotional support and improving the hospital environment in terms of cleanliness and noise. When we compared our results to last year's survey **we have done significantly better in the following areas;**

- Providing information about treatment and condition in the A&E department.
- Providing written information or printed out about what you should do after leaving hospital.
- Giving clear written or printed instructions about medicines

We have not done as well in;

- Explaining after an operation or procedure how things had gone in a way that you understand.
- Take into consideration your home situation in planning your discharge.

National Emergency Department survey 2016 (reported in 2017).

Bradford Teaching Hospitals had a response rate of 23%. On a large majority of the questions reported (33) we showed no significant difference in score since 2014. Whilst not improving in these areas is disappointing, there were no areas where we scored worse. **We were significantly better in;**

- Being involved as much as you wanted to be in the decisions about your care and treatment.
- A member of staff explaining the result of the tests in a way that you could understand.



Each year following the National survey reports the Patient Experience Team and representatives from Divisions and other key areas engage in workshops with representatives from Patient Perspective to discuss key areas for on-going focused improvement. In order to decide on key topics each of the survey questions are considered in accordance with the following criteria:

- How well has the Foundation Trust scored in this area?
- How wide is the variation between Trusts in this area?
- Where a topic saw a greater range of variation between Trusts it was proposed that this reflected a wider window for improvement.
- How much control do we have over this aspect of care?
- Aspects of care which are more easily defined are more suited for an improvement strategy.

Whilst there is a significant amount of data on patient experience included within the survey this is not always easy to translate into actions for service improvement. It is important that the Foundation Trust addresses those key areas which fall into the lowest 20% of patient experiences. However, it is also apparent that there are a wide range of issues which must be addressed to improve experiences across a range of areas.

Each survey area highlights actions to address areas of concern fed back through the patient survey process. Work that results from these work streams is updated and presented to the Patients First Sub-Committee for oversight, support and assurance.

3.2.7

PATIENT-LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE)

Patient-Led Assessments of the Care Environment (PLACE) is a voluntary programme of assessments, run by the Department of Health and Social Care, via NHS Digital, which the Foundation Trust participates in every year. All providers of NHS funded care are encouraged to be involved in these unannounced assessments which aim to:

- Assess what matters to patients/the public;
- Report what matters to patients/the public;
- Ensure that the patient/public voice plays a significant role in determining the outcome.

Assessments focus on the environment in which care is provided with particular emphasis on:

- Cleanliness (including hand hygiene)
- General condition, appearance and maintenance of buildings, fixtures and fittings including safety
- Access (for disabled patients and other people who use the Foundation Trust premises).
- Dementia friendly environments
- Privacy, dignity and wellbeing
- Nutrition and hydration (including choice of food and drink and other elements of the food service assessed at the point of service on wards)

Assessments are undertaken over several months by teams of 'patient assessors' – in effect volunteers representing the perspective of patients and the public - supported by staff facilitators. The Foundation Trust asks all potential patient assessors and staff facilitators to attend training together, before taking part in an assessment.

Additional staff from a wider range of services, represented the team this year, which has brought useful additional experience and perspectives to the process, and eased the workload and logistical challenges for those carrying out the assessments.

Assessments were carried out over a wider range of days and times than ever before, to sample the standards on areas assessed across the week, and to enable people to take part who are not available during normal working hours.

All assessing teams include at least two patient assessors and teams must have a minimum ratio of 50% patient assessor representation in each team.

Assessors are recruited from a variety of sources, including Healthwatch, voluntary and community groups, the Foundation Trust membership and Council of Governors, the Foundation Trust Involvement Register, local colleges and university, and through communications with the local press, media and Foundation Trust social media. We have trained a pool of over 50 volunteers to carry out PLACE assessments; this includes an increased proportion of assessors from BAME backgrounds, students, young adults and disabled persons

Our PLACE assessors will be further involved in the implementation of improvements based in the findings of last year's PLACE program. This includes targeted pieces of work on handrails, way-finding and the use of induction loop systems at reception points.

The Foundation Trust goes beyond the requirements of the formal process, using the opportunity to check on related areas and request action on issues which may not form part of the assessment criteria but which teams consider need to be addressed.

In 2016 we began using an internal version of the process called PLACE-LITE. All aspects of this are identical to the national assessments, however the number and frequency of assessments is decided by the Trust, and the data generated is only for internal use. This has continued to be used as part of the continual quality assurance process across the Foundation Trust, sampling a small number of clinical and non-clinical areas each quarter and reporting any issues and required actions. This valuable process requires a large number of both volunteers and staff to support its delivery.

The national assessment period is March – June each year, and the internal programme takes place when the national process is not taking place.

Our PLACE results during 2017 were disappointing and the Trust was keen to make immediate inroads and improvements to address this. A PLACE steering group was formed and chaired by the Chief Nurse to ensure that a robust Action Plan was developed and monitored. Works have begun to address the actions identified in the Action Plans and examples of some of this work led by Estates and Facilities include;

- A sample area of handrails is to be installed in key areas of the Trust which will be signed off by the PLACE Steering Group and patient representatives involved in the design choice.
- Orthopaedic Outpatients has undergone works to refurbish the corridor areas. A further two phase of work are planned which includes decorations and installation of handrails.
- Orders have been placed for the installation of 10 hearing loops at various receptions across the Trust.
- Push pad door entry systems ordered for public toilets to aid accessibility issues
- Colour contrasting grab rails fitted on a ward in the toilet and shower areas.
- Surveys completed for seating in corridors completed. Recommendations made for additional and varying seating to cater for those with difficulties rising from sitting.



3.2.8

COMPLAINTS

This Foundation Trust takes all complaints made to us as a serious matter and look at being open and honest, provide thorough explanations to complainants, and we continue current work aligning our complaints and risk management processes to ensure risks to patient safety and incidents of poor patient experience are addressed in a uniform and robust manner. This will also ensure that we continue to learn valuable lessons from patient feedback and those lessons are shared and actioned across all staff and departments. See also section 3.1.2 (Learning from Incidents).

In this time, measurements and photographs have been taken which will form part of the “Access Guides” that are produced for inclusion on the Disabled Go website. The website will be linked from www.bradfordhospitals.nhs.uk and will be a valuable tool for all visitors to our sites.

The surveys will also identify areas for improvement. Although this will not be publicly shared, any areas that fall short of our high standards will be prioritised for rectification by our Estates & Facilities department. This will ensure that improvements are made where areas fall short of what is required to make our services accessible for all.

3.2.9

DEVELOPMENTS

Disabled Go.

Bradford Teaching Hospitals NHS Foundation Trust Charity has commissioned a [Disabled Go](#) survey which evaluates all the patient and visitor areas of our sites, including the community properties that we occupy. Surveys of all our sites commenced in October 2017. This work is now completed. They were inspected and assessed in person by Disabled Go’s trained surveyors to collect factual information about all our wards and departments that are accessed by patients and visitors.



3.3 STAFF EXPERIENCE

3.3.1

WE ARE BRADFORD

Over the summer and autumn we embarked on a conversation with everyone who works for the Trust as part of our Let's Talk engagement work. We asked staff to talk about what was important to them and explored how they felt about our values. This led to a refresh of our values and behaviours. We launched 'We Are Bradford', a way to help staff think about their contribution and how they work together, bringing together our Vision, Mission, Strategic Objectives and Values. Our focus on values, appraisals and leadership during the year was aimed at making sure everyone understands, no matter what role they are in, how they can provide the highest quality of healthcare at all times.

Our work focused on three interrelated areas and our key achievements include:

Our Culture

- Launching 'We are Bradford' and bringing our values to life.
- Refreshing our Mission, Vision and Strategic Objectives, to provide clear direction.
- Engaging staff to refresh our values and behaviours, to make sure they represent what it means to be part of our Trust.
- Starting a programme of workshops across the Trust to help teams think about what the values and behaviours mean to them and their teams.
- 'Let's Talk', a programme of activities and events to engage our staff, giving them opportunities for to have their say and be listened to.

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

Our People

- Let's Talk Live events started, an opportunity for staff to talk to our Chief Executive and raise any concerns.
- Introducing Brilliant Bradford, our new annual and monthly awards to recognise teams and individuals for outstanding contributions.
- Using Staff Stories in our regular Let's Talk newsletter to celebrate success.
- Our time2talk campaign, focuses on making sure everyone has effective one to one conversations and appraisals. We embedded the values into our appraisals and introduced new workshops, guidance and a simplified policy and procedure, all available on a new time2talk intranet hub.
- Working on initiatives to improve the health and wellbeing of our staff reduce sickness absence.
- Promoting the use of apprenticeships and continued to develop the Project Search initiative.
- Increasing the use of social media and technology for recruitment to attract the best staff.
- Addressing the outcomes of our Nursing and Midwifery survey.

Our Leaders

- 'Leadership for Our Future: Leading Together, Putting Patients First 2017 – 2022', our first Leadership Strategy developed and implemented.
- Implementing a Leadership and Management Development framework and intranet hub, aimed at developing leaders at every level through accessible learning and development opportunities.
- Designing and delivering a new programme of leadership and management workshops aimed at developing essential skills and increasing the confidence and capability of our managers.
- Continuing work to develop our Senior Leaders.
- Working collaboratively across the Bradford District to develop our leaders, supporting a fourth cohort of staff through Engaging Leaders - a leadership development programme, and Moving Forward - a Black, Asian and Minority Ethnic Talent Management programme, delivered by the Bradford District Care NHS Foundation Trust.

3.3.2

STAFF SURVEY

Outcomes

This year's Staff Survey results tell a positive and interesting story, not just about our Trust, but how we compare with other acute trusts which are facing the same challenges.

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

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

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

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

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

Areas for improvement

Where we do not do so well relates to the percentage of staff reporting the most recent experience of harassment, bullying and abuse (although it has significantly reduced it is still above average for other acute trusts) and the percentage of staff experiencing physical violence from staff. Communication between staff and senior managers still needs improving as does support from your immediate manager. While both show slight increases, both are below average. We also need to improve the percentage of staff reporting errors and near misses or incidents and reduce the number of staff experiencing discrimination at work in the last 12 months.

We are focusing on addressing these areas as priorities, as well as continuing our work to increase engagement.

Overall, despite all the challenges, we are 'holding our own' and maintaining our performance. This shows how resilient we are, the 'We are Bradford' spirit in action.

Workforce Race Equality Standard (WRES)

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

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

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

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

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

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

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

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

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

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

2018/19 and beyond

We aim to be in the top 20% of NHS employers so we will continue to deliver work around our five strategic aims in our People Strategy.

Our priorities for the year ahead include:

- Embedding a culture of quality improvement, engaging staff, patients and service users.
- Developing our leaders at every level and equipping managers with the skills they need.
- Developing teams and cross boundary working, so we are all working together to continuously improve the quality of care we provide, getting better all the time.
- Making sure everyone has an effective appraisal.
- Our 'We are Bradford' campaign, making our values come to life by embedding them in key HR practices and bringing together key improvement initiatives across the Trust, to deliver the highest quality healthcare.
- As an NHS Quest Best Employer, sharing best practice and continuing to learn from other Quest Trusts.
- Addressing priority areas identified for improvement in our Staff Survey.



