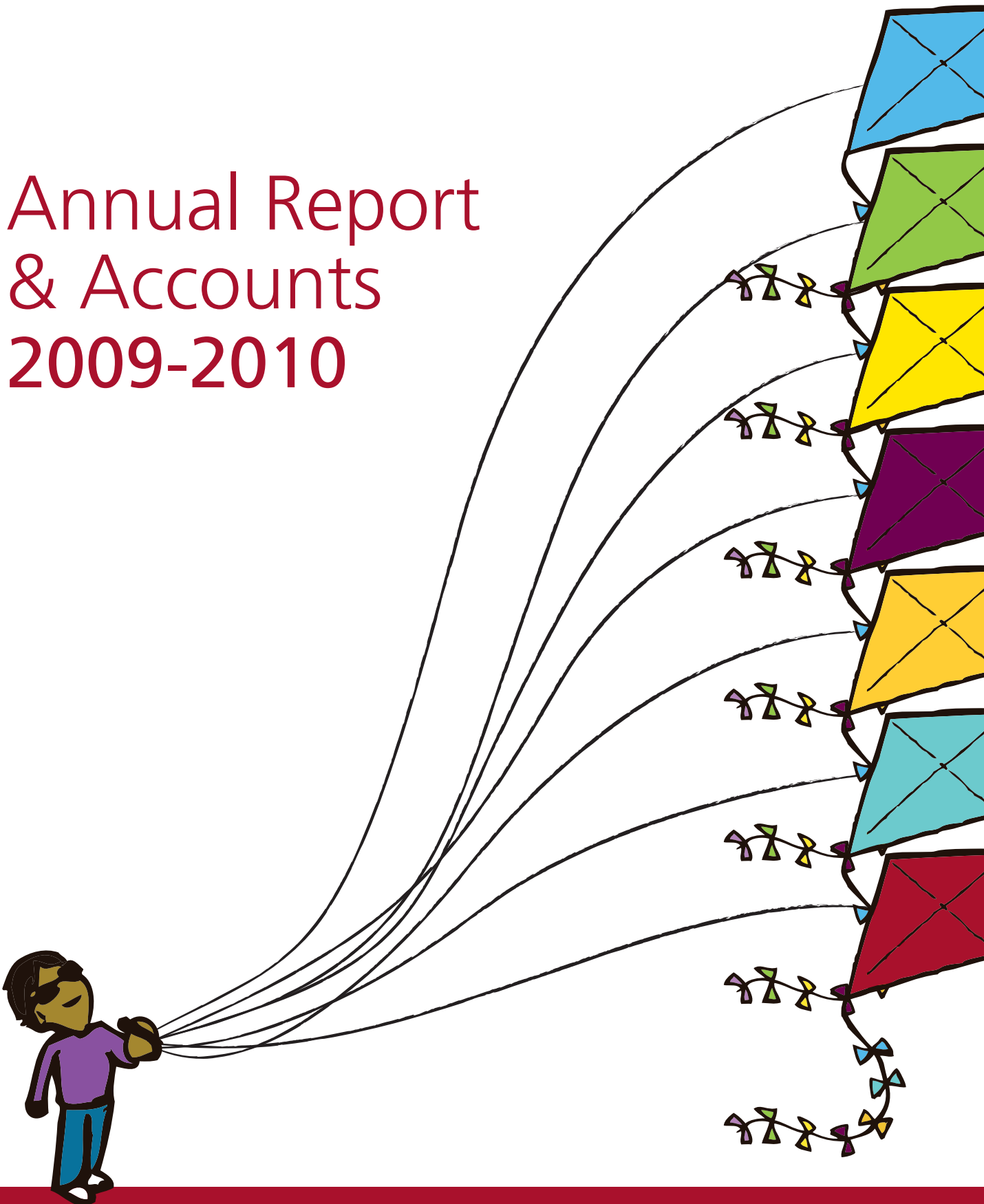


# Annual Report & Accounts 2009-2010



**You and Your Care**

Respect, Openness, Improvement, Excellence, Together.



**“We are proud to celebrate some of our successes, as well as looking forward to what we will be doing over the next year to continue to improve outcomes for service users and carers.”**

# Commentary on Performance against National Indicators

Health dimension	National Indicator	Commentary
Health and well being	Number of in-patients' ethnicity recorded	Coding is for different ethnicity categories
	Clients with a learning disability in an in-patient setting with a current care plan review	Number of people receiving care for three months or more within NHS in-patient specialist learning disability services who have a care plan
	Clients with a learning disability in a CAMPUS provision with a discharge plan	Number of in-patients with a length of stay in excess of 12 months
Safety	Number of in-patients being followed up (Patients receiving contact within seven days discharge)	The number of people under adult mental health specialties on CPA receiving follow up (by phone or face to face contact) after discharge
	Admissions to hospital were accessed via Intensive Home Treatment Teams (IHTT)	The number of admissions to the Trust's in-patient wards where a service user had been assessed before admission or if they were involved in the decision making process which resulted in admission
Clinical quality	Minimising delayed transfers of care (Health)	The number of in-patients whose transfer of care was delayed. Data is now extracted solely from the RiO clinical system and data quality reflects improved local reporting
	Patterns of care from MHMDS	The percentage of discharged patients on CPA that have a care coordinator in place
	Completeness of MHMDS – Part 1 (Current position)	Measures information such as date of birth, gender, marital status, NHS number
	Completeness of MHMDS – Part 2	Measures levels of diagnostic coding and whether individuals' employment status and settled accommodation has been appropriately recorded within the CPA areas of the clinical system
	% Drug users in effective treatment	Assessment of the 12 week retention rate of the number of drug users who were either discharged in a care planned way or who remained in treatment. Partnership working has increased
Patient focus	Comprehensive CAMHS	Assessment against 6 keys areas relating to the mental health needs of children and young people
	Best practice in mental health service for those with Learning Disabilities (Green Light Toolkit)	A service improvement toolkit to prompt the development of actions to make mental health services as accessible as possible to the majority of people with learning disabilities
	Staff satisfaction	The results of an annual survey completed by a random sample of staff which is used by the Trust, CQC and the Department of Health primarily to ensure compliance and inform improvements in services
	Patient experience	The results of an annual survey completed by service users within an in-patient setting

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Your opinions are valuable to us. If you have any views about this report please contact us at the above address.

If you need any help to understand this document please contact our communications team on 01274 363551.



# Contents

Page 04 – Challenges & Opportunities
Page 05 – Our Vision
Page 06 – Providing Services to over 550,000 People
Page 08 – Planning Ahead
Page 10 – Care Group Highlights
Page 20 – Reviewing our Performance
Page 24 – Promoting Good Governance
Page 29 – Developing our Staff
Page 36 – Developing our Organisation
Page 39 – Shaping our Future
Page 40 – Meet our Trust Board
Page 42 – Responsibility & Achievement
Page 46 – Financially Successful
Page 50 – Summary of Financial Statements
Page 56 – Remuneration Report
Page 58 – Auditor’s Statement
Page 59 – Appendix 1: Board Biographies
Page 64 – Appendix 2: Register of Board Members’ Interests
Page 66 – Appendix 3: Glossary of Terms
Page 67 – Commentary on Performance against National Indicators



**Adult Mental Health**

**Older People’s Mental Health Services**

**Child & Adolescent Mental Health Services**

**Substance Misuse Low Secure**

**Learning Disabilities**

**Corporate Directorates**

# Challenges & Oppor



Welcome to our Annual Report for 2009/10. We hope you will find this a useful and informative account of what has been happening at Bradford District Care Trust over the last 12 months. We are proud to celebrate some of our successes, as well as looking forward to what we will be doing over the next year to continue to improve outcomes for service users and carers.

Over the last year we have worked hard to ensure greater engagement with service users, carers and local communities. At the beginning of the year we launched 'Involving You', our service user and carer involvement strategy. This has resulted in much clearer processes for involvement across services. Service users and carers now have a more direct influence over many aspects of the Trust's business and within the year we have seen a significant increase in the number of people involved. We have also continued to make good progress with our membership in preparation for Foundation Trust status, and now have over 6,000 local people who have indicated their support and interest in our services.

Equally important to the Trust over the last year has been staff involvement in the development and improvement of our services. Staff and service users have been at the centre of our work on vision, values and new branding for our organisation. Staff have helped develop a framework of leadership competencies that are at

# tunities



Barry Seal  
Chair



Simon Large  
Chief Executive

the heart of our recruitment and development activities and underpin our award-winning 'Exciting Futures' programme. The 'You're a Star' staff awards last December were a stunning example of the many high-quality services our staff are proud to be associated with.

During the year we produced our first Research and Development Strategy and launched the first of our Professional Strategies (Nursing) setting out the Trust's commitment to upholding and developing standards and improving quality. By the end of the year, we successfully registered as a Healthcare Provider (without restriction) with the Care Quality Commission's new requirements for all providers. Following a number of successful workshops with service users and partner agencies we also produced our first annual Quality Account. The end of the year cannot pass without an acknowledgement of the work put in to ensure a new partnership agreement with the Local Authority for the provision of social care across Bradford. This is a significant achievement in ensuring that we can plan the next few years of social care services within a clear and fair

framework of financial and service responsibilities.

Looking ahead, there will be challenges and further opportunities in 2010/11 and beyond. The economic recession and constraints on public spending will impact on the NHS and there will be an ever-increasing focus on efficiency and effectiveness, but not to the detriment of quality. To deliver the required efficiencies and any redesign of roles and functions will require close collaboration across Bradford's health economy and stronger relationships with our staff, service users and wider community. It will be critically important that we all play our part in achieving this.

Finally, we would like to thank our staff – it is through their hard work and dedication that Bradford District Care Trust provides high quality services, and it is through them that we will continue to improve our services in the future.

Barry Seal, Chair

Simon Large, Chief Executive

## Our Vision

Bradford District Care Trust (BDCT) provides mental health and learning disability services to the diverse communities of Bradford, Airedale and Craven.

Our vision is 'that by 2014 we will be one of the country's leading integrated mental health and learning disability providers. We will improve lives through delivery of high quality care in partnership across our diverse communities, available locally to meet individual needs and achieving excellence in service user experience'.

## Where We Work...

We provide services to over 550,000 people living within the Bradford Metropolitan District and the Craven District of North Yorkshire. Key communities include Bradford City and the towns of Shipley, Bingley, Keighley, Ilkley and Skipton. There is also a large number of people living within the more dispersed communities of rural North Bradford and Craven (North Yorkshire). The communities of Bradford and Craven

diversity. The Trust strives to meet the challenges these differences present. We consider such matters when deciding on the level and type of mental health and learning disability services we provide, how we can provide them locally, and how we can engage local communities in planning for the future.

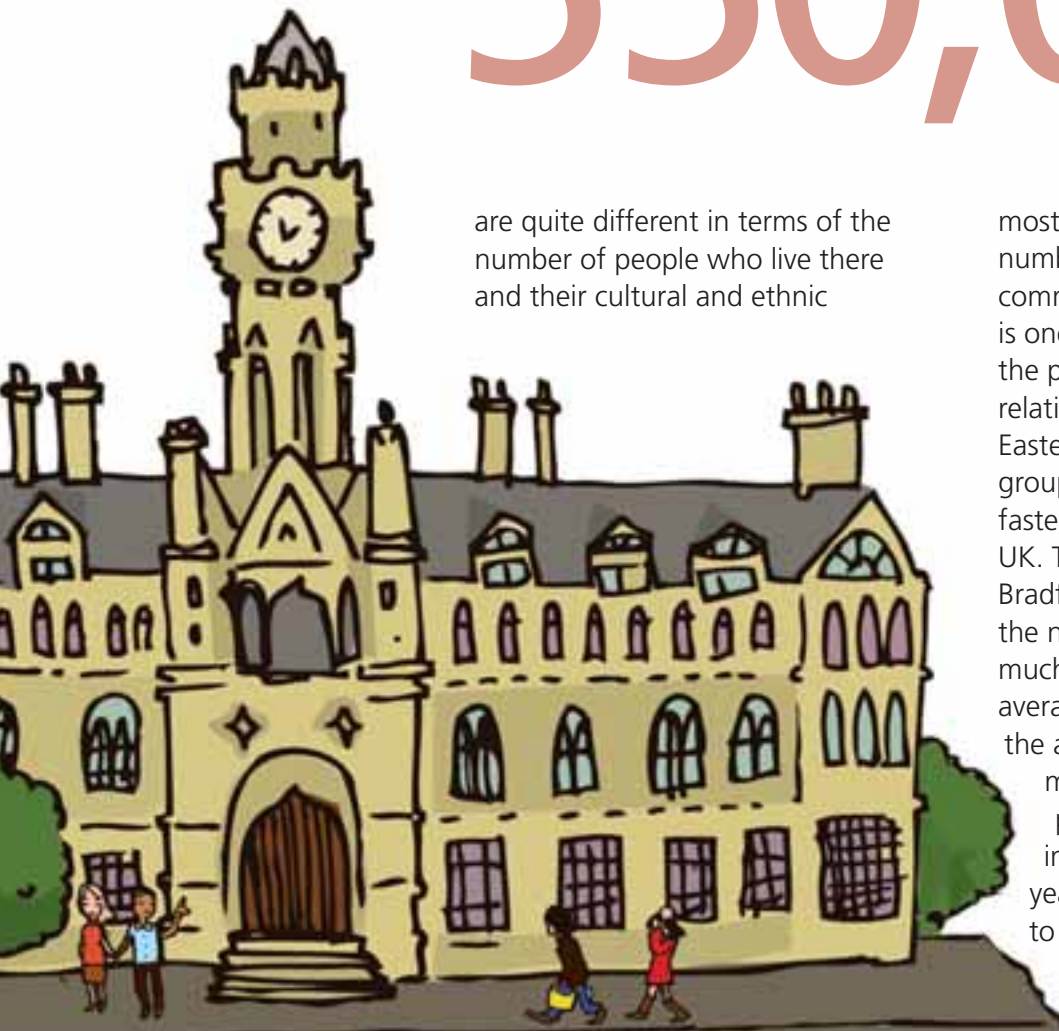
## Bradford & Airedale

Bradford's population is one of the

# Providing Services 550,000

are quite different in terms of the number of people who live there and their cultural and ethnic

most multi-cultural in Britain, with a number of diverse and vibrant communities. The Asian community is one of the largest, with 20% of the population. There are also relatively high populations from Eastern Europe and other ethnic groups. Bradford has one of the fastest growing populations in the UK. The number of people in Bradford over 65 is growing (30% in the next 30 years) and it also has a much younger population than average with 23% of people under the age of 15. The Asian population made up 30% of the District's population of 0 to 17 year-olds in 2006. Also, over the last few years, Bradford has become home to over 7,000 new economic



## Who We Are...

### Our Trust:

- Is one of only five 'Care Trusts' in the UK, providing integrated mental health and learning disability services
- Employs 2,500 people
- Earned £118 million from its activities in 2009/10
- Provides services to a population of 550,000 people from 73 sites
- Received 'good' ratings in the 2008/09 Healthcare Commission annual health checks for quality of services and 'good' for its use of resources – an improving position – year on year since 2006
- Was awarded level 1 – NHSLA risk management standards in December 2009 and is prepared for the level 2 assessment in 2011
- Received PEAT scores of good and excellent for its environment, food and privacy and dignity indicators at all hospital sites
- Has consistently met all financial targets over the last three years
- Is recognised as a leader in providing services to diverse communities
- Has a positive track record of engagement with service user and carer communities
- Has a positive track record of engagement and work with diverse communities within the population and its staff



# to over People

migrant workers from Eastern Europe, Africa and China.

