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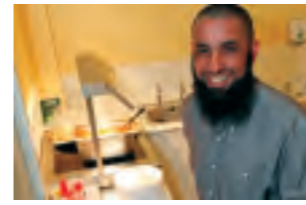
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# BRADFORD

District Care Trust Annual Report 2006/07

bringing health and social care together for the people of bradford district.

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Bradford District  
Care Trust



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<sup>\*1</sup>Breaking Down Barriers, Department of Health report. Louis Appleby. 11, May 2007.

<sup>\*2</sup>Mencap

<sup>\*3</sup>Foundation for People with Learning Disabilities.

<sup>\*4</sup>Mental Health Foundation

<sup>\*5</sup>Electronic Staff Record Website



*'mental health costs the nation £77bn a year'*<sup>\*1</sup>

*“We would like to thank everybody involved for their patience and dedication.”*

## Chief Executive and Chair

Thank you for taking the time to read our Annual Report for 2006/07. We hope that you enjoy the content, which is a reflection of the progress, achievements and hard work of staff from across the Trust. We have also left contact details at the end of this introduction so you can ask us directly to answer any questions you might have.

This is our first Annual Report and we are both very proud to have been given the chance to lead this organisation. We are excited about the future which, we believe, will continue to guarantee high quality mental health and learning disabilities services for the people of Bradford and District.

This Trust has a history and reputation of innovation and leading edge service delivery and our regular meetings with staff show that their creativity is still strong. It is at these meetings that we have confirmed our commitment to building a stable and secure position for the Trust, which will allow service excellence to flourish.

Last year was one of significant change. We have seen the arrival of a new leadership team including ourselves and several new Directors. We have also said farewell to some old friends. We are not alone in facing change, as our key partners Bradford District Council and Bradford and Airedale Teaching Primary Care Trust (PCT) have also brought in new leaders.

Change has also meant some organisational upheaval with new operational and corporate structures now in place. We appreciate just how difficult this type of change can be and would like to thank everybody involved for their patience and dedication.

*‘one sixth of the population suffers from a mental health problem every day’\*1*

Left: Simon Large, Chief Executive Right: Barry Seal, Chair

This period of change has also given us the opportunity to review and improve the way we work together. We have, in partnership with all staff groups, thought hard about what the future should look like. This has enabled us to develop a new corporate plan.

This year has also been one in which we have had to work extremely hard to manage the Trust's financial position. We have had to deal with growing cost pressures in Social Care Services and minimal growth in Health Services. However, despite this, everybody has managed to respond magnificently.

We hope this coming year will see us finally come to terms with some of the ongoing financial issues that have affected service delivery. Changes across the local healthcare economy mean that we can start to plan ahead with confidence.

The learning disabilities review, which is being carried out presently, will bring transparency to funding issues and allow a clearer picture of future organisational responsibilities. Similar work in both adult and older people's mental health will also start towards the end of 2007. This will bring clarity through a shared five year vision for the way care should be delivered and paid for.

Over the next 12 months we will also speed up our planning for a future as a Foundation Trust. To do this, we intend to continue involving staff, service users and partners in future planning as part of listening to and incorporating your ideas. We hope that this organisation will be able to encompass many more views and opinions over the next twelve months as we engage and consult on our future.

We both see a clear future for the Trust that is built upon a strong ethos of good quality local integrated services and community engagement. This is a vision and direction that we know is shared by our partner organisations.

We believe there is no better way of illustrating what we are about than sharing with you examples of successful and innovative services. In compiling this report, there were so many for us to choose from. Although we could only include one from each care group, we hope that you enjoy these. We believe they will help you to get a better understanding of the kind of care that has always been at the heart of everything we do.

Finally, we would like to say just how pleasing and rewarding it is to see so much good work and meet so many dedicated and motivated staff across all service areas. We would like to thank all our staff for their input and continuing support as we look forward to the next 12 months.

Dr Barry Seal, Chair  
Barry.Seal@bdct.nhs.uk

Simon Large, Chief Executive  
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*Above Left to Right*

*Andrew Gunnee, Director of Facilities & Informatics  
Nick Morris, Director of Strategy and Nursing  
Emmerson Walgrove, User Representative  
Sandra Knight, Director of Human Resources  
David Robinson, Non-Executive Director  
Barry Seal, Chair  
Simon Large, Chief Executive*

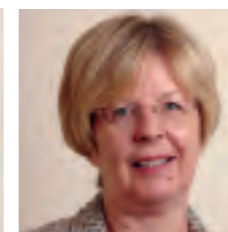
*Carol Stubley, Director of Finance and Contracting  
David Servant, Non-Executive Director  
Ian Martin, Non-Executive Director  
Brendan Fatchett, Head of Corporate Affairs  
Stuart Hatton, Director of Service Delivery  
Savitri Pema, Non-Executive Director*



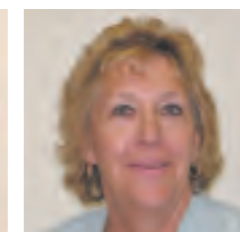
*Chris Bielby, Director of  
Social Care and  
Partnerships*



*Dr. Simon Baugh,  
Medical Director*



*Brenda Toward,  
Non-Executive Director*



*Polly English,  
Non-Executive Director*



## Stuart Hatton, Director of Service Delivery

"We need to understand the needs of the population we serve" says Stuart Hatton, the Trust's new Director of Service Delivery, when asked about the challenges of his new role.