3.4 PERFORMANCE AGAINST NATIONAL AND LOCAL INDICATORS, AND MANAGEMENT OF PERFORMANCE

3.4.1

NATIONAL PERFORMANCE MEASURES

The Foundation Trust's performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS Improvement is reported in table 15. For 2017/18 these are the indicators that are measured by the Single Oversight Framework.

Table 15: 2017/18 indicators measured by the Single Oversight Framework

Area	Indicator	Current Target	2017/18	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12
Access	Total time in A&E: maximum wait time of 4 hours	>=95%	83.17%	88.50%	93.50%	95.10%	96.20%	95.70%	95.90%
The foundation Trust has not achieved the 95% threshold for the Emergency Care Standard throughout the financial year which is a position reflected nationally, with the majority of NHS organisations experiencing pressures in achieving this standard. The A&E department saw a high number of attendances in the financial year 2017/2018 with the 3rd highest volumes of the last 8 years. A number of remedial actions have been undertaken with the focus on improving patient flow throughout the hospital. Early planning guidance for 2018/2019 indicates the threshold has been reduced to 90% until September 2018.									
Access	Cancer 2 week wait standard	>=93%	80.52%	95.30%	94.80%	95.50%	95.50%	95.10%	94.00%
	Cancer 62 day standard - First Treatment	>=85%	76.27%	84.40%	88.70%	86.30%	88.80%	93.30%	83.70%
	Cancer 62 day standard - Screening	>=90%	91.83%	92.50%	97.10%	97.00%	97.20%	98.80%	96.20%
In 2017/18 the foundation Trust continued to underachieve against the Cancer 62 day standard. In addition in the second half of the year service demand coupled with clinical capacity gaps have resulted in the Cancer 2 week standard failing the threshold for a number of months and for the financial year as a whole. For the second consecutive year the Foundation Trust has increased the number of patients treated for both indicators but has struggled to accommodate all patients within the threshold.									
Access	Referral to Treatment Waiting Times <18 weeks - Incomplete pathway	>=92%	82.30%	90.29%	92.60%	96.50%	97.20%	n/a	n/a
The foundation Trust did not achieved the RTT Incomplete threshold in 2017/18. The implementation of the Electronic Patient Record has meant there has been a transition period in reporting performance. The full year position presented represents a combination of performance from the tow systems used. The Foundation Trust has a recovery plan in place to increase access to elective services thereby reducing waiting times for patients and ensuring a better overall patient experience.									
Outcomes	Incidence of <i>Clostridium Difficile</i>	<=51	17	24	24	32	43	58	88
The foundation Trust has continued to perform well against the threshold set for Clostridium Difficile cases and will report a maximum of 17 cases currently still pending attribution. This reflects the efforts of all staff to incorporate infection control procedures into their normal working practice.									

Key

	Green rating indicates that the target was achieved
	Red rating indicates that the Foundation Trust failed to meet the target

Reporting against two mandated performance indicators and one locally selected indicator

NHSI Guidance stipulates that the External Auditor undertake substantive sample testing on two mandated performance indicators and one locally selected indicator. The mandated indicators tested for 2017/18 remain the same as those selected for 2016/17 and they are:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

The locally selected indicator is that chosen by the Council of Governors. At their meeting held 18 January 2018 the Council of Governors confirmed that the locally selected indicator would be 'ambulance handovers taking longer than 30 minutes to handover'. The Governors noted that this was a nationally defined indicator with ambulance handover data provided by Yorkshire Ambulance Service. The indicator records the total number of patients with a handover time recorded and the total number who are handed over in 15 minutes or less. There is a financial penalty for those waiting between 30-60 minutes and a separate penalty for waits of over 60 minutes.

The data for 2017/18 is presented in table 16.

The indicator definitions are in Appendix B.

Table 16: Ambulance handover delays 2017/18

	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept. 2017	Oct. 2017	Nov. 2017	Dec. 2017	Jan. 2018	Feb. 2018	March 2018	Full Year
Ambulance Handover delays >30 mins <60 mins	42	95	55	42	50	50	70	33	97	161	99	153	947
Ambulance Handover delays >60 mins	15	19	7	6	11	30	49	15	78	94	84	124	532

3.4.2

LOCAL PERFORMANCE MEASURES

In determining the quality indicators for inclusion in the 2017/18 Quality Report we have incorporated Commissioning for Quality and Innovation scheme indicators (CQUIN) to ensure coverage of locally agreed quality and innovation goals as well as nationally defined quality assurance indicators. The inclusion of the CQUIN goals within the Quality Report indicates that the Foundation Trust is actively engaged in discussing, agreeing and reviewing local quality improvement priorities with Bradford City and Bradford Districts Clinical Commissioning Groups. National CQUIN goals reflect areas where there is widespread need for improvement across the NHS. They aim to encourage local engagement and capability building, but also to share good practice, encourage benchmarking and avoid duplication of effort across the country.

A summary of the goals selected by the Board of Directors in consultation with the lead commissioners and an explanation of their importance is presented in table 17 below:

Table 17: Goals selected by the Board of Directors in consultation with the lead commissioners

Goal Name	Description of Goal	Quality Domain			
		Safety	Effectiveness	Patient Experience	Innovation
Staff Health & Wellbeing	Trusts should develop and implement plans to introducing a range of physical activity schemes, improve access to physiotherapy services and introduce a range of mental health initiatives for staff. Trusts are also expected to achieve a step-change in the health of the food offered on their premises in 2017/18 and ensure at least 75% of clinical staff receive influenza immunisation vaccinations.		Yes	Yes	
Sepsis	This CQUIN focusses on patients arriving in the hospital and seeks to incentivise providers to screen for sepsis all those patients for whom sepsis screening is appropriate, and to rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis, Red Flag Sepsis or septic shock.	Yes			
A&E Mental Health	Improving services for people with mental health needs who present to A&E.				Yes
Advice & guidance	To improve GP access to consultant advice on potential referrals into secondary care.				Yes
E-referrals	This indicator relates to GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service. This incentive is designed to encourage a move away from paper-based processes.			Yes	Yes
Patient Activation	Aims to encourage use of the "patient activation measurement" survey instrument, firstly to assess levels of patient skills, knowledge, confidence and competence in self-management for different groups of patients meeting the criteria			Yes	Yes
Supporting proactive discharge	This is a two year CQUIN that works across local health economies that aims to improve discharges for patients across all wards within hospitals. The desired outcomes will be improvement in patient outcomes, improvement in patient flow, and reduction in delayed discharges (and thus reduction in associated costs).			Yes	Yes
Haemoglobinopathy ODNs	This CQUIN incentivises removal of the remaining barriers to achieving an appropriate network of care by enabling lead / specialist centres to provide MDT led annual review of all patients and the associated communications, clinical support, staff training and data entry to demonstrate the clinical outcome benefits of such a model.			Yes	Yes
QIPP	The Quality, Innovation, Productivity and Prevention (QIPP) programme is a large-scale programme developed by the Department of Health and Social Care to drive forward quality improvements in NHS care, at the same time as making efficiency savings.				Yes
Dental coding	This CQUIN aims to ensure consistent coding for Oral Surgery and Oral Maxillofacial Surgery procedures.		Yes		

Table 18: A summary of our 2017/18 performance against the indicators within both the locally-selected and national goals is outlined in the following table. Due to the timing of final CQUIN reconciliation Quarter 4 results are projected:

		Q1	Q2	Q3	Q4 Projection
Staff Health & Wellbeing	Improvement of health and wellbeing of NHS staff				
	Healthy food for NHS staff, visitors and patients				
	Improving the update of flu vaccinations for frontline clinical staff				
Reducing impact of serious infections	Timely identification of patients with sepsis in the emergency departments and acute inpatient settings				
	Timely treatment of sepsis in the emergency departments and acute inpatient settings				
	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours				
	Reduction in antibiotics consumption per 1,000 admissions				
A&E Mental Health	Improving services for people with mental health needs who present to A&E				
Advice & guidance	Advice & guidance				
E-referrals	E-referrals				
Supporting proactive discharge	Mapping discharge pathways				
	Emergency Care Dataset submission and data quality				
	Increasing discharges to usual place of residence				
Patient Activation	Ongoing implementation for renal patients				
	Implementation for HIV patients				
Haemoglobinopath ODNs	Participation in ODN				
QIPP	Delivery of a range of QIPP schemes				
Dental coding	Improving inpatient coding for oral and max facial surgery				

	Achieved
	Partially achieved/Undecided
	Not achieved
	Projected
	Projected
	Projected

3.4.3

IMPLEMENTING THE PRIORITY CLINICAL STANDARDS FOR SEVEN DAY HOSPITAL SERVICES

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

The Clinical Services Strategy is set in the context of the NHS Five Year Forward View and its 2017 update, and the West Yorkshire & Harrogate Sustainability & Transformation Plan.

It outlines how we will work with partners to provide new, flexible models of care, tailored to the needs of patients. The vision statement makes a commitment to our patients to meet their needs now and in the future.

That we will "provide high quality healthcare, 24 hours a day, 7 days a week – in particular we will focus on seven day services, mortality, the deteriorating patient, surgical safety and the use of digital technology to improve care."

The Trust has been a first wave implementer of 7 days services, working closely with NHS England's Seven Day Service Improvement Programme (SDSIP) in implementing and reviewing progress from the six monthly surveys undertaken since March 2016. The Trust has also worked with regional and national colleagues to look at new ways of working to improve compliance to the four priority clinical standards. The Trust has consistently been in the upper quartile of performance against the four priority 7 day service standards. We will continue to work with our partner organisations at a national level in maintaining these four standards.

3.4.4

THE QUALITY MANAGEMENT SYSTEM

During 2017/18 the Foundation Trust developed and began the implementation of its Clinical Service Strategy for the next five years. The Clinical Service Strategy was developed to support the development of the Foundation Trust's vision and mission, and was underpinned by its values.

The Clinical Service Strategy therefore directly influences the identification of the Foundation Trust's strategic objectives and as such the design, development, improvement, provision and delivery of its core services. As a result the Foundation Trust has worked to ensure that its Quality Management System is aligned to the Clinical Service Strategy, this for instance has led to the development and implementation of a one year Quality Plan and the publication of a new Risk Management Strategy.

The progress of the Foundation Trust in relation to the achievement of the objectives set within the Clinical Service Strategy (and related strategies and plans that support it) is monitored by the Board of Directors, with the oversight of risk and assurance associated with the achievement of key performance indicators being delivered through the Board Assurance Framework.

The Quality Management System has been strengthened during 2017/18 to ensure, ultimately, that we have a comprehensive system which enables us to identify, measure, control and improve our core processes which are designed to support the delivery of our Clinical Service Strategy. This system includes our operational processes, management and review processes and support and assurance processes. Examples of how these have been strengthened during 2017/18 are provided below.

