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# BRADFORD

District Care Trust

Finance and Operating Financial Review 2007/08

Putting you at the heart of everything we do

If you need any help to  
understand this document  
please contact our equality  
and diversity team on  
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# About Us

## OUR SERVICES

**Bradford District Care Trust (BDCT) was formed in April 2002 to provide a range of specialist health services and social care services on behalf of Bradford District Council. We cover a total population of just over 500,000 and we are one of only 5 specialist Care Trusts in England. We provide mental health and learning disability services to the Bradford district and mental health services to the Craven District. Our services are provided through 6 care groups**

- Adult Services,
- Older Peoples Services,
- Child and Adolescent Mental Health Services (CAMHS),
- Forensic Services
- Learning Disability
- Substance Misuse.

The range of services provided are as follows:

- Integrated health and social care services for adults with mental health problems across Bradford district.
- Specialist health services for children, young people and older people with mental health problems across Bradford and Craven districts.
- Specialist forensic mental health services for adults across the Bradford district.
- Integrated health and social care services for adults with learning disabilities across the Bradford district.

Whilst much of this activity is performed in community settings, the focus for adult mental health in-patient work is at two hospital sites, these are Lynfield Mount Hospital in Bradford and the new Airedale Centre for Mental Health, with CAMHS being outpatient based.

# About Us

**Here's a closer look at our services.....**

## **ADULT AND OLDER PEOPLE'S MENTAL HEALTH SERVICES**

Adult and Older People's Mental Health services comprise specialist mental health and social care services provided for adults of working age (18-64), and specialist mental health services for older people (65+) whose social care needs are met by Bradford Metropolitan District Council and North Yorkshire County Council. These services are provided through networks of community and in-patient services, comprising:

- Acute In-Patient Services
- Crisis Resolution & Home Treatment teams
- Out Patient Services
- Assertive Outreach teams
- Rehabilitation Psychiatry Services
- Community Mental Health Teams
- Day centres
- Supported Accommodation Service
- Psychological Therapies Services

- Community Drug & Alcohol Service
- Forensic Mental Health Services (inpatient and community based)

## **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

A specialist service provided to children and adolescents with emotional and psychological problems who live in the Bradford Metropolitan District and in Craven District in North Yorkshire. The services provide multi-disciplinary outpatient assessments and treatment for children, adolescents, families and carers where there are concerns about the young person's troubled or troublesome behaviour. Services are in line with the tiered approach described in the NHS Health Advisory Service Report "Together We Stand", and include:

- Consultation and support (primary care, social services, voluntary sector, education)

- Outpatient services, assessment, treatment, family interventions and individual therapies
- Parent counselling, group, play and art therapy
- Multi agency joint working – including the Tracks project established to work with young people who otherwise struggle to attend through school anxieties.

## **LEARNING DISABILITY SERVICES**

Provided to individuals over school leaving age in Bradford district using an extensive range of services across health and social care as follows:

- Assessment, care management, care planning, and service review
- Day and domiciliary respite services with part provision from the voluntary sector
- Inpatient and specialist clinical services
- Social Care day services

- Clinical liaison team covering specialist therapy services.
- Registered nursing and registered residential home provision
- Psychiatry, behavioural outreach and community nursing/social work teams

## **OUR VISION AND VALUES**

***"Putting you at the heart of everything we do."***

### **WE WANT OUR SERVICES TO BE:**

- Always developing and improving
- Locally led whilst reflecting national priorities
- Integrated across health & social care
- Best value for money
- Guided by the people who use them

### **WE THINK THAT:**

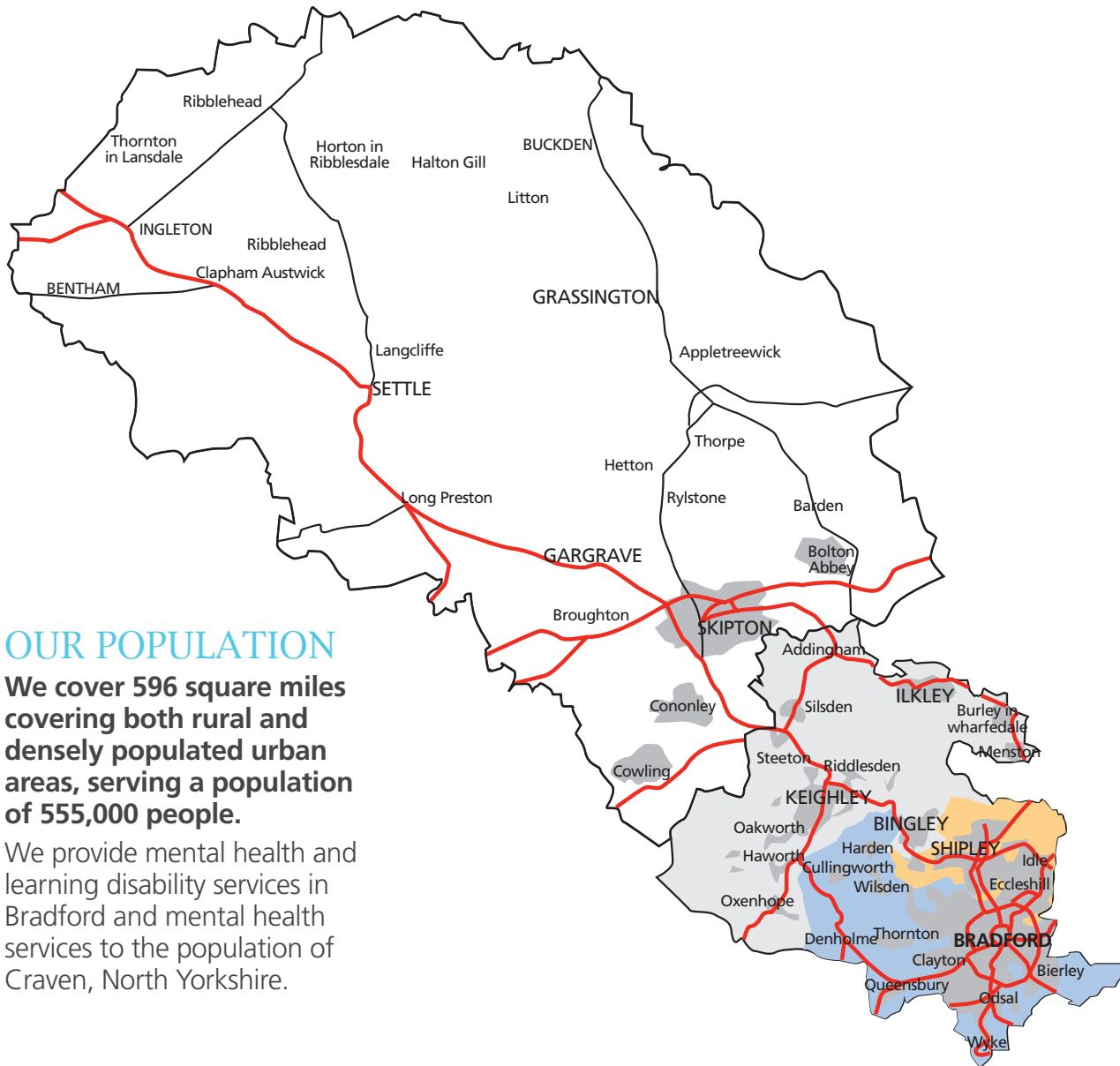
- Everyone has a voice
- Respecting individuals is important
- Diversity should be celebrated
- People should feel valued
- Our staff should have the chance to learn and develop their potential

# About Us

## OUR POPULATION

We cover 596 square miles covering both rural and densely populated urban areas, serving a population of 555,000 people.