"By involving all staff we can get the widest view of what needs to be done."

This approach, based on 22 years experience in the NHS, puts staff at the heart of Stuart's vision for improving our services. The father of three, who also has three step children, joined the Trust in October 2006. Since this time, he has been keen to visit services to find out directly from staff just how they feel about it all.

"It was important for me to see how people are working and to meet the staff keeping it all going", he enthuses.

When asked what he feels is best about the Trust he is clear that it is the staff who have made the greatest impression.

"The strength, depth and quality of individual practitioners across the services has really impressed me. People always work longer hours and put more into their time with service users than there are formal systems in place to recognise."

With such a committed workforce, it's important that facilities support them in delivering services. One key project has been the brand new Airedale Centre for Mental Health. Stuart is proud of the state-of-the-art Centre, which sees wards 4, 11 and 12 moving from Airedale General Hospital into the purpose-built facility.

"It's been designed to be a safe and supportive environment for our service users", Stuart explains.

*'there are more than 29,000 people with a severe or profound learning disability who live at home with carers aged over 70'\*2*

“Key features include a dedicated PICU (Psychiatric Intensive Care Unit), so that local patients can be managed in a familiar service rather than being sent to an out-of-area provider, as was previously the case. Our service users have been involved at every stage in the plans for the Centre and will continue to be consulted as we move forward with the project.”

The Centre is to be opened on the 28th September 2007 by Lord Patel of Bradford.

Stuart, who describes his ideal working day as, “One where I spend hardly any time in meetings and most of it working with service users, carers and clinicians,” is keen to continue delivering high quality care. Developing new Care Group Management Teams across all services is one way of facilitating better ways of working. These multi-disciplinary teams bring together members from across the professional spectrum including social workers, medical leads, allied health professionals and managers who will be responsible for:

- thinking of ways the service could develop
- setting objectives in early Foundation Trust development work
- providing clarity and direction for staff

The year ahead is set to be an exciting and challenging time for services at Bradford District Care Trust, but as Stuart says, “If we continue to place the needs of our service users first, we will achieve our objectives”.



## Who we are

We were established on the 1st April 2002 from a partnership agreement between Bradford Health Authority and Bradford Council.

Our purpose is to provide mental health and learning disabilities services that meet the needs of our diverse communities. Before we highlight the excellent work that is going on across the Trust, we think it's important for us to share with you exactly what services we provide to the people of the Bradford Metropolitan District and Craven.

Services are organised into five care groups, these are:

### Adult Mental Health Services

A comprehensive range of services that aim to support the individual based on their mental health needs at any particular time. Service delivery ranges from 24 hour medical and registered nursing care within in-patient units through to working in the community.

### Forensics & Substance Misuse

#### Forensics

We offer care and treatment to patients who have committed a criminal offence, or may be at risk of doing so, and whose needs cannot be met within a general psychiatric service. To ensure appropriate care can be given in a low secure environment, patients' are thoroughly assessed before admission by a multi-disciplinary team of professionals. A key purpose of the service is to rehabilitate patients into the community.

#### Substance Misuse

We meet the needs of drug, alcohol and substance misusers with severe and enduring mental health problems. Assessment, care planning and treatment are delivered in a variety of settings and include in-patient and community detox services.

## Older People's Services

This service addresses the needs of approximately 67,661 people over the age of 65 in Bradford and Airedale and 13,949 people in the Craven District (2001 census). It seeks to address the secondary mental health of the individual, providing care within hospital and day services alongside visiting service users in their homes.

## Learning Disabilities Services

This service is for people with learning disabilities once their formal education ends. We provide residential, day and domestic care, and support our service users with employment, housing and liaison with non-statutory organisations.

## CAMHS – Child & Adolescent Mental Health Services

The needs of children have a high profile within our organisation. These services are provided across two sites in Bradford and Craven. Working with parents and carers, our aim is to create a family-centred approach, providing the highest level of mental health care for children and young people.

This report offers just a small snapshot of the innovative work that continues to take place across our organisation. It highlights a specific project in each of our care groups and across our corporate functions. We hope you enjoy it.



### Enhancing the Healing Environment

Staff and service users were consulted on how to spend £35,000 during the year. Awarded by a national charity, the King's Fund, as part of £1m scheme, the most popular choice was to enhance the visitor centre courtyard at Lynfield Mount Hospital. Evidence shows that improving the environment benefits both service users and staff.

"This space is rarely used and we want to turn it into a healing place, a sensory garden that can be enjoyed by staff and service users, along with visitors to the site," said activities co-ordinator Alison Houson.