- The implementation of the Electronic Patient Record in September 2017 required and enabled the review and process mapping of a wide range of operational processes within the Foundation Trust resulting in the development of Standard Operating Procedures which were designed to improve the effectiveness and safety of care provision aligned to the EPR.



- The implementation of the EPR has also enabled the review of information that we provide to patients and their General Practitioner
- A trust-wide process for the management and storage of locally developed procedural documents (there are nearly 1,500 in the Foundation Trust) has been established with a challenging (but achieved within year) expectation about compliance with the required governance standards
- Trust-wide improvement plans in relation to the transport of dangerous goods and waste management have been implemented

Management and review processes

- The process for Quality Impact Assessments of service changes and transformation work was strengthened;
- A Trust wide approach to the governance of external data quality submissions has been agreed and implemented;
- Procurement processes were strengthened during 2017/18, particularly in relation to the use of agency and interim staff;
- The Quality Oversight System (see section 3.1.2) was fully implemented;
- The structure of Board Committees was strengthened to reflect the Foundation Trust's Clinical Services Strategy and represent the strategic objectives;
- The Foundation Trust has implemented a standardised approach to risk assessment and risk register management;

- The Foundation Trust has implemented a standardised approach to action planning;
- The Foundation Trust has implemented a consistent programme of Quality Improvement.

Assurance, testing and inspecting

- The Foundation Trust's ProgRESS continued to assure and test the compliance with the CQC's Fundamental Standards of Quality and safety.
- The CQC conducted unannounced and well-led inspections of the Trust during 2017/18
- The Foundation Trust participated in a CQC led area review during 2017/18
- The Foundation Trust invited the Royal College of Gynaecologists and Obstetricians to review its maternity service provision
- The Foundation Trust participated in all other statutorily required inspections related to the services which it provides



3.5 IMPROVED USE OF TECHNOLOGY AND E-SOLUTIONS

The Foundation Trust will need to make the best use of Information Technology if the integrated care challenge is to be met successfully. The Foundation Trust recognised the importance of technology and information and appointed an executive-level Director of Informatics in 2013. The Director is responsible for delivering a clear Informatics Strategy aimed at addressing the Foundation Trust's needs to support the provision of responsive, high quality and integrated care while supporting and enabling new models of care.

3.5.1

ELECTRONIC PATIENT RECORD

In late September 2017 the Electronic Patient Record (EPR) went live at Bradford Teaching Hospitals, following two years of preparation. This was one of the biggest changes that the Trust has ever seen - a major project impacting every area of the Foundation Trust.

The EPR was launched at our partner organisation, Calderdale and Huddersfield NHS Foundation Trust, which went live at the end of April 2017.

3.5.2

ELECTRONIC PATIENT RECORD GO-LIVE

In preparation for go-live, almost 5000 Trust staff (94% of the workforce) participated in training on how to use the system and hundreds of colleagues volunteered to be 'EPR Friends' – users who received additional training so that they could support colleagues during the first weeks of use.

The Go-Live was a major event, impacting on every area of the Trust, however for the vast majority of patients their care continued uninterrupted. Adoption of the system was rapid and on the second day of use, patient charts were opened 32,000 times. 7,500 medications were administered and recorded on the system and nurses completed 2,200 tasks.

Improving safety

The EPR has the potential to improve safety across our Trust and is already having a significant impact. All hospital staff who are directly involved with a patient's care have some level of access to the system, which means the each patients record is being populated with the most up to date information about their care. Important information about allergies is available to everyone from the moment it is entered, and only needs to be added once. In addition to this, the system's ability to cross-reference information means that safety alerts can be triggered. An example of this is if a patient has an allergy to penicillin, EPR will ensure prescribers are aware of this when prescribing and administering antibiotics, to avoid any errors.

How has EPR helped to improve the quality of our care?

Prior to the introduction of EPR patient records were held in a number of different ways, including paper-based notes and computer records. EPR now provides a 'single source of truth' about our patients – with the vast majority of information relating to a patient's health and care all together in one place. For patients, this reduces the need to repeat their story each time they meet a new clinician, as everyone working at the Trust has access to the same information.

Keeping patient information safe

Only those directly involved in a patient's care can access to patient record and each time they access a record, an audit trail is created. Our EPR is more secure than paper notes, as access requires security information, such as a user name and password, or card authentication to view it.

As an NHS organisation we have a legal duty to protect confidentiality and keep all information secure. The NHS Care Record Guarantee for England, which we work within, says how the NHS will collect, store and allow access to electronic records and choices for how a patient's information is stored and looked at. It was published by the National Information Governance Board for Health and Social Care.



Easy, secure access to our systems for clinicians

The increased use of computer information systems to manage care has also increased the need for staff to sign in (and out). Working with clinical systems which hold important and sensitive information has made the use of user names, passwords and cards a necessity of work – however they can rapidly become a frustrating barrier to work tasks.

In preparation for EPR, Tap and Go was deployed to provide clinicians with secure access. The card offers a fast route to sign in using a single 'tap' (dispensing with the need to sign into each system separately).

3.5.3

IMPROVING COMMUNICATION WITH CLINICIANS

An immediate benefit of the EPR deployment was improved communication with GPs – The discharge summaries we now send have enhanced information within them and a number of comments have been received from primary care colleagues about the quality of the summaries. The discharge notes also make it clear to GPs which medication has been started / stopped and continued, ensuring a safer and more complete reconciliation of medication when patients leave our care.

By the summer the Health Information Exchange will have been enabled. This allows primary care colleagues to view a patient's EPR record. This means they will be able to directly access (from within SystemOne) a patient's results, clinical notes, letters and upcoming appointments.

Once this has been enabled a reciprocal view of the GP SystemOne record from within our EPR will be activated, this will allow easy access from within EPR of a patient's primary care record, improving safety and efficiency of care. A further development from this work is the ability of Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust to have a view of a patient's record from within the Trust's EPR. This unique development will be an enabler for our Bradford 2020 vision of enhanced, safe care without organisational barriers.

The message centre functionality of EPR is allowing our clinicians to share information about patients, provide instant opinions and improve the pace of a patient's care. The ability to easily refer to the diagnostic virtual ward and then track a patient's progress has ensured enhanced safety of our sicker patients who are managed at home, and the ability to record a management plan and communicate it easily has ensured our patients receive the correct care in a timely manner.



3.5.4

IMPROVING COMMUNICATION WITH PATIENTS

Patient Portal

The patient portal is a component of our EPR which enables the patient to view their own record. Through public consultation it is called *Your EPR*. A small pilot is underway to understand what information patients would like to receive and how this looks, the focus at the moment is on patients seeing future appointments. Following evaluation and further patient focus groups *Your EPR* will become live. This will continue to be evaluated and will help us to develop and expand *Your EPR* to include more information to a wider patient population.

Text messages for appointments

We currently send text messages for the majority of booked appointments (once a patient has provided consent) as a reminder for patients to attend and to enable people to manage their hospital appointments. In the next year we will be implementing a new texting system allowing us to adapt the text message, making it easier for patients to understand the details of the message (where to attend, who with). It also means we can perform two-way texting for appointments, so patients can text back to the hospital if they have any queries.

Babyview

BabyView is a system created at BTHFT using hospital and personal computers to enable parents to see their baby or babies that need to be in hospital, when the parent is unable to be by the bedside. The use of this technology continues with positive feedback being received from parents on the difference this system has made to them during difficult times.

3.6

RESEARCH ACTIVITY

The Foundation Trust continues to be the third highest recruiter in the region to NIHR portfolio studies ensuring that our patients are able to receive innovative treatments.

Up to December 2017, 8569 patients were recruited into NIHR Portfolio adopted studies exceeding recruitment levels from last year as well as the Trust target for 2017/18 (6500 patients).

3.6.1

WOLFSON CENTRE FOR APPLIED HEALTH RESEARCH

Further to being awarded a £1 million grant from the Wolfson Foundation towards a new Centre for Applied Health Research (which is research that seeks to solve practical problems in healthcare), the Foundation Trust along with its partners for the project, the Universities of Leeds and Bradford, has worked over the last 12 months to develop and finalise the Centre building design as well as enhance the research partnerships across the three organisations.

The new building received planning permission in February 2018 and work will start on site shortly. It will be located adjacent to the Bradford Institute for Health Research and will provide around 1000 square metres of accommodation for applied health research teams. It will cost approximately £3 million to build, with the additional funding provided through matched funding from the two University partners.



Artist impression of the Wolfson Centre for Applied Health Research

The Wolfson Centre for Applied Health Research will focus on two crucial periods of life – healthy childhood and healthy ageing – with an underpinning theme of enhancing quality and safety across the care pathway during those periods.

3.6.2

LEADING CENTRE IN APPLIED HEALTH RESEARCH

The three main applied health research teams (Academic Unit of Elderly Care and Rehabilitation, Born in Bradford and Quality and Safety) continue to thrive.

3.6.3

ACADEMIC UNIT OF ELDERLY CARE AND REHABILITATION

Pioneering elderly care and stroke research, and now a national and international leader in healthcare innovation. In 2017 the Academic Unit of Elderly Care and Rehabilitation celebrated 30 years of establishment with colleagues and stakeholders who have contributed to the success of the Unit over the years.



The Unit currently is running programmes of research with over £13m grant income.

The Unit's programme of applied health research uses a wide range of methods including randomised controlled trials, systematic reviews – it leads on three Cochrane Reviews, cohort studies and qualitative evaluations. The Unit's research is supported by strong patient groups and clinical colleagues. Currently large workstreams are being implemented focused on the needs of the frail elderly, stroke and residents of care homes.

In the past year the Unit led on four large Programme Grants for Applied Research and a Health Technology Assessment trial funded by the NIHR, as well as winning and implementing other new project grants and fellowships. The Unit was pleased that three of its staff were successfully awarded PhDs.

Department Lead Professor Anne Forster was appointed as a Senior Investigator with the National Institute for Health Research in April 2017.

Quoted by the NIHR as among the most prominent and prestigious researchers funded by the NIHR and the most outstanding leaders of patient and people-based research within the NIHR Faculty, she has been involved in a programme of events providing visible leadership within the NIHR.

The CARE75+ Frailty Cohort recruitment is steadily growing with an increase in number of sites covering a wider geographical area. Working with Ian Beesley (photographer) we were able to capture some CARE75+ participants at work and play.



Theme Manager Lesley Brown was awarded 'The Elizabeth Brown Prize' for best research platform presentation at the British Geriatrics Society Autumn meeting 2017 on "The impact of pain in older people with frailty: results from the CARE 75+ cohort study".

Dr Andy Clegg from the Academic Unit of Elderly Care & Rehabilitation / Leeds Institute of Health Sciences, has been awarded the prestigious 2018 Royal College of Physicians Linacre Lectureship. Named after the first President of the Royal College of Physicians, Thomas Linacre, the lectureship provides a platform to deliver research findings to a wider general medical audience and is awarded following a competitive national application process.

