NHS
Bradford District Care
NHS Foundation Trust

Annual Report and Accounts 2017/18

Bradford District Care NHS Foundation Trust

Bradford District Care NHS Foundation Trust

Annual Report and Accounts for the period 1 April 2017 to 31 March 2018

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Foreword by Chair and Chief Executive

Welcome to our Annual Report, which provides an overview of the work undertaken by our staff, the services we have provided and some of the challenges we have faced during the 2017/18 financial year. This report is part of our regulatory requirements as a Foundation Trust (FT), so we hope it is informative and helps our members and other stakeholders to gain an insight into our work and the positive impact we aspire to have by providing high quality health services for local people.

The last year has seen sustained pressure on NHS services continue, with the need to balance financial challenges and maintain service quality against a backdrop of increased demand and acuity that has impacted on our capacity in both physical and mental health services. In response to this, we have worked hard to re-design services where possible to meet the needs of commissioners and local communities and will continue to do so over the coming year.

The Trust has played an active role in the emerging Health and Care Partnerships (formerly known as Sustainability and Transformation Partnerships). At a West Yorkshire and Harrogate Health and Care Partnership level the Trust has played a central role in reviewing how mental health services can be improved across this larger regional footprint, but with a default assumption of 'Place' first for service provision. Closer to home, at a 'Place' level, members of our Board have undertaken significant leadership roles to develop two Health and Care Partnerships; Bradford, and Airedale, Wharfedale and Craven, which constitute two of the 'Places' forming the over-arching West Yorkshire and Harrogate Health and Care Partnership.

Our Quality Report illustrates the breadth of services provided by our teams, from inpatient to community mental health services, dental care and health visiting, to learning disabilities, palliative care and school nursing. The report demonstrates some of our successes in achieving many national and local targets set by our commissioners and NHS Improvement. It also reflects that many of our staff continue to be recognised externally by others; being shortlisted and winning numerous regional and national awards during the year.

However, during the year we have also been inspected by the Care Quality Commission (CQC) resulting in a deterioration of our overall rating from 'Good' to 'Requires Improvement'. Our staff survey results have highlighted the need for greater focus on improving staff satisfaction and engagement. The Board has reflected carefully on the wider implications of both reports. During the coming year we will be developing a refreshed Organisational Strategy and agreeing a Quality Improvement Strategy. We will use both as dynamic opportunities to engage staff and stakeholders in dialogue about what we will stop, start and do differently in future. New 'crowd sourcing' technology will allow us to begin and sustain a longer term 'conversation' with all staff, run improvement campaigns and take periodic 'temperature' checks so that we understand how it feels to work in the Trust.

As with every annual report, we would like to pay tribute to all staff for their commitment, passion and effort throughout the year. Through Board Quality and Safety Walkabouts, quarterly Executive briefings and attendance at team meetings and handovers, we have seen numerous examples of staff going above and beyond what is normally expected.

This included staff in all areas maintaining caring and responsive services in the face of adverse weather conditions and the national cyber incident. The NHS is a truly inspirational organisation to work in, and locally, this reflects the contribution of individuals and teams providing frontline care and support functions.

We would also like to recognise the leadership contribution of two Board members who retired during the year. Nicola Lees was our Chief Executive from September 2016 until April 2018 and formerly Director of Operations and Nursing. As Chief Executive, Nicola was particularly instrumental in developing the foundations for greater collaboration between the four West Yorkshire mental health provider trusts. As Director of Operations and Nursing, Nicola sponsored 'Care Closer to Home', as a consequence of which can celebrate supporting all adults who need admission to a mental health inpatient facility in local services for more than three years. Nadira Mirza, a Non-Executive Director who completed her second term in September 2017, facilitated extensive engagement with local communities as well as championing Black, Asian and Minority Ethnic (BAME) issues across the Trust. Both will be missed for their passion, knowledge and expertise on the Board and we wish them a happy retirement. In return, we welcome our newest Non-Executive Director, Professor Gerry Armitage, who was appointed in October 2017, and our new Chief Executive, Brent Kilmurray, who commences in post on 20 August 2018.