*'12% of the NHS budget is spent on mental health'\*1*

"We have gained lots of support and ideas from service users and one service user, Sara Firth, has joined the project group. We want people to get involved with this worthwhile project to make sure we create a retreat that will be popular and used by everyone."

At the start of 2007, the project group appointed a designer, Anna Clarkson, who uses plants, water, stone and art to create a beautiful oasis.

"Her designs have a very natural feeling with a lot of curves and no sharpness," Sara Firth explained. "She has made great use of the area and I hope everyone who comes to Lynfield will find it a peaceful space and enjoy sitting in the garden."

"I hope this project will inspire at all stages and for years to come," said Anna. "Full community input to the design will create an important space that is unique to the hospital."

And the project will not stop when the garden is completed. "There will be planters to maintain and the area will grow and develop with time and the seasons," she added.

The landscaping at the site is due to take place during summer with completion towards the end of 2007.



## Adding Local Flavour

Patients and staff at Moorlands View, a low secure forensic unit based at Lynfield Mount Hospital, have worked hard this year. By putting together a series of 'Celebrating Diversity' events, they've ensured that everyone can learn something new about each other's cultures and backgrounds.

Following analysis of the Forensics Service, the team felt amongst its strengths were its diverse workforce, expertise of working with black and ethnic minorities and its designated equality and diversity worker, employed to support and develop cultural understanding.



*'mental health accounts for one third of all illness and 40% of all disability in Britain'\*1*



Building on these strengths, the team set about organising an 'Asian Breakfast' event every Friday morning at the Moorlands site. Staff and service users meet to share chickpea curry, chapatti and traditional sweet tea.

"The breakfast increases awareness of differing lifestyles and cultures in a safe environment," explains Wasim Mirza, Equality and Diversity Nurse. "Most of our patients are detained, so it's an opportunity to develop social and cultural skills, as some have limited opportunities for social engagement outside of the ward environment."

The event is well attended with between 10 and 15 patients and their escorting staff attending each week. Staff feel that the event has improved engagement between themselves and patients and some service users have expressed an interest in taking part in the preparation and cooking of food in the future.

"The idea for the Celebrating Diversity Initiative came from our Forensic Service Equality and Diversity Group, which has a mixture of gender, diversity, professional and non-professional representatives," says Andrew Flerin, Operations Manager at Moorlands View. "We feel that this initiative is not only a response to the changing ethnicity of our patient population, but an innovative practice within low secure forensic services in this region."

With meaningful social events and the inclusion of food rated highly amongst patients, plans are in place to further develop the initiative with a rotating programme of information sharing days to include the history, traditions and food of countries from across the globe.





## Health in Mind

A programme to improve the mental well-being of older people across the district was launched in October 2006.

Made up of five innovative new projects, the Bradford and Airedale Older People's Health in Mind programme was made possible through an award of £2.36 million from the Department of Health's Partnership for Older People Projects Scheme (POPPs).

Bradford was one of 19 health and social care partnerships across the country who were successful in winning a share of the £60 million POPPs budget.

Over the next two years the programme team will use the funding to create innovative ways to enable older people to improve their quality of life, to stay independent and to stay healthy.

The specific focus in Bradford is to develop services to improve the well-being of older people who are experiencing challenges related to their mental health.

Nationally it is estimated that 40% of older people attending GP surgeries experience mental health problems of some kind. These are mostly in relation to their memory or mood, so improving services in this area is a high priority, both locally and across the country.

*'more than 1.3m older people suffer from depression or other mental illness'\*<sup>1</sup>*

The first in a series of managed care network project events was held during the year, giving staff, service users and carers the chance to become involved in developing services across Bradford and Airedale.

More than 40 people attended the first event in December which aimed to explore whether following individual service users throughout their patient journey would be of benefit in improving the health and well-being of people with dementia and older people with depression.

The outcome was an agreement that this would be of benefit and should be based on significant events experienced by service users.

The second event in January aimed to develop a managed care network, building on the work of the December event by: developing a "significant events" map; exploring how the public and non-specialist service providers can be better informed; and discussing what Bradford does well and what could be done better.



#### The five projects across Bradford and Airedale are:

- Community involvement project: will fund and directly support community and voluntary organisations to develop a network of well-being cafes, a varied programme of social activities and an older people's community website.
- Managed care network project: will create four multi-disciplinary community mental health teams and design, implement and monitor care pathways for all people with dementia and older people with depression.
- Peer educator project: will create a network of 36 University of Bradford accredited peer educators to champion good mental health practice across all local organisations to ensure older people's mental health and well-being becomes "everybody's business."
- Community enablement teams: will create three specialist home care teams, working closely with Community Mental Health Teams and providing short term intensive support for older people with mental health needs and their carers.
- Telecare project: will ensure that electronic technologies are available to help older people with mental health needs, increasing safety at home and providing reassurance for families and carers.



## Working Together

Local people with learning disabilities gave staff training a personal touch during 2006.

Seven service users living in Bradford and using a variety of local services got together to develop an innovative training package for health and social care staff.