We provide mental health and learning disability services in Bradford and mental health services to the population of Craven, North Yorkshire.



## STRATEGIC INTENTS

The Trust Board has agreed eight 'strategic Intentions' that will underpin the Trust's strategy for the next 5-10 years in partnership with its stakeholders:

### 1. Delivering Excellence

To deliver excellent services to people across our diverse communities - the right service, in the right place and at the right time. To measure the achievement of this Strategic Intentions the Trust will have robust 'outcome oriented' performance measurement at all levels of the organisation and at an individual level. We will have confidence in our ability to deliver excellence as measured by Commissioners, the Community and the people who are in contact with our services. This will ensure we are well positioned to sustain current markets and gain elements of new markets.

### 2. Developing Care Pathways

Develop services provided by the Trust which enhance and improve the service user experience of the Trust. **Work in partnership with medical, clinical and support staff, other individuals and organisations.** Ensure the patient journey is seamless by reducing gaps in service models, and that Service Delivery Plans take account of the whole system approach to service user care.

### 3. Enhancing the workforce

We become a model employer by ensuring we recruit, retain and develop a committed, well-motivated workforce. All staff will be given the opportunity to develop and are supported to achieve excellence in their contribution to achievement of Trust objectives such that we have the right people with the right skills in the right place.

### 4. Engage with Communities

Fully engage those who use and come into contact with services and local people in the planning, and where possible, the delivery of services and ensure Service Users/Carers' participate in recruitment. To ensure we attract a balanced membership to the FT across all communities, recognising the diversity and construction of those communities.

### 5. Maintain Core Business

Doing what we do as efficiently as possible in order to maintain Market position. **Provide best value** by delivering services efficiently and effectively as possible and maximise the use of Trust resources. This will enable the organisation to deliver competitive services to the commissioners and hence deliver a strong market position.

### 6. Strengthen Governance

Continuously develop and improve by ensuring mechanisms are in place to improve the standard of our service delivery, reduce risk and to have robust procedures in place to take action where weaknesses are identified. Develop a 'fair-culture' to ensure the organisation and each individual has the opportunity to learn from the experiences and expectations of our stakeholders.

### 7. Work in Partnership

Deliver Integrated Health & Social Care Services in order to provide an integration of Trust services with partner organisations to produce a single streamlined journey which considers the health and social well being of service users including training, employment and accommodation issues and are delivered in line with service user and carer expectations. Our partners will include local involvement networks, voluntary organisations, the local community through Foundation Trust membership as well as statutory organisations.

### 8. Work with Commissioners

Work in partnership with commissioners to develop services which lead to improvements in the health of the local population. They will be **locally led whilst reflecting National Priorities.** Ensure that a joint Commissioner/Provider approach is maintained which enables the Trust to contribute to discussions regarding the wider health economy ensuring that Choosing Health, public health strategies and longer term strategies for all populations are debated widely. Contribute to ensuring health inequalities for all individuals are addressed

# About Us

## WHO USES OUR SERVICES?

**Within the Bradford & Craven districts live a number of vibrant, diverse communities.**

We serve a society made up of people of different races, cultures and religions; of people with and without disabilities; of young people and older people; of heterosexual and gay people; of people with and without caring responsibilities; and of people with many other differences. Bradford district's population is changing. Anecdotal evidence suggests 78% identify themselves as 'White', compared to a national average of 91% and 22% of the population identify themselves as being from a minority ethnic background. More recently the districts have seen a sizeable increase in new migrant communities settling from across Eastern Europe, the African continent and the Philippines. Bradford, compared to other large cities, is unique in that nearly 60%

of its inner city areas are South Asian residents, with the largest communities coming from Pakistan. The population as a whole is much younger than the national average with 26% of the population being under the age of 17. With improved medical and social care people are living longer, so our elderly population is increasing. This is especially evident in the district's more affluent areas – such as Craven and Ilkley. Overall, by 2012 we anticipate a growth of 15% in the number of people aged over 65, and 27% in those aged over 85 years. 78% of people in the district describe themselves as having links in one way or another to a faith community.

These figures have a real impact on our services. As our population ages, so we expect to see rises in the number of people with dementia. There is evidence to suggest an increased demand on Learning Disability services.

Despite overall improvements in health and social care, the

inequalities gap between the affluent and disadvantaged sections of the community remains worrying. We value people's differences and respect the fact that backgrounds, experience and identity are a vital part of an individual's outlook.

In mental health and learning disability, assessments that denote the difference between what is considered normal and abnormal behaviour can be influenced significantly by a social and cultural context. Service Users and Carers have a unique contribution to make in terms of defining how their care and treatment is delivered as well as how services are planned and developed. The value of their contribution arises from the experience and expertise they have gained as recipients of a service as well as other life experiences and knowledge they bring to the process. The Trust is unwavering in its commitment and approach to Service User & Carer Involvement. We will involve service users and carers in their own care to the

greatest extent possible and in all aspects of our work in order to meet the needs of service users and carers at all times.

## COMMITMENT

Equality and diversity is central to the work of the Trust. We will treat all people with dignity and respect, valuing the diversity of all. The Trust's guiding principle is to build an equal working and caring environment free from discrimination, harassment and prejudice. We will drive service governance to eliminate all forms of discrimination on grounds of race, gender, disability, gender re-assignment, age, social class, sexual orientation, religion/ belief, irrelevant offending background. Our intent is to become an organisation that reflects more fully the diverse society we serve.

## OUR PARTNERS

**In the NHS, Primary Care Trusts act on behalf of the public, ensuring they have access to the services they need, not only now but also in the future.**

We work closely with our local commissioners;

- Bradford and Airedale Teaching Primary Care Trust (BAAtPCT)
- North Yorkshire and York Primary Care Trust (NYYPCT)
- Bradford Metropolitan District Council.

We also have a strong links with charities and voluntary sector organisations across the District. We are developing these links to ensure that our service users have the best possible, personalised care.



# Maintaining Standards



## ANNUAL HEALTH CHECK

**When the Healthcare Commission assessed the performance of our Trust in 2007, they looked at the quality of our services and the use of our resources. We received a two part rating in October:**

**QUALITY OF SERVICES: FAIR**

(21.4% mental health trusts)

**USE OF RESOURCES: FAIR**

(43.5% mental health trusts)

Made up of three components, the Quality of Services score is about meeting core standards, new national targets and existing national targets. In May, the Board gave a self-assessed declaration that the Trust "fully met" the core Standards for Better Health.

Barry Seal, Chair said: "Achieving the score of 'Fair' for use of resources is an improvement from last year's rating of 'Weak' and confirms the improvements we have made in managing our finances. All our financial targets were achieved in 2006/07. Staff across the Trust have worked hard to achieve this improvement and I would like to thank them for their dedication and commitment."