Some of the areas within Bradford are amongst the most deprived in the country, making a higher than average demand for mental health care services. Also, around 4% of the local population will have a learning disability that needs some support from services and this is expected to grow to 5% within the next 10 years.

### Craven

The Craven District is the most westerly in North Yorkshire. Spread across 1,200 square kilometres, bounded by West

Yorkshire to the south, Lancashire to the west, and Cumbria to the northwest. There is a small but significant ethnic minority population based mainly in one area of Skipton. The area has a population of over 53,000 with an average of 44 people per square kilometre. The UK average is 245 people per square kilometre, so the Craven District is in the top ten lowest councils in England for population density.

A map of the area covered by our Trust is shown above.

# Planning Ahead



## Who We Work With...

We do not receive our funding directly from central government but rather through local Primary Care Trusts (PCTs) and other partner organisations who purchase (or 'commission') a wide range of services from us to ensure individuals and their carers get the necessary support, help and treatment for their condition. Our three main commissioners are:

- NHS Bradford & Airedale
- Bradford Metropolitan District Council (BMDC)
- NHS North Yorkshire & York

In the last 25 years, mental health and learning disability services have moved away from care in institutional settings towards care in community based services. This supports people to live as independent a life as possible. We often provide services to people's own homes through our Community Teams (CMHTs) as well as offering visits to clinics, in-patient and out-patient settings. Our staff have a mix of skills and professions and come from a range of cultural and ethnic backgrounds so that specific needs are well met and conditions are addressed as early as possible.

## Our Plans (Strategic Intent)

We have always believed in the importance of building a strong relationship with service users, in order to provide the best possible care. Our vision is broken down into four main strategic intents. These intents guide our annual plans and programmes. A description of the strategic intents under which we have operated in 2009/10 is provided below.



## What Next?

The Trust Board has recognised that our vision over the next five years requires a sustained and incremental approach to all that we do. Our strategic objectives for 2010/11 now provide a direction of travel based upon:

- Excelling in a range of core mental health services
- Transforming learning disability services
- Enabling greater access to services for local communities
- Acquiring more services in existing and new geographical areas

Strategic Intent	What this Means to Us
Delivering Excellence	We will deliver excellent services to service users and carers through models of care based on best practice, and supported by governance systems that ensure continuous development and improvement
Enhancing the Workforce	We will support and develop staff to ensure all they do is focused on delivering excellence through a comprehensive organisational development programme and new ways of working, focused to help deliver planned changes in services provided
Working through Partnership	We recognise that mental health and learning disability services are complex. Providing excellent services with seamless packages of care requires coordinated, timely working across all agencies involved. We will engage in local partnerships focused on delivering the right services in the right place at the right time
Developing Core Business	We will work with our local partners to constantly review and improve existing service provision in line with local and national priorities. We will also exploit emerging opportunities to develop business within existing catchments and beyond

# Care Group Highlights

An illustration of two women standing and talking. The woman on the left is wearing a purple dress and has her hand near her face. The woman on the right is wearing a pink dress and is looking towards the first woman.

What we do...

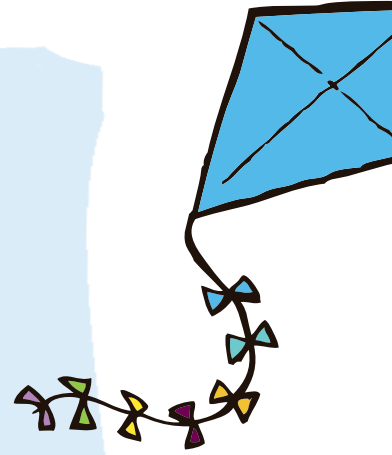
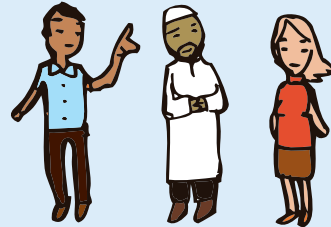
Our services are organised around six main Care Groups:

- Adult Mental Health and Social Care
- Older People's Mental Health
- Child & Adolescent Mental Health Services
- Substance Misuse
- Low Secure
- Learning Disabilities and Social Care



# Adult Mental Health and Social Care

From 24 hour access to urgent care during a crisis, through to long term psychological and counselling therapy services, we care for people from our two main hospital sites at Lynfield Mount and the Airedale Centre for Mental Health. Here we provide 24 hour staffed in-patient wards. Care is also provided from a range of residential and supported care homes or coordinated by staff working in community mental health teams.



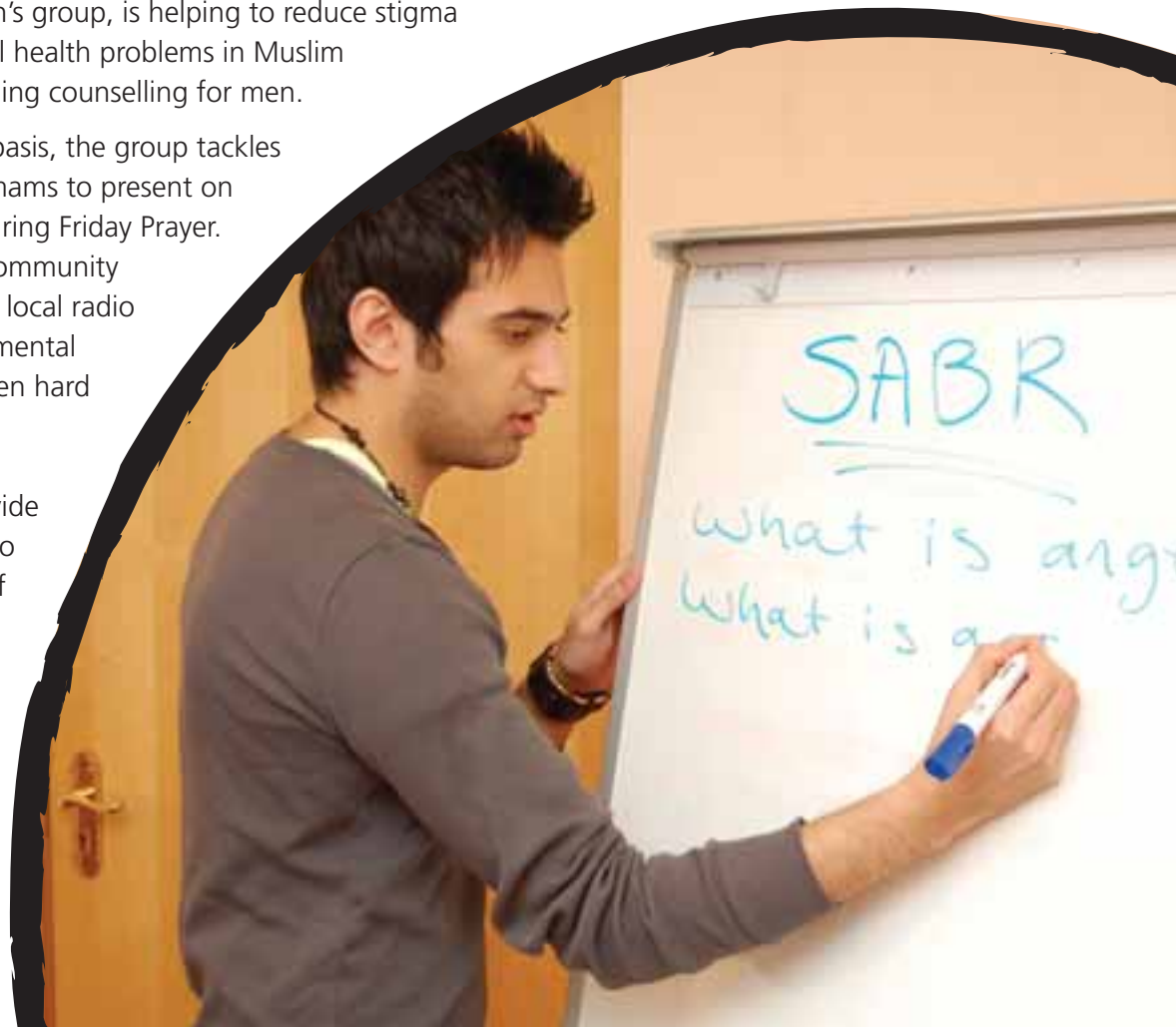
## Counselling Reaches Muslim Men

Sabr, a pioneering men's group, is helping to reduce stigma associated with mental health problems in Muslim communities by providing counselling for men.

Meeting on a weekly basis, the group tackles prejudice by inviting Imams to present on the theme of anger during Friday Prayer.

The group also visits community centres and appear on local radio to raise awareness of mental health problems in often hard to reach communities.

Richard Carroll, Team Leader, said: "We provide people with the skills to recognise symptoms of anger, so they can change the way they think if they start to become angry."



Helping to reduce stigma in Muslim communities.



## Stepping Forward to a Brighter Future

Now in its second year, 'Stepping Forward', an innovative self assessment tool, is helping more than 160 service users set achievable, personal goals to help them regain control over their lives and consider their future aspirations. 'Stepping Forward' enables service users to rebuild their life skills so they can live safely and independently and prepare to move on from our services. The tool covers a range of areas including: managing money, enjoying and achieving, being healthy, moving on from the service, making a positive contribution and staying safe.

In addition to supporting service users, the tool also helps us measure how well our service is doing and highlights where we can improve. For staff, it also supports a culture change to new ways of working with a focus on person centred planning.



Jenny Moran and Pauline Hunt are behind the Stepping Forward tool.

## Students Praised

Service users at Skipton Road Day Services, in Keighley have enjoyed a successful academic year having worked hard to gain qualifications across a range of disciplines. In partnership with local education providers, more than 20 service users passed courses in literacy and numeracy, food safety, information technology, first aid, independent living and volunteering.

Geoffrey Kilby, who achieved a level three literacy certificate, said: "I have enrolled again this year to continue to improve my literacy skills which with going to college has improved my life all round."



Celebrating success at Skipton Road Day Services.



The opportunities became possible after Deborah Pickles, Senior Community Support Worker, undertook training to help service users identify the kind of education they wanted. Deborah said: "My achievements have enabled others to achieve their own goals. I have personally developed and progressed putting it all back into the Trust to help service users get the opportunities they deserve."

# Older People's Mental Health (OPMH)

We recognise that older people with mental health problems have specific needs which require care from specialist staff. The Trust provides a range of hospital and community based services with a focus on the increasing physical healthcare needs that come with age and the growing numbers of people with memory related problems.



## OPMH Workshops

An interactive event helped publicise our 'Involving You' strategy to older people and their carers. Sharing Voices Bradford and representatives from the Alzheimer's Society joined service users and staff for a day of activities, including complementary therapies, hand and shoulder massages and exercise workshops.

A help desk was in operation throughout the event for people to find out more about the 'Involving You' strategy. Facilitated by service users and carers who actively support the strategy in older people's mental health, they offered information and advice about how others can get involved with quality improvements in our services. Feedback from the 'Involving You' event showed service users and their carers had an enjoyable and informative day, with many commenting on how they enjoyed the lively and interactive activities.



Involving you.



The Lord Mayor on his visit to Duchy Court.

## Dignity at Duchy Court

Service users and staff were in for a big surprise when the Lord Mayor turned up at Duchy Court to see first hand the high standard of single sex accommodation. Councillor John Godward experienced a tour of the ward for older people with mental health problems such as depression or anxiety. Following an £80,000 grant from the Department of Health the ward has increased its standards for single sex accommodation to ensure service users are comfortable when staying on the ward. Separate visitor suites and living areas have been introduced and new doors have been installed which have windows that only staff can operate to increase privacy. Councillor Godward said: "This facility is leading the way in providing older people with the respect they deserve. It is an excellent ward giving much needed help."





## Child and Adolescent Mental Health Services (CAMHS)

The specific needs of children are recognised by our organisation. We work with over 1,200 children and young people at any one time, up to school leaving age. Services include a range of specialist advice, support and treatment within out-patient and group sessions at two sites in Bradford and Airedale. Working closely with parents and carers, our aim is to provide the highest level of mental health care for children, young people and their families. The service has a strong local and national reputation of innovative working in a number of areas including service user engagement, home treatment and group work.



### Tracks to Success

Tracks, a pupil referral unit for young people who suffer from severe anxiety and mental health problems, has been awarded top marks following an inspection by Ofsted. Providing both educational and psychological support to pupils who are unable to attend mainstream school, Tracks is run in partnership with CAMHS and Education Bradford. Amandeep Bains, Community Psychiatric Nurse, said: "The success of Tracks is due to the excellent partnership working between the Trust and Education Bradford. The health-education link is invaluable and I think the Ofsted report proves that."



Celebrating top Ofsted marks at Tracks.

### Building Bonds

A bond building service has thrown a lifeline to foster children who find it difficult to trust adults. Filial care, a play based therapy, increases social bonds giving foster-carers a deeper appreciation of a child's emotional needs which in turn helps them feel understood. Parents are taught basic child-centred play therapy principles and skills, including reflective listening, recognising and responding to children's feelings, therapeutic limit setting, building children's self-esteem and structuring weekly play sessions with their children. Pam Wilkinson, Specialist Therapist, said: "Filial therapy provides a way of meeting children's needs within the context of establishing a normal family experience. It helps create positive attachments between carer and child within the home."

## You're Hired!

In partnership with CAMHS and Barnardo's, a participation group known as 'U Can B Heard' has received specialist interview training to learn the skills of recruitment and selection. The young people's panel work alongside professional interviewers in all CAMHS interviews to offer a different perspective and give their much valued opinions on the candidates that if successful, could be working in their CAMHS environment. One group member, said: "Because we've all had contact with CAMHS in the past we know the difference it makes in having someone that understands us, working with us." Another group member, added: "Having some of us there when the Trust interviews CAMHS applicants helps get the right person to meet the needs of service users, which I think is very important."

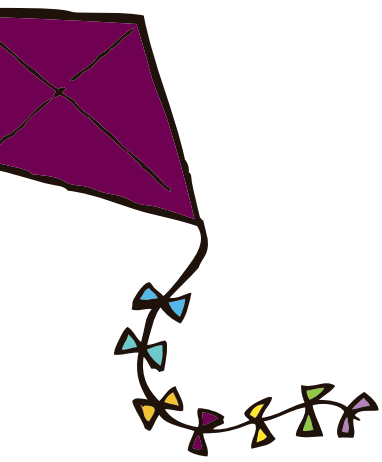
The questions asked by the panel are designed completely by young people. In addition to the practised questions, the group is known for surprising candidates with fun-inspired requests during the interview to see how they would fit in to the CAMHS team and how well they interact with young people. Mark Vaughan, CAMHS Head of Operations, had his quick thinking and interactive skills put to the test when applying for his current role. He said: "Being interviewed by the U Can B Heard panel was an excellent experience as they encourage expression of character, knowledge, background and values in a way which is uniquely testing."



Getting creative at Craven CAMHS.

## Making a Mark in Craven

'Ur Choice', a new participation group in Craven, has been using an artistic approach to give young people with mental health problems a voice in rural areas. With the help of a local artist, the group has produced colourful, dynamic banners for use at local festivals and events to promote our CAMHS services, challenge stigma and raise awareness of 'Ur Choice'. The group continues to go from strength to strength as it offers a social lifeline to young people in Craven, creating a safe, friendly and fun atmosphere in which they can explore their creativity.