During the production process, members of the Bradford Disability Training Group - which is hosted by the Trust - developed the "Working Together" package which looks at the principles of care for the Learning Disability Awards Framework (LDAF) training. Each service user who took part enhanced their communication and presentation skills.

And once the package was complete, they took part in delivering the training face to face.

"We've wanted to involve people who receive care, in staff training, for a long time, and this was made possible when we received funding from the Workers Educational Association last autumn," said Rosie Hawley, Workforce Development Manager.

"We realised that staff would gain a greater understanding of people's needs and how they wanted to be treated, if service users were delivering the messages."

All new recruits within the Trust's learning disabilities directorate must take part and the training is offered to other private and independent organisations across the district.

*'there are 1.5 million people with learning disabilities in the UK'\*3*

Towards the end of the year the group received a further boost in funding to develop a DVD. The DVD accompanies the training package and highlights important messages around independence, choice, dignity, respect, individuality and privacy.

"Each member of the group was really excited about this opportunity and acted real life experiences to camera," continued Rosie Hawley.

"The scenes help to remind staff that people have their own right to choose what they want "

The poor and good practice scenarios help to show staff how to carry out their role in a much more valuing way and create further discussion throughout the training. The DVD was funded through the Small Grants Scheme.





### *On Track and in School*

A scheme which aimed to increase young people's self-esteem blossomed during the year, scooping second place in the annual Spotlight awards.

The TRACKS Project has also been shortlisted for the HSJ's (Health Service Journal) Mental Health Innovation Award 2007. The event takes place on the 19th November at a ceremony in London.

The TRACKS (Trust, Respect, Achievement, Confidence, Knowledge and Safety) project brought together our Child and Adolescent Mental Health Service with Education Bradford and Connexions West Yorkshire to help teenagers who are studying for their GCSEs.

TRACKS aimed to help people aged between 13 and 16 who struggle to attend school due to chronic anxieties, poor self-esteem and emotional difficulties and use both the CAMHS and home tutoring service.

*'one in ten children has mental health needs'\*4*

“We aimed to improve outcomes for this group of young people, specifically to improve attendance, improve hours of education provision, reduce anxiety, increase self-esteem and improve and increase social skills,” said child psychologist, Simeon Hanson.

Initially developed through research at CAMHS’ School Refusal Team and the Special Needs Services at Education Bradford, it was felt that TRACKS would provide a much more successful way of working with young people and their families through closer and more co-operative working.

“Before the unit opened young people received five hours a week at home – less in some cases as they were reluctant to leave their rooms – as well as bi-weekly one-to-one CAMHS meetings,” said Simeon.

“We have tripled this amount and, in addition, the young people now leave their homes and have an opportunity to meet, talk, interact, learn and laugh with their peers in a small, supportive and caring environment.”

Clients also benefit from group Cognitive Behaviour Therapy which is also proving to be very successful.

The scheme was one of only three in the country to address the needs of school refusers. “And, as far as I am aware, the only unit to join CAMHS, education and Connexions services together,” he added.

The unit was subject to an OFSTED inspection recently and parents were also asked for their views. The lead OFSTED inspector said the project had got off to a good start and was providing the young people with a good education.

He was impressed by how well the staff were teaching and giving pupils outstanding help and support, the positive relationships with staff and tutors and how well the pupils were doing in their GCSE course work.

Parents’ feedback was also very positive saying TRACKS has had an outstanding impact on the well-being and happiness of the young people and their family life.

There had been significant improvements in confidence, independence and self-esteem while opportunities to talk and be together as a family and the development of social relationships had been enhanced beyond all expectations.

“The young people who have joined TRACKS in its first year now enjoy coming to school, want to achieve, have a clear focus and motivation towards educational success and look forward to their futures,” the report concluded.



# FACILITIES

and Informatics Support Services *The Shape of Things to Come*

## *The Shape of Things to Come*

£10.6 million has been spent on the development of our new mental health unit at the Airedale General Hospital site. Since the first turf was cut in December 2005, clinical staff, service users, carers and key stakeholders have overseen this development working alongside the building contractors.

The Airedale Centre for Mental Health - named by a group of staff and service users - will replace wards 4, 11 and 12 as well as the Therapeutic Centre currently housed in the main hospital building. This single storey building has 60 separate bedroom areas, both male and female.



*'200 babies are born with a learning disability every week'\*2*

“We have aimed to provide an environment which is supportive of modern designs and clinical practices,” said Director of Facilities and Informatics, Andrew Gunnee.

“We are extremely grateful that service users have spared their time and become involved in developing this unit. From the very first visioning meeting in January 2004, the design has been open and responsive to service users and staff. We have included specific features to meet both clinical and healing needs such as personal security while protecting individual’s privacy and dignity.”

The project group established to oversee the development of the unit received third prize in the Trust’s annual Spotlight Awards in July 2006 recognising service user involvement.

Linda Wheater who was involved in the project said, “As a service user I hope I have made some positive contributions and I hope people will benefit from the suggestions I have made regarding the new facilities. It is great to see the new unit taking shape.”

Other service user facilities include a multi faith room, therapy, art and computer rooms. Three courtyards provide protected outdoor spaces.