## INFECTION CONTROL

**Activities carried out during 2007-2008 have demonstrated our commitment to infection prevention and control.**

Key developments this year include:

- Standards for infection control and prevention have been updated by the Healthcare Commission in line with the Health Act. The Trust's declaration for this year is "Adequate for the full year"

- An e-learning package for clinical staff has been developed with input from the BDCT clinical nurse specialist for infection prevention and control. The package has been launched and feedback to date has been positive
- Trust induction training incorporates everyone who is new to the Trust, this happens bi-monthly. The session has recently been updated and now includes 'the light box' which is a practical session looking at how people wash their hands

# Maintaining Standards

## AUDITS

**We have developed and undertaken a number of audits during 2007/08 using national guidance (such as NICE, Winning Ways, Saving Lives) and recommendations from the Infection Control Nurse Association (ICNA).**

The audits focused on areas such as compliance with the Trusts' hand hygiene policy and "Clean as you go" policy.

Recommendations were sent to all areas audited with an action plan for managers.

## DEEP CLEAN UPDATE

**In 2008 The Department of Health, made extra funding available to carry out a deep clean of Trust hospitals.**

Our Trust has now completed its programme which has seen everything from light fittings, radiator covers, beds and furniture receiving a thorough clean. We also used some of the money to invest in industrial steam cleaning equipment and have redecorated some areas, replacing items that could not be cleaned well.

Paula Ottley, Hotel Services Manager, said: "We welcomed the deep clean as a real opportunity. It's much more extensive than an ordinary routine and involved the cleaning of a number of items that would not normally be handled by cleaning staff, such as inside radiator covers and high and inaccessible areas. The improvements made to the environment

including redecoration, new floor coverings and furniture should not be underestimated in their benefit to service users' well being."

## COMPLAINTS

**Proper handling of complaints, including meeting response times, is an important element of the Trust's work and is monitored through the Strategic Health Authority and the Healthcare Commission.**

In line with the 'Principles of Remedy' guidelines issued by the Parliamentary and Health Service Ombudsman, we always strive to use information and lessons learned from complaints to improve service delivery.

During 2007/08 the Trust received 52 complaints and answered 86% within target.

Top themes emerging from complaints included concerns relating to:

- Clinical Treatment
- Attitude of Staff
- Communication

Learning from complaints is a fundamental part of improving the services we provide. In the past year we have learned lots of lessons from and improved our services in many ways, for example:

- Improving communication within older people's services between clinical staff and carers prior to discharge
- Reviewing access to the out of hours services currently available in adult services
- Developing our current care co-ordination and record keeping standards
- Promoting positive attitudes to complaints handling as part of our staff induction package

# Maintaining Standards

## PATIENT AND PUBLIC INVOLVEMENT (PPI)

**The implementation of the new committee structure in 2007 gave the Service Governance Committee responsibility for the overview of the citizenship and social inclusion agenda. The Trust is working towards embedding user and carer involvement in everything we do by making it everybody's responsibility rather than a specialist function. The focus is on developing involvement so that it makes a direct contribution to service improvement.**

To underpin this a Trust wide Service User and Carer Involvement Policy has been developed and the Policy on Payment and Reimbursement to Service Users and Carers for their involvement has been rewritten.

PPI Forums came to an end on 31 March 2008 and have been replaced by Local Involvement Networks (LINKs). It will take a few months for the host organisations in each Local Authority area to get the LINKs established and we look forward to a close working relationship.

Service users and carers have continued to be extensively involved in a number of Trust activities including the Board and Committees, recruitment and selection, planning groups, research and monitoring of services.

Within Learning Disabilities services there is BME VOICE a forum for people with learning disabilities and family carers from black and minority ethnic communities. The group membership is between 30 and 40 people and also consists of staff that support people with learning disabilities. It is supported by the Bradford Learning Disability Partnership and meets bi-monthly at different

community based locations. The forum is chaired by a member of the local BME community and co-chaired by a BME service user. On the 17th June 08, members of the forum facilitated a conference to raise awareness of the inequalities experienced by BME service users and carers. A report consisting of recommendations on how services could be improved for service users from BME groups was produced and submitted to the Bradford Learning Disability Partnership Board.

Close and productive links are also maintained with a number of organisations in the voluntary sector across all care groups. These mutually supportive relationships enhance the quality of care that is offered to service users and carers.

This can be demonstrated through the close links the Trust has developed with Sharing Voices Bradford (SVB). SVB hosts Bradford's Community Development

Workers (CDWs) and has won a national award recognising its excellent good practice. A number of joint initiatives have evolved and resulted in improved patient care and outcomes. One such example is that of the In-Reach Project.

The In-Reach project has been operational since March 2007 and was developed and mainstreamed as a result of the 'Count Me In' survey. The Project has improved the experience and reduced the fear for people admitted to hospital for the first time in both Bradford & Keighley and has led to increased sensitivity and awareness around spirituality issues; built staff confidence and enabled service users, their carers and the wider BME community to engage with services more broadly. Early evaluation of the project suggests that patient outcomes are better with In-Reach from the Community Development Workers.

The Trust is part of the Delivering Race Equality

agenda has also participated in community engagement events in partnership with Bradford Focussed Implementation Site (FIS) and the voluntary and community sector to increase awareness of mental health and to seek the views of service users/carers and the wider BME communities on current and future mental health services.

Two events have taken place in partnership with Roshni Ghar and Sharing Voices. The Trust's Chief Executive (CEO) attended both events, chairing one. Evaluation of the events was overwhelmingly positive and participants valued having direct face-face contact with the CEO, senior staff and leaders from the NHS.

The Service User Survey in Adult Mental Health is one way in which the Trust obtains information about its performance. We have decided to take the findings of the survey as a starting point for consulting with local

service users on what are the key issues and priorities that arise from this and other sources of feedback. An event was held in 2007 and further events are planned for 2008.

# Maintaining Standards

## RISK & EMERGENCY PREPAREDNESS

**The Trust has a positive approach to incident reporting and this is reflected in reports published by the National Patient Safety Agency. Incident reporting helps the Trust to identify areas of risk and to take action to prevent incidents happening again. Reporting also helps us to guard against the likelihood and probability of a more serious incident occurring.**

Our Risk Management Team is at the heart of assessing these risks and they look at them in the following ways: business, financial, clinical and non-clinical. They use a scoring system called the Trust Risk Assessment Matrix to help them do this and any high level risks are placed on a risk register that is routinely presented to the Trust board. The next time this will happen will be in September 2008.

Staff are trained to manage risk and safety through an ongoing programme of training.

Our Risk Management Team is also responsible for planning for emergencies and they make these plans based on risk assessments. Risk assessments allow the team to gather the information they need to be able to develop and improve our emergency plans.

As part of this system, the Trust has a Major Incident Plan which has been developed with partner agencies. We also have a plan for a serious flu outbreak should we ever need to respond to this. Alongside other organisations we regularly take part in exercises to test that these plans work.