Over the last three years we have seen our first cohort of Governors grow and develop into a cohesive, supportive and knowledgeable group of advocates for the Trust, effectively discharging their duties of holding Non-Executive Directors to account and representing the views of their different constituencies. We celebrate the work undertaken by our outgoing Governors, the re-election of 6 Governors for a second term and the arrival of 11 new Governors who take up post on 1 May 2018.

In conclusion, we would like to thank all our staff, Governors and members, volunteers, service users and carers for the work they have done across the Trust over the last year and for their support in responding to a challenging future in which we have real opportunities to make a difference to 'You and Your Care'.

Michael Smith
Chair

Liz Romaniak
Interim Chief Executive

Introduction

Bradford District Care NHS Foundation Trust ('BDCFT' or 'the Trust') was authorised as an FT on 1 May 2015, having previously been established as Bradford District Care Trust in 2002, a specialist Care Trust under section 5 of the National Health Service and Community Care Act 1990 and section 45 of the Health and Social Care Act 2001.

BDCFT is a provider of award winning mental health, learning disabilities and community health services across a diverse district comprising urban and rural Bradford, Airedale, Wharfedale and Craven. The population is one of the most multicultural in Britain with over 100 languages. Localities in Bradford are amongst the most deprived in the country reflected in higher than average demand for health services and reduced life expectancy.

The Trust employs over 2,500 staff who provide healthcare and specialist services to local people across mental health, learning disability, community health and dental services. From 1 April 2017, the Trust started to provide a number of services in the Wakefield area having been commissioned by Wakefield Metropolitan District Council to provide public health services to children aged 0 to 19 year old and by NHS England to provide a vaccination and immunisation services for children aged 5 to 19 years old. Our care and clinical expertise is spread over 50 sites and over the last year we provided 54 different services.

The majority of our services are delivered in the community in patient's homes, community centres or GP practices and the Trust operates from bases including Horton Park Centre, Fieldhead Business Centre and Somerset House in Bradford, Meridian House in Keighley, the Craven Centre in Skipton and Tuscany Way in Normanton. We also have two major in-patient sites for those with acute mental health issues located at Lynfield Mount Hospital, Bradford and the Airedale Centre for Mental Health, Steeton. Our Trust Headquarters is based at New Mill, Saltaire.

Our Vision, Values and Strategic Aims

Our vision is: '*Working with diverse communities to provide outstanding care'.*

Our vision reflects that our services now go beyond our historic Bradford, Airedale and Craven boundaries as we explore opportunities with new communities to stay competitive in the longer term. It also reflects that our patch covers different ethnic groups, different locations (rural and urban), different ages and people with different care needs (mental or physical health, or both). In support of this vision we recognise the need to focus on service user, patient and staff satisfaction and have put the statement *You and Your Care* at the centre of everything we aim to achieve.

Trust Values

Alongside *You and Your Care*, we have made a commitment to how the Trust and its staff will behave. This is set out in a set of values developed through a process involving many staff, patients and other stakeholders. Our staff work hard to promote these values:

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
- We make sure that nobody is excluded, discriminated against or left behind

Openness

- We encourage and demonstrate honest communication
- We ensure everyone has a voice
- We speak up when things go wrong
- We are open to change and new ways of working

Improvement

- We make best use of our resources to deliver best value
- We adopt a 'right first time' approach and learn from our mistakes, acting promptly to put them right
- We all take personal responsibility, challenging and supporting each other to find better ways of doing things
- We embrace improvement in all its forms, from the small personal acts that make people's lives better to full scale service improvements

Excellence

- We provide high quality, safe and effective services, delivered with compassion and kindness
- Our service users and carers come first in everything we do
- 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