Lord Patel of Bradford will officially open the Airedale Centre for Mental Health on Friday 28 September 2007.





## Modernising our workforce information

Over 2800 electronic staff records were created in February 2007, integrating the workforce elements of finance, human resources and payroll systems for Bradford District Care Trust.

The Trust operates different systems within its finance, human resource and payroll departments and the ESR programme brings this information under one umbrella. Using this single data system reduces the need for having to duplicate information within each department and therefore reduces the chance of errors.

“Electronic staff records are accurate and much more robust. Using this system gives us greater efficiency across the Trust,” explained Maureen Goddard, Head of Human Resources Development.

A noticeable result of implementing the new system was a change to the format of pay slips and each member of staff received a new employee number.

“Everyone involved in the project worked extremely hard to ensure our staff were paid accurately and on time,” continued Maureen Goddard, “and this was achieved for the go live date in February.”

On a wider scale, ESR will allow future links to areas such as NHS Jobs and the Knowledge and Skills Framework (KSF).

“A lot of staff move around within the NHS and their employment record can be instantly transferred to other NHS organisations using this system,” continued Maureen Goddard.

“Over time it will provide a consistent approach to all aspects of staff administration including recruitment and training and development.”

The system has a suite of standard reports, a facility for ad-hoc reporting to help work force planning and a facility for improved establishment control and work structures for finance departments.

*‘when fully rolled out the ESR system will pay 1.2million NHS employees’\*5*



## Introduction

Bradford District Care Trust was formed on 1st April 2002 and provides mental health and learning disabilities services. The organisation formed a Partnership Agreement between Bradford Health Authority and Bradford Council that unified the provision of both health and social care. Mental health services are provided for people of all ages and learning disabilities services are provided after their formal education ends. The Care Trust also provides mental health services (except for children and adolescents) to the Airedale and Craven District.

From 2002, we provided services for five Primary Care Trusts (PCTs) and Bradford Council. During 2006/7, four of these PCTs merged to form Bradford and Airedale Teaching PCT. The organisational change reduces the number of commissioners and gives a geographical match between our two main Commissioners (Bradford Council and Bradford and Airedale PCT). This has strengthened the relationship with Bradford Commissioners. The impact on our business of Craven now being part of the new North Yorkshire and York PCT has yet to be seen. We organise services so that Craven is self-contained whilst still fully integrated.

The District also has a thriving sector of voluntary bodies and private sector residential provision. There is a relatively low level of use of private sector or out-of-district mental health services - this has been the result of planned improvements in care pathways.

*'since 1997 the number of psychiatric nurses has risen by 9,300 (39,109 to 48,400)\*<sup>1</sup>*

## Our Objectives

Our mission is to put people at the heart of service provision rather than basing services around organisations. The aim is to provide mental health and learning disabilities services that meet the needs of our diverse population. At the beginning of 2006/7 we had four objectives:

- To strive to provide the highest standards of care.
- To promote the citizenship of two client groups that are often stigmatised.
- To be a model employer.
- To operate the highest standards of governance that demonstrate the Care Trust's accountability to the public.

The Board had four Committees - one for each of the main objectives. Directors formulated their objectives for 2006/7 based on these objectives which were cascaded down the organisation.

During 2006/7, with a change of Chairman and Chief Executive, we reformulated our objectives. This work resulted in the following strategic intents being approved by the Board in March 2007:

- Maintaining core business
- Developing care pathways
- Working with commissioners
- Engaging with communities
- Enhancing the workforce
- Working in partnership
- Strengthening governance
- Delivering excellence

Each of these has associated Director Objectives. These will be taken forward through a new committee and management structure that will be implemented in the first quarter of 2007/8.

We measure standards of care using the measures set out in the Department of Health advice on Clinical Governance and the standards set by the Social Service Inspectorate as measured by the Healthcare Commission and Commission for Social Care Inspection (CSCI).

At the beginning of 2006/7 there were a number of top priority issues that the Care Trust was dealing with:

- Setting a balanced budget for Social Care. The required goal was to set a balanced budget for 2006/7 and for 2007/8 (Achieved)
- The failure of the Section 31 partnership arrangements with the Council to resolve the budget problem for social care services. To protect the vulnerable adults receiving Care Trust services, an interim funding arrangement had to be put in place. The aim was to underpin this funding solution with improved working relationships reflected in an improved Section 31 agreement
- The uncertainty around the quality of services following the loss of our CNST level 1 accreditation. The aim was to regain level 1 accreditation in February 2007 (Achieved)
- The need for a robust integrated planning system. The agreed target was to have a three-year integrated financial plan in place by March 2007
- Gaining assurances on all core standards
- Preparation for Foundation Trust status via a Board-to-Board assessment with the new SHA

## Performance 2006/7

We weren't able to set a balanced budget before the 1st April for the whole year. This arose from the specific Council decision on the budget for the Trust for 2006/7. The underlying problem is the impact of a demographic trend and a financial trend.