Assessing risks and making sure that we have emergency plans in place means that we can improve service user safety and meets the requirements of these professional bodies:

- NHSLA Risk Management Standards for Mental Health and Learning Disability Trusts
- Monitor

## ENVIRONMENTAL IMPACT

**The Energy Team at Bradford District Care Trust has made good progress in improving Trust performance.**

We now have an Energy & Environment Manager who has been working with the Carbon Trust to carry out energy efficiency surveys at key Trust premises. We are also in the process of commissioning an independent consultant to carry out a variety of energy audits, NHS Environmental Assessment Tool (NEAT) assessments and training programmes across all our sites. Reporting mechanisms have been improved by upgrading our existing Building Management System

and training key staff in how best use the data from this system. The Trust has been developing an awareness campaign to encourage staff to think of energy efficiency issues in the workplace. Other future initiatives include the Local Energy Representatives programme, the Energy Wise awards and technical upgrades, including sub metering on some of our larger premises to improve lighting efficiency. With the help and involvement of all staff, from procurement to buildings maintenance and from service users to directors, we are making good progress towards mandatory NHS targets.

## ESTATE AND CAPITAL

**The Trust has inherited premises from the former Bradford Community Health NHS Trust, Airedale Hospitals NHS Trust, and Bradford Metropolitan District Council.**

The Trust's current estate includes more than 70 sites (freehold and leasehold) with a current asset value of £87,491,073 (freehold assets only), and is approximately 75000 m2 in floor area (freehold and leasehold). Premises inherited were of varying quality and the Trust has expended significant amounts of capital improving and refurbishing them. Capital schemes have included improvements to a range of existing learning disabilities day and residential care facilities across Bradford, as well as the development of a new adult and older people's inpatient unit on the Airedale General Hospital site.

However, more remains to be done. The Trust is currently engaged in a service development review involving all six care groups. Associated estate implications are also being identified, which will include:

- Rationalisation of sites which are under-utilised and functionally unsuited to delivery of modern models of care
- Further improvements in the condition of premises as well as further reductions in levels of backlog maintenance
- Ensuring that future capital developments meet the requirements of services in terms of location, functionality and value for money

The Trust's estate strategy for 2008-09 onwards will contain the Trust's specific proposals for achievement of these.



# Our Staff

## TRAINING AND DEVELOPMENT

**All our employees are encouraged to access training, education and development opportunities available to enable them to progress within the Trust and the National Health Service.**

Some of our key achievements this year are:

- 290 staff have been supported to undertake a National Vocational Qualification
- Over 600 training places per month were facilitated by the training team
- 17 corporate induction programmes have been run ensuring over 400 people received a comprehensive start to their careers or refresher if they changed roles
- Over 1400 registered for e-learning programmes

## LEADERSHIP AND MANAGEMENT DEVELOPMENT

**In order to support the Trust in achieving its corporate objectives, a Leadership and Management Development Strategy has been developed.**

Our vision for leadership and management development is:

“To develop effective, caring and inspirational leaders throughout the organisation and to nurture the leadership potential inherent in each individual, thereby creating a culture in which staff feel valued and motivated to make improvements that will contribute towards the health and health care of our population” (Sandra Knight HR Director).

The Trust has invested in a 3 year leadership and management development plan and has a well established review of objectives, achievement and

development system (ROAD) supported by accredited courses and non course based learning.

## STAFF SURVEY

**The aim of the staff survey is to gather data to better inform the Trust in helping to improve care for patients and to improve the working lives of the staff that provide the care. The results of the survey are used by the Trust, the Healthcare Commission and the Department of Health.**

A total of 800 staff were randomly selected to receive a survey, across all staff groups within the Trust with a 54% response rate which was the highest ever achieved. The average across MH and LD trusts was 54.66%.

## POSITIVE RESPONSES

- 98% of staff who had witnessed an error, incident or near miss said they had reported it

*Continued overleaf*

# Our Staff

- Fewer staff are working longer than their contracted hours. Compared to other Trusts fewer BDCT staff work more than their contracted hours
- There is a statistically significant increase in the reporting of the availability of hand washing materials. The Trust is above average for MH & LD Trusts

## AREAS FOR DEVELOPMENT

- We need to continue to review and manage workload pressures to enable staff to improve their work life balance
- We need to improve the number of, and maintain well-structured appraisals for, staff and include objective setting
- We need to improve the factors that contribute to individual job satisfaction e.g. recognition of good work, support, freedom to choose work methods, responsibility, opportunities to use abilities and feeling valued

- Overall staff views have improved about work pressure, support from immediate managers and intention to leave the Trust. However, when compared to the Health and Safety Executive (HSE) standards, 20 out of 22 stress indicators are medium or high risk and require developmental action

## EMPLOYEE INFORMATION

**STAFF TURNOVER 15.87% /  
OVERALL VACANCY RATE 12.35%**

Staff turnover and vacancy rates are indicators of staff retention. The Trust staff turnover rate is measured by comparing the number of leavers to the average total of staff in post over the 12 month period. The Trust rate of 15.87% is 3.22% above the average labour turnover rate (12.65%) for all mental health Trusts across the UK.

The Trust vacancy rate compares, as a percentage,

the number of posts available against the number of funded posts within the Trust. The Trust figure is 12.35% of the total workforce. Organisational restructuring and the Trainee Support Worker Programme have been contributing factors to the level of vacancies for this period. We had 449 new starters during the year and 413 leavers. The top 3 known reasons for leaving are end of fixed term contract, retirement and promotion. The number of leavers and the reasons for leaving will continue to be monitored to establish any major trends.

## SICKNESS AND ABSENCE 6.42%

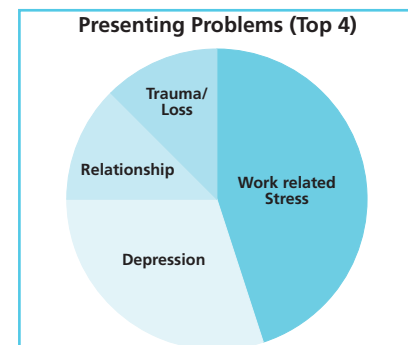
The Trust target for 2008/09 is 6%. We recognise that time lost to sickness and absence can have a significant impact on cost and quality of services. The HR team have provided management development workshops throughout the second half of the year to give practical advice and support for managers dealing with absence issues. Sickness

absence rates have subsequently decreased. We will continue to monitor sickness rates and ensure staff are fully supported in returning to work.

## STAFF COUNSELLING SERVICES 'BREATHE'

During the year 98 employees accessed the service of whom 75% were female and 24% black minority or ethnic (BME).

The top four presenting problems are shown below. The staff counselling service will continue to monitor trends and provide topical training events.



## STAFF CONTACT SCHEME (BULLYING AND HARASSMENT)

The Trust recognises that both harassment and bullying can create a threatening and intimidating work environment. This can have an adverse effect on health, well-being and job performance. The Staff Contact Scheme provides confidential advice and support to any members of staff who have concerns.

During the year 19 members of staff sought advice and support through the bullying and harassment staff contact scheme of which 74% were women and 16% were from black, minority and ethnic backgrounds with a normal distribution across ages and pay bands.

## MANAGEMENT INVESTIGATIONS

The Trust has built strong relationships with staff and staff organisations. Our Improving Working Lives group helps to ensure staff views about the Trust as an

employer are recognised and improvements made where possible. Non-Executive 'walkabouts' and Executive Director meetings with teams in the workplace provide staff with the opportunity to speak directly to members of the Board and for the Board to gain a greater understanding and insight into the service, whilst updating staff on key developments. The Trust involves and engages staff directly through stakeholder events, focus groups, surveys and consultations such as the Foundation Trust application. Staff communications are also made through team briefings, regular global emails, staff intranet, the staff magazine – Connections and newsletters.