Colleagues in the Academic Unit of Elderly Care and Rehabilitation have developed and validated an electronic Frailty index (eFI) using existing patient level data in primary care.

The eFI team, led by Dr Andy Clegg, Senior Lecturer and Honorary Consultant Geriatrician; Professor John Young, Professor of Elderly Care Medicine; and Dr Tizzy Teale, Senior Lecturer and Honorary Consultant Geriatrician has been shortlisted for two top national awards.

The team won the prestigious Royal College of Physicians Excellence in Clinical Care award for Innovation, which recognises outstanding clinical activity that contributes to excellent patient care in an innovative and forward-thinking way.

Use of the eFI is now in the new General Medical Services contract, a contractual requirement for practices to screen for frailty, allowing them to identify and consider offering treatment options to their frail elderly patients. The eFI is also featured in the 2016 NICE Multimorbidity Guideline as a recommended tool to identify people who may require an approach to care that takes account of multimorbidity.

3.6.4

BORN IN BRADFORD

Established in 2007, the Born in Bradford research programme is one of the largest health research projects in the UK involving over 30,000 Bradfordians. By focusing on key public health priorities for families and conducting cutting edge research it is exploring the reasons why some people fall ill and others stay healthy. This information is being used to develop and evaluate interventions to improve the lives of families.

Over the past five years we have attracted over £20 million in research grants from national and international funders. The Born in Bradford research programme hosts two internationally recognised birth cohort studies - Born in Bradford and Born in Bradford's Better Start (an established programme of applied health research), Connected Yorkshire, and the Better Start Bradford Innovation Hub.

Our funders include the National Institute for Health Research, Wellcome Trust, Economic and Social Research Council, Medical Research Council, National Lottery, British Heart Foundation, Kidney Research UK, and Horizon 2020.

Over the past year we have been busy recruiting Bradford families to our flagship projects in community and school settings. The Born in Bradford 'Growing Up' project launched in spring 2017 and is inviting families who have been involved with the study since the beginning to jump aboard the 'Big BiB Bus' for state of the art health and wellbeing assessments. So far over 1600 mums, dads and children have taken part.

Our work within Bradford schools goes from strength to strength. Since 2016, we have assessed the cognitive development and wellbeing of over 7500 Bradford school children in Years 3-5, and have worked with schools nurses to take growth measurements from 5000 children in Year 3.



Our new 'Born in Bradford's Better Start' birth cohort has recruited over 2000 pregnant mums living in the Little Horton, Bowling and Barkerend and Bradford Moor wards within the city. The results from all of these projects will be used to help shape services within the city to help improve health and wellbeing of Bradford families.

We continue to work closely with our key health, local authority and education partners across the city. Together with the 'Active Bradford' partnership we led the bid to see Bradford receive a share of £100 million from Sport England to become a 'local delivery pilot', finding new and innovative ways of promoting children's physical activity³. We will be supporting the Government Funded Bradford 'Opportunity Area' programme⁴ which aims to raise education standards and promote social mobility for young people in Bradford by identifying evidence based research to remove barriers to learning. We have also started to work with mosques and madrassas to develop new approaches to tackling obesity⁵.

Over the past year we have appeared in over 17 local and national television and radio news features including a special episode of BBC Inside Out and our highly acclaimed yearly Radio 4 broadcast. We have attended over 45 local community events, including taking to the streets in July 2017 for the Bradford Science Festival and in January 2018 held our first ever Early Career Researcher conference, attended by over 80 delegates from across the UK. You can find out more about our research, findings and events on our website: www.borninbradford.nhs.uk, facebook page (BorninBradford) or by following @bibresearch on twitter.

3.6.5

QUALITY AND SAFETY RESEARCH TEAM

The Quality and Safety research team are a multidisciplinary team of applied health researchers who deliver research that directly addresses those patient safety issues most affecting the NHS.

Over the last year the team have focused on the set up of the new NIHR Yorkshire and Humber Patient Safety Translational Research Centre, a £3 million investment

in the Foundation Trust and the Universities of Leeds and Bradford over the next five years. The funding is for research jobs, a safety innovation challenge fund, building capacity for patient safety research and training. Launched in August 2017, in the first six months the focus has been setting up the governance processes, recruiting staff and identifying research priorities. The team will work closely with healthcare providers and national policy bodies to deliver their programme of work with the remit to 'deliver research that makes healthcare safety'. Early work includes projects on staff well-being, teamwork and safety in maternity, how patient feedback is used by healthcare organisations to improve care, how to develop algorithms that improve the detection of deteriorating patients and how to achieve an earlier diagnosis of cancer in primary care by involving patients.

Over the past two years, Dr Angela Grange, Head of Nursing, Research & Innovation has led research to develop a new medical device (known as NG-Sure) to more accurately detect the correct position of a naso-gastric tube in adult patients to enhance patient safety. Angela has led a team of clinicians and researchers from the Yorkshire Quality and Safety Research team, Universities of Bradford and York, and companies RoboScientific and Medipex, to secure grant funding of over £800,000 from the Medical Research Council to develop and test the NG-Sure device. This year the Quality and Safety team have also continued research to enhance the use and usefulness of patient experience feedback. Working with the Trusts in Bradford, Leeds and Harrogate they have developed a patient experience toolkit together with staff and patients and they have now implemented it on six wards and evaluated its impact over the last 12 months. The final version of the toolkit will be produced by June 2018 at which time it will be available to the NHS for use more widely.

3. <https://www.sportengland.org/news-and-features/news/2017/december/04/transforming-the-delivery-of-physical-activity-locally/>
4. <https://www.bradford.gov.uk/browse-all-news/press-releases/opportunity-area-plan-launched-to-boost-social-mobility-in-bradford/>
5. <https://borninbradford.nhs.uk/research/grants/using-islamic-religious-settings-prevent-childhood-obesity-among-south-asian-children-uk/>

In January 2017, the team embarked on a five-year programme of research, funded by a £2.3 million NIHR Programme grant, that will develop and evaluate a Partners at Care Transition intervention. This intervention will seek to involve older patients and their carers more closely in the transition from hospital to home. One year on, the first stage of this study is now complete. Thirty-two older patients and their carers were recruited from Bradford and Leeds and followed up over 3 months to understand their experiences of discharge from hospital to home. At the same time, the team have been identifying hospital teams that, according to statistics on readmission rates, do an excellent job of keeping their patients from coming back to hospital. Through interviews and focus groups with staff they have been working to understand how these teams achieve success. They will use these two data sets as the starting point for co-designing an intervention with patients and staff called 'Partners At Care Transitions' (PACT), an intervention designed to support greater involvement of patients and carers in the transition process.

3.6.6

CLINICAL RESEARCH

Most clinical specialties in the Trust are research active and are taking part in a large number of research projects. The research teams within in the clinical areas are extremely motivated to ensure that their patients have the opportunity to take part in research projects thereby being able to receive innovative treatments and the latest advancements in healthcare. Some of their achievements this year include:

Maternal Health

The team have continued to perform extremely well, consistently achieving or surpassing targets and their national and international reputation for research delivery ensures they attract the most prestigious trials to the Trust. Dr Diane Farrar who was awarded an NIHR fellowship in 2014 has published papers in several important journals during 2017 including the BMJ, Diabetologia and BMJ open and was awarded the title of Visiting Associate Professor at the University of Leeds.

Professor Tuffnell is part of a team awarded a NIHR HTA grant to investigate treatments for hyperemesis, he co-authored the 2009-2014 maternal mortality report and a chapter in the perinatal mortality report for 2015 and is data monitoring chair for a trial investigating the use of high dose oxytocin to augment labour.

Children's Research

2017/18 has been a great year for the Children's Research team having recruited to a wider range of studies building on their previous success and achieving more. A particular highlight of the year was recruiting over 200 babies to the ELFIN study which is likely to have a major impact on infant health.

The ELFIN study is a multi-centre, randomised, placebo-controlled trial which involves giving lactoferrin (a natural infection-reducing cow's milk protein) to very preterm infants to evaluate if it can reduce infection. The team were presented with a certificate of excellence for their major role in the trial, in total recruiting 218 babies to the ELFIN study thereby being the top recruiter in the country for the study and as well as the first hospital to recruit to ELFIN. They also had the target increased twice in the course of the study initially from 50 to 100 and then from 150 to 180 babies.





Anaesthetics Recruitment to the Perioperative Quality Improvement programme continues. This exciting study looks at collecting a significant amount of data related to patients undergoing major surgery which will then be used to test the effectiveness of quality improvement initiatives.

Hepatology Being the largest liver research centre in West Yorkshire, the team have contributed to several landmark multi-centre studies in hepatitis B and C, Primary Biliary Cholangitis and alcoholic hepatitis and are the only team to have run a phase I, first in human study in Bradford.

Gastroenterology 2017 saw the Gastroenterology Research team opening recruitment to the IBD Bioresource with nearly 100 patients so far recruited from the Foundation Trust. The IBD Bioresource is a national platform designed to expedite research into Crohn's disease and ulcerative colitis and help develop new and better therapies.

Cardiology patients in Bradford continue to have access to the latest cardiovascular medications and devices thanks to the team recruiting beyond our set recruitment target. Despite joining the study much later than other sites, the cardiology research team have still managed to recruit 27 patients into a Multinational Ischemia trial based in the USA which is a study examining early invasive angiography versus standard of care with optimal medical treatment. Additionally the Foundation Trust and the Providence Heart and Vascular Institute, Portland USA are the only two sites worldwide that has achieved a 100% target for LDL cholesterol levels for our patients using medication titration and education.

The research team also screened the first patient in Eastern Europe for the Odyssey study looking at a new treatment PCSK9 for cholesterol reduction following Cardiac events.

Respiratory Medicine The Respiratory Clinical Trials Unit has enrolled the first patient in the world to a study which is assessing the effectiveness of a vaccine to treat a group of lung conditions.

The study is looking at a vaccine for two bacteria which cause flare-ups in Chronic Obstructive Pulmonary Disease (COPD), an umbrella term for a group of lung conditions that make it difficult to empty air out of the lungs because the airways have been narrowed. Dr Dinesh Saralaya, Consultant Respiratory Physician and Mrs Karen Regan, Lead Research Nurse are leading the recruitment to the study in the UK.

Dr Saralaya said: "We want to improve the quality of life for COPD patients and this vaccine may be a positive step in that direction. There may even be a possibility that we can vaccinate people against the lung infections caused by these bacteria before they become a problem."

Since recruiting the first global patient, the Foundation Trust has also become the first and only UK site to enrol five patients, reaching its recruitment target in the process.

3.7 SERVICE IMPROVEMENT PROGRAMME

The Service Improvement Programme recognises that quality without efficiency is unsustainable; equally, efficiency without quality is unconscionable!

Our Service Improvement Programme supports colleagues and teams to encourage behaviours designed to improve the quality of healthcare provided. The Programme is a balanced portfolio of actions aimed to improve patient outcomes, patient experience, staff satisfaction and financial sustainability.