## Substance Misuse

We support people who have problems related to their misuse of drugs, alcohol and other substances. Assessment, care planning and treatment are delivered in a variety of ways, including the support of people within in-patient and community detoxification settings.



## Relocation, Relocation!

Bradford Community Drug & Alcohol Team (BCDAT) has celebrated its first year of service from Fieldhead Business Centre. The move took place in April 2009 for service users to continue to receive convenient, high quality services within an accessible, improved environment. Since opening at the new site, the service has flourished and now hosts a monthly service user group in comfortable surroundings with IT access which the old site was unable to provide. The site, also includes service user artwork throughout the building, houses a clinic room for physical health care services to be provided via a primary health care nurse, GPWSI (GP with a Special Interest) and BCDAT staff. Each interview room has access to RiO, our clinical information system and also System One, which is used within primary care, enabling staff to access all the information they need. The new site has provided a modern environment which delivers high quality care to people across Bradford.



BCDAT staff at their new site.



## Low Secure

We provide care to people who have a mental health problem and have received input from the criminal justice system. Care is provided by our community team of social workers, psychiatric nurses and criminal justice specialists. The focus of the service is a unit at Lynfield Mount Hospital, which receives referrals from prison services, medium secure hospitals or from the community. The multi-disciplinary team of professionals provide 24 hour care and assessment services. The aim is to prepare people to leave hospital, providing a greater level of independence and more responsibility.



## Developing Low Secure Services

One of our low secure in-patient wards is set to more than double its staff when 14 new recruits join the team. Qualified and unqualified posts have now been filled for the positions at Ilkley Ward at Moorlands View. To make the ward more secure in line with national guidance the new members of staff will join 12 original posts. Val Rhodes, General Manager, Low Secure and Substance Misuse Services, said: "This is a really exciting time to join us. Our team is particularly enthusiastic and we have some really committed staff that our new recruits will join." Negotiations with the Regional Commissioning Group which has made the new posts possible may also lead to additional beds becoming available through a tendering process.



Val Rhodes, General Manager, Low Secure and Substance Misuse Services

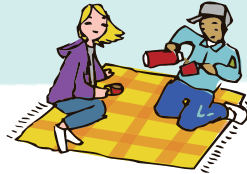
## Every Contact Counts

Three staff members from our Low Secure Service recently attended a regional conference to present a piece of work they have carried out on workforce modernisation, public health and career development. Senior Managers spoke of using a workforce modernisation model called Population Centric, which takes into account the wider health needs of the future population. This initiative provided the opportunity to develop a workforce more able to meet increased service demand within existing budgets but also presented a potential efficiency saving for future years.



## Learning Disabilities and Social Care

In partnership with Bradford Metropolitan District Council, the Trust provides services for people with learning disabilities on leaving formal education. This can be anything from advice and support in a crisis to longer term residential care.



## Learning Disability Week

Learning Disability Week saw a flurry of activity celebrating the achievements of service users and encouraging them to share their views of our services. A major event saw service users and carers sharing their experiences as part of a drive to see them shape their own care. It gave service users the chance to have a direct say about services and what they should be like, both now and in the future, drawing attention to the needs and rights of people with learning disabilities. It marked another key stage in our initiative 'Involving You' to provide the most bespoke care possible to all service users in line with Government policy on 'personalisation' of services. Another event showcased service user's new found talents. The culmination of seven months' work at daily sessions in drama, digital photography, music therapy, dance, art, information technology, puppet making and performance was organised in partnership with the Cottingley Cornerstones Centre.

## 2nd Time Around

An eagerly awaited charity shop in Keighley has opened its doors to the public, in what is thought to be the first business venture of its kind. 2nd Time Around, fronted by people with mental health problems and adults with learning disabilities, has been greeting customers with a warm welcome since the grand ribbon-cutting ceremony in January 2010. Maxine Kneeshaw, Manager, said: "It's a fantastic shop that is going to provide much needed employment and life skills to people using our services."



The innovative charity shop.

Melville House, our learning disability employment service, has been transformed into a bustling sorting site for items that have been donated. Service users play an important role in selecting and revamping chosen goods. With the help of support workers, items are put into matching categories, and in turn, lovingly restored. The revamped goods are then delivered to the shop to be sold. The project is run in partnership with Keighley Volunteer Centre which secured funding to refurbish the shop and pay for its first year.



Inside the new venture.

## The Jewels!

People with learning disabilities are hoping that pom-pom power can launch them to new heights. The Jewels project is the first of its kind in Yorkshire. Made possible through our Exciting Futures programme, it will see people from across the district become cheerleaders. Andy Waller, Project Manager, said: "This is an excellent example of a learning disabilities project pushing the boundaries, giving people a unique experience to become cheerleaders. The group is learning new skills, their confidence is growing, new friendships are being made and it's increasing the health and fitness of the team in a fun way."

The squad recently secured a place at the prestigious Future Cheer International Cheerleading Championships, held in Bournemouth. In preparation for the 'nationals' the 20-strong squad perfected cheers and routines as part of a partnership arrangement with Hot Ice Cheer & Dance Academy. A victory would see The Jewels go through to the USASF World Cheerleading Championships held in Disney World, Florida in April 2011.



The Jewels in training.



Members of the Framing Marvellous team.

## Putting Service Users in the Picture

Since the start of the economic downturn, service user contract work has slowly reduced at one of our services, Marley Street, the base for Airedale Skills for Employment. To ensure the centre could continue to provide valuable work experience and develop skills for service users, support workers identified other activities into which they could diversify. Framing Marvellous, a bespoke picture framing service, became a reality thanks to friends of the day centre offering tools from a picture framing business.

Michael Pears, Assistant Manager, said: "It's fantastic to see service users developing new skills they can take out into the world of employment, such as handling money and customer service." Working Monday to Friday and assisted by support workers, service users are involved in the production of frames from start to finish. Christine Alberta, service user, said: "I really enjoyed learning how to use the machines in the workshop."

# Reviewing our Performance



We strive to improve our performance year on year not only to meet national and local targets set by our regulators but more importantly, to provide the best possible care for service users and carers.

## Annual Health Check

The Annual Health Check is the Care Quality Commission's (CQC) method of assessing the performance of all NHS organisations. The quality of the Trust is measured against a wide range of indicators that includes existing national commitments, national priorities and the outcome reviews of services. The way we use our resources, our staff, money and assets is also assessed. The assessment is then summarised into two overall performance scores for the quality of services and the

use of resources. The CQC then award a rating of either: excellent, good, fair or weak for each score. We are awaiting the national assessment of our performance against national standards for 2009/10. The results for the Annual Health Check in 2008/09 concluded that we were rated 'good' for both the quality of our services and our use of resources, continuing our record of improvement over the last few years as shown below. As part of the CQC annual health check we were

assessed against a range of indicators which measure existing commitments and national priorities. Some of these are shown in the table on page 21, with some of the targets described in more detail to show what they mean for service users and carers<sup>1</sup>. A comparison against 2008/09 is included demonstrating how we have performed over the last year.

Year	Quality 'score'	Use of resources 'score'
2008 / 09	Good	Good
2007 / 08	Good	Fair
2006 / 07	Fair	Fair



Health Dimension	National Indicator	2008/09	2009/10
Health and well-being	Number of in-patients' ethnicity recorded	96.5%	98.8%
	Clients with a learning disability in an in-patient setting with a current care plan review	100.0%	100.0%
	Clients with a learning disability in a CAMPUS provision with a discharge plan	100.0%	100.0%
Safety	Number of in-patients being followed up (Patients receiving contact within seven days discharge)	95.0%	95.9%
	Admissions to hospital were accessed via Intensive Home Treatment Teams (IHTT)	98.3%	92.6%
Clinical quality	Minimising delayed transfers of care (Health)	0.6%	4.6%
	Patterns of care from MHMDS <sup>1</sup>	90.6%	100.0%
	Completeness of MHMDS - Part 1 (Current position) <sup>1</sup>	99.6%	95.0%
	Completeness of MHMDS - Part 2 <sup>1</sup>	n/a	41.1%
	% Drug users in effective treatment	94.3%	89%
Patient focus	Comprehensive CAMHS	19/24	24/24
	Best practice in mental health service for those with Learning Disabilities (Green Light Toolkit)	22/48	42/48
	Staff satisfaction	Average	Average
	Patient experience	Average	Average

<sup>1</sup> Further information is also included in the Glossary at Appendix 3.

## Delayed Discharge

It is important to us that service users are treated in the best possible way and this includes discharging people once they are safe to transfer from an in-patient setting. On occasion, difficulties arise that mean service users may stay on a ward while their discharge is being made possible. We are working with our partners to reduce delays as much as we can.

## In-patient Care Programme Approach (CPA) 7 Day Follow Up

We believe it is important to make sure we follow up quickly

all those on a CPA who have been discharged from a spell of in-patient care. The Trust discharged 590 service users on CPA in 2009/10 of which 566 were followed up within 7 days (95.9%).

## Patient Experience

The Trust took part in the annual mental health acute in-patient service user survey. 57 mental health trusts (87%) were surveyed and the results published by the CQC. Of the five key areas surveyed, we compared well to other mental health trusts. Some examples of the positive results included:

- 76% of people felt they were made to feel welcome on arrival to the ward while the national average was 71%
- 69% of people said their room or ward was very clean. The national average was 51%
- 72% of people felt they were always treated with respect and dignity, while the average was 69%
- 63% of people felt nurses always listened carefully. The national average was 57%
- 54% of people rated overall care during stays as very good. The national average was 48%

## Sickness Absence

The rolling 12 month sickness absence figure for March 2010 was 6.9%, against a target of 5.5%. The higher sickness absence levels were due to a number of factors including advice around pandemic flu, vacancy levels within Learning Disabilities and Adult Mental Health Care Groups and an increase in long term sickness cases. Action is already underway through our Human Resource Team, working closely with managers, to better manage sickness absence in 2010/11. This includes targeted training, real time reporting of absence to make sure data is up to date and locally owned, and the individual management of long term sickness cases.

## Care Quality Commission (CQC) Assessments

As part of its own duties, the CQC regularly inspect the quality of services provided across the NHS. During the course of the year we have had some mixed results relating to care at our residential and respite sites. We

are always keen to learn in order to improve services. In April, the CQC visited Weaver Court Residential Care Home, which provides a service for 16 residents with a range of complex health and care needs. The inspection found that there were a number of regulations the Trust was non-compliant with. The quality rating for Weaver Court was reduced from one star to zero. An immediate review was undertaken which identified key issues of concern, lessons learnt and what this would mean for future practice. We worked closely with the CQC and other partners to put in action a comprehensive plan which has resulted in a much improved service, returning it to a one star rating.



Whiteoak care home, which provides respite care for people with learning disabilities between the ages of 18 and 65 was given a three star (excellent) rating – the highest possible – following its inspection in November 2009. The way we support service users around lifestyle, personal and

healthcare support, concerns, complaints and protection, staffing and conduct and management of the home all received high marks. Helen Leeming, Senior Respite Manager, said: “The team are absolutely delighted by this. There are over 90 people who attend the service with very diverse needs. Given these factors the ‘excellent’ rating is an even more commendable achievement.”

## PEAT Scores

All of our in-patient wards have an annual PEAT (Patient Environment Action Team) inspection which looks at standards of cleanliness, food, dignity and the state of our buildings. We meet the national standards set by the National Patient Safety Agency and for 2009/10 all of our areas were voted good or excellent. These high standards are due to the hard work and dedication of staff, supported by capital investment to keep our buildings in good condition. Our scores for are shown below:

Site Name	Environment Score	Food Score	Privacy & Dignity
Daisy Bank	Good	Excellent	Good
Lynfield Mount Hospital	Good	Excellent	Excellent
Airedale General Hospital	Good	Excellent	Good
Daisy Hill House	Good	Excellent	Good



## Internal Performance Monitoring

We have been busy developing a stronger internal framework to monitor performance in a consistent and ongoing way.

Performance 'dashboards' are now used across Care Groups and managed through monthly monitoring at Service Improvement Development Group (SIDG). Care Groups also have six monthly and end-of-year

performance meetings with Executive Directors to review corporate objectives and discuss their contributions to the delivery of Trust-wide business plans and efficiency savings.

## Trust's Cleaning Team is Award Winning

Our Ashbrook Housekeeping Team scooped Team of the Year at our annual staff awards ceremony - You're a Star Awards.

The award came on the back of their hard work during changing times, their commitment, dedication, attention to detail and the ability to provide a consistent service, always with a smile.

On winning the award Rosie Chapman, Housekeeper, said: "We work hard in challenging environments, but at the end of the day we all enjoy our job, work together and are proud of the service we deliver. The team is thrilled to win the award."

The award winning team members were highly commended for their dedication and drive to excel in all areas of cleanliness on the wards, always giving 100 per cent.

They were also recognised for consistently demonstrating outstanding teamwork and achieving excellent audit results throughout the year.



The award-winning Ashbrook housekeeping team.

# Providing Good Governance



The challenge for the NHS is to provide good governance. The process of monitoring our work and learning from the outcomes of our actions helps to ensure that we consistently drive forward improvements in the quality of care. From making good financial decisions to ensuring that our clinical services are safe and effective we are working hard to provide the best possible care.

## Quality Account

Most staff who work in the NHS aim to deliver a quality service. The challenge is to ensure consistency of care and that we meet service user expectations. Given the number of people who use our services and the number of staff who work in them, this is an important challenge. 2009/10 marks the first year in which we have produced a Quality Account. This is intended to show our performance in key quality areas. We believe it is important to demonstrate we are serious about quality to maintain the support and confidence of our communities and commissioners. Our aim is to ensure that quality is a focus for every member of staff and we will be using the

information provided within the Quality Account and feedback from service users and carers to make services even more safe and effective. Our Quality Account is available on the Trust's website [www.bdct.nhs.uk](http://www.bdct.nhs.uk) or through our Communications Team by emailing [communications@bdct.nhs.uk](mailto:communications@bdct.nhs.uk)



Limiting the spread of infection.

## Infection Control

The Health and Social Care Act (2009) means we need to make sure our staff receive regular training in infection prevention and control. This is to stop and limit the spread of infection and make service user and staff safety even better. Clinical staff must attend infection prevention and control training every year. Non-clinical staff must attend every two years. Following Department of Health guidelines we have introduced MRSA screening on in-patient facilities that care for high risk and vulnerable patients. This includes acute wards at our two main hospital sites. This has been effective in stopping the spread of infection with no MRSA infections during 2009/10.

## What Next?

We are launching an e-learning package in 2010 to allow staff to do their annual training on-line one year and face-to-face the following year.

## Research and Development

Research and development activity is an important element of delivering excellence in healthcare and we have, for the first time, developed our own research and development strategy to be developed over the next five years. The strategy aims to:

- put the Trust at the forefront of delivering cutting-edge, evidence-based, innovative treatments and services;
- ensure continuous improvement of treatments and services through learning from evaluation;
- deliver research that addresses local needs; and
- increase recruitment of high calibre and motivated staff.

## What Next?

We will be working in collaboration with the Bradford Institute for Health Research in identifying the key areas of research to match our existing skills and specialities.

## Listening to Complaints and Compliments

The Trust is fully aware of *Principles of Remedy*, the Parliamentary and Health Ombudsman's guidelines, which form the basis of how the Trust handles complaints. In addition, April 2009 saw a new Complaints Procedure introduced across the NHS. Our local policy has been reviewed to reflect national changes.