- The demographic issues arise from falling mortality rates and increased life expectancy. One impact is the increasing number of new entries to our services from increasing child populations and improved healthcare. The other demographic issue is the increasing number of elderly frail service users and the increased average age of carers.
- Income from fees and grants for social care has been broadly static in absolute terms over the last three years. The effect of price inflation on costs has therefore not been fully recouped in funding. In 2008/9 there is an expected significant drop in Supporting People Grant which will have a significant impact on funding (£2.4m).

An arrangement was put in place to preserve services in 2006/7. This involved a month by month payment from the Council to cover over half of the gap between funding and service provision. This was supplemented by an extra allocation from the Department of Health which was given to reflect our surplus in 2005/6. A priced full service specification was produced by us for the Council by the end of June 2006. This specification was assessed for "best value" and was accepted by the Council. On this basis the Council continued their additional funding and a complete funding package was put in place for 2006/7. The aim of a funding balance for 2007/8 was achieved when the Council budget setting was agreed and the service level agreement with the PCT was signed in March 2007.

The Section 31 partnership was reviewed during 2006/7 and has been re-formulated to reflect the much improved working relationships between us, the Council and the PCT. This involves a redefinition of arrangements as set out in the schedules to the agreement. A more fundamental review of the actual Section 31 terms will be undertaken in parallel with a joint commissioner review of learning disabilities services. This began in April 2007.

We were re-assessed for Clinical Negligence Scheme for Trusts (CNST) level 1 and achieved a remarkable assessment of 100% across all elements of the review. This level of compliance has only been achieved by a handful of NHS organisations.

The Board also approved the medium term financial plan (2007/8 to 2009/10) at its meeting in March. This is an integrated plan with supporting service, estates, workforce and information plans that underpin it.

The work on assurance framework and core standards has resulted in a Health Check self assessment with all standards being met and all objectives achieved.

We have produced an extensive action plan for Foundation Trust status following the Board-to-Board with the SHA in August 2006. A significant requirement for extra work was the outcome of the Board-to-Board. The anticipated implementation date of April 2007 was changed to give an earliest implementation of April 2008. Good progress on the action plan has been achieved but it is likely that the implementation will be later in 2008 to allow for:

- The results of the learning disabilities service review and Section 31 review to be implemented
- The new Board and new management arrangements to be bedded in during 2007/8

The committee structure based on the four high level objectives stayed in place until March 2007. Each Committee continued to work on their high level objectives and the developments carried through in 2006/7 included:

- Improved community services for older people using mental health services. This was achieved without extra resource by achieving savings against in-patient costs
- Taking part in the Bradford POPPS (Partnerships for Older People Projects) pilot
- Establishment of the adult mental health crisis service
- Continued investment in mental health services for children and adolescents
- Work on the construction of a new mental health unit at Airedale hospital and on the new service model to be used within the unit
- Unifying community mental health services in Keighley
- Completion of the service changes in learning disabilities
- Improvement to Council properties (a £3m capital scheme)



## Resources, Risks and Relationships

We have a good record on achieving break-even and meeting savings targets. This was achieved again in 2006/7 by the continued use of sound financial management. The agreement for 2007/8 gives breathing space in which we will, with the Council and the PCT, tackle the underlying funding gap on social care and implement a sustainable solution. All the other elements of funding, ownership and risk management show the Trust in a solid position.

The most significant risk facing us is the funding gap on social care in 2008/9. The resolution of this depends on the learning disabilities service review and the clarified and improved working relationship between commissioners and ourselves.

The work on the risk register and risk management is progressing as planned in the risk management strategy but there needs to be increased involvement at the service delivery interface. This will be easier to achieve once the new Care Group structure for operations is implemented.

We continue to have a strong relationship with service users and this has been maintained during 2006/7.

The work on resolving the social care funding problem has involved a closer working relationship with commissioners and an improved working relationship between commissioners. This bodes well for the future since there is a significant financial issue that requires a joint resolution for 2008/9.

## Financial Structure

We have three principal activities. Healthcare provision is the largest activity both in terms of revenue and assets. This activity is healthy and represents the core of our business. The structure of the funding, assets and current assets is that of a well-run NHS organisation.

The social care service for Bradford Council is the next biggest area. That element of the business has benefited from significant subsidy from healthcare since 2004/5. The work during the year resolved funding on an agreed basis with the Council and PCT in terms of:

- The settlement of historic subsidy issues.
- A funding package for 2006/7 agreed during the year.
- An agreed funding arrangement for 2007/8.

We also act as a host to a number of organisations. The most significant of these is the National Institute for Mental Health in England (NIMHE). The accounts for this body are shown separately and there is no cross subsidy with any other activities. We host a joint payroll service and a joint estates service, which results in some joint assets being included in our balance sheet.

We have achieved a risk rating of three (scale 1 to 5 with 5 as the strongest) on the Monitor scale that has been introduced for NHS capital in 2007/8. The rating will increase to the target level of 4 when we have freedoms around building working capital cover for future expenditure.