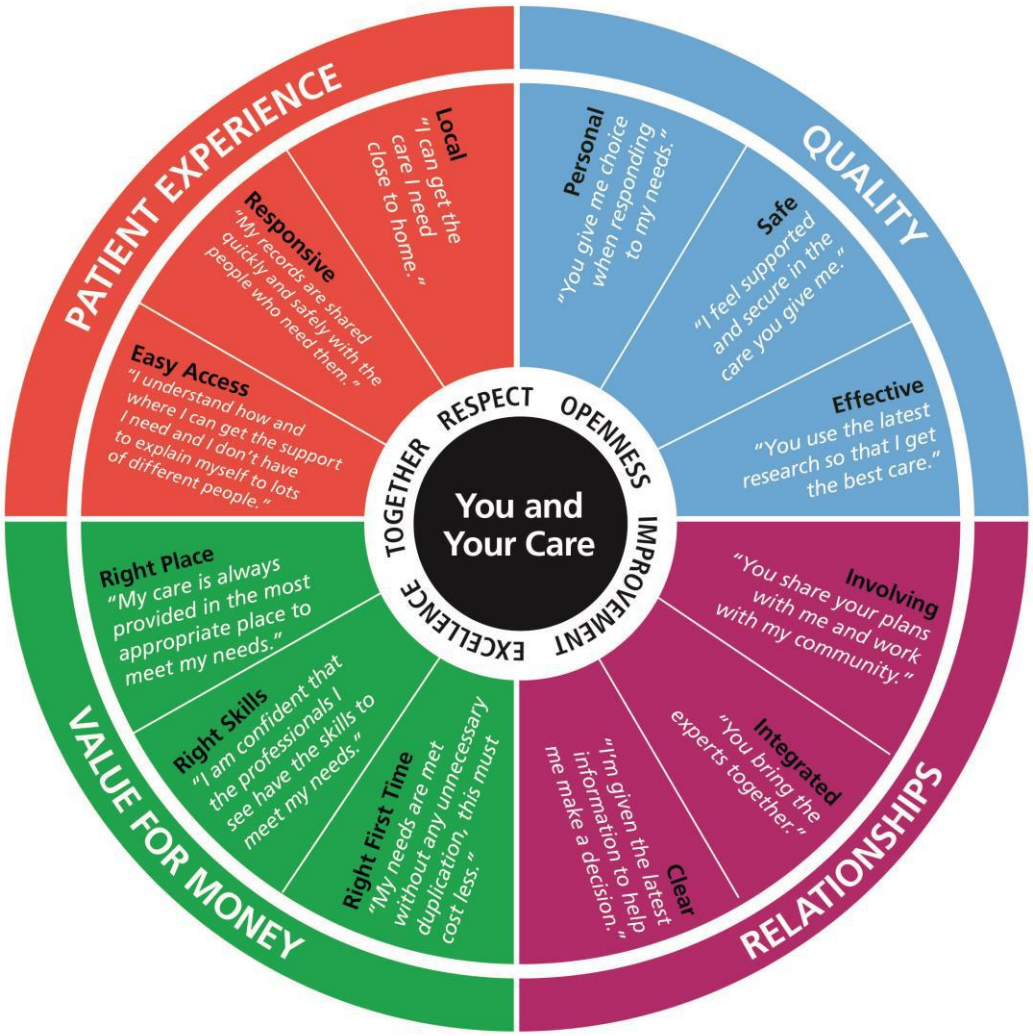
- We work best through teamwork celebrating our successes together
- We view service users and carers as part of our team, welcoming and acting on their feedback for our continued improvement
- We work well with our partners for the benefit of the communities we serve
- We make time for service users, carers and our colleagues

We believe that our values, together with *You and Your Care*, captures the underpinning values of the NHS, as enshrined in the NHS Constitution and we work to promote these with all our staff.