The changes aim to provide:

- a more accessible process to those making complaints;
- greater responsiveness and ability to demonstrate the improvements made as a result of a complaint; and
- improved accountability at the most senior levels of the organisation.

We make every effort to handle complaints directly and quickly, with fairness and confidentiality. During the year, we updated our processes to improve how we learn from complaints and how we share learning more widely across the Trust. We now provide training to staff to support them in investigating complaints. The Chief Executive, or on rare occasions his deputy, personally signs every final response letter and a person with a complaint is advised of changes to services or



policies as a result of their letters.

If a person with a complaint remains dissatisfied with our response they have the right to refer the matter to the Parliamentary and Health Service Ombudsman. During 2009/10, five complaints were referred, four of which were closed with no further action for the Trust and one remains open awaiting a decision.

We also believe in celebrating our compliments and recognising examples of good practice. During 2009/10, we received 137 compliments from service users and carers across a wide variety of services.

	2009/10	2008/09
Total number of formal complaints	76*	64
Responses within timescale agreed with complainant	97%	100%

\*Of those, four complaints were either withdrawn or investigated by another trust.

## Involving Service Users and Carers

Finding out what people think of their care with us is a top priority. Service user and carer feedback is sought in lots of ways and gives us valuable evidence for continued service improvement. Across the Trust we want to include service users and carers in everything we do. Our 'Involving You' strategy is there to support teams to work closely with the people we care for. The number of service users and carers involved in Trust activity has increased during 2009/10 and we want to make sure this continues.

Here are some of the ways service users and carers have been involved over the last year:

- Taking part in the design and delivery of the Trust's AGM
- Along with other partners, identifying the quality indicators and performance improvements for the Trust's first ever Quality Accounts
- Making sure progress was made around the Equalities agenda
- Giving feedback at focus groups on the results of the annual service user survey
- Re-launching a carers group in Adult Mental Health. The newly named 'Carers in Action' refreshed its role and is attracting new carers
- Taking part in the Trust's audit programme
- Influencing new Trust guidance on service user involvement in staff recruitment and selection

- Looking at and redeveloping services through the Equality Impact Assessment process

### What Next?

We have started to work to a new policy called 'information for service users and carers' which will make our information easier to understand. Further involvement with service users and carers is planned through our membership engagement programme, as well as developing real-time feedback from service users on all our in-patient wards at the time of admission and discharge.

## Patient Safety and Incident Reporting

We have a very well developed culture of reporting incidents so we can learn from them. As such, we are one of the highest reporting Trusts for reporting incidents to the National Patient Safety Agency (NPSA). Staff are encouraged to report all types of incidents even if they are not considered serious. High reporting of incidents means we have detailed information about safety incidents that can be learned from to prevent similar incidents happening again. We have been asked to work with the NPSA, to share lessons with other Trusts who do not have the same high reporting levels.

This year has seen us roll out monthly 'automated incident reports' to all clinical teams to offer useful information for the planning of care. They show issues that may cause concern and any local trends. Teams review these reports and take the actions needed to improve service user and service safety. Staff understanding of safety, risk assessment and incident reporting is kept up-to-date regular meetings and training sessions. Every three months, we hold a safety learning forum where staff from across the Trust can speak about the incidents they reported and their learning experience. We recognise that these steps help to raise awareness of incidents and that learning from them further improves the safety for service users.

Serious Untoward Incident (SUI) plans have also been improved over the course of the year. In the event of a serious incident regular meetings take place between senior managers and directors to make sure action is taken in good time. We share these reports with our Commissioners, and report issues to our Trust Board and Committees. Our Risk Management Strategy is being used across the organisation with an improvement in the use of risk registers at all levels. There is a clear reporting framework in place to ensure major risks can be brought to the attention of the Board.

## What Next?

A web based reporting tool will be introduced in 2010/11. This will help deliver an even better reporting system, with minimal delay and improved response rates to safety issues.

## Emergency Preparedness

As a specialist provider of mental health and learning disability services, our role in any major emergency would be less than you would expect from our acute partners and emergency services, who provide frontline emergency care. However, we do have in place plans for major incidents and comply with NHS emergency planning guidance. In the event of any significant incident that would impact heavily on our services, these plans would be used to manage the situation.

During 2009/10, we have taken

an active part in all multi-agency planning around preparation to combat Swine Flu. We have shared these plans with partner agencies through NHS Bradford & Airedale and provided evidence that we are able to take the right steps in an emergency situation. To make sure our front line services could continue in the event of a Swine Flu outbreak a successful vaccination programme for staff has taken place. We are proud to highlight that our Trust had the highest uptake of all Mental Health Trusts in our region and was approached by the Department of Health for our advice on how to improve planning for such emergencies.

## Information Governance

Like all NHS trusts, we understand the importance of effective information governance and the need to safeguard personal data. We are required to publish information about the number of incidents relating to personal data that occurred each year. There were no 'Serious Untoward Incidents' involving personal data during 2009/10. NHS organisations also self assess against an information governance toolkit. This is a framework for assessing compliance against current legislation and raising awareness amongst staff. Our 2009/10 toolkit score was 80%, a robust green rating, which subsequently received full assurance from the West Yorkshire Audit Consortium.

## Safeguarding Adults

All service users and family carers fall within the scope of our adult protection procedures. We will always play our part in preventing abuse and respond in the right way if abuse happens. This year has seen us look again at our Safeguarding Adults procedures,



making sure they work well alongside the District's revised multi-agency plans. Staff training continues to be an important part of good safeguarding practice and we include it for new staff as part of their induction with refresher courses for longer standing staff.

Our Lead Practitioner for Safeguarding Adults makes sure we have an up to date safeguarding policy and strategy. They work closely with the Safeguarding Adults Board and its sub groups across all aspects of adult protection to reduce the risk of referrals. They work closely with the Adult Protection Unit



and if needed can bring challenging issues to the Improving Practice Sub Group.

## Safeguarding Children

We have made a number of significant improvements to the ways we help safeguard children. In November 2009 the National Patient Safety Agency (NPSA) issued a Rapid Response Report, 'Preventing Harm to Children from Parents with Mental Health Needs' that set out actions to be taken by all trusts. We have been able to meet these requirements in full which include:

- Proper assessment, review and discharge processes which include prompts for staff to identify where children may be at risk
- Clear guidance for staff on how to make referrals where there are Child Protection concerns
- Direct involvement of a consultant psychiatrist in all clinical decision making for service users who may pose a risk to children

During 2009 the CQC required trusts to make a public declaration on how they are meeting their duties in relation to Safeguarding Children. We confirmed our declaration of compliance and an action plan has been developed to address the small number of areas identified for improvement.



### What Next?

A Safeguarding Children Audit Strategy was approved by the Trust's Clinical and Social Care Audit Steering Group in 2009.

It outlines a series of audits (some Trust based and some in partnership) for completion over the next two years. One audit has already been registered and is underway. A future aim is for the Trust to have 'safeguarding champions' across all services – staff with enhanced knowledge of safeguarding, able to promote best practice within their teams and provide instant advice to colleagues.

# Developing our Staff



We want to build a reputation for excellence and a workforce that is proud to work for our organisation. We are committed to providing ongoing development, education and training to all our staff as this helps to deliver excellent outcomes for service users and carers.

## **Staff Development and Training**

We provide a wide range of training and development in house for clinical and non-clinical staff and induction courses are held every month so that all new starters understand our vision and values. We have worked hard to ensure that all staff receive the necessary training. Having an effective appraisal system is also vital as it gives every member of staff the opportunity to discuss their own performance, their training needs and how they contribute to the Trust's overall objectives. During 2009/10, we had a completed appraisal rate of over 90%, which is an excellent achievement.



## Trust Values

During the course of the year we refreshed our Trust values involving service users, carers and staff, and the Trust Board. Directors have visited a number of different Trust sites and made presentations to senior managers about the importance of embedding these values to help improve the quality of care we provide. Our new values fall into five key areas.

### Respect

- We value people as individuals, working with them to achieve their goals
- We treat people with dignity and kindness
- We embrace diversity and celebrate difference

### Openness

- We encourage and demonstrate honest communication
- We ensure everyone has a voice
- We are open to change and new ways of working



### Improvement

- We maximise use of resources to deliver best value
- We adopt a 'right first time' approach and learn from our mistakes, acting promptly to put them right
- We encourage accepting personal, individual responsibility at all levels, challenging each other to find better ways of doing things

### Excellence

- We provide high quality, safe and efficient services
- We are customer focused and deliver on our promises
- We use and develop the expertise of our staff to provide the best possible service user and carer experience

### Together

- We work best through teamwork celebrating our successes together
- Service users and carers are part of our team
- We work well with our partners for the benefit of the communities we serve



### What Next?

The Values workshops involving senior managers will be cascaded to all members of staff and a poster/video campaign involving service users and carers from each of our Care Groups is being developed to promote the Trust values.

## Equality and Diversity

We serve a very diverse population. It is important that we attract and develop staff who reflect the communities we serve and deliver services that are culturally sensitive and appropriate. We also want all our staff to work in an environment that is free from discrimination, harassment and unequal treatment.

Over the last year we have worked hard to broaden our equality agenda to make sure it is fully in line with equality law. We have two documents that build on the race equality project we were involved in as part of being a national Focused Implementation Site (FIS), spearheading the Delivering Race Equality action plan within mental healthcare. These are:

- Single Equality Scheme
- Care Group and Directorate Equality Action Plan

They make sure we are promoting equality and tackling inequalities experienced as a result of a person's age, disability or impairment, gender, race, religion or belief, sexual orientation or transgender. Some recent activities have been:

- Staff training and learning opportunities run by our community partners and internal experts to raise awareness of the needs of each of the communities of interest
- Ongoing 'Equality Impact Assessments' to track and set actions to improve services for



people from each of the protected groups

- The development of new services aimed at minority communities like Unified Voices, SABR and an In Reach service for older people
- Development programmes for all staff to progress within the Trust whilst taking their culture and values with them to influence care
- Closer partnership working with community partners
- An Equality and Human Rights Review Panel which involves community, staff, service users and carers in decision making and action setting for Care Groups and Directorates
- A strategy for Equality, Diversity and Human Rights that sets out our pledges for promoting equality and tackling inequality and disadvantage over the next five years

This hard work has kept us at the forefront of equality work. We are proud members of the NHS Employers Positively Diverse leadership programme and this year have become associate



members. The Trust has also been awarded a two tick symbol by Job Centre Plus, which is given to organisations that have shown a positive approach to employing disabled people.

Our Black and Minority Ethnic workforce at the year end was 17.5%. Our target of 20% reflects the diversity of our local population. We continue to work towards this by involving local schools in workforce experience, job taster opportunities, student placements and local recruitment events.

To promote equality and diversity our staff networks support our current and future workforce to deliver appropriate services and strengthen links with the diverse communities we serve. Our staff networks are:

- Black and Minority Staff Network – working with and for BME staff
- Disability Staff Network – providing support to staff who are disabled
- Lesbian, Gay and Bisexual Staff Network – helping to support lesbian, gay, bisexual and transgender staff and promoting dignity and respect for all staff

## Community Opportunities

In the past year we have placed 48 apprentices. Through our Local Employment Partnership with Job Centre Plus we seek to offer work to those who have been unemployed for long

periods, lone parents and other disadvantaged communities. Our pilot programme in 2009/10 saw us recruit 12 new employees with a further five being progressed.

### What Next?

Over the coming year we are looking forward to picking up new and emerging areas for development with local communities, staff, service users and carers. We will be supporting other trusts through our positively diverse leadership role to help them develop their own equalities agendas.

### Listening to Staff

The CQC conducts an annual staff survey for each NHS trust which provides information on the experiences of staff who work there. NHS staff survey results for 2009 revealed that our staff are more motivated than colleagues in similar organisations across the country. Staff were asked what they thought about their working life, including questions about work life balance, team working, job satisfaction, training, management and supervision, violence and health and safety. The results are based on the views of 47% of staff surveyed who took time out to tell us how they felt:

- 80% of staff are satisfied with the quality of work and patient care they are able to deliver



Listening to staff.

- 92% of staff agreed their role made a difference to service users and carers

Both of these scores were in the highest 20% when compared with trusts of a similar type. Improvements can be seen in the percentage of staff believing the Trust provides equal opportunities for career progression or promotion and of staff reporting good communication between themselves and senior management. The survey resulted in additional positive results:

- 99% of errors, near misses or incidents witnessed were reported in the last month. This score is in the highest 20% when compared with trusts of a similar type and reflects our high reporting culture
- 81% of staff feel valued by their colleagues
- 80% of staff have received job-relevant training, learning or development in the last 12 months

### What Next?

The survey results also indicated some areas for improvement. These included:

- 21% of staff had experienced physical violence from service users and/or relatives in last 12 months (compared to a national average of 18% for similar trusts). However, staff perceptions of effective action when dealing with violence and harassment has risen from the previous year and is above average when compared to similar trusts
- There is a slight decline in the percentage of job satisfaction which has decreased from 2008. The Trust will be focusing on the factors that have contributed to this and in the coming year will prioritise staff engagement, health and well-being

## Consultation with Staff

We continue to work in partnership with staff organisations through the Joint Staff Consultative Committee, which is the main forum for bringing together the interests of both employer and employees. We have good working relationships with staff organisations and will continue to build on them. Consultation with the wider Trust workforce is undertaken by a variety of means, including *Connections* (our in-house magazine), Board in Brief, E-Update and team meetings for specific issues around service changes.



## Leadership Development – *Exciting Futures*

We are using innovative organisational psychology to develop our future leaders through a cutting edge leadership programme entitled *Exciting Futures*. The programme, a first within the NHS, has developed a set of competencies that explain in detail the behaviours we



Opening a new garden as part of *Exciting Futures*.

require of our staff. *Exciting Futures* is designed to create an emotional connection with the participants' work, and in turn, nurture a greater sense of belonging and ownership. It sees managers from all levels stepping out of the classroom and working together with service users on challenging community projects they would not usually be part of. The hands-on projects aim to provide staff with a unique and powerful learning experience that will not only benefit the individuals taking part, but also service users and the community.

For our first *Exciting Futures* cohort, the project teams have delivered a series of challenging projects that have made a direct impact on the quality of services provided for service users and carers. The programme has seen:

- the 'In Touch with Art' group organise a unique art exhibition created by people with learning disabilities to tackle stigma

- the 'Jumping Jewels' group successfully reaching their fundraising target to get the Jewels squad to the Nationals
- the 'Social Sunshine Diggers' helping to transform an area of derelict land into a garden of tranquillity for service users
- the 'New Threads' group raise funds to sustain the opening of '2nd Time Around' for another year



Susan Byrne proudly holds her artwork.



Beverly Alimo-Metcalfe with the In-Touch with Art Group

Professor Beverly Alimo-Metcalfe, Professor of Leadership at Bradford University School of Management, who has conducted studies into the productivity of NHS organisations, said: "Service users and staff working together on different community projects within a structured training programme is an outstanding idea. Motivation is fuelled by emotions – through creating an emotional connection with the participant's work, a stronger commitment and sense of belonging is created. Emotions fuel aspiration and people's efforts increase: this is at the core of successful leadership."

### What Next?

We are expanding our leadership programme, Exciting Futures II, to a larger cohort and developing both service improvement and community projects. Alongside developing our top 30 senior managers we will be creating and putting in place better ways to recruit staff who match our values and who fit with how we work.