The main representation of staff is through the Joint Consultation (JC) and Negotiating Committee (NC), which meets every two months. This has joint staff side and director level membership with the Chair alternating between the staff side and Chief Executive. Staff side representatives have regular briefings with the

# Our Staff

Chief Executive and Director of Service Delivery.

The Trust works in partnership with union representatives to support change programmes and develop policy and practice. A number of workshops facilitated by ACAS have taken place this year to strengthen the partnership and support joint working.

## PAY MODERNISATION AND ELECTRONIC STAFF RECORDS (ESR)

Agenda for Change pay flexibilities, the implementation of the consultant's contract, and the use of the Knowledge and Skills Framework (KSF) are supporting the modernisation agenda ensuring a culture of investment in skills development.

The KSF process is being integrated with the performance and development planning system to ensure the identification of training needs will meet competency requirements, deliver pay progression and

link the achievement of organisation, team and individual objectives. 80% of Trust staff are on Agenda for Change terms and conditions and 97% consultants are on the new contract.

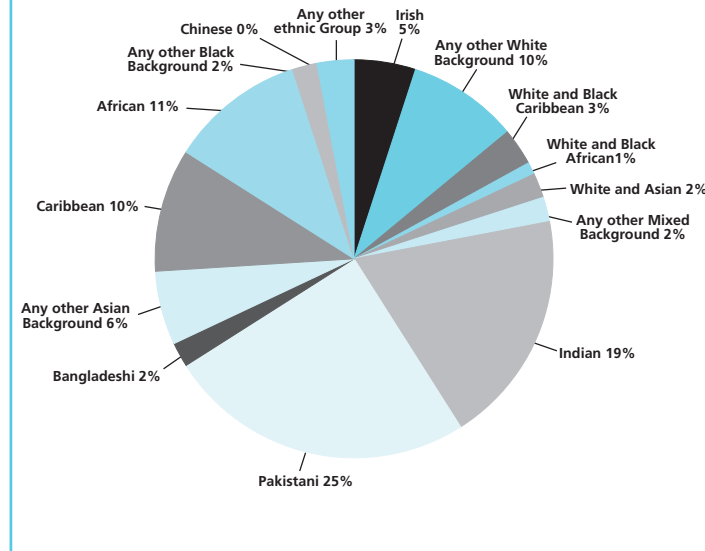
We continue to embed the ESR system by reviewing data and reporting functionality to support recruitment and payroll.

## LIBRARY SERVICES

**The Library Service provides information and resources to all members of staff within the Trust and other NHS Trusts in Bradford, as well as to practising health promoters across the Bradford Metropolitan District.**

We have this year appointed a Knowledge Manager to work within a structured framework to ensure we share new and existing knowledge with those who need it.

**Breakdown of BME groups within the Trust at March 2008**



## REFLECTIVE WORKFORCE

**Bradford District Care Trust is an equal opportunities employer and we aim to employ staff who reflect the diverse community we serve.**

Our black, minority and ethnic workforce at year end is 17.01%, following steady increase throughout the year from 15.4%. Our target for the year was 20% reflecting the local population of Bradford. One of the ways we aim to achieve this is through targeted recruitment activity. The charts above indicate the diverse range of our workforce.

## RACE, DISABILITY & GENDER

**Bradford District Care Trust understands its public duty responsibilities for BME, gender and disability which are provided within the Race Equality, Gender Equality and Disability Equality Schemes. A Single Equality Scheme will be produced by Autumn 2008 to include the following:**

- Race
- Gender
- Disability
- Age
- Religion and belief
- Sexual orientation

## MINDFUL EMPLOYER



**In March 2007, the Trust signed up to the Mindful Employer Charter.**

Mindful Employer is an initiative led by employers aimed at increasing awareness of mental health at work and providing ongoing support for employers in the recruitment and retention of staff who have experienced mental health problems. It enables the Trust to be considered an exemplar employer in this field by current staff, potential employees and local employers. The logo now appears on Trust recruitment literature and an action plan

to maintain and develop good practice is implemented through the Trust Employment Group. During the year, the Trust obtained funding to set up and run an "Access to Employment" project which successfully enabled forty service users to access vocational opportunities with eighteen employers.

## POSITIVE ABOUT DISABLED PEOPLE



**We are a 'Positive about Disabled People' employer and welcome people into our Trust who consider themselves to be disabled.**

	A - White British	B - Irish	C - Any other White Background	D - White and Black Caribbean	E - White and Black African	F - White and Asian	G - Any other Mixed Background	H - Indian	J - Pakistani	K - Bangladeshi	L - Any other Asian Background	M - Caribbean	N - African	P - Any other ethnic Group	R - Chinese	S - Any other ethnic Group	Z - Not stated	
<b>Payscale description</b>																		
453 Adult Mental Health - Care Group	467	7	11	3		1	2	34	28		13	11	7	4		1	26	<b>615</b>
453 CAMHS Directorate - Care Group	66	2	1			2	1	2	4								3	<b>81</b>
453 FSM - Forensic Services	53			1			1	4	9		1	1	10			1	2	<b>83</b>
453 FSM - Substance Misuse	24			1									2					<b>27</b>
453 Learning Disabilities - Care Group	799	8	13	8	2	5	2	20	29	4	10	23	24	6		4	29	<b>986</b>
453 Older People Mental Health - Care Group	157	2	4					11	9		1	1	2		1	2	3	<b>193</b>
453 Finance and Contracting	42		2						1			1					3	<b>49</b>
453 Human Resources	48	1	2				1	1	3		1	1					5	<b>63</b>
453 Trust Management	39	1	1			1		1	2	1		1					4	<b>51</b>
453 Facilities and Informatics	345	2	7		1	3	1	7	22	1	1	5	2			5	28	<b>430</b>
<b>Total</b>	<b>2040</b>	<b>23</b>	<b>41</b>	<b>13</b>	<b>3</b>	<b>12</b>	<b>8</b>	<b>80</b>	<b>107</b>	<b>6</b>	<b>27</b>	<b>44</b>	<b>47</b>	<b>10</b>	<b>1</b>	<b>13</b>	<b>103</b>	



# Executive Team

Board meetings in public take place monthly at the Trust's Headquarters in Saltaire. To find out more about dates and times, log onto our website: [www.bdct.nhs.uk](http://www.bdct.nhs.uk) or contact our Committee Support Officer, Glenice Horsfall, on 01274 363502 or e-mail: [glenice.horsfall@bdct.nhs.uk](mailto:glenice.horsfall@bdct.nhs.uk)

The Resources Committee was established on 1 December 2007, with oversight of strategy, planning and performance for Human Resources, Information and IT, Capital Planning and Estates Management. In order to comply with the requirements of the Foundation Trust Code of Governance which states that the number of board committees should be limited, the Resources Committee replaced the Workforce Committee.