## 2006/2007 Final Out-turn Position

The Trust achieved all of its three financial targets in 2006/7 which were:

- To break even on an income and expenditure basis. The Trust achieved a small surplus of £4k
- To keep capital expenditure within the capital resource limit
- To keep external cash requirements within the external financing limit

With regard to the position on social care budgets, these budgets were in balance at the end of the year.

Net capital expenditure for the Trust after taking account of income from the sale of assets in year was £12,213k. This is £47k lower than the Trust's capital resource which was set for the Trust in 2006/7.

The external financing limit for the Trust sets the limit of the Trust's external cash requirements to fund capital expenditure. The Trust's actual cash requirements were £346k lower than the external financing limit of £15,968k.

## Better Payment Practice Code

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

This is measured by both volume and value of transactions in the year. In 2006/2007 the Trust paid 80% (by volume) and 81% (by value) of Non NHS Trade invoices within the target.

The same measures of compliance are also applied to NHS invoices and the percentages of these invoices paid within the target were 61% (by volume) and 77% (by value).

## Salary and Allowances

Name and Title	2006-07			2005-06		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
B Seal - Chairman (from 1/2/07)	0-5			-		
J Chuter- Chairman (up to 8/8/06)	5-10			15-20		
AM Khan- Non Exec Director (up to 26/5/06)	0-5			5-10		
P English - Non Exec Director	5-10			5-10		
B J Toward - Non Exec Director *	10-15			5-10		
D Servant - Non Exec Director	5-10			5-10		
I Martin - Non Exec Director (from 14/6/06)	0-5			-		
S Pema - Non Exec Director	5-10			5-10		
D Robinson - Non Exec Director	5-10			5-10		
S Large - Chief Executive (from 18/9/06)	55 - 60		900			
C Egan - Chief Exec (up to 15/4/06)	0 - 5		100	105-110		2,900
S Baugh - Medical Director	25 - 30	135 - 140	3,500	20-25	130-135	3,000
P Gutchner - Director of Finance & Contracting	80 - 85		3,800	80-85		2,800
A Gunnee - Director of Estates & Facilities	75 - 80		1,600	70-75		1,600
J Goodson-Moore - Director of Personnel **	85 - 90			80-85		0
B Stanley - LD Services Director (up to 30/9/06)	30 - 35		3,600	70-75		7,100
C Bielby - Director of Planning & Social Care	70 - 75			70-75		
L Hewson - Director CAMHS	15 - 20	125 - 130	2,700	15-20	125-130	2,700
L Morgan - Director of Nursing/Dir of Operations (up to 24/9/06)	35 - 40		1,100	45-50		1,800
S Hatton - Director of Service Delivery (from 2/10/06)	40 - 45					
N Morris - Director of Strategy & Nursing ***	0					

\* Brenda Toward was acting Chair from 9/8/06 to 31/1/07.

\*\* June Goodson-Moore was acting Chief Executive between 15/4/07 to 17/9/07.

\*\*\* Nick Morris was on secondment from South West Yorkshire Mental Health NHS Trust.

Benefits in kind relate to the costs of lease cars, which is shown net of individual contributions.

## Pension Benefits

Name and Title	Real increase in pension at age 60	Lump sum at age 60 related to real increase in pension	Total accrued pension at age 60 at 31 March 2007	Lump sum at age 60 at 31 March 2007	Cash Equivalent Transfer Value at 31 March 2007	Cash Equivalent Transfer Value at 31 March 2006	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
S Large - Chief Executive (from 18/9/06)	9	28	30	91	420	277	96
C Egan - Chief Exec (up to 15/4/06)	13	38	64	191	1,157	900	164
S Baugh - Medical Director	6	18	69	208	1,235	1,085	86
P Gutcher - Director of Finance	1	2	33	100	553	513	19
A Gunnee - Director of Facilities & Informatics	1	3	28	83	440	403	19
J Goodson-Moore - Director of Personnel	4	11	30	89	495	411	52
B Stanley - LD services Director (up to 30/9/06)	(2)	(6)	28	83	0	491	0
C Bielby - Director of Social Care & Partnerships	1	2	27	82	421	420	(7)
L Hewson - Director CAMHS	3	8	55	164	920	836	44
L Morgan - Director of Nursing/Dir of Operations (up to 24/9/06)	0	1	26	78	369	344	11
S Hatton - Director of Service Delivery (from 2/10/06)*	22	65	22	65	307	0	215

\* Stuart Hatton was not a member of the pension scheme in 2005/2006 therefore there are no figures to disclose for that year

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

No directors have a stakeholder pension

## Income and Expenditure Account for the Year Ended 31 March 2007

	2006/07 £000	2005/06 £000
Income from activities	94,383	92,306
Other operating income	24,448	22,327
Operating expenses	-116,387	-110,295
OPERATING SURPLUS (DEFICIT)	<u>2,444</u>	<u>4,388</u>
Profit (loss) on disposal of fixed assets	228	26
SURPLUS (DEFICIT) BEFORE INTEREST	<u>2,672</u>	<u>4,364</u>
Interest receivable	175	231
Interest payable	-340	-357
Other finance costs	0	0
- unwinding of discount		
Other finance costs	0	-60
- change in discount rate on provisions		
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	<u>2,507</u>	<u>4,178</u>
Public Dividend Capital dividends payable	-2,503	-2,186
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	<b>4</b>	<b>1,992</b>