## A Night of Celebration

Members of staff celebrated their achievements during the year at our annual awards ceremony. The You're A Star Awards held at the National Media Museum, Bradford, saw teams and individuals who have launched pioneering projects, helping people with mental health problems and learning disabilities, compete in ten categories.

Russ Piper, Chief Executive of Sovereign Health Care, the main sponsor of the awards said: "The event was a tremendous success, and demonstrated how caring and committed Bradford District Care Trust staff are to serving their local community."



Congratulations go to all those nominated. The 2009 winners are listed below.

Categories	Winners
Learner of the Year	Wanda Dorenski-Holmes, Senior Instructor at New Ridge Day Services, Bradford
Outstanding Contribution in Supporting the Delivery of Direct Care	Angie Crompton, North/South Supported Living Services at Copwood in Homewood, Bradford
Valued Colleague	John Fleming, Health Care Support Worker on Ward 24 at Airedale General Hospital, Steeton
Working Together	Skipton Road Day Services, Keighley
Team of the Year	Ashbrook Ward Housekeeping Team at Lynfield Mount Hospital, Bradford
Outstanding Contribution to Improving Services	RiO Implementation Team based at New Mill, Saltaire
Working with Communities	Multi Agency Ante Natal Service based in Keighley
Leader of the Year	Kelvin Lawton, Team Leader of Crises Resolution Team at Daisy Bank Hospital
Making a Difference	Lorraine Whitehead, Care Assistant at Hilltop Cottages in Daisy Hill, Bradford
Innovation Award	2nd Time Around Project based at Melville House Centre for Employment, Preston Street, Bradford

Stars from 2009.



# Developing our Organisation



We have recognised the need for a strong, unique identity for the Trust to increase public recognition of our work. This was launched at the 2009 AGM together with the introduction of our new strapline – **You and Your Care.**

## Wider Communications and Branding

Our brand image is a strong visual statement and represents the communities we serve in a positive and optimistic light. It also helps raise the standard and consistency of our published materials. To further improve service user information, we have now developed sub-branding for each of our service areas. Each service area now has its own colour family and unique



Our brand image.



Sub-branding for each of our service areas.

design style. These have been developed by working with staff and service users.

### What Next?

We will be developing a new look website to provide better corporate information, more interactive news about BDCT, and bespoke areas for service users, carers and young people.

## Information Technology

Information technology plays a big part in the work we do. It helps us to be more productive, and provide effective channels of communication for all our staff. The Board approved a new Informatics Strategy for 2009/10 to 2014/15 which looks at the investments we need to maintain 'business as usual' or refresh core IT services. This will ensure existing business critical services are supported. In addition, future investments will be considered to support changes to both national NHS requirements and local strategic needs through our capital programme investment group.



Making use of our 3G wireless system.

Recent investments include installation of a 3G wireless system for use on our in-patient wards and out in the community. It allows clinicians to access real time service user information. A further 73 additional desktops have been made available for clinical use.

We have also started to see real benefits from our new clinical information system, RiO, which was introduced in 2009 to provide a single source of information about clients. We now have access to electronic progress notes, significantly reducing the time it takes a team to complete any handover of information, and a bed management system to track how ward beds are being used.

### What Next?

The next stage of RiO will see us roll out a document application across the Trust. This will be used to store service user letters and develop electronic management of prescriptions and medication.

## Improving our Environmental Footprint

Nationally, the NHS recognises the direct and harmful influence of carbon dioxide emissions on climate change. As a large public sector organisation, delivering services to a diverse range of service users and stakeholders we fully recognise our role in leading change and reducing the impact of our operations on our shared environment. We recognise that we must all individually play our part in minimising waste and

tackling carbon emissions by encouraging staff to do little things that can make a big difference, such as:

- Switching off computers overnight
- Questioning whether it is necessary to print out a document
- Encouraging the use of public transport, car sharing or cycling whenever possible

We and other local NHS providers have partnered up with the Carbon Trust and produced a Carbon Management Implementation Plan which sets out our long term commitment to sustainable reduction of our CO2 emissions and reducing our overall carbon footprint. The Plan commits us to a target of reducing CO2 by 30% by 2014/15 with a potential saving of around £2.2 million. Much of this will be achieved through better building fabric and reducing the amount of buildings we use. The Plan also includes savings derived from server virtualisation in IT, improved travel planning and awareness raising, including the re-launch of a Local Energy Representative network that asks staff to champion energy efficiency in all our services and buildings.

Our current carbon reduction initiatives include:

- An ongoing Five Year Capital Investment Plan to include improvements to building fabric, lighting, boilers and building controls
- A scheme to reduce environmental impact including

time clocks on vending machines and copiers; passive lighting controls in copier rooms, store rooms and toilets and other lighting improvements

- Annual reduction of carbon thresholds for lease cars to make sure Trust owned and leased vehicles are as environmentally friendly as possible
- A cycle to work scheme with reduced bike purchase costs
- Paper recycling at all major Trust buildings
- Local Energy Representative Network champions promoting energy and efficiency good practice in teams and services
- The use of Energy Wise and Bright Ideas Award Schemes

## Smarter Driving

Eight of our patient transport drivers have completed 'Smarter Driving' training to learn how they can improve efficiency and reduce carbon output amongst their fleets. The training, run by the Energy Saving Trust and funded by the Department of Transport, showed the drivers how increasing their awareness of vehicle performance and learning how to anticipate the actions of other road users could improve fuel efficiency. Naomi Makin, Energy and Environment Manager, said: "As the NHS is responsible for a significant proportion of UK carbon emissions, we are working hard to find new ways of reducing carbon emissions from transport, waste and energy use."



Smarter driving from our patient transport drivers.

## Planting a Promise

As a Trust, we produce over 7,000 tonnes of CO2 emissions every year. As part of an ongoing commitment to reduce our carbon footprint, the Board decided to plant a new tree for every Committee and Board meeting it holds. The idea for planting trees occurred when concerns were raised about the quantity of paper used across the NHS. The woodland areas are being developed around our existing sites, providing natural environments for service users and visitors to enjoy. Barry Seal, Chair, said: "There is no denying large amounts of paper are used across the NHS but I'm delighted we have now started a new tree planting initiative to be more



Planting trees to help reduce our carbon footprint.

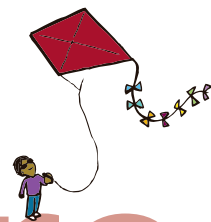
environmentally friendly. Planting trees is just one of the ways we are reducing carbon emissions. It may seem a small project but in line with other longer term energy saving methods such as increased paper recycling, I believe we are taking steps in the right direction".

## Our Estates

Our estate comprises over 70 sites of freehold and leasehold tenure (excluding supported living accommodation). The estate has a floor area of 79,000m<sup>2</sup> and an asset value of £68 million. Sites include hospitals, community team bases, corporate and service accommodation located across the five geographical sectors of service provision. Levels of backlog maintenance are relatively low and compare favourably with other Trusts through the annual ERIC (Estate Return Information Collection) information process.

The Trust's Estate Strategy requires rationalisation of certain sites including Leeds Road Hospital, Moor Lane Centre, Bryan Sutherland House, 84 Cooper Lane, and Daisy Bank. These sites are either unsuitable for the people who use them, are in the wrong place or are no longer needed due to changing patterns of care. Rationalisation will also be achieved by handing back to the Local Authority (through the Section 75 Agreement) a range of day centres, residential care homes and supported living units which enjoy a better fit with a local authority model of social care rather than an NHS one.

# Shaping our Future



Foundation Trusts are still part of the NHS and still provide free care and treatment for service users but have greater freedoms from central government. They are run with greater involvement from local people and staff, who as members or governors have a much bigger say in the way services are provided.

We believe becoming a Foundation Trust will give us the freedom to shape our future and will mean:

- Greater public, service user, carer and staff involvement helping us develop services which reflect the needs of local people
- Greater financial freedom to keep and invest money we generate into new services
- Quicker decision making to change and improve our services

Once an organisation becomes a Foundation Trust they are checked regularly by Monitor and the Care Quality Commission to make sure they meet performance standards and regulations.

Throughout the year, we have continued to make good progress in our goal to become a Foundation Trust. To promote the benefits, we have attended events across Bradford, Airedale and Craven, worked closely with our key stakeholders and now have

over 6,000 members. Each member receives a quarterly newsletter, *Membership Matters*, to keep them informed about what is happening to our services and how they can get more involved, if they wish to do so.

Please feel free to join us. Together we can help reduce the stigma associated with mental ill health and learning disabilities. If you would like to know more about membership, please contact us on 01274 363552, or email [ft@bdct.nhs.uk](mailto:ft@bdct.nhs.uk)

## **An Innovative Approach to Annual Public Meetings**

The AGM has now been firmly established as part of the calendar for many of our service users and partner organisations. In 2009 we combined a mix of reporting, discussion, video and entertainment around the theme of 'Involving You', in recognition of our wish to see service users and



Barry Seal meets with members.

carers as equal partners in our work. Over 120 people attended the event. Service users got involved by:

- Helping us to plan the event
- Providing exhibitions of their work in the form of pieces of art or poetry
- Telling us how they had been involved with the Trust and how this had helped them
- Putting on a theatrical production, produced by award winning former actor Tony Homyer, which did much to erase the stigma surrounding people with learning disabilities

# Meet our Trust Board



The Board of Directors is responsible for all aspects of our performance including financial, clinical and service quality, safety, management and governance. It has a strategic focus to provide direction to the organisation in developing, monitoring and delivering its plans.

The Board is made up of seven Non Executive Directors (including a Non Executive Chair) and five Executive Directors. In addition, two other Directors and two Special Advisers to the Board attend Board meetings and are members of Board Committees. The Board meets monthly (with the exception of August).

The Board has established a number of Committees to exercise its functions and provide assurance that the Trust is carrying out its duties effectively, efficiently and economically. The membership of each Committee during 2009/10 is set out in Appendix 1.

## **Audit Committee** ▶

The Audit Committee makes sure the Trust is well governed by concluding on the adequacy of the Trust's systems of internal

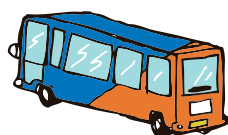
control and its assurance framework. Its duties are set out in the approved terms of reference, which are consistent with national guidance and reviewed on an annual basis. The Trust's Finance Director, Trust Secretary, external and internal auditors are normally in attendance at Audit Committee meetings and like all Committees, senior managers attend as required. The Audit Committee also monitors any remedial action that has been or is being taken by management on areas where it identifies weakness. Taking a risk based approach, the Committee has worked to an annual plan covering the main elements of the Assurance Framework. The Audit Committee produces an annual report to the Board on its work and has recently undertaken a self-evaluation of performance, using the online evaluation software Evalu8.®

## **Service Governance Committee** ■

The Service Governance Committee has responsibility to monitor, review and report to the Board the adequacy of the Trust's processes in the areas of clinical and social care governance and where appropriate facilitate and support existing systems operating across the Trust. The Committee has met every two months throughout the year to oversee work relating to Risk Management & Incident Analysis, Complaints, Clinical policies, Care Programme Approach and Health and Social Care Audit. In addition, the Committee has established twice yearly learning forums where all Care Groups present to the Committee on service governance themes.

## Resources Committee □

The Resources Committee has a wide remit in scrutinising how the Trust delivers high quality, value for money services. These include the areas of human resources and organisational development, facilities and estates, information governance and capital investments. During the year the Resources Committee has been involved in assessing new ways of working, how the organisation reports its financial performance and a number of value for money work streams.



## Mental Health Legislation Committee ■

To address the growing importance and impact of new legislation relating to mental health, the Board established a new Committee in September 2009. The Mental Health Legislation Committee has a wide cross section of membership made up of non-executive and executive directors, hospital managers, senior clinicians and service user and carer representatives. The Committee has responsibility to monitor, review and report to the Board on the adequacy of the Trust's processes relating to all mental health legislation.

## Remuneration Committee ◇

Alongside these assurance committees, the Board has a Remuneration Committee, made up exclusively of non-executive directors. It considers the terms and conditions of appointment of the Executive Directors and Chief Executive.

The Board is satisfied that there is a clear division of responsibilities between the Chair and Chief Executive, that no direct conflicts of interest exist for any member of the Board, and there is an accurate register of interests which is regularly maintained.

A profile of current Board members is in Appendix 1 along with the Board's Register of Interests in Appendix 2.

Attendance at Board meetings is shown in the table below.

## Attendance at Board Meetings 2009/10

Name	Apr 09	May 09	Jun 09	Jun 09 (Extra)	Jul 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
Barry Seal	■	■	■	■	■	■	■	■	■	■	■	■
Ralph Coyle*	■	■	■	■	■	■	■	■	■	■	■	■
Derrick Palmer	■	■	■	■	■	●	■	■	■	■	■	●
Richard Pattinson*	■	■	■	■	■	■	■	■	■	■	■	■
Savitri Pema	■	■	■	■	■	■	■	■	●	●	■	●
David Servant	■	■	■	●	■	■	■	■	■	■	■	■
Lynne Smith	●	●	■	●	●	●	■	■	■	●	■	●
Michael Smith	■	■	■	■	■	■	■	■	■	●	■	■
Brenda Toward	■	●	■	■	■	■	■	■	■	■	■	●
Simon Large	■	■	■	■	■	■	■	■	■	■	■	■
Andrew Gunnee*	●	■	■	■	●	■	■	■	■	■	■	■
Fran Harrop	■	■	■	●	■	■	●	■	■	■	■	■
Sandra Knight*	■	■	■	■	■	■	■	■	■	■	■	■
Nicola Lees	■	■	■	■	●	■	■	■	■	■	■	■
Nick Morris	■	■	■	■	■	■	■	■	■	■	■	■
Carol Stubley	■	■	■	■	■	■	■	■	■	■	■	■

■ attended ● did not attend \* in attendance



# Responsibility & Achievement

“ The 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.



Simon Large  
Chief Executive

## Scope of Responsibility

Bradford District Care Trust forms part of the Bradford Health Economy. As Accountable Officer I work closely with NHS Bradford and Airedale (NHSB&A), which is the main commissioner of the Trust’s health care services and with the Yorkshire and 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, through the Section 75 Agreement and the non-executive elected members who sit on the Trust’s Board. In addition, there is a joint contract

management forum between the Trust, NHSB&A and the Local Authority. Regular meetings are held with BMDC and with the Overview and Scrutiny Committees.

## 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 31 March 2010, and up to the date of approval of the annual report and accounts.

## Capacity to Handle Risk

The Board has endorsed the Trust’s Risk Management

Strategy and has established a structure and process for the management of risk throughout the organisation.

During 2009/10 the Director of Nursing and Strategy had lead responsibility for risk management. As from 1 April 2010 the Director of Medical and Service Governance is the Director lead for risk management. All Directors have leadership and Board level responsibilities for the implementation of risk management and integrated governance.

In 2010/2011 the risk management strategy and framework will be revised and reviewed and aligned with the change in Director portfolios and the current organisational changes.

The application and embedding of risk management continues to be strengthened across the Trust. This year has seen the development of localised Care Group Risk Management Frameworks. These frameworks underpin the Trust's risk management strategy and reflect local ownership of risk management processes.

Risk management is supported by a comprehensive training programme which included Board development. The corporate induction programme includes a full day of risk management subjects.