During 2017/18 the Service Improvement Programme focused on four key areas:-

- Urgent & Emergency Care Improvement
- Elective Care Improvement
- Workforce Improvement
- Electronic Patient Record

3.7.1

URGENT AND EMERGENCY CARE IMPROVEMENT

The Urgent and Emergency Care Improvement Programme is aimed at better understanding and managing patient flow, predominantly in support of patients attending our Accident and Emergency Department (AED) and those subsequently admitted on a non-elective basis.

EPR and A&E Tracking

In September 2017 the new Electronic Patient Record (including A&E Tracking) was implemented. The implementation of the system went extremely well and has provided an excellent platform on which to build for improving patient flow, quality and patient experience.

Clinical Decisions Unit

The Clinical Decision Unit opened in November 2017. This facility allows for patients to be admitted from AED for a further period of monitoring if it is anticipated that their condition will allow for discharge from hospital care within 24 hours.

The facility includes twelve recliner chairs and one bed in a side room and is open all-day, every-day. The number of patients admitted through our Clinical Decisions Unit continues to increase as AED colleagues become more familiar with the service.

GP Primary Care Streaming Service

Unfortunately, significant numbers of patients attend the AED when an alternative provision would be more appropriate. Further funding was secured during the year to extend the existing GP Streaming Service. The service now operates 12pm (noon) – 12am (midnight), every day and has helped significantly to prevent the main AED from becoming over-crowded, allowing AED to treat patients who require urgent and emergency care.

Nurse-led Streaming

Nurse led streaming has continued to be developed during the year with a qualified nurse being based on the AED reception desk to review the presenting conditions of patients to determine if they can be more appropriately cared for by streaming into the GP Primary Care Streaming Service.

Ambulatory Care Unit

The Ambulatory Care Unit first opened in spring 2015 (Monday to Friday from 8am to 6pm) as an assessment area for direct referrals from GPs and from the AED. The unit focusses on patients unlikely to require an overnight stay and prevents 'trolley waits' for acute medical admissions.

The Ambulatory Care Unit has been shown to improve the quality of care and the outcomes for patients who previously may have waited for extended periods in the AED. It also provides a better environment for these patients.

During 2016/17 funding was secured to open the unit until 8pm during the week and to provide the same level of care for returning patients attending at the weekend. The unit has continued to develop its services and has increased the number of patients who return into the unit as a day admission rather than occupying a hospital bed.

Short Stay Capacity

Approximately 80% of patients admitted to the Division of Medicine stay in hospital less than four days. On 1 March 2017, a Short Stay Facility was opened on Ward 9 to care for patients with a diagnosis requiring a predicted short-stay. Early evidence has shown a reduction in medical patients needing to be accommodated on surgical wards with a similar positive impact on patient flow.

From February 2018 the whole ward became a short stay facility, effectively doubling our capacity for such patients.

PJ Paralysis

As part of a national initiative, the “End PJ Paralysis” campaign was launched in Bradford Hospital November 2017 with the aim of helping patients to mobilise and where appropriate, dress in their normal day apparel rather than wearing hospital gowns or nightwear. The aim was to help reduce deconditioning, keep patients fit and active and reduce risks associated with bed rest such as muscle waste

Red Bags Pathway

The Red Bags pathway was launched February 2018 in partnership with Bradford CCGs and aims to ensure residents who come to Hospital from a care home attend with all their vital information that will be needed to provide personal and specific care to them. It aims to improve partnership working between care homes and the hospital. It also could help avoid unnecessary admissions if baselines/norms for the patient are present in the red bag it could help healthcare professionals make a more informed decision.

Green Bags

Pharmacy services here at Bradford Hospitals are working collaboratively with the Yorkshire Ambulance Service to encourage patients to bring their own medicines with them when they attend hospital. The intention is to improve patient safety and care through improved accuracy of medication records and to reduce unnecessary spending through prescribing medications in hospital which the patient is already taking.

Yorkshire Ambulance Service use Green Bags where appropriate and possible to support patients to bring their medications into the hospital with them. The quality impact of using Green Bags consistently will provide AED staff, as well as ward staff, with the most accurate information about which medications the patient is currently taking.

Integrated Care Hub/Virtual Ward and AED Partnership working

In November 2017 a stronger partnership working was created between the integrated care hub and the virtual ward. The Integrated Care Hub co-ordinates care and treatment to patients from the comfort of their own home (where appropriate). On average, the AED would refer 3 patients per month to the integrated care hub. Following the improved partnership working, simple process guidance, visual patient journey prompts and raised awareness, the referral rates have increased to on more than 40 patients per month. Previously, these patients may have been unnecessarily admitted to Hospital.

SAFER Bundle

In December 2016 we launched our ‘SAFER’ patient flow bundle, introducing a combined set of simple rules for adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients. A workshop to introduce the SAFER Bundle was attended by more than 100 clinical colleagues from across the Trust; this was introduced by Dr Vincent Connolly, Clinical Lead Emergency Care Intensive Support Team and Consultant Physician at The James Cook University Hospital.

The SAFER bundle ensures:

- Senior review of patients before midday;
- Assessment of needs and setting of a planned discharge date;
- Flow of patients commencing at the earliest opportunity from assessment units to inpatient wards;
- Early discharge for patients, with one in three patients being discharged from their inpatient ward by midday; and
- Review of patients with extended length of stay.

By routinely and systematically ensuring senior review and an early planned discharge date with timely interventions, the SAFER patient flow bundle has been proven to improve the journey our patients experience when they are admitted to our hospital. Work is continuing to embed the SAFER principles across all wards.

Criteria-Led Discharge

The Trust is participating in a national project introducing Criteria Led Discharge. The project is being sponsored by our Chief Nurse and aims to reduce unnecessarily lengthy hospital stay. It promotes effective interdisciplinary working to reduce delays at point of discharge and improve patient flow by making effective use of nursing knowledge and skills. In essence, medical teams decide on the most appropriate treatment plan for a patient and clearly document the specific clinical criteria that need to be met prior to discharge. Once the specified criteria have been met, the patient can be assessed as fit to go home by a nurse or allied health professional without the need for further medical review. Four pilot wards have been chosen to take part in the initial implementation representing different specialties and patient pathways (Wards 8, 9, 11 and Westbourne Green).

The Multi-agency Integrated Discharge Team (MAIDT)

An integrated service was established in November 2017, providing supported care to help patients home. The service has brought together the hospital discharge team, community nurses, Bradford Council social workers, voluntary and community sector.

The MAIDT identifies the most appropriate pathway for adults with complex needs and ensures there is multi-agency involvement in planning safe and effective discharges. These patients require comprehensive care, interventions and support in the community and are jointly triaged by health and social care teams to devise discharge plans which support the person and their carers and prevent hospital re-admission. Working collaboratively this team has been successful in expediting and coordinating services to greatly improve complex patient discharges.

Mental Health Services

The Foundation Trust continues to work collaboratively with partner providers to improve the range of services available to patients with mental health issues. Developed in partnership by Bradford District Care NHS Foundation Trust and the Cellar Trust, a new Haven facility has been proposed to reduce repeat and often unnecessary attendances for patients who felt they had no alternative other than to self-present to the Accident and Emergency Department. The service aims to support people in distress and work with them in the community to develop their plans to stay well and improve coping strategies to manage distress in the future.

Integrated Discharge Hub and Discharge to Assess

Analysis shows up to 50 patients per day are medically fit for discharge across acute and community beds. A successful Discharge to Assess model has already been adopted for Care of the Elderly patients.

Patients who are clinically optimised and do not require an acute hospital bed but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support need is then undertaken in the most appropriate setting and at the right time for the person and their family and carers.

Work has commenced on roll-out of this approach to 'all ages and all conditions'. Additional resources will be utilised to expand current teams and extend functionality across seven days to create an integrated person-centred approach to the safe and timely transfer of all medically stable patients. This requires a joint work programme with Local Authority, Voluntary and Community partners and as such a new facility has been created in the centre of the hospital to accommodate the new multi-agency integrated discharge team.

Diagnostic Virtual Ward

The Diagnostic Virtual Ward was successfully introduced in September 2016 and has continued to be developed during 2017. The Diagnostic Virtual Ward facilitates discharge home whilst awaiting a diagnostic test. The virtual ward co-ordinator ensures there is a seamless transfer for patients who are ready to be discharged but need to return for a test. Patients will have their appointment date and time booked before discharge as if they were an inpatient. Travel arrangements are made for the patient and checks are in place to ensure they attend for their planned test. In the first 23 weeks of the programme, 870 bed days were saved. Patients are highly satisfied with the service. Patients who have used the Diagnostic Virtual ward so far have said they would “definitely recommend it”.

3.7.2

ELECTIVE CARE IMPROVEMENT

The objective of this Programme is to improve timely access for patients requiring elective treatment by ensuring our operating theatre sessions are safe, effective and efficient.

Seamless Operating Lists

Working with Orthopaedic Surgeons, Anaesthetist and Theatre teams, we have introduced seamless operating theatre lists for arthroplasty patients. This entails flexible scheduling of staff around lunch-breaks and prevents the middle of the day down-time as one list finishes and a new list starts.

High Volume (Proximal) Operating Lists

Working with one of the Orthopaedic surgeons, trials were undertaken to reduce inter-case delays for patients undergoing arthroscopies. An arthroscopy procedure is a relatively short procedure whereby several patients can undergo the same procedure during a Theatre list. Due to delays in patients being taken back to and called from their base-ward these lists historically were under-utilised.

An initial pilot using a number of HCAs to bring patients to and from the operating theatre and their base-ward, didn't produce the improvement in utilisation expected. Indeed, the pilot highlighted issues on the admitting ward which was also a significant distance away from the operating theatre.

A second trial was proposed whereby patients are now admitted to the ward nearest to the operating theatre block to reduce the issues of travel time and communication. This process of admitting arthroscopy patients the ward closest to the operating theatre has been proven as a concept and continues.

Further successful trials for orthopaedic hand patients have shown positive results which will be rolled-out with a view to replicating where clinically appropriate.

Enhanced Recovery

Enhanced recovery improves patient experience, reduces unnecessary lengths of stay and complications. Clearly defining the patient pathway and expectations around duration of admission for the patients and those caring for them, will deliver a more proactive approach to patient recovery and flow.

Enhanced recovery pathways have been reviewed and updated for Colorectal Surgery and Urology and an Enhanced Recovery nurse has been employed to manage this function on a trial basis.

Peripherally Inserted Central Catheter Service

Sometimes known as a PICC-line, central catheters are sometimes necessary for prolonged delivery of intravenous drugs. Insertion of a PICC-line requires enhanced imaging guidance and is supported by colleagues in radiology. Following a review of the service and processes, the Trust are now able to accommodate same-day PICC-line insertion facilitated by a number of specially trained nurses. This has reduced the issues of delays in treatment pathways and improved patient experience.