Barry Seal  
Chair

Simon Large  
Chief Executive

Carol Stubley  
Director of  
Finance and  
Contracting

Nick Morris  
Director of  
Strategy and  
Nursing

Stuart Hatton  
Director of Service  
Delivery

Sandra Knight  
Director of  
Human Resources



Simon Baugh  
Medical Director

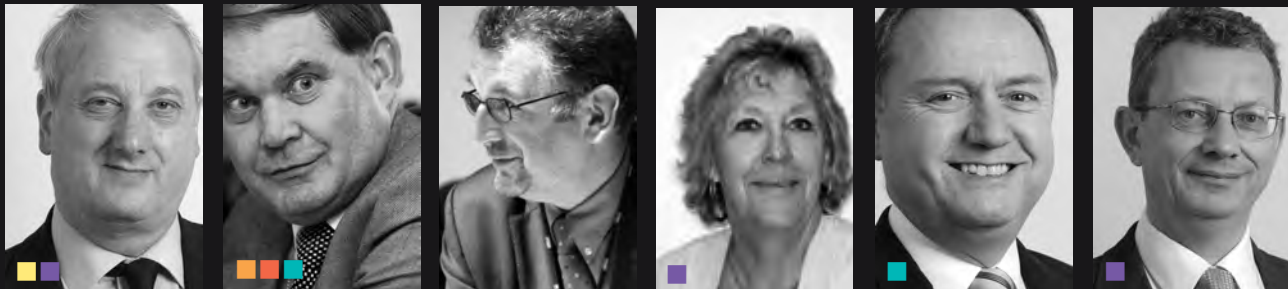
Andrew Gunnee  
Director of Estates  
and Facilities

Brendan Fatchett  
Head of Corporate  
Affairs

Brenda Toward  
Non Executive

David Robinson  
Non Executive

Savitri Pema  
Non Executive



David Servant  
Non Executive

Derrick Palmer  
Non Executive  
(from 1.12.07)

Richard Pattison  
Special Adviser  
(from 1.3.08)

Polly English  
Non Executive  
(to 30.11.07)

Ian Martin  
Non Executive  
(to 30.11.07)

Chris Bielby  
Director of Social  
Inclusion &  
Partnerships (to  
30.11.07)

## KEY TO COMMITTEE MEMBERSHIP

- Remuneration Committee
- Resources Committee
- Charitable Funds Committee
- Service Governance
- Audit Committee

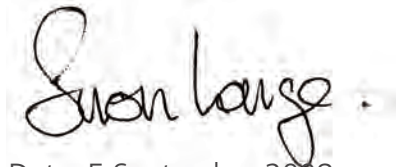
# Finance

## STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Chief Executive: Simon Large



Date: 5 September 2008

## STATEMENT ON INTERNAL CONTROL 2007/08 BRADFORD DISTRICT CARE TRUST

### SCOPE OF RESPONSIBILITY

Trust Board is accountable for the Trust's system of internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible, as set out in the Accountable Officer Memorandum.

Bradford District Care Trust forms part of the Bradford Health Economy. As accountable officer I work closely with Bradford and Airedale Teaching PCT, who is the main commissioner of Trust's health care services and with The Yorkshire and the Humber Strategic Health Authority who have a performance management role to fulfil with regard to the Trust's delivery of its objectives. The Trust is also accountable to Bradford Metropolitan District Council (BMDC) for the social care it provides. BMDC's Joint Co-ordinating Committee has managed the Partnership between the Trust and BMDC established under Section 31 of the Health Act 1999.

A summary of the Trust's financial performance over the last 5 years is summarised in the table below.

### THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

Identify and prioritise the risks to the achievement of the organisation's strategic intents, policies, aims and objectives;

Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Bradford District Care Trust for the year ended 31st March 2008, and up to the date of approval of the annual report and accounts.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Some staff, who transferred from BMDC upon creation of the Care, has remained as members of the West Yorkshire Pension Fund (which is in turn a member of the Local Government Pension Scheme). The same measures as described above for the NHS Pension Scheme are in place for the West Yorkshire Pension Fund.

### CAPACITY TO HANDLE RISK

The Board has endorsed the Trusts Risk Management Strategy and has established a structure and process for the management of risk throughout the organisation. The Chief Executive takes overall responsibility for risk issues within the Trust. The Director of Strategy and Nursing is the lead Director.

The Service Governance Committee, a sub-Committee of the Board, is tasked with ensuring systems are in place to identify report, mitigate and manage service and estate risks across health and social care. The Service Governance Committee is supported by Strategic Risk Management Group. The strategic risk management group is chaired by the Director of Strategy and Nursing and its membership comprises Executive Directors, Senior Managers and Risk Specialists.

There is an organisation structure to support all risk management within the Trust which meets the requirements

# Finance

for delivery of the Standards for Better Health and the Trust's Assurance Framework. During the course of the year, the Trust has further enhanced its risk management structure and strengthened the mechanisms for collecting evidence to demonstrate compliance with Standards for Better Health.

At the service level resource is provided to deal with all governance, service and workforce issues including risk management in each area. The organisation of the Care Trust has been revised from April 2007 and the work in preparing for this change in the second half of 2006/7 has strengthened the links between risk management and service delivery further embedding the integrated governance agenda.

Trust staff are equipped to manage risk in a manner which is appropriate to their authority and duties. The corporate induction informs staff on policy and guidance on risk management issues in the form of the Trust's Risk

Management Strategy, Health & Safety Policy, the major incident and business continuity plan and the Incident Management Policy. There is a regular programme of risk training. Lessons from incidents are learned and implemented through the Trust's risk management structure and governance process.

## **THE RISK AND CONTROL FRAMEWORK**

The Trust's Risk Management Strategy has been produced to create a sound healthy balance between innovation, opportunity and risk. The strategy sets out a structured and systematic approach to risk management that is effective across the organisation and at an individual level.

The Board members have identified the strategic intents, key objectives and potential risks, as well as the categorisation of these for implementation purposes. All identified significant risks within the Trust are recorded within the Trust's Corporate

Risk Register and are assigned Risk Treatment Plans. The Corporate Risk Register is regularly reviewed through the Trust's governance process and risk management framework. The Trusts' aspiration to achieve Foundation Trust (FT) Status, in particular the need to develop integrated business plans has improved the organisations understanding of its business critical risks. These high level strategic risks are escalated through the Strategic Risk Management Group and linked to the strategic intents within the assurance framework reported to the Board. The Directorate risk registers are reviewed quarterly and significant risks are presented to the Strategic Risk Management Group for transfer to the Corporate Risk Register as appropriate. A high level corporate risk register has been established for 2007/8 based on the objectives set out in the medium term plan.

The Trust is currently focusing attention on the further establishment of risk registers at all levels of the

organisation, i.e. service, departmental and project-specific, to ensure the systematic and consistent identification and flow of risks throughout the Trust.

During 2007-08 the Trust has ensured the following:

The Trust Board has approved the Assurance Framework and it has been received on a regular basis by the Trust Board and Audit Committee. The Board regularly review the corporate risk register which links to the strategic intents and corporate objectives. The Board have been provided with assurances and evidence to enable them to 'sign off' the Trusts declaration of full compliance against the Standards for Better Health in 2007/08. Performance reporting to the Board has been streamlined to focus on key risk areas:

The Service Governance Group receives presentations from clinical care groups on their governance and risk processes.

The strategic risk management group meets

monthly and is a springboard for sharing and learning lessons across the organisation.

Systems for reporting and learning from all complaints, incidents and internal / external reviews have been further developed and embedded within the organisation so that information on learning is coming from these systems.

Provision of training to staff to equip them to manage risk in a way appropriate to their accountabilities and duties meeting the training needs identified in the risk management strategy.

A clinical audit steering group has been established with a remit to oversee the development and implementation of health and social care audit, including the involvement of services users and carers in the process.