Vision Wheel

The Trust's vision wheel shows how our vision, aims and values are translated into powerful statements describing improved benefits and outcomes for patients, service users and carers. We have four key aims to help deliver this vision which are:

- To provide a top **quality** service;
- To achieve excellence in **patient experience**;
- To ensure great **relationships** between the Trust, its staff and stakeholders; and
- To deliver excellent **value for money**.



During the coming year we will be developing a refreshed Organisational Strategy with our staff, those who access our services and key stakeholders. This will include consideration of our vision and values and plans about what we will stop, start and do differently in the future.

Overview of Performance

National Context

The NHS continues to experience significant financial and associated operational challenges, with around 44% of NHS providers in deficit at the end of 2016/17. Trusts continue to face rising and material increases in demand for their services as a result of demographic factors, pressures on primary and social care and increasing patient expectations. At the same time, patients have higher and more complex needs. The impacts of these issues on health and our populations are compounded by severe funding pressures on local government budgets and services.

During 2017/18, NHS Leaders have been asked to continue to deliver on the 'triple aim' of: increasing the momentum to implement new models of care; delivering core access/quality standards; and restoring and maintaining financial balance. NHS planning guidance prescribed nine 'must dos' for 2017/18 (and 2018/19) to progress these aims. These reflect the NHS Mandate and next steps to implement the NHS Five Year Forward View. Of the national 'must dos', those that are most relevant to the Trust and included in this report are:

- Implement agreed **Sustainability and Transformation Plan** milestones, on track for full achievement by 2020/21, and achieve agreed trajectories against the Sustainability and Transformation Plan core metrics set for 2017/18 and 2018/19;
- Deliver individual CCG and provider organisational control totals and achieve **local system financial controls**. Also implement local Sustainability and Transformation Plan and achieve local targets to moderate demand growth and increase provider efficiencies;
- Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from **referral to treatment**;
- Deliver in full the implementation plan for the **mental health Five Year Forward View for all ages**. Ensure delivery of the mental health access and quality standards. Increase baseline expenditure on mental health. Eliminate out of area placements for non-specialist acute care by 2020/21;
- Deliver local action plans to **transform care for people with learning disabilities**. Reduce inpatient bed capacity. Reduce premature mortality by improving access to health services, staff education and training, and reasonable adjustments for people with a learning disability or autism; and
- Implement plans to improve **quality of care**. Measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services. Participate in the annual publication of findings from reviews of deaths.

West Yorkshire context

NHS organisations and local authorities in West Yorkshire and Harrogate are working ever more closely together through the West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) (formerly known as the West Yorkshire Sustainability and Transformation Partnership (STP) to develop more integrated health and care systems, both within each place and across the West Yorkshire and Harrogate area. The WY&HHCP Plan focuses on prevention, better coordinated services, reducing

unnecessary hospital admissions and supporting people to stay well. The Plan is built from six local area place-based plans, including the Bradford District and Craven area, and builds on our strong history of partnership working. The neighbourhood will be the primary unit for both commissioning and delivery of services. Only when improved outcomes and greater efficiency can be achieved will services be planned and delivered at the whole place or, for the most specialist services, at West Yorkshire and Harrogate level.

The Trust has played an active leadership role on mental health issues across West Yorkshire, through our Chief Executive, Nicola Lees, as the lead responsible officer for the WY&HHCP mental health programme until her retirement in April 2018. Working closely with the three other mental health providers (Leeds and York Partnership NHS Foundation Trust, Leeds Community NHS Trust and South West Yorkshire Partnership NHS Foundation Trust) the West Yorkshire Mental Health Services Collaborative is focused on the following areas of acute and specialist mental health provision:

- Collaborative bed management to eliminate out of area placements for non-specialist acute care, working to ensure people can access a bed locally and if not, within West Yorkshire;
- Securing national funding to provide 14 additional Child and Adolescent Mental Health Service (CAMHS) beds to eliminate out of area placements in West Yorkshire and Harrogate for CAMHS admissions;
- Eradicating the care of children on adult mental health wards;
- a commissioner-led review to improve Attention Deficit Hyperactivity Disorder and autism pathways for children and adults to reduce waiting times;
- Developing a West Yorkshire approach to low and medium secure services and supporting pathways; and
- Developing a greater focus on suicide prevention.