## **The Risk and Control Framework**

Key elements of the Trust's Risk Management Strategy include the principles, processes and accountabilities and the regulatory framework for managing risk. It defines the reporting arrangements within the Trust to support the identification, assessment, learning and management of risk.

The Board members have identified the strategic objectives with four underpinning strategies.

The governance structure is supportive of risk management processes. Responsibility for the monitoring of the strategic objectives is distributed and allocated to the formally constituted sub committees of the Board. Each Committee and the Trust Board reviews the assurance framework and corporate risk register twice a year.

The Service Governance Committee is a formally constituted sub committee of the Board. This Committee has delegated responsibility and authority for monitoring risk management processes and is supported by the Strategic Risk Management Group which is chaired by the Director of Medical and Service Governance; membership includes Executive Directors, Senior Managers and Risk Specialists.

The adoption and implementation of risk registers across the organisation continues to be increasingly positive. The process enables risk to be identified in any part of the organisation supported by the risk management framework which enables the escalation of significant risk to Trust Board as appropriate. All agreed significant risks are recorded within the Trust's Corporate Risk Register and are assigned actions to address and reduce the risk. The Risk Register is regularly reviewed through the Trust's governance process and risk management framework.

Following the increased focus and guidance on data security in the public sector, we have reviewed our related processes and systems in

place. These are monitored by the Information Governance Group which analyses and monitors progress in line with the Department of Health Information Governance Toolkit. No breaches to data security have been reported during 2009/2010.

Risk management is firmly embedded within the governance processes and structures in both clinical services and support directorates. Service Governance groups have regular agenda items which include work on risk registers and on incident management.

As part of our 'Being Open' policy the Trust acts in a sensitive manner sharing information with the appropriate service user, family and/or carer when a Serious Untoward Incident occurs. Service users have representation on Trust Committees where the risk is analysed and resultant actions may be commissioned.

The Trust Board receives assurance from all formally constituted sub committees of the Board. The Audit Committee provides independent assurance on all aspects of Governance and controls, including internal and external audit.

The Trust's Strategic Risk Management Group meets monthly and addresses risk issues, incidents and complaints, alongside internal and external reports. One meeting a quarter is specifically allocated to sharing and learning with focus on high risk areas identified by the Strategic Risk Management Group.

The Trust's Assurance Framework and statement 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.

In the last year the Trust has developed a quality report which provides monthly reports on key performance indicators and provides an additional early warning system of risk which may affect delivery of a strategic intent.

The Trust shares all alerts and reports on serious untoward incidents with NHB&A as soon as they occur or we have knowledge of the event. These individual reports are supported by quarterly reports which are presented internally to the Trust Board and Service Governance Committee. The quarterly report is also presented at the quarterly NHB&A Quality Review Group for analysis and scrutiny by commissioners.

The Trust successfully retained level 1 compliance with the NHS Litigation Authority Risk Management Standards for Mental Health & Learning Disabilities. This was an excellent achievement as the Trust attained 98% compliance.

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 Trust, have 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.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust's Single Equality Scheme sets out the organisation's process for ensuring that Equality Impact Assessments are integrated into all aspects of Trust policy, service delivery and development. The Equality and Human Rights panel process routinely reviews progress in this respect.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency

requirements, as based on United Kingdom Climate Impact Programme 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

In November 2009, the Trust was required to make a mid year declaration (as were all Trusts) to the Care Quality Commission (CQC) on its compliance with the Standards for Better Health.

In its 2008/09 declaration the Trust declared non compliance with four standards. By the end of November 2009 the Trust was compliant with three of these standards and by the end of January 2010 was compliant with all standards.

However, the CQC declaration process requires that non compliance should be declared if the standards have not been met for the full year (i.e. from 1 April 2009).

The following four standards (i.e. those that the Trust did not comply with in 2008/09) were therefore declared as non compliant within the declaration. See table below.

Standard	Detail	Compliant by
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare, participate in mandatory training programmes.	End Nov 2009
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	End Nov 2009
C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	End Nov 2009
C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	End Jan 2010



It should be noted that the Trust was required to submit an application for registration with the Care Quality Commission in January 2010 in readiness for formal registration from the 1 April 2010. The Trust is registered without conditions for its healthcare services and awaiting the outcome for social care registration.

## Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work.

Executive directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

The Trust's Assurance Framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its strategic intents have been reviewed.

My review is also informed by external assessments carried out by:

- Care Quality Commission
- Audit Commission
- Standards for Better Health assessment
- Registration assessment
- NHSLA Risk Management Assessment

- Health and Safety Executive
- National patient and staff surveys
- Local Involvement Networks (LINKs)
- Bradford and North Yorkshire Overview and Scrutiny Committee

Internal audits are undertaken to report on effectiveness throughout the year, all internal audit reports are presented at Audit Committee.

In 2009, the (CQC) inspected BDCT against four of the Standards for Better Health in relation to 2008/09. All four standards were confirmed as being met; these were standards C1b; safety alerts, C7e; discrimination, C11a; recruitment, training & skill mix, and C20a; safe, secure environment.

The CQC also complimented the Trust on the assurances processes in place relating to the Standards for Better Health.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by:

- Trust Board
- Audit Committee
- Service Governance Committee
- Resources Committee
- Mental Health Legislation Committee
- Executive Management Team
- Strategic Risk Management Group

A plan to address weaknesses and ensure continuous improvement of the system is in place.



## Significant Internal Control Issues

In 2009/10 two internal control issues were identified and had ongoing systems in place to address them.

The first issue was the non-compliance against four of the Standards for Better Health, agreed action plans were implemented and, as outlined earlier, all four standards were met in year.

The second area was that there were issues of concern identified in two of the Trust's learning disability services. A robust approach to responding to these issues was implemented and during 2009/10 the Care Quality Commission identified that these areas were no longer a risk to the Trust.

The key risk facing the Trust in 2010/11 is ensuring there are no adverse impacts on the quality of learning disability services during the period leading up to the transition of learning disabilities services. This risk is mitigated through the revised Section 75 Partnership Agreement with BMDC and the Trust's internal governance systems.

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Bradford District Care Trust has a generally sound system of internal controls that support the achievement of its policies, aims and objectives and that those control issues have been or are being addressed. ”

Name: Simon Large  
Position: Chief Executive  
Signature: 

Date: 10 June 2010

# Financially Successful



2009/10 has been a challenging but successful year for the Trust from a financial perspective.

One of the most significant achievements in 2009/10 has been concluding negotiations with the Local Authority to agree a revised Section 75 Agreement for the provision of social care services for people with adult mental health and learning disabilities. This agreement, formally signed on 12 May 2010, but which came into effect on 1 April 2009, replaces the existing Section 31 Agreement which was drawn up when the Care Trust was established.

Under the revised Section 75 Agreement, the Local Authority have taken back responsibility for the strategic and operational commissioning and associated budgets for learning disabilities from the Trust. The Trust is now funded for providing a defined level of service which can be varied if the needs of service users change. This is a significant change and means that the Trust will not be exposed to the financial risk of managing

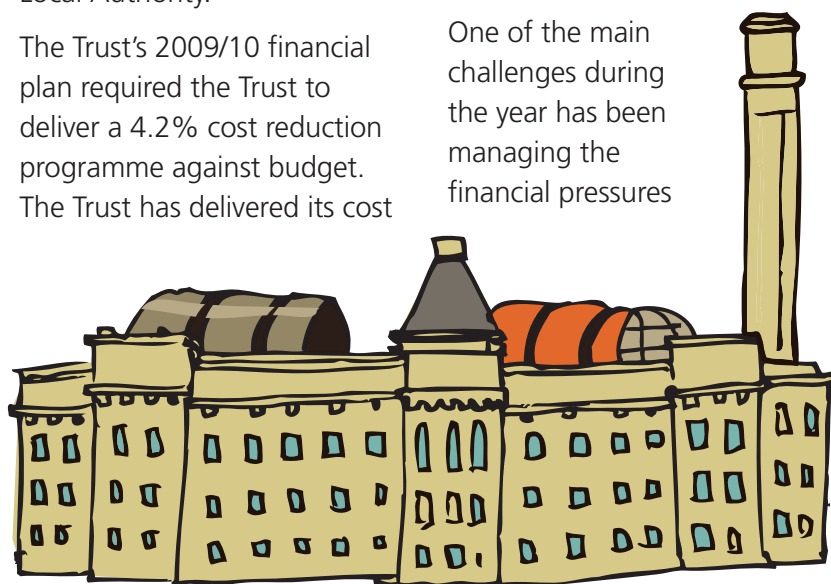
increases in demand and changes in service need.

In addition, looking to the future, the Trust will not be the provider of the majority of social care services for people with learning disabilities. This is being driven by changes in service models. To enable the Trust to plan and effectively manage services during the transitional period, the Section 75 Agreement sets out long stop dates when learning disability services will transfer to other providers or to the Local Authority.

The Trust's 2009/10 financial plan required the Trust to deliver a 4.2% cost reduction programme against budget. The Trust has delivered its cost

reduction programme in full net of high risk schemes. Delivery against these plans has been monitored and where appropriate, remedial action has been agreed through new performance management arrangements which have been introduced during the year. These arrangements cover finance, activity, and efficiency and quality issues and have enabled a more focused review of the delivery of performance and efficiency gains.

One of the main challenges during the year has been managing the financial pressures



on learning disability social care budgets which had overspent by £1.6m at the end of 2009/10. The problems have stemmed from the need to increase staffing at Weaver Court following a Care Quality Commission review, weaknesses in operational and financial control within internal supported accommodation budgets and overspends on externally provided contracts. The Trust anticipated some of these problems at the beginning of the financial year and was able to offset these overspends by under spends on other areas and use of a small contingency reserve.

Work has continued throughout the year to develop the Trust's longer term service and financial plans to support our Foundation Trust application.

The Trust has introduced service line reporting in year and is working closely with clinicians and managers to use this information to understand the difference in the cost of services and to identify scope for efficiency.

## Financial Outlook 2010/11

One of the key challenges for the NHS looking beyond 2010/11 will be the requirement to deliver increasing levels of cost efficiencies whilst at the same time maintaining and increasing quality. This is particularly challenging for the Trust where the majority of its income is fixed and does not fluctuate with activity.

The Trust has set a cost reduction

programme of 3.8% on health budgets in 2010/11. These savings have focused on the following:

- Rationalisation of the Trust's estate to maximise estate utilisation and minimise cost
- Review of Care Group and corporate management structures to strengthen leadership and capacity through refocusing the operational structure on two large groups as opposed to six care groups
- Increasing productivity and efficiency by service redesign and new ways of working

Some of these changes will be subject to consultation.

In future years the Trust will be looking at scope to deliver productivity and efficiency gains by using information technology, lean methodology and new ways of working to drive service redesign.

A key objective for the Trust in 2010/11 is developing the performance monitoring systems to support the revised Section 75 Agreement.

In addition, the Trust will also be working closely with the Local Authority to manage the smooth transition of learning disabilities commencing with day services which will transfer to another provider by 31 March 2011.

## Financial Report 2009/10

In 2009/10 NHS organisations were required to prepare their accounts using International Financial Reporting Standards (IFRS) for the first time. This has resulted in a number of changes to some of the basic terms used within the accounts. The main changes are set out in the table below.

One of the implications of

UK GAAP	IFRS	Definition
Income	Revenue	The total resources that the Trust receives for the year
Balance Sheet	Statement of Financial Position	Snapshot at the end of the year of what the Trust owns and owes (assets and liabilities)
Fixed	Non Current	Not short term usually expected to relate to a period of more than one year
Stocks	Inventories	Stock held by the Trust
Debtors	Receivables	Money earned and owed to the Trust
Creditors	Payables	Money the Trust owes but has not yet paid
Income and Expenditure Reserve	Retained Earnings	The total net deficit or surplus since the creation of the Trust
Income and Expenditure Account	Statement of Comprehensive Income	Records the Trust's income and expenditure for the year and any recognised gains and losses

reporting under IFRS is that the Trust has had to revalue for the first time, all its land and buildings on a modern equivalent asset basis in 2009/10 using valuations provided by the District Valuer. Previously, assets had been valued based on the estimated value for an exact replacement of the asset in its present location. The change in the method of valuing assets is to ensure that a standardised approach is adopted across all NHS Trusts by 1 April 2010 in line with HM Treasury guidance.

The impact of revaluing the Trust's assets on a modern equivalent value has been a net impairment charge to the Statement of Comprehensive Income of £10,977,000, after taking account of the revaluation reserve. This is classed as a technical adjustment and does not impact on the Trust's reported break even performance or impact on the delivery of services.

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 2009/10 which are:

### 1. Break-even

The reported deficit of -£10,874,000, includes the value of impairments charged to expenditure of £10,977,000. This value has been treated as a technical adjustment in accordance with NHS accounting guidance and is excluded from the calculation of the Trust's break even performance resulting in a surplus of £103,000. The Trust therefore met this target by making an in year retained surplus of £103,000, after impairments which is in line with the Trust's planned position.

### 2. Capital Absorption Rate

The Trust achieved a capital absorption rate of 3.5%.

### 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 £399,000 lower than the external financing resourcing limit of -£3,180,000.

### 4. Capital Resource Limit

To manage capital expenditure within the capital resource limit (CRL) set by the Department of Health. For 2009/10 the Trust achieved an under spend of £420,000 against a limit of £2,620,000.

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

Under the Better Payment Practice Code, the Trust is required to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice,

FINANCIAL TARGETS	2005/06 £000's	2006/07 £000's	2007/08 £000's	2008/09 £000's	2009/10 £000's
Retained surplus/(deficit) for the year	1,992	4	550	546	103
% of Turnover	1.74	0.00	0.41	0.41	0.09
<b>Capital Absorption Limit (Target 3.5%)</b>					
Rate achieved	3.9	3.5	3.6	4.6	3.5
<b>External Financing Resource Limit</b>					
Undershoot/EFL achieved	100	346	65	5	399
<b>Capital Resource Limit</b>					
Capital Resource Limit (CRL)	7,745	12,213	2,470	2,348	2,620
Undershoot/CRL Achieved	190	47	29	452	420

which ever is later. This is measured by both volume and value of transactions in year. In 2009/10, the Trust has paid 95% (by volume) and 94% by value of Non NHS trade invoices, against a target of 95%. This is an improvement on last year's performance when the Trust achieved 90% and 94% respectively.