The areas of weakness identified in the 2007/08 declaration on core standards have been addressed.

The Trust's Assurance Framework is cross referenced

to the strategic intents, corporate objectives and standards for better health. The Framework comprises a high-level performance management tool which informs and encompasses the entire detailed objective setting and risk management arrangements in place within the Trust.

The Trust's Assurance Framework and statements of internal control are reviewed by the Trust's Internal Auditor, vetted by the Strategic Health Authority on behalf of the Department of Health, and reviewed by the Audit Commission. These Statements have been drawn up following a stakeholder analysis. They have also been discussed and approved at public board meetings and will be formally adopted by the Board and presented at the Trust's Annual General Meeting.

# Finance

## FINANCIAL REVIEW 2007/08

**The Trust set itself a number of priorities in 2007/8. These included setting a balanced budget for Social Care. This was achieved and the Trust was able to set a balanced budget prior to the start of the financial year. To support this, the Trust received £2.3m of non-recurring funding from Bradford and Airedale PCT to offset the shortfall in funding for learning disabilities.**

A further priority was to improve relationships with the Local Authority and through this process, review the Section 31 partnership arrangements with the council. Again, this has been achieved through regular “top team” meetings with the Council officers and a revised memorandum of agreement which underpins the Section 31 partnership agreement. This has led to a clearer process for budget setting in

2008/9 and in year monitoring arrangements.

The Trust has embarked on a comprehensive planning process as part of its work on the Foundation Trust application, but also to ensure that future services are provided on a sound basis from a user and commissioner perspective. As part of this process, the Trust is taking account of the outcome of commissioner led reviews of learning disabilities, adult mental health and older peoples services.

The Trust’s budgets have been realigned during 2007/8 to reflect the new care group structure. As part of this process, staffing establishments have been reviewed and agreed to ensure more robust financial reporting process in 2008/9. This will be linked to the new Electronic Staff Record (ESR) system to enable the production of comprehensive workforce reports.

The Trust’s 2007/8 financial plan required the delivery of

2.5% efficiency savings in line with the NHS Operating Framework and a further 0.5% savings to enable a contingency reserve to be established. Overall, this equated to savings of £1.7m on health budgets.

## FINANCIAL OUTLOOK 2008/09

**The Trust has successfully agreed the funding for 2008/9 with the council and signed service level agreements with NHS commissioners prior to the end of March 2008. Through this process, additional funding has been provided by the council to offset a reduction in Supporting People funding in 2008/9 of £2.4m.**

Through the Integrated Business Planning process, service development plans are being produced that will start to identify the direction of service delivery over the next three to five years. A key issue for the Trust in developing these plans is assessing the

impact of the commissioner led review of learning disabilities which will lead to a significant change in the services provided by the Trust and reduction in associated income.

The Trust’s Service Delivery Directorates are now becoming more embedded with finance and planning inputs and a new performance management process in 2008/9 which will cover finance, activity, efficiency and quality issues. Through these arrangements, it will enable a more focussed review of the delivery of plans for improvement and efficiency gains, which will allow early remedial action to be taken if necessary and improved decision making.

## FINANCIAL REPORT

**As an NHS Trust, Bradford District Care Trust has to meet four statutory financial duties, as directed by the Government. We are pleased to report that the Trust has met all of its four statutory financial targets in 2007/8 which are:**

### 1. Break-even

The Trust met this target by making an in year retained surplus of £550,000 which is in line with the Trusts planned position.

### 2. Capital Absorption Rate

The Trust achieved a capital absorption rate of 3.6% which is in line with the target range of 3.5% (+/- 0.5%)

### 3. External Financing Resource Limit

The Trust is required to manage its cash resources within the external financing resource limit set by the Department of Health. The

Trust’s actual cash requirements were £65,000 lower than the external financing resourcing limit of minus £3,976,000.

### 4. Capital resource limit.

To manage capital expenditure within the capital resource limit (CRL) set by the Department of Health. For 2007/8 the Trust achieved a small under spend of £29,000 against a limit of £2,470,000.

# Finance

A summary of the Trusts financial performance over the last 5 years is summarised in the table below.

<b>FINANCIAL TARGETS</b>	2003/04 £000s	2004/05 £000s	2005/06 £000s	2006/07 £000s	2007/08 £000s
<b>Break even on an I&amp;E basis</b>					
Retained surplus/(deficit) for the year	347	0	1,992	4	550
% of Turnover	0.37	0.00	1.74	0.00	0.41
<b>Capital Absorption limit (Target 3.5%)</b>					
Rate achieved	4.2	3.0	3.9	3.5	3.6
<b>External Financing Resource Limit</b>					
External financing limit/ external resource limit	6,542	-4,734	3,665	15,968	-3,976
Undershoot/ EFL achieved	76	85	100	346	65
<b>Capital resource limit</b>					
Capital resource limit (CRL)	5,924	910	7,745	12,213	2,470
Undershoot/ CRL Achieved	227	56	190	47	29

## BETTER PAYMENT PRACTICE CODE

**Under the Better Payment Practice Code, the Trust is required to aim to pay 95% of all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, which ever is the later. This is measured by both volume and value of transactions in year. In 2007/8, the Trust paid 84% (by volume) and 91% by value of non NHS trade invoices. This is an improvement on last year's performance when the Trust achieved 80% and 81% respectively.**

The same measures of compliance are also applied to NHS invoices and the percentages of these invoices paid within the target were 81% (by volume) and 84% (by value). Comparable figures for 2006/7 were 61% and 77% respectively.

## CAPITAL EXPENDITURE

**During 2007/8, we committed our capital resources in the following areas:**

- £1.1m on investment in the Trust's information and technology infrastructure to enable improvements in the quality of clinical and non clinical information to be achieved.
- The investment in two new resource centres to enable the closure of the Keighley Resource centre.
- Backlog maintenance which keeps our buildings in good order as well as ensuring that we comply with legal requirements including fire safety.

As part of the Trust's continuous review of its estate, the Trust Board approved papers during 2007/8 confirming that the Trust had no ongoing use for the buildings on the Leeds Road site and the two former wards on the Lynfield Mount site. This decision resulted in a revaluation of these assets and a consequential impairment of £7.5m. Through undertaking these reviews, the Trust will reduce its over head costs in 2008/9 which will contribute to the cost reduction programme.