## Balance Sheet as at 31 March 2007

	31 March 2007 £000	31 March 2006 £000
FIXED ASSETS	<u>85,565</u>	<u>70,282</u>
Tangible Assets	85,565	70,282
CURRENT ASSETS		
Stocks and work in progress	4	58
Debtors	12,968	8,056
Investments	0	0
Cash at bank and in hand	492	275
	<u>13,464</u>	<u>8,389</u>
CREDITORS:		
Amounts falling due within one year	-10,836	-12,387
NET CURRENT LIABILITIES	<u>2,628</u>	<u>-3,998</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>88,193</u>	<u>66,284</u>
CREDITORS:		
Amounts falling due after more than one year	-5,048	-5,179
PROVISIONS FOR LIABILITIES AND CHARGES	-1,782	-784
TOTAL ASSETS EMPLOYED	<b>81,363</b>	<b>60,321</b>
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	40,839	24,871
Revaluation reserve	27,955	22,985
Donated asset reserve	31	29
Government grant reserve	0	0
Other reserves	10,196	10,196
Income and expenditure reserve	2,342	2,240
TOTAL TAXPAYER'S EQUITY	<b>81,363</b>	<b>60,321</b>

## Cash Flow Statement for the Year Ended 31 March 2007

	2006/07 £000	2005/06 £000
<b>OPERATING ACTIVITIES</b>		
Net cash inflow/(outflow) from operating activities	-1,075	5,301
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>		
Interest received	175	217
Interest paid	-1	0
Interest element of finance leases	-339	-357
Net cash inflow/(outflow) from returns on investments and servicing of finance	-165	-140
<b>CAPITAL EXPENDITURE</b>		
(Payments) to acquire tangible fixed assets	-12,404	-7,545
Receipts from sale of tangible fixed assets	525	1,005
(Payments) to acquire intangible assets	0	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash inflow/(outflow) from capital expenditure	-11,879	-6,540
<b>DIVIDENDS PAID</b>		
Net cash inflow/(outflow) before management of liquid resources and financing	-15,622	-3,565
<b>MANAGEMENT OF LIQUID RESOURCES</b>		
(Purchase) of current asset investments	0	0
Sale of current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	-15,622	-3,565

## FINANCING

	2006/07 £000	2005/06 £000
Public dividend capital received	15,968	3,665
Public dividend capital repaid (not previously accrued)	0	0
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	0
Loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	-129	-108
Cash transferred (to)/from other NHS bodies*	0	0
Net cash inflow/(outflow) from financing	15,839	3,557
Increase/(decrease) in cash	217	-8

\* This line is only used by NHS Trusts that are dissolved mid-year.

## Statement of Total Recognised Gains and Losses for the Year Ended 31 March 2007

	2006/07 £000	2005/06 £000
Surplus (deficit) for the financial year before dividend payments	2,507	4,178
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	5,071	2,030
Total gains and losses recognised in the financial year	7,578	6,208

## Management Costs

	2006/07 £000	2005/06 £000
Management Costs	6,655	6,285
Income	110,009	107,438

Management costs are defined as those on the management costs website at:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4007923](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007923)

## Public Sector Payment Policy

	2006/07 Volume	2006/07 £000	2005/06 £000
Total Non-NHS trade invoices paid in the year	28,690	45,290	35,649
Total Non-NHS trade invoices paid within target	23,052	36,567	18,028
Percentage of Non-NHS trade invoices paid within target	80.00%	81.00%	50.57%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

## Related Party Transactions

Bradford District Care NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities where income or expenditure was greater than one million pounds are listed below

	Income £000	Expenditure £000
Bradford & Airedale Primary Care Trust	73,321	229
North Yorkshire & York Primary Care Trust	4,111	89
Bradford Hospitals Foundation Trust	0	1,371
Airedale Hospitals NHS Trust	152	2,017
NHS Institute of Innovation and Improvement	2,891	0

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Bradford Metropolitan District Council.

## STATEMENT ON INTERNAL CONTROL 2006/07

A copy of the Statement on Internal Control 2006/07 can be found in the Annual Accounts.

For a copy of the Annual Accounts please telephone the Communications Team on (01274) 228351.

Independent auditors' statement to the Directors of the Board of Bradford District Care Trust

I have examined the summary financial statement set out in the Trust's Annual Report.

This report is made solely to the Board of Bradford District Care Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditors  
The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

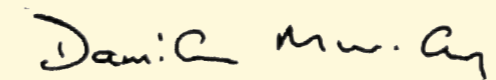
I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

#### Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my audit opinion on those financial statements.

#### Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2007. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (25th June 2007) and the date of this statement.



Damian Murray, District Auditor

Date: 11th September 2007

Audit Commission,  
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Killingbeck Drive,  
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Leeds, LS14 6UF