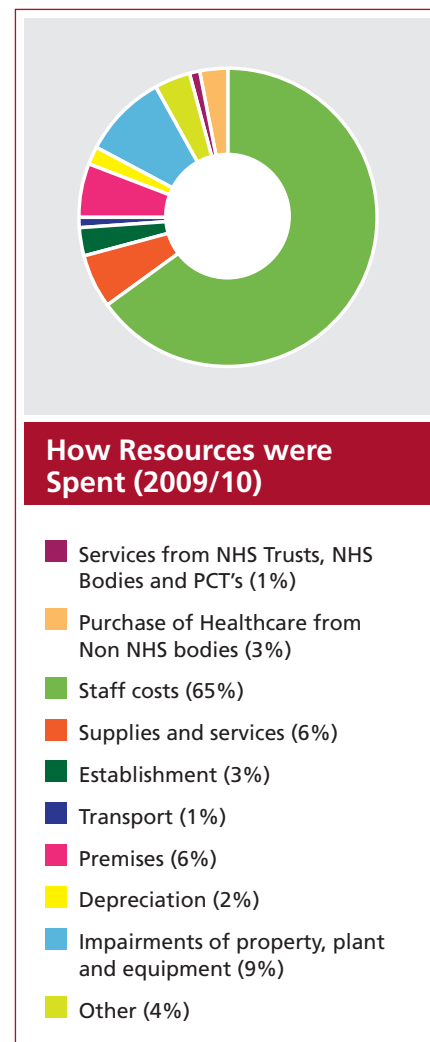
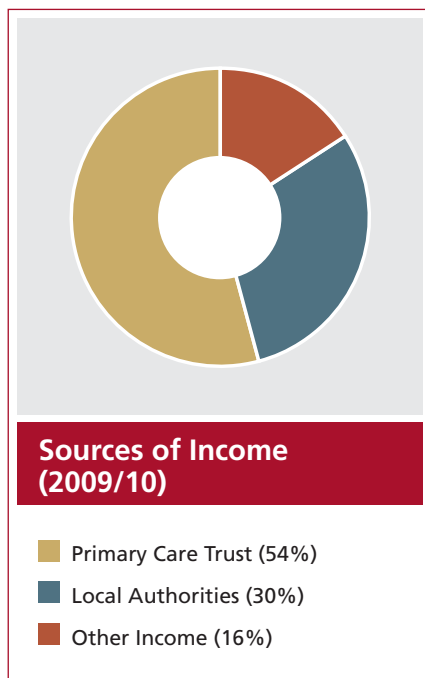
The same measures of compliance are also applied to NHS invoices and the percentages of these invoices paid within the target were 89% (by volume) and 96% (by value) against a 95% target. Comparable figures for 2008/9 were 83% and 91% respectively.

During 2009/10, we committed our capital resources in the following areas:

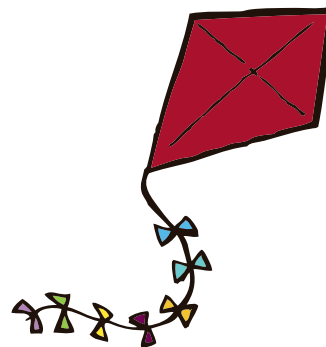
- Investment in information technology including the replacement of the Trust's clinical information system which will enable improvements in the quality of clinical information to be achieved
- Backlog maintenance which keeps our buildings in good order as well as ensuring that we comply with legal requirements including fire safety
- Improvements and adaptations to the physical condition of Trust buildings such as Somerset House and Hillbrook to ensure continued suitability for existing use in the short to medium term
- The refurbishment of bathrooms on the wards at Lynfield Mount Hospital

- Improving access to Trust sites for people with disabilities
- Improvements to ward areas to provide better privacy for service users
- Upgrade of Ilkley Ward to meet low secure standards

The following two charts illustrate graphically from where the Trust receives its income and what it spends it on.



# Summary of Financial Statements



STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31st March 2010	2009/10 £000	2008/09 £000
<b>Revenue</b>		
Revenue from patient care activities	103,389	108,774
Other operating revenue	15,134	25,587
Operating expenses	-127,267	-130,765
<b>Operating surplus (deficit)</b>	<b>-8,744</b>	<b>3,596</b>
<b>Finance Costs</b>		
Investment revenue	35	445
Other gains and (losses)	0	-41
Finance costs	-285	-303
<b>Surplus/(deficit) for the financial year</b>	<b>-8,994</b>	<b>3,697</b>
Public dividend capital dividends payable	-1,880	-3,151
<b>Retained surplus/(deficit) for the year</b>	<b>-10,874</b>	<b>546</b>
<b>Other Comprehensive Income</b>		
Impairments and reversals	-11,590	-9,955
Gains on revaluations	11,801	0
Net gain/(loss) on other reserves (e.g. defined benefit pension scheme)	0	3,119
<b>Total comprehensive income for the year</b>	<b>-10,663</b>	<b>-6,290</b>

## Note re: Retained Surplus/Deficit for the Year

The reported deficit of -£10,874,000, includes the value of impairments charged to expenditure of £10,977,000. This value is excluded from the calculation of the Trust's break-even performance which results in a surplus of £103,000.





<b>STATEMENT OF FINANCIAL POSITION AS AT 31 March 2010</b>	<b>31 March 2010 £000</b>	<b>31 March 2009 £000</b>	<b>1 April 2008 £000</b>
<b>Non-current Assets</b>			
Property, plant and equipment	59,720	70,441	80,749
Trade and other receivables	11,112	2,697	279
<b>Total non-current assets</b>	<b>70,832</b>	<b>73,138</b>	<b>81,028</b>
<b>Current Assets</b>			
Inventories	4	16	8
Trade and other receivables	5,148	9,721	16,796
Cash and cash equivalents	11,182	7,743	4,384
<b>Total current assets</b>	<b>16,334</b>	<b>17,480</b>	<b>21,188</b>
<b>Total assets</b>	<b>87,166</b>	<b>90,618</b>	<b>102,216</b>
<b>Current Liabilities</b>			
Trade and other payables	-11,623	-13,133	-11,337
Other liabilities	0	-10	0
Borrowings	-528	-476	0
Provisions	-520	-317	-243
<b>Net current assets/(liabilities)</b>	<b>3,663</b>	<b>3,544</b>	<b>9,608</b>
<b>Total assets less current liabilities</b>	<b>74,495</b>	<b>76,682</b>	<b>90,636</b>
<b>Non-current Liabilities</b>			
Borrowings	-4,532	-4,722	0
Trade and other payables	0	0	-8,015
Provisions	-1,231	-974	-1,002
Other liabilities	-10,796	-2,387	0
<b>Total assets employed</b>	<b>57,936</b>	<b>68,599</b>	<b>81,619</b>
<b>Financed by Taxpayers' Equity</b>			
Public dividend capital	34,109	34,109	40,839
Retained earnings	-9,406	1,468	1,625
Revaluation reserve	23,037	22,796	32,046
Donated asset reserve	0	30	32
Other reserves	10,196	10,196	7,077
<b>Total Taxpayers' Equity</b>	<b>57,936</b>	<b>68,599</b>	<b>81,619</b>



STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2010	2009/10 £000	2008/09 £000
<b>Cash Flows from Operating Activities</b>		
Operating surplus/(deficit)	-8,744	3,596
Depreciation and amortisation	2,155	2,249
Impairments and reversals	10,977	0
Interest paid	-283	-303
Dividends paid	-1,880	-3,151
(Increase)/decrease in inventories	12	-8
(Increase)/decrease in trade and other receivables	-3,842	4,657
Increase/(decrease) in trade and other payables	-1,413	-6,204
Increase/(decrease) in other current liabilities	8,399	10,885
Increase/(decrease) in provisions	460	46
<b>Net cash inflow/(outflow) from operating activities</b>	<b>5,841</b>	<b>11,767</b>
<b>Cash Flows from Investing Activities</b>		
Interest received	35	445
(Payments) for property, plant and equipment	-2,297	-2,075
Proceeds from disposal of plant, property and equipment	0	123
<b>Net cash inflow/(outflow) from investing activities</b>	<b>-2,262</b>	<b>-1,507</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>3,579</b>	<b>10,260</b>
<b>Cash Flows from Financing Activities</b>		
Public dividend capital repaid	0	-6,730
Capital element of finance leases and PFI	-192	-171
<b>Net cash inflow/(outflow) from financing</b>	<b>-192</b>	<b>-6,901</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>3,387</b>	<b>3,359</b>
<b>Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year</b>	<b>7,743</b>	<b>4,384</b>
<b>Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year</b>	<b>11,130</b>	<b>7,743</b>





<b>STATEMENT OF CHANGES IN TAXPAYERS' EQUITY</b>	<b>Public dividend capital (PDC) £000</b>	<b>Retained earnings £000</b>	<b>Revaluation reserve £000</b>	<b>Donated asset reserve £000</b>	<b>Other reserves £000</b>	<b>Total £000</b>
<b>Balance at 31 March 2008</b>						
As previously stated	40,839	5,648	28,023	32	7,077	81,619
Prior Period Adjustment	0	-4,023	4,023	0	0	0
<b>Restated balance</b>	<b>40,839</b>	<b>1,625</b>	<b>32,046</b>	<b>32</b>	<b>7,077</b>	<b>81,619</b>
<b>Changes in Taxpayers' Equity for 2008/09</b>						
Total Comprehensive Income for the year:						
Retained surplus/(deficit) for the year	0	546	0	0	0	546
Transfers between reserves	0	-703	703	0	0	0
Impairments and reversals	0	0	-9,953	-2	0	-9,955
Net gain/loss on other reserves (e.g. defined benefit pension scheme)	0	0	0	0	3,119	3,119
PDC repaid in year	-6,730	0	0	0	0	-6,730
<b>Balance at 31 March 2009</b>	<b>34,109</b>	<b>1,468</b>	<b>22,796</b>	<b>30</b>	<b>10,196</b>	<b>68,599</b>
<b>Changes in Taxpayers' Equity for 2009/10</b>						
<b>Balance at 1 April 2009</b>	<b>34,109</b>	<b>1,468</b>	<b>22,796</b>	<b>30</b>	<b>10,196</b>	<b>68,599</b>
Total Comprehensive Income for the year:						
Retained surplus/(deficit) for the year	0	-10,874	0	0	0	-10,874
Transfers between reserves	0	0	30	-30	0	0
Impairments and reversals	0	0	-11,590	0	0	-11,590
Net gain on revaluation of property, plant, equipment	0	0	11,801	0	0	11,801
<b>Balance at 31 March 2010</b>	<b>34,109</b>	<b>-9,406</b>	<b>23,037</b>	<b>0</b>	<b>10,196</b>	<b>57,936</b>



## Management Costs

Management Costs	2009/10 £000	2008/09 £000
Management costs	9,012	8,231
Income	111,226	120,814

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).

## Better Payment Practice Code

Better Payment Practice Code – Measure of Compliance	2009/10		2008/09	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	33,136	33,082	35,744	41,234
Total Non NHS trade invoices paid within target	31,374	31,259	32,312	38,890
<b>Percentage of Non-NHS trade invoices paid within target</b>	<b>95%</b>	<b>94%</b>	<b>90%</b>	<b>94%</b>
Total NHS trade invoices paid in the year	715	7,317	876	9,086
Total NHS trade invoices paid within target	638	7,030	730	8,262
<b>Percentage of NHS trade invoices paid within target</b>	<b>89%</b>	<b>96%</b>	<b>83%</b>	<b>91%</b>

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

Details of related party transactions with individuals are as follows:

During year one Non-Executive Board Members had a material transaction with Bradford Metropolitan Council by way of £15,000 remuneration for work undertaken (prior year £13,000).

The Department of Health is regarded as a related party. During the year Bradford District Care 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:

2009/10	Income £000	Expenditure £000
Bradford & Airedale Teaching Primary Care Trust	58,449	87
North Yorkshire & York Primary Care Trust	4,165	110
Bradford Hospitals Foundation Trust	472	1,149
Airedale Hospitals NHS Trust	134	1,146

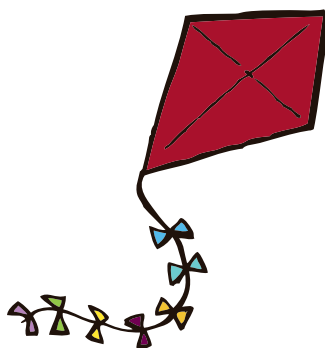
  

2008/09 Comparators	Income £000	Expenditure £000
Bradford & Airedale Teaching Primary Care Trust	74,500	184
North Yorkshire & York Primary Care Trust	3,742	111
Bradford Hospitals Foundation Trust	457	1,338
Airedale Hospitals NHS Trust	180	1,212

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. Income with Bradford Metropolitan District Council largely relates to the Section 75 Agreement in place for social care service provision. The current value of the Section 75 Agreement is £32,425,000. Other social care income received from Bradford Metropolitan District Council of £8,836,000 includes supporting people funding, housing benefits and other client contributions for personal care.



# Remuneration Report 2009/10



Details of the Remuneration Committee have been provided elsewhere in the report. The Committee assesses, annually, the performance objectives set by the Chief Executive for each Director and by the Chair for the Chief Executive. The following tables in this section contain details of senior managers' remuneration and pensions relating to individuals who have held office during the reporting year.

Name and Title	2009/10			2008/09		
	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Benefits in kind Rounded to nearest £100	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Benefits in kind Rounded to nearest £100
B Seal - Chairman	20 - 25			20 - 25		
B J Toward - Non-Exec Director	5 - 10			5 - 10		
D Servant - Non-Exec Director	5 - 10			5 - 10		
S Pema - Non-Exec Director	5 - 10			5 - 10		
D Robinson - Non-Exec Director (up to 31.5.08)				0 - 5		
D Palmer - Non-Exec Director	5 - 10			5 - 10		
L Smith - Non-Exec Director (from 30.7.08)	5 - 10			0 - 5		
M Smith - Non-Exec Director (from 1.4.08)	5 - 10			5 - 10		
R Pattinson - Special Advisor (from 1.3.08)	5 - 10			5 - 10		
R Coyle - Special Advisor (from 30.6.08)	5 - 10			0 - 5		
S Large - Chief Executive	120 - 125		3,400	115 - 120		4,500
S Baugh - Medical Director (up to 31.10.08)				15 - 20	80 - 85	900
F Harrop - Medical Director (from 1.4.09)	175 - 180			20 - 25	45 - 50	
C Stublely - Director of Finance & Contracting	85 - 90			80 - 85		
A Gunnee - Director of Estates & Facilities	85 - 90		1,600	80 - 85		2,500
S Knight - Director of Human Resources	80 - 85		1,800	75 - 80		1,400
S Hatton - Director of Service Delivery (up to 5.4.09)	0 - 5			85 - 90		
N Morris - Director of Strategy & Nursing	85 - 90		1,700	80 - 85		1,700
B Fatchett - Head of Corporate Affairs (up to 23.8.08)				25 - 30		600
P Hogg - Trust Secretary (from 5.1.09)	65 - 70			15 - 20		
N Lees - Director of Service Delivery (from 9.3.09)*	85 - 90			0 - 5		

\* N Lees is on secondment to the Trust from 9.3.09. Benefits in kind relates to lease cars. The variations from 2008/2009 are due to the impact of leases expiring and new agreements for the directors concerned. Dr Harrop is full time as Medical Director compared to Dr Baugh who still had clinical commitments (shown as other remuneration). Additionally she was only in post part year in 2008/2009. N Lees and P Hogg were only in post part year in 2008/2009.

# Pension Benefits

Name and Title	Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2010 £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Real Increase in Cash Equivalent Transfer Value £000
S Large - Chief Executive	115 - 120	735	649	38
F Harrop - Medical Director (from 1.04.09)	255 - 260	1,889	1,232	417
C Stublely - Director of Finance & Contracting	75 - 80	386	338	22
A Gunnee - Director of Facilities & Informatics	105 - 110	784	697	37
S Knight - Director of Human Resources	75 - 80	512	452	26
S Hatton - Director of Service Delivery (up to 5/04/09)			443	
N Morris - Director of Strategy & Nursing	95 - 100	622	547	34
B Fatchett - Head of Corporate Affairs (up to 23/08/08)		0	71	
P Hogg - Trust Secretary (from 5/1/09)	5 - 10	36	21	10
N Lees - Director of Service Delivery (from 9/3/09)**	110 - 115	648	403	157

\*\* N Lees is on secondment to the Trust from 9.3.09.

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

Dr Harrop is full time as Medical Director in 2009/2010 compared to part time in 2008/2009. The impact of this is to increase pensionable pay relating to her role as medical director. This explains the significant increases in values shown on this statement as compared to 2008/2009.