3.7.3

WORKFORCE IMPROVEMENT

Apprenticeships

A national Apprenticeship Levy was announced in the Summer Budget 2015 and came into effect from 1st May 2017. The purpose of the Apprenticeship Levy is to fund an increase in the number and quality of apprenticeships. This year we have developed processes for recruitment of apprenticeships to support the development of staff in bands 1-4 as well as degree and masters level apprenticeships.

The Foundation Trust currently has 123 apprentices and we are in the process of recruiting another 30 to various specialties such as clinical engineering, leadership, HCAs and business administration across the Trust. Open Days were held for HCAs and apprentices in February and March 2018.

Agency Staff

As part of improving workforce and reducing reliance on external staff, we have an internal nursing bank. This helps with the quality of care as internal staff are more familiar with procedures, processes, the culture and care delivery requirements. Review meetings also take place with agencies to help ensure where agency staff is used, they are providing the care and services needed.

Attendance Management

Staff health and wellbeing is an important factor in being able to provide high quality care to patients. Development of attendance management training as part of the management development programme was launched in 2018 in collaboration with Organisational Development. "Our people strategy" was launched in 2017. This focuses on creating a supportive, diverse and engaging environment for our staff. Attendance officers provide direct support to help manage sickness and a new Occupational Health Manager was appointed in 2018.

3.7.4

ELECTRONIC PATIENT RECORD

Clinical Coding Improvement

The introduction of EPR represents a significant opportunity to improve the richness of clinical coding for our patients. Clinicians will be able to see a more holistic view of a patient's condition. This will also provide for a more robust comparison of patient outcomes. In the twelve months prior to EPR go-live the average number of impacting co-morbidities and complexities recorded was 1.3 per patient. The introduction of EPR has seen a stepped and consistent month on month increase in the depth of coding. In January 2018 the average number of impacting co-morbidities and complexities was 1.9 per patient.

3.8 KEEPING EVERYONE INFORMED

We are significantly improving communications to our people, our patients and the wider public in many different ways, to increase knowledge and awareness of the work of the Trust.

During the past year we have carried out extensive engagement with our staff, Foundation Trust members, Governors and other stakeholders including local GPs about how we communicate with them – what works well and how we could improve.

As a direct result of their feedback, we developed a new communications strategy which focuses on the way we communicate – how we get the right messages out, at the right time, to the right audience in a format that suits them.

Our central communications team has increased in size and skill-mix with renewed focus on digital communications to support website development and social media. A dedicated communications resource for the Bradford Hospitals Charity, funded by the charities team, has also been appointed to further raise its public profile.

Staff feedback has highlighted the importance of our weekly bulletin 'Let's Talk' from the Chief Executive in keeping people up-to-date with news, views and latest developments across the Trust.

They also told us they would value a regular summary of key strategic and operational issues affecting the Trust and the wider NHS, delivered in face-to-face team meetings, so we have reinstated our Core Brief as an additional staff communication.

In March we formally launched a brand new-look website which provides a window on the Trust and showcases our world-leading achievements, our excellent reputation for research performance, and the services we provide and the staff who deliver them.

We also use email, the intranet, screensavers, Let's Talk Live sessions with the Chief Executive and individual directorate briefings.

Our regular Twitter output has over 2,000 followers and many of these are members of staff who are viewing and engaging with posts placed on the Trust's Twitter account.

We engage with patients via hospital radio and members of the public receive news of our successes and achievements via the local press and social media. Our Foundation Trust members receive quarterly updates to help support better engagement and involvement between our governors, members and the public.

ANNEX 1:**STATEMENTS FROM COMMISSIONERS, LOCAL HEALTHWATCH ORGANISATIONS AND OVERVIEW AND SCRUTINY COMMITTEES****Healthwatch Bradford and District****Friday 20/04/2018**

Healthwatch and Bradford District is pleased to take the opportunity to comment on Bradford Teaching Hospitals NHS Foundation Trust's Quality report. Healthwatch has a positive relationship with the Trust which we hope to continue to build on in the coming year.

The report sets out a lot of positive action taken in 2017/18 to improve quality at the Trust, and we congratulate staff on these achievements and their on-going commitment to excellent and patient care, particularly given the challenging environment facing the NHS.

We welcome the work taken to improve patient experience, and are pleased that this will remain a priority for the coming year. We are particularly happy to hear that patients and the public are now represented on the Patients First Committee, and that the PLACE programme has enabled patient-led assessments of the care environment to take place.

It is positive that successful efforts have been made to improve the diversity of these volunteers.

Over the past year, Healthwatch has gathered views and experiences of care at the Trust from service users, and their families and carers. This feedback was collected through: monthly outreach sessions at both the Bradford Royal Infirmary and St Luke's Hospital; outreach sessions held with community groups and members of the wider public; patients and carers contacting us directly; and as part of specific projects, including on autism and on the NHS complaints process.

People share their experiences both good and bad with Healthwatch. Many people have told us that they have found the staff to be friendly and caring, often recognising the pressures that staff experience. We also hear that for many people, their referral is quick and they are given the information they need.

However, many people also shared their concerns about their experiences at the Trust in 2017/18.

The most common areas of concern were communication and administration, waiting times, and parking. We also heard from a number of people who had had appointments or procedures repeatedly cancelled.

Feedback about communication covered a range of concerns. These include:

- People not being told what condition referrals were for, causing them worry and making it difficult to prepare for the appointment
- People not receiving appointment letters
- People not being informed of cancellations until they arrived for the appointment/procedure
- A couple of people received other people's letters
- People (and in some cases their GPs) not being informed of test results
- Problems with information sharing with other hospitals

We welcome continuing work to improve the use of EPR including the use of focus groups to develop YourEPR. Working with patients to improve communications is vital, and we hope that the Trust will consider ensuring this happens to improve some of the communication issues set out above, taking a similar coproduction approach as used with staff and other stakeholders.

PART 3

QUALITY REPORT

We also hear that many people experience long waits, either for a referral, or while at the hospital waiting for an appointment. People's experiences of waiting on the day was mixed, while some people said they were kept updated above delays, others were given no information, and long waits were not explained.

Parking remained a key area of feedback in 2017/18, with people concerned about the difficulties parking, costs and having to pay in advance when they did not know how long they would have to wait for their appointment.

We are pleased that work will continue on the complaints process. In our general feedback, and as part of our work on people's experiences of making complaints across Bradford and District, including that they are not kept updated on the progress of their complaint. We have also heard that PALS are not always responsive when people have tried to contact them about complaints.

We have also heard concerns that there are not enough wheelchairs available in the hospital and car park for use by visitors, which can make access difficult.

Healthwatch Bradford and District will continue to listen to people's experiences of care and feeding these back to the Trust. We look forward to working with the Trust to ensure that these experiences remain central to its approach to quality improvement.

Sarah Hutchinson
Manager

Healthwatch Bradford and District

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Bradford Teaching Hospitals NHS Foundation Trust Quality Report 2017/18

On behalf of NHS Bradford City, NHS Bradford Districts and NHS Airedale Wharfedale Craven CCGs, I welcome the opportunity to feedback to Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) on its Quality Report for 2017/18.

I would like to start by offering my congratulations on some of the Trust's achievements during 2017/2018. These include:

- The opening of a £25m wing at Bradford Royal Infirmary (BRI) by Her Royal Highness the Princess Royal
- Three Consultant Anaesthetists were recognised nationally by the Royal College of Anaesthetists and awarded the prestigious Humphry Davy Award
- The Virtual Ward Team won the Health Service Journal Value in Healthcare Awards 2017
- The specialist stroke team re-launched the pioneering stroke thrombolysis service, which gives stroke patients a better chance of survival
- A new state of the art macula centre
- The Bradford hospital's neonatal intensive care unit became the first intensive care unit (level three) in the UK to achieve the 'Baby Friendly Initiative' accreditation, set up by Unicef and the World Health Organisation
- Achieving best value: named by the Secretary of State for Health as among the best NHS performers for negotiating prices for healthcare supplies which offer the best value for money

Since the Care Quality Commission (CQC) inspection in January 2014 and 2016, through the hard work and dedication of your staff, significant improvements have been made in improving the culture of quality and safety across the Trust. The Trust's first CQC well-led inspection took place in January and February 2018. As, at the time of writing this statement, the report was not published, I am unable to comment at this stage, but look forward to the outcome.

The Quality Report provides evidence of high quality clinical care and also identifies areas which could be improved, and what the Trust are doing to improve.

CCGs working together

NHS Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG

In line with the national picture, the demand for services continues to increase, the recruitment and retention of a skilled workforce remains an ongoing challenge, this has led to unprecedented pressures this year.

Over the past three years, the Trust has continued to struggle to achieve the 18 week referral to treatment time (RTT). Geriatric medicine and rheumatology have achieved consistently over the last year but challenges remain in urology, ear, nose and throat (ENT), general/plastics surgery, and trauma and orthopaedics. 62 day waits for cancer have continued to be a challenge but work is ongoing across the West Yorkshire Cancer Alliance to improve this position. The additional monies provided by the Alliance to the Trust, to find and treat people with lung cancer much earlier, will also help to achieve this target.

The Emergency Care Standard (ECS) has remained a challenge throughout 2017/18 resulting in, at times, a well below target performance of under 80%. This is disappointing given the work of the health and care system to reduce unnecessary attendances and facilitate early discharge. Inconsistencies in performance have been a focus and the Trust has worked hard to overcome these challenges and initiatives are in place which are showing improvements.

The Trust has experienced a number of challenges within its maternity services, which led to the declaration of a number of serious incidents. The Trust commissioned an independent review of the service which formed a key element of the Trust's maternity improvement action. Improvements in maternity services are in their early stages and the CCG will continue to seek ongoing assurances of maternity service provision whilst welcoming the emerging areas of innovation.

Disappointingly, the National Sentinel Stroke National Audit Programme (SSNAP) report during 2017/18 showed a deterioration in performance. As SSNAP measures the care processes, from the admission to discharge of patients with a diagnosis of a stroke, this is concerning. The CCG will be seeking further assurances during 2018/19 that improvement actions are both implemented and effective.

One Never Event was reported by the Trust during 2017.

Given all the challenges noted the CCG would welcome the opportunity to explore how the Trust will prioritise the actions it needs to take to drive further improvements in services in the Trust throughout 2018/19.

The Trust has identified six priority areas for the forthcoming year (2018/19);

- Mortality Review Improvement Programme
- Management of the Deteriorating Patient
- Pressure Ulcers
- Safer Procedures
- Patient Experience
- Medication Safety

I confirm compliance with the national and local requirements. The statements of assurance have been completed demonstrating achievements against the essential standards. I believe this report to be a fair and accurate representation of the Trust's achievements.

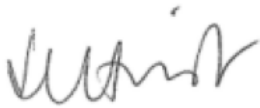
PART 3

QUALITY REPORT

Increasingly the Trust is working outside of its own organisational boundary, contributing strategically to the West Yorkshire and Harrogate and the Bradford District and Craven plans. The development of a different operating model for the health and care partnership in Bradford is dependent upon the whole system working together and the Trust plays an active part in the development of these arrangements.