# Summary Financial Statements

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2008

	2007 08 £000	2006 07 £000
Income from activities	107,193	94,383
Other operating income	27,835	24,448
Operating expenses	-131,974	-116,387
OPERATING SURPLUS (DEFICIT)	<u>3,054</u>	<u>2,444</u>
Profit (loss) on disposal of fixed assets	0	288
SURPLUS (DEFICIT) BEFORE INTEREST	<u>3,054</u>	<u>2,672</u>
Interest receivable	722	175
Interest payable	-322	-340
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	<u>3,454</u>	<u>2,507</u>
Public Dividend Capital dividends payable	<u>-2,904</u>	<u>-2,503</u>
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	<u>550</u>	<u>4</u>

## BALANCE SHEET AS AT 31 MARCH 2008

	31 March 2008 £000	31 March 2007 £000 *restated
FIXED ASSETS		
Tangible Assets	80,749	85,565
	<u>80,749</u>	<u>85,565</u>
CURRENT ASSETS		
Stocks and work in progress	8	4
Debtors	17,075	12,968
Cash at bank and in hand	4,384	492
	<u>21,467</u>	<u>13,464</u>
CREDITORS:		
Amounts falling due within one year	-11,337	-10,836
NET CURRENT LIABILITIES	10,130	2,628
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>90,879</u>	<u>88,193</u>
CREDITORS:		
Amounts falling due after more than one year	-8,015	-6,096
PROVISIONS FOR LIABILITIES AND CHARGES	-1,245	-1,782
TOTAL ASSETS EMPLOYED	<u>81,619</u>	<u>80,315</u>
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	40,839	40,839
Revaluation reserve	28,023	27,955
Donated asset reserve	32	31
Pension Reserve	-3,119	-1,048*
Other reserves	10,196	10,196
Income and expenditure reserve	5,648	2,342
TOTAL TAXPAYER'S EQUITY	<u>81,619</u>	<u>80,315</u>

# Summary Financial Statements

## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2008

	2007 08 £000	2006 07 £000
Surplus (deficit) for the financial year before dividend payments	3,454	2,507
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	2,601	5,071
Defined benefit scheme actuarial loss - West Yorkshire Pensions Reseve	<u>-1,847</u>	<u>0</u>
Total gains and losses recognised in the financial year	<u><b>4,208</b></u>	<u><b>7,578</b></u>

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2008

	2007 08 £000	2006 07 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	9,137	-1,075
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	722	175
Interest paid	-1	-1
Interest element of finance leases	<u>-321</u>	<u>-339</u>
Net cash inflow/(outflow) from returns on investments and servicing of finance	<b>400</b>	<b>-165</b>
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	-2,592	-12,404
Receipts from sale of tangible fixed assets	0	525
Net cash inflow/(outflow) from capital expenditure	<b>-2,592</b>	<b>-11,879</b>
DIVIDENDS PAID	<u>-2,904</u>	<u>-2,503</u>
Net cash inflow/(outflow) before financing	<b>4,041</b>	<b>-15,622</b>
FINANCING		
Public dividend capital received	0	15,968
Capital element of finance lease rental payments	<u>-149</u>	<u>-129</u>
Net cash inflow/(outflow) from financing	<u><b>-149</b></u>	<u><b>15,839</b></u>
Increase/(decrease) in cash	<u><b>3,892</b></u>	<u><b>217</b></u>

# Summary Financial Statements

## PUBLIC SECTOR PAYMENT POLICY

	2007 08 Number	2007 08 £000	2006 07 £000
Total Non-NHS trade invoices paid in the year	30,213	35,362	45,290
Total Non NHS trade invoices paid within target	25,389	32,274	36,567
Percentage of Non-NHS trade invoices paid within target	84%	91%	81%

## MANAGEMENT COSTS

	2007 08 £000	2006 07 £000
Management Costs	7,248	6,655
Income	123,825	110,009

Management costs are defined as those on the management costs website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en). or at <http://tingurl.com/54wy12>

## RELATED PARTY TRANSACTIONS

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

During the year one of the Non-executive Board Members had a material transaction with Bradford Metropolitan Council by way of £19,000 remuneration for work undertaken.

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 are listed below:

	Income £000	Expenditure £000
Bradford & Airedale Teaching Primary Care Trust	78,747	176
North Yorkshire & York Primary Care Trust	3,708	125
Bradford Hospitals Foundation Trust	515	1,438
Airedale Hospitals NHS Trust	183	1,402

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.

# Remuneration

## SALARY AND ALLOWANCES

Name and Title	2007-08			2006-07		
	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
S Large - Chief Executive (from 18/9/06)	110-115		3200	55-60		900
P Gutcher - Director of Finance & Contracting (up to 11/4/07)	0-5		300	80-85		3,800
C Stubley - Director of Finance & Contracting (from 16/4/07)	80-85					
S Baugh - Medical Director	25-30	140-145	3,200	25-30	135-140	3,500
N Morris - Director of Strategy & Nursing *** (from 2/4/07)	75-80		1,100			
J Goodson-Moore - Director of Personnel **(up to 1/4/07)	0-5			85-90		
S Knight - Director of Human Resources (from 14/5/07)	65-70		200			
C Bielby - Director of Planning & Social Care (up to 02/12/07)	50-55			70-75		
S Hatton - Director of Service Delivery (from 2/10/06)	80-85			40-45		
A Gunnee - Director of Estates & Facilities	75-80		3,700	75-80		1,600
B Fatchett - Head of Corporate Affairs (from 16/4/07)	60-65		900			
B Seal - Chairman (from 1/2/07)	15-20			0-5		
P English - Non Exec Director (to 30/11/07)	5-10			5-10		
B J Toward - Non Exec Director *	5-10			10-15		
D Servant - Non Exec Director	5-10			5-10		
I Martin - Non Exec Director (from 14/6/06 to 30/11/07)	0-5			0-5		
S Pema - Non Exec Director	5-10			5-10		
D Robinson - Non Exec Director	5-10			5-10		
D Palmer - Non Exec Director (from 1/12/07)	0-5			-		

\* 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 to 1/4/07.

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

# Remuneration

## PENSION BENEFITS

Name and Title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in Pension Lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2008 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Cash Equivalent Transfer Value at 31 March 2007 £000	Real Increase in Cash Equivalent Transfer Value £000
S Large - Chief Executive (from 18/9/06)	0-2.5	2.5-5	30-35	95-100	457	420	19
P Gutcher - Director of Finance (to 11/4/07)	-2.5-0	-2.5-0	30-35	100-105	561	553	-4
C Stubley - Director of Finance & Contracting (from 16/4/07)	2.5-5	10-12.5	20-25	65-70	255	198	37
S Bough - Medical Director	5-7.5	15-17.5	75-80	230-235	1,399	1,235	93
A Gunnee - Director of Facilities & Informatics	0-2.5	5-7.5	30-35	90-95	495	440	31
J Goodson-Moore - Director of Personnel (to 1/4/07)	0-2.5	0-2.5	30-35	90-95	513	495	4
S Knight - Director of Human Resources (from 14/5/07))	0-2.5	-.2.5-0	20-25	65-70	332	316	6
C Bielby - Director of Social Care & Partnerships (to 2/12/07)	2.5-5	10-12.5	30-35	95-100	538	421	75
S Hatton - Director of Service Delivery (from 2/10/06)	0-2.5	-2.5-0	20-25	60-65	316	307	1
N Morris - Director of Strategy & Nursing(from 2/4/07)	0-2.5	0-2.5	25-30	80-85	377	360	6
B Fatchett - Head of Corporate Affairs (from 16/4/07)	0-2.5	0-2.5	0-5	10-15	40	34	4

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 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 scheme or arrangement) and uses common market valuation factors for the start and end of the period.

No directors have a stakeholder pension

# Auditor's Statement

## INDEPENDENT AUDITOR'S STATEMENT TO THE BOARD OF BRADFORD DISTRICT CARE TRUST

### **I have examined the summary financial statement included in the Trust's Annual Report.**

This report is made solely to the Board of Directors 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 auditor**

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 our 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 2008. I have not considered the effects of any events between the date on which I signed my report on

the statutory financial statements (23rd June 2008) and the date of this statement.



Damian Murray

Date: 5 September 2008

(Officer of the Audit  
Commission)

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