N Lees and P Hogg were only in post part year in 2008/2009 therefore director related pensionable pay is higher in 2009/2010, impacting on values shown on this statement.

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 Report to the Board of Directors of Bradford District Care Trust

I have examined the summary financial statement for the year ended 31 March 2010 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows.

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 49 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.

The other information comprises all sections of the Annual Report excluding the audited part of the Remuneration Report and Financial Review.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

## Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of Bradford District Care Trust for the year ended 31 March 2010.

### **Damian Murray**

Officer of the Audit Commission

Audit Commission, 3 Leeds City Office Park, Holbeck, Leeds LS11 5BD

June 2010

# Appendix 1: Board Biographies



## **Barry Seal (Chair)** ◇

Barry Seal qualified as a chemical engineer and worked in management at ICI and in senior management at BOC Ltd. He then moved into education as a polytechnic and university lecturer with a PhD in Computer Control and a Harvard alumni, and became involved in local politics. He was elected leader of Bradford Council Labour Group, and in 1979 was elected from Yorkshire West as their first member of the European Parliament. Having served 20 years attaining several of the most senior positions in the Parliament, he stood down in 1999. In 2002 he was appointed Chair of North Kirklees PCT and became Chair of Bradford District Care Trust in early 2007. Consequently Barry has experience in industry, education, politics and health which he has brought to the role of Chair of the Trust.



## **Simon Large (Chief Executive)**

Simon Large qualified as a nurse in the Airedale mental health services 25 years ago and worked in mental health services in Leeds before moving to the Regional Health Authority to support the implementation of the Community Care Act across health and social services in Yorkshire. In the mid 1990s he led the planning arrangements for the re-provision of learning disability and mental health services across Leeds, including the first mental health PFI bundled scheme. In 2001, Simon moved to the North West region, firstly as commissioning director of mental health services leading the integration of NHS services across Bolton, Salford and Trafford to form a new mental health trust. He subsequently held various positions in that Trust culminating in the interim chief executive post. Simon eventually returned to Bradford in late 2006.



## **Carol Stubley (Director of Finance and Contracting)** □

Carol has more than 20 years of NHS experience, mainly in the acute sector. Before joining the Care Trust she was seconded from Bradford Teaching Hospitals, where she had been Assistant Director of Finance. Following the merger of the ambulance services, Carol undertook a number of short term secondments including an external review of governance arrangements at Scarborough Healthcare NHS Trust and Interim Turnaround Director at Kirklees PCT.



**Nick Morris  
(Director of Strategy  
and Nursing) ■ ■**

Following a period as a physics student at Bradford University, Nick started his Psychiatric nursing career in 1981 as a student in Parkside Hospital, Macclesfield. After a period in charge of Acute Admission wards and re-configuring Day Hospital services, Nick moved to Wirral Social Services to lead the development of a new assessment and treatment service (residential and community) within mental health services. Nick has since enjoyed a number of roles as a Commissioner, Regional Mental Health Lead and Deputy Head of Mental Health Policy at the Department of Health before taking up operational lead roles for Mental Health services in Calderdale and South Kirklees in 2002. Whilst at SWYMHT he also led on service improvement and the initial phase of their Foundation Trust application.



**Fran Harrop  
(Medical Director) ■ ■**

Fran Harrop graduated from Nottingham University School of Medicine. Whilst training as a GP she discovered her affinity for psychiatry and moved to Yorkshire to complete her psychiatric training. She has worked in Bradford as a Consultant Psychiatrist since 1989. Dr Harrop developed the current BDCT Forensic service and has been active in contributing to the wider regional development of forensic services. As Medical Tutor for the Trust she promoted the further training of junior doctors, initiating and encouraging both service users and carers to contribute to aspects of this training. She is currently the regional mentoring co-ordinator for consultant psychiatrists.



**Nicola Lees  
(Director of Service  
Delivery) ■ □**

Nicola has worked in mental health services for over 27 years. She is a registered mental health nurse and holds a Masters degree in practitioner research. Nicola has worked in a variety of mental health settings. She specialized in forensic mental health and has worked in low, medium and high secure services. Nicola was the nurse member of the Department of Health Prison Health Task Force and was responsible for the completion of health needs assessment across London prisons. Nicola joined BDCT in March 2009 on secondment from Greater Manchester West Mental Health Foundation Trust where she was Network Director for specialist mental health services, mental health and deafness and prison in-reach across the North West.





### **Brenda Toward (Non Executive Director and Deputy Chair) ■ ■ ◆**

Brenda Toward qualified as a social worker in 1968 before spending many years working in Social Services in Leeds, West Riding, Bradford and Wakefield as practitioner and manager – alongside bringing up her two children. She taught social work for several years at Leeds University and was head of the training council for social work and social care staff in the North of England for five years. Brenda worked as Head of Service Provision followed by Head of Children's Services in Wakefield where she chaired the Children and Young People's Strategic Partnership and the Drug Action Team. She is now an independent consultant working with social care and health services.



### **Derrick Palmer (Non Executive Director) ▶ □ ◆**

Derrick Palmer is a qualified accountant and was Finance Director of Bradford Community Housing Trust from its formation in 2003 until July 2008. Previously he had held senior roles in the private and public sectors including working internationally. He brings a wide experience in finance, business planning and governance and currently chairs the Trust's Audit Committee. Derrick now has a portfolio of consultancy and non executive directorships. He is a non executive director of the Training and Development Agency for Schools, where he chairs the Audit Committee, and is a non executive board member of the North West Courts Service. His ongoing interest in training and development includes being a governor of a local secondary school.



### **Savitri Pema (Non Executive Director) ■ ◆**

Savitri came to Britain with her family at the age of eight years from India. She trained as a teacher at Bradford College, and taught in primary schools for 12 years. She has also worked as a volunteer in local communities since 1976, amongst other things, helping to set up the first Asian women's group in Manningham, and running summer camps for young people as a Youth and Community Worker. She completed two Master's degrees in order to qualify as an Educational Psychologist in 1988. She now works part-time as an Educational Psychologist with Education Bradford and as a freelance consultant and trainer. She is currently Chair of the Trust's Service Governance Committee. Savitri is continuing with her involvement in volunteer work in her local community as Chair of the Shipley and Bingley Voluntary Services Board. Other experiences include having been trained as a Best Value member, translating and advocating for family and members of the community and working as a diversity trainer in both public and private organisations. She also speaks Gujarati, Hindi and Urdu.





**David Servant  
(Non Executive  
Director)** ▶ ◆

David Servant is a Councillor for Clayton & Fairweather Green on Bradford Council. He has been a member of several Council Committees, has experience of most Council services and is currently chair of the Bradford Area Planning Panel. He is also a governor of three Bradford schools. Previously he was self-employed running a small business and also worked for several years in local government administration.



**Lynne Smith  
(Non Executive  
Director)** □ ●

Lynne Smith is a Councillor for Wibsey on Bradford Council. She has over 20 years experience in the voluntary sector working with people with learning disabilities and has worked in academic research relating to substance misuse. Lynne sits on a number of Council Committees including the Bradford South Area Committee and the Area Planning Panel.



**Michael Smith  
(Non Executive  
Director)** ■ □ ◆

As a graduate in systems engineering from the Open University, Michael has held a number of senior management positions in the water industry, culminating in Director of Human Resources at Yorkshire Water until 2007. With a MBA from Huddersfield University and a Common Purpose graduate, Michael is involved with voluntary organisations supporting people with learning disabilities and older people.

**Other Directors who complete the team, but are not voting members of the Board are:**



**Sandra Knight (Director of Human Resources)** □

Sandra has worked in the NHS for most of her career in a variety of corporate, human resources and organisational development roles at a regional, district, hospital, community and primary care level. She joined the Care Trust in May 2007 having worked previously as Director of Corporate Development in Bradford City Teaching PCT and as interim director leading the HR, Communications and PALS/Patient and Public Involvement work streams, as the four PCTs merged to form Bradford and Airedale Teaching PCT. She is a qualified executive Coach and ACAS trained mediator. In the past year Sandra was elected to represent Care Trusts on the National NHS Employers Policy Board and currently chairs the West Yorkshire HR Directors Network.



### **Andrew Gunnee** **(Director of Facilities and Informatics)** □

Andrew joined the NHS in 1980 after undertaking engineering training in the spring and hydraulic industries. He has watched the Bradford NHS estate flourish over the last 25 years, whilst undertaking various roles in the estates departments across the acute, community and mental health services. He sees delivering and maintaining a safe and enjoyable health care environment paramount to meeting his personal objectives. Andrew has been actively involved with a significant number of large building and engineering contracts, including the first NHS PFI scheme in Bradford that delivered a £4m integrated Primary Care Facility. Andrew is keen to progress with joint working and has worked closely with the health economy in delivering Bradford's £40m LIFT programme and recently commissioned Diagnostic/Treatment Centre.



### **Ralph Coyle (Special Adviser)** ▶ ●

Ralph Coyle studied law at Leeds University and then gained a Master's degree in International Law at Manchester University. He trained as a solicitor at British Leyland and held a variety of positions until his appointment as Company Secretary at Yorkshire Television in 1985. In 1996 he was appointed company secretary of Canal + International, part of the Canal+ pay tv group, based in Brussels. He joined Commercial Union in 1998, where he acted as deputy group company secretary with responsibility for harmonising the group's company secretarial function following the merger with General Accident. From 2002 until 2008, he was a partner of Rollits Solicitors, specialising in commercial law and head of Charity Law. He was a director of Yorkshire Culture, the DCMS appointed body to promote culture in the Yorkshire and Humber Region. He was a director of Leeds Media from 2002 to 2006 (A Yorkshire Forward funded body which promoted the success of media businesses in and around Leeds). He is deputy chairman of Scarborough Museums Trust and of the board of trustees of Leeds University Union.



### **Richard Pattinson (Special Adviser)** ▶ □ ●

After attending both Bingley and Batley Grammar Schools Richard started his banking career in Bradford in 1971 but was quickly transferred to the City of London where he continued to work before retiring in early 2007. He was a member of the Senior Executive team at a leading UK bank and held a number of directorships in banking and financial infrastructure companies both in the UK and overseas. Richard also sat on a number of international central bank committees and working groups. He has lived in the Yorkshire Dales for a number of years and is a governor of one of the local schools.

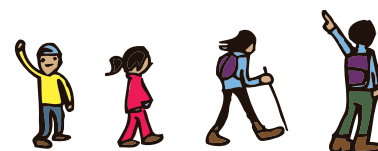
# Appendix 2: Register of Board Member Interests

Name	Position	Date of Interest	Interests	Comments
Barry Seal	Chair	–	None	
Brenda Toward	Non-Executive Director	1.4.02 1.4.02 1.4.02 1.1.06	Self-employed Consultant working with Local Authorities, the NHS and private and voluntary sector agencies on social and health care management issues Chair, Social Workers' Educational Trust Member of the Court of the University of Bradford Chair of Fostering Panels for Bradford Social Services for Children and Young People	Since appointment as a Non-Executive Director
Derrick Palmer	Non-Executive Director	Dec 02 – Jul 08 May 07 on-going Apr 09 on-going Jul 08 on-going Dec 08 on-going Dec 08 on-going	Director of Finance, Bradford Community Housing Trust Group Governor, Calder High School Governor, Heptonstall Junior School Non-Executive Board Member, North West Courts Service Non-Executive Director, Training & Development Agency for Schools Executive Director – Derrick Palmer Associates Ltd	Business Consultancy currently working with National Skills Academy for Social Care
Savitri Pema	Non-Executive Director		Part-time employee of Education Bradford as an Educational Psychologist Chair, Shipley and Bingley Voluntary Services Self-employed Consultant and Trainer	
David Servant	Non-Executive Director	Sept 09	Elected Member, City of Bradford Metropolitan District Council Director and Governor, Dixon's Allerton Academy Ltd	
Lynne Smith	Non-Executive Director	May 06 June 04 May 08 March 09 March 09	Elected Member, City of Bradford Metropolitan Council School Governor, Haycliffe Special School Board Member, Yorkshire Purchasing Organisation Board Member, Royds Community Association School Governor, Wibsey Primary School	



Name	Position	Date of Interest	Interests	Comments
Michael Smith	Non-Executive Director		Owner and Director, 11thousand Ltd Human Resources Consultancy Trustee and Vice-Chair, Batley Resource Centre Trustee and Vice-Chair, Full Body & The Voice Chair of Governors, Farfield Primary School, Bradford	A centre for Social Enterprises and Caring Organisations in Kirklees  A theatre company for professional actors and Learning Disabilities, Huddersfield
Ralph Coyle	Board Adviser	2006 Jan 04 July 07	Catherine Coyle (wife) appointed Non-Executive Director of Leeds Partnership Foundation Trust Trustee/ Director of Scarborough Museums Trust Trustee/ Director (Vice-Chair) of Leeds University Union	Appointment pre-dated the organisation achieving FT status
Richard Pattinson	Board Adviser	Aug 09 March 10	Associate – Sepa Consulting Ltd Governor, Horton-in-Ribblesdale Primary School Advisory Board Member, Aleri Inc, Chicago, Illinois, USA Member of Bank of England Appeal Panel on Scottish and Northern Ireland Banknote Issuance Rules	
Simon Large	Chief Executive	–	None	
Andrew Gunnee	Director of Facilities & Informatics	–	None	
Fran Harrop	Medical Director	–	None	
Nicola Lees	Director of Service Delivery	–	None	
Sandra Knight	Director of Human Resources	–	None	
Nick Morris	Director of Strategy & Nursing	–	Wife employed as a Senior Manager by Leeds Partnership Foundation Trust	
Carol Stubley	Director of Finance & Contracting	–	None	

# Appendix 3: Glossary of Terms



- AGM** – annual general meeting
- CAMHS** – child and adolescent mental health service
- CAMPUS** – NHS provided long-term care in conjunction with NHS ownership/management of housing
- CMHTS** – community mental health teams
- CO2** – carbon dioxide
- CPA** – care programme approach (the process of how mental health services assess service users' needs, plan ways to meet them and check that they are being met)
- CQC** – care quality commission (the independent regulator of health and social care in England)
- ERIC** – estate return information collection (information required by the Department of Health that provides an indication of the status of estates and facilities services in the NHS)
- FIS** – focused implementation site (best practice sites across the NHS addressing the needs of Black and Minority Ethnic (BME) groups)
- HCC** – health care commission (previous statutory regulator before the CQC was established)
- IP** – in-patient
- MHMDS** – mental health minimum data set (which brings together administrative and clinical information about people using specialist NHS mental health services for adults and older people)
- MRSA** – methicillin-resistant staphylococcus aureus infection (a bacterium responsible for several difficult-to-treat infections)
- NHSLA** – national health service litigation authority (the NHS agency that handles negligence claims and works to improve risk management practices across the NHS)
- NPSA** – national patient safety agency (an arms-length body of the Department of Health which leads on the improvement of safe patient care in the health sector)
- OPMH** – older people's mental health
- PCT** – primary care trust (part of the NHS in England, that provides some primary and community services or commission them from other providers, and are involved in commissioning secondary care)
- PEAT** – patient environment action team (annual assessment of In-patient healthcare sites in England that have more than 10 beds)
- RiO** – the clinical information system used by BDCT
- SUI** – serious untoward incident (something out of the ordinary or unexpected, with the potential to cause serious harm, and/or likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service)