If we are to achieve our system strategic aim of having a different and sustainable model of health and care from both a commissioning and provider perspective we are going to have to, collectively, give more priority to these developments and move from words to action.

I am confident that the TRust will continue to focus on maintaining high quality services, making improvements where necessary, supported by a workforce who are hugely committed to meet the needs of our local population.



Helen Hirst
Chief Officer
Airedale, Wharfedale & Craven,
Bradford City & Bradford Districts CCGs

OVERVIEW AND SCRUTINY COMMITTEE

Due to the timing of the local elections this year, the Overview and Scrutiny Committee have opted not to provide comments on the 2017/18 Quality Report.

ANNEX 2:

STATEMENT OF DIRECTOR'S RESPONSIBILITIES FOR THE QUALITY REPORT

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

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2017 to May 2018
 - papers relating to quality reported to the board over the period April 2017 to May 2018
 - feedback from commissioners dated 26 April 2018
 - feedback from the local Healthwatch organisation dated 20 April 2018
 - feedback from the Overview and Scrutiny Committee, Bradford Metropolitan District Council dated 1 May 2018 confirming they would not be providing comments
 - feedback from the Council of Governors. The draft Quality Report was circulated to Governors but no comments were received
 - the Foundation Trust's complaints reports published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated August 2017 (Q1), November 2017 (Q2) and February 2018 (Q3)
 - the latest national inpatient survey
 - the latest national staff survey
 - the Head of Internal Audit's annual opinion of the Foundation Trust's control environment dated 18 May 2018
 - Care Quality Commission inspection report dated 24 June 2016
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate

PART 3

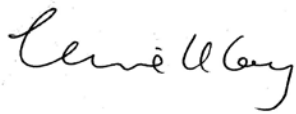
QUALITY REPORT

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

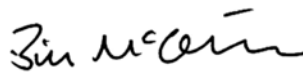
By order of the Board.

Signed



Professor Clive Kay
Chief Executive
24 May 2018

Signed



Professor Bill McCarthy
Chair
24 May 2018

ANNEX 3:**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST ON THE QUALITY REPORT**

2017/18 Limited assurance report on the content of the quality reports and mandated performance indicators

We have been engaged by the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Bradford Teaching Hospitals NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Bradford Teaching Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Bradford Teaching Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

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

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2017/18 Detailed requirements for external assurance for quality reports for Foundation Trusts; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the period April 2017 to the May 2018;
- papers relating to quality reported to the board over the period April 2017 to the May 2018;
- feedback from Commissioners, dated 26 April 2018;
- feedback from local Healthwatch organisations, dated 20 April 2018;
- feedback from Overview and Scrutiny Committee, Bradford Metropolitan District Council dated 1 May 2018 confirming they would not be providing comments;
- feedback from governors, the draft Quality Report was circulated to Governors but no comments were received.;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated August 2017 (Q1), November 2017 (Q2) and February 2018 (Q3);
- the latest national inpatient survey;
- the latest national staff survey;
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 18 May 2018.
- Care Quality Commission inspection report dated 24 June 2016.

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

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

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

Assurance work performed cont..

- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion**Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period**

The "percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" indicator requires that the NHS Foundation Trust accurately record the start and end dates of each patient's treatment pathway, in accordance with detailed requirements set out in the national guidance. This is calculated as an average based on the percentage of incomplete pathways which are incomplete at each month end, where the patient has been waiting less than the 18 week target.

Our procedures included testing a risk based sample of 25 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified the following errors:

- In 2 cases of our sample of patients' records tested, there were duplicate entries in the published indicator; and
- In 2 cases of our sample of patients' records tested, we were unable to obtain sufficient supporting evidence to confirm the details necessary to test the calculation of the published indicator.

As a result of the issues identified, we have concluded that there are errors in the calculation of the “percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period” indicator for the year ended 31 March 2018. We are unable to quantify the effect of these errors on the reported indicator.

The “data use and reporting” section on page 127 of the NHS Foundation Trust’s Annual Report details the actions that the NHS Foundation Trust is taking to resolve the issues identified in its processes.

Qualified conclusion

Based on the results of our procedures, except for the matters set out in the basis for qualified conclusion section of our report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

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

Deloitte LLP

Newcastle

24 May 2018

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Preventing people from dying prematurely	SHMI value and banding	SHMI value = 0.932	1	Wye Valley NHS Trust	The Whittington Hospital NHS Trust	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. Improving patient outcomes has been a focus of the SAFE! Strategy which is the Quality Improvement Strategy.				
	Oct 2016 - Sept 2017	Band 2 As expected	Band 2 As expected	SHMI Value = 1.2473	SHMI Value = 0.727					
Enhancing quality of life for people with long-term conditions				Band 1	Band 3	The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of a range of Quality Improvement Projects.				
				Higher than expected	Lower than expected		0.978 Band 2 As expected	0.971 Band 2 As expected	0.963 Band 2 As expected	0.999 Band 2 As expected
	% patients deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	Combined Rate - 30.0	31.5	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST - 59.8	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST - 11.5	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons, the Trust has an advisory palliative care team available to the wards which sees approximately 60 patients per month. The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by taking steps to improve the recognition of patients that are in the last years of life, improving the sharing of information between primary and secondary care relating to palliative care patients and implementing the five priorities for the care of the dying.				
							Combined Rate - 22.37	Combined Rate - 18.7	Combined Rate - 18.7	

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Preventing people from dying prematurely	SHMI value and banding	SHMI value = 0.932	1	Wye Valley NHS Trust	The Whittington Hospital NHS Trust	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. Improving patient outcomes has been a focus of the SAFE! Strategy which is the Quality Improvement Strategy.				
	Oct 2016 - Sept 2017	Band 2 As expected	Band 2 As expected	SHMI Value = 1.2473	SHMI Value = 0.727					
Enhancing quality of life for people with long-term conditions				Band 1	Band 3	The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of a range of Quality Improvement Projects.				
				Higher than expected	Lower than expected		0.978 Band 2 As expected	0.971 Band 2 As expected	0.963 Band 2 As expected	0.999 Band 2 As expected
	% patients deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	Combined Rate - 30.0	31.5	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST - 59.8	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST - 11.5	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons, the Trust has an advisory palliative care team available to the wards which sees approximately 60 patients per month. The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by taking steps to improve the recognition of patients that are in the last years of life, improving the sharing of information between primary and secondary care relating to palliative care patients and implementing the five priorities for the care of the dying.				
							Combined Rate - 22.37	Combined Rate - 18.7	Combined Rate - 18.7	

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Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Helping people recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery (2015-2016 provisional data, most recent full year of data available)	No provisional data available for 1617	N/A	N/A	N/A	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to safer procedures The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of a working group aimed at improving the safety of procedures taking place at the Trust.	0.082 (Not an outlier)	0.103 (Not an outlier)	0.091 (Not an outlier)	0.086 (Not an outlier)
	Patient reported outcome scores for varicose vein surgery (2015-2016 provisional data, – most recent full year of data available)	No provisional data available for 1617	N/A	N/A	N/A	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to safer procedures The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of a working group aimed at improving the safety of procedures taking place at the Trust.	No provisional data available for 1617	0.053 (Not an outlier)	0.104 (Not an outlier)	0.098 (Not an outlier)

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Helping people recover from episodes of ill health or following injury	Patient reported outcome scores for hip replacement surgery (2015-2016 provisional data, – most recent full year of data available)	0.442 (Not an outlier)	N/A	N/A	N/A	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to safer procedures The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of a working group aimed at improving the safety of procedures taking place at the Trust.	0.445 (Not an outlier)	0.439 (Not an outlier)	0.416 (Not an outlier)	0.39 (Negative)
	Patient reported outcome scores for Knee replacement surgery (2015-2016 provisional data, – most recent full year of data available)	0.326 (Not an outlier)				The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to safer procedures The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of a working group aimed at improving the safety of procedures taking place at the Trust.	0.304 (Not an outlier)	0.341 (Not an outlier)	0.321 (Not an outlier)	0.297 (Not an outlier)
Helping people to recover from episodes of ill health or following injury	28 day readmission rate for patients aged 0 – 15	The data made available to Trusts for reporting has not been updated since last year's Quality Account.							(2011/12) 8.04%	(2010/11) 7.23%
	28 day readmission rate for patients aged 16 or over	The data made available to Trusts for reporting has not been updated since last year's Quality Account.							(2011/12) 12.38%	(2010/11) 11.93%

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs: CQC national inpatient survey score (2015-2016 data)	74.0%	76.7%	Queen Victoria Hospital NHS Foundation Trust (88.0%)	Croydon Health Services NHS Trust (66.8%)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to improving patient experience through the Patient First Committee The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation work through the Patient First Committee aimed at improving the experience of our patients.	73.8%	74.5%	75.2%	71.5%
	Percentage of staff who would recommend the provider to friends or family needing care (2016 Staff Survey)	67.5%	69.8%	Liverpool Heart and Chest Hospital NHS Foundation Trust - 93.2%	Northern Lincolnshire and Goole NHS Foundation Trust - 46.8%	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to improving patient experience through the Patient First Committee The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation work through the Patient First Committee aimed at improving the experience of our patients.	63.8%	66.3%	68.0%	71.0%

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous thromboembolism					The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons – In the past year, due to contractual circumstances followed by the implementation of a new EPR system the FT's recording of VTE assessment data has been in a transitional phase in the past year. Post EPR, which enables direct VTE assessment recording by clinicians, a new reporting system has been enabled and the FT continues to see an improvement in reported performance. The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by implementing a new EPR system with direct entry of VTE assessments by clinicians. Targeted reporting at Ward level produced and distributed on a daily and weekly basis.				
	'Quarter 4 2015/16 (January to March 2016)	79.9%	95.5%	N/A	N/A		97.8%	97.9%	96.7%	96.70%

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of C.Difficile per 100,000 bed days					The Bradford Teaching Hospitals NHS Foundation Trust considers that this data shows that there has been a gradual reduction in CDI rate since 2012/3 but in 2016/17 it remained higher than the mean rate for England. The reduction has been following a number of improvements the Trust has made overseen by the Infection Prevention and Control Committee.				
		16.4	13.2	Birmingham Children's Hospital 1.1 (1 Trust apportioned Cases)	The Royal Marsden 66.0 (38 Trust apportioned Cases)	The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by continued actions to further reduce C.Difficile infection (CDI), with improvements to discharge cleaning after CDI cases, further measures in antimicrobial stewardship and actions to ensure lessons learnt from post-infection reviews are completed. The CDI reduction programme will continue.	17.2 (Count of Trust apportioned cases = 31)	24.6 (Count of Trust apportioned cases = 46)	22.6 (Count of Trust apportioned cases = 43)	28.4 (Count of Trust apportioned cases = 58)

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of patient safety incidents per 1,000 Bed days (Oct15 – Mar16) *High Reporters Should be shown as better					The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons, the Trust continues to promote a culture of open and honest reporting and endorses a fair blame culture so that all opportunities for learning are identified.	52.82 (Number of incidents occurring 4732)	57.83 (Apr15-Sep15 Number of incidents occurring 4989)	52.34 (Oct14-Mar15 Number of incidents occurring 4924)	40.36 (Apr14-Sep14 Number of incidents occurring 3745)
		55.42 (Number of incidents occurring 3963)	Not Given	SOUTH TYNESIDE NHS FOUNDATION TRUST (23.47)	CROYDON HEALTH SERVICES NHS TRUST (111.69)	The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this outcome, and so the quality of its services, by encouraging a culture of voluntary reporting, by endorsing a fair blame culture and making all efforts to learn from all patient safety incidents.				
Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of patient safety incidents per 1,000 Bed days that resulted in severe harm or death * (Apr17-Sep17) * High Reporters Should be shown as better					The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons, the Trust continues to promote a culture of open and honest reporting and endorses a fair blame culture so that all opportunities for learning are identified.	0.08 (count of incidents = 4)(Oct15 – Mar16)	0.08 (count of incidents = 4)(Apr15-Sep15)	0.20 (count of incidents = 10)(Oct14-Mar15)	0.21 (count of incidents = 8)(Apr14-Sep14)
		0% (count of incidents = 1)	0.30%	MULTIPLE TRUSTS (0%)	STOCKPORT NHS FOUNDATION TRUST (1.5%)	The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this outcome, and so the quality of its services, by encouraging a culture of voluntary reporting, by endorsing a fair blame culture and making all efforts to learn from all patient safety incidents.				

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Ensuring that people have a positive experience of care	Inpatient Friends and Family Test (December 2016 Data)	96.0%	96.0%	LIVERPOOL WOMEN'S NHS FOUNDATION TRUST (100%)	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST (64%)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to improving patient experience through the Patient First Committee The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation work through the Patient First Committee aimed at improving the experience of our patients.	97% percentage recommended (December 2016)	98% percentage recommended (December 2015)	99% percentage recommended (December 2014)	67 Friends and Family Test Score (December 2013)
	Accident and Emergency Friends and Family Test (December 2016 Data)	No data available for December 2017	85.0%	SALISBURY NHS FOUNDATION TRUST (100%)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (57%)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to improving patient experience through the Patient First Committee The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation work through the Patient First Committee aimed at improving the experience of our patients.	84% percentage recommended (December 2016)	71% percentage recommended (December 2015)	61% percentage recommended (December 2014)	47 Friends and Family Test Score (December 2013)

* A note from the guidance: The SHMI cannot be used to directly compare mortality outcomes between trusts and, in particular, it is inappropriate to rank trusts according to their SHMI. Instead, the SHMI banding can be used to compare mortality outcomes to the national baseline. If two trusts have the same SHMI banding, it cannot be concluded that the trust with the lower SHMI value has better mortality outcomes.

Appendix B: GLOSSARY OF AUDITED INDICATORS

Indicator	Description	Criteria	Source
Referral to Treatment (RTT) 18 week wait	The NHS Constitution provides patients with the legal right to start consultant-led treatment within a maximum of eighteen weeks from referral for non-urgent conditions.	The Referral to Treatment (RTT) operational standard is that 92 per cent of patients who have not yet started treatment should have been waiting no more than 18 weeks.	Data is submitted monthly to NHS England by all providers of NHS-funded, consultant led services, through Unify2. Unify2 is the online tool used by NHS England for the collection and sharing of NHS performance data. NHS commissioners review and sign off the data and NHS England performs central validation checks to ensure good data quality. The definition of the indicators are provided by the NHS Standard Contract 2017/18.
Emergency care standard	This indicator is required to be reported by the Single Oversight Framework: Percentage of A&E attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival at an A&E department.	Operating standard of 95%. Reduced to 90% in January 2018 with a trajectory for recovery to 95% in 2018/2019.	
Ambulance handover waits	The guideline is that all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes.	Operating standard is zero waits greater than 30 minutes.	

Appendix C: GLOSSARY OF ABBREVIATIONS AND MEDICAL TERMS

List of Abbreviations		List of Abbreviations	
AAWG	Audit Appointment Working Group	DNACPR	Do Not Attempt Resuscitation
A&E	Accident and Emergency	DoLS	Deprivation of Liberty Standards
ACE	Ambulatory Care Experience	ECDS	Emergency Care Data Set
AED	Accident and Emergency Department	ECS	Emergency Care Standard
AIS	Accessible Information Standard	eFI	Electronic Frailty Index
AKI	Acute Kidney Injury	ELC	End of Life Companions
AUKUH	Association of UK University Hospitals	ENT	Ear, Nose and Throat
BAC	Business Advisory Committee	EPR	Electronic Patient Record
BAF	Board Assurance Framework	ERIC	Estates Returns Information Collection
BAME	Black, Asian and Minority Ethnic	ESR	Electronic Staff Record
BAPM	British Association of Perinatal Medicine	FFFAP	Falls and Fragility Fractures Audit Programme
BAT nurses	Brain Attack nurses	FFT	Friends and Family Test
BDCFT	Bradford District Care NHS Foundation Trust	FREDA	Human Rights principles - Freedom, Respect, Equality, Dignity, Autonomy
BIG	Bradford Innovation Group	GP	General Practitioner
BIHR	Bradford Institute for Health Research	HCA	Healthcare Assistant
BMDC	Bradford Metropolitan District Council	HPMA	Healthcare People Management Association
BPA	Bradford Provider Alliance	HQIP	The Healthcare Quality Improvement Partnership
BRI	Bradford Royal Infirmary	HSE	Health and Safety Executive
BSCB	Bradford Safeguarding Children's Board	HSMR	Hospital Standardised Mortality Ratio
BTHFT	Bradford Teaching Hospitals NHS Foundation Trust	HUB	Health User Bank
CCG	Clinical Commissioning Group	IBD	Inflammatory Bowel Disease
CIP	Cost Improvement Programme	ICNARC	Intensive Care National Audit
COPD	Chronic Obstructive Pulmonary Disease	ICO	Information Commissioner's Office
CPAP	Continuous Positive Airway Pressure	IHI	Institute for Healthcare Innovation
CQC	Care Quality Commission	IMR	Independent Management Report
CQUIN	Commissioning for Quality and Innovation	ITFF	Independent Trust Finance Facility
CRIS	Clinical Record Interactive Search	KPI	Key Performance Indicator
DCE	Deputy Chief Executive	LeDeR	National Learning Disabilities Mortality Review
DEC	Display Energy Certificate	LGBT	Lesbian, Gay, Bi-Sexual and Transgender
DHR	Domestic Homicide Review	LLP	Limited Liability Partnerships
DHSC	Department of Health and Social Care	MARAC	Multi-Agency Risk Assessment Conference
DNA	Did Not Attend appointment		

List of Abbreviations

MARS	Mutually Agreed Resignation Scheme
MBRRACE - UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MEWS	Maternal Early Warning System
MINAP	Myocardial Ischaemia National Audit Project
MHA	Mental Health Act
MRSA	Methicillin Resistant Staphylococcus Aureus
MTI	Medical Training Initiative
NatSSIPs	National Safety Standards for Invasive Procedures
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHS	National Health Service
NHSCFA	NHS Counter Fraud Authority
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIPE	Newborn and Infant Physical Examination
NIV	Non-Invasive Ventilation
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NRC	Nominations and Remuneration Committee
ODN	Operational Delivery Network
PALS	Patient Advice and Liaison Service
PCI	Percutaneous Coronary Interventions
PCSO	Police Community Support Officers
PCT	Primary Care Trust
PLACE	Patient-Led Assessment of the Care Environment
PMO	Programme Management Office
POMH	Prescribing Observatory for Mental Health
PPI	Patient and Public Involvement
PRASE	Patient Reporting and Action for a Safe Environment
ProgRESS	Programmed Review of Effectiveness, Safety and Sensitivity

List of Abbreviations

QIA	Quality Impact Assessment
QIPP	Quality, innovation, Productivity and Prevention
PROMS	Patient Reported Outcome Measures
RAG	Red, Amber, Green
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013
RTT	Referral To Treatment
SDSIP	Seven Day Service Improvement Plan
SFI	Standing Financial Instructions
SID	Senior Independent Director
SIP	Safety Improvement Plans
SHMI	Summary Hospital-level Mortality Indicator
SIRO	Senior Information Risk Owner
SSNAP	Sentinel Stroke National Audit Programme
STF	Sustainability and Transformation Funding
VTE	Venous Thromboembolism
WHO	World Health Organisation
WRAP	Workshops to raise Awareness of Prevent
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WYAAT	West Yorkshire Association of Acute Trusts
WYHTASN	West Yorkshire Human Trafficking and Anti-Slavery Network

List of Terms

Anticoagulation	Medicines that reduce the ability of the blood to clot
Cochrane Review	Cochrane Reviews are systematic reviews of primary research in human healthcare and health policy
Computerised tomography (CT) scan	Uses X-rays and a computer to create detailed images of the inside of the body
Deep vein thrombosis (DVT)	A blood clot that develops within a deep vein in the body, usually in the leg
Endoscopy	A procedure where the inside of your body is examined using an instrument called an endoscope
Ischaemic stroke	The most common type of stroke. They occur when a blood clot blocks the flow of blood and oxygen to the brain
Laparotomy	A surgical procedure done by making an incision in the abdomen (tummy) to gain access into the abdominal cavity
Luer connection systems	The standard way of attaching syringes, catheters, needles, IV tubes etc to each other
Nephrectomy	Surgery to remove all or part of the kidney
Operational Delivery Network	Clinical networks which coordinate patient pathways between providers over a wide area to ensure access to specialist resources and expertise.
Parenteral Nutrition	The feeding of a person directly into the blood through an intravenous (IV) catheter (needle in the vein)
Percutaneous Coronary Interventions	A procedure used to widen blocked or narrowed coronary arteries (the main blood vessels supplying the heart)
Percutaneous nephrolithotomy	A minimally-invasive procedure to remove kidney stones via a small incision in the skin
Prostatectomy	Surgery to remove the prostate gland
Pulmonary embolism	A blockage in the pulmonary artery, the blood vessel that carries blood from the heart to the lungs
Subarachnoid haemorrhage	An uncommon type of stroke caused by bleeding on the surface of the brain. It's a very serious condition and can be fatal
Thalassaemia	The name for a group of inherited conditions that affect a substance in the blood called haemoglobin. People with the condition produce either no or too little haemoglobin, which is used by red blood cells to carry oxygen around the body
Venous thromboembolism (VTE)	A condition where a blood clot forms in a vein. This is most common in a leg vein, where it's known as deep vein thrombosis (DVT). A blood clot in the lungs is called pulmonary embolism (PE)