Local context

The Trust is also working with health, care, voluntary and community organisations across the Bradford and Airedale, Wharfedale and Craven districts in local alliances. Our Chief Executive is a member of the Integration and Change Board (ICB), composed of senior leaders from across health and social care and accountable to the Bradford Health and Wellbeing Board for securing the delivery of a sustainable health and social care system within our area. We have also been heavily involved in development and implementation of the local Mental Wellbeing Strategy for the district, which covers all age ranges and has a very clear focus on promoting mental wellbeing and tackling the things that we know can contribute to mental ill health.

Other local collaborations include the Bradford Provider Alliance (BPA) and Airedale, Wharfedale, and Craven Provider Alliance (AWCPA), which are inclusive of general practice, the voluntary sector and social care and are working to improve the offer to local communities and, in particular, to better meet people's needs, at home where possible. The main work streams for each provider alliance are broadly similar with diabetes care, intermediate care (including community beds) and improvement strategies based around specified 'communities' or 'neighbourhoods' forming the main focus. More recently both alliances have begun to consider the future of urgent and emergency care services (especially so-called 'out of hours' services) with the aim of reducing demand on Accident and Emergency departments.

Our strategic objectives

During 2017/18 the Trust Board refreshed its three strategic aims to reflect the challenging context described above:

- **Quality and Workforce** – to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce;
- **Integration and Partnerships** – to be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate Health and Care Partnership; and
- **Sustainability and Growth** – to maintain our financial viability whilst actively seeking appropriate new business opportunities.

The Trust's current strategy is outlined in the Integrated Business Plan 2014/15 - 2019/2020. In response to the ever changing environment in which we operate, the Board has commenced a co-production of a refreshed organisational vision and strategy. Through a relationship with Clever Together, who are experts in 'crowd-sourcing', we are utilising this technology to reach out to our staff and stakeholders to ensure they are fully involved in developing and shaping a new 5-year strategy, which will be completed in 2018/19.

Stakeholder relations

We have worked closely with our commissioners through the year, particularly the three local Clinical Commissioning Groups (CCGs) - Bradford City, Bradford Districts and Airedale, Wharfedale and Craven (AWC) CCGs - who were the main commissioners of the Trust's health care services in 2017/18. We have also continued to develop relationships with other commissioners such as NHS England (who commission dental and low secure services in Bradford and vaccination and immunisation services in Bradford and Wakefield), Bradford Council (for school nursing, health visiting and substance misuse services in Bradford), Wakefield Council (for school nursing and health visiting in Wakefield) and Cumbria CCG (for mental health services in Craven).

The Board also recognises the importance of fostering good relationship with other stakeholders including other local and regional NHS providers, voluntary and community partners and the wider public. In October 2017, it approved a refreshed stakeholder engagement strategy to ensure partners were aware of the services we provide, the strategic business decisions taken and that appropriate feedback processes were in place. Our stakeholder database, which has been developed from this work, will form part of the external engagement to co-produce our refreshed organisational strategy.

Summary of key transformation projects / service plans in 2017/18

During 2017/18 operating as a FT we received an income of £142 million to invest in healthcare services and we did this through delivery of our Operational Plan, which set out our priorities for the year. The Trust Board has reviewed progress against the 2017/18 Operational Plan and a mid-year review was undertaken in October 2017. Some of the key service achievements are highlighted below:

- Ensuring that no-one requiring admission to an adult acute hospital has been placed outside of the local area during the year (and for the last three years) linked to the requirements of the Five Year Forward View for Mental Health;
- Working collaboratively with the voluntary and community sector to continue to provide alternatives to A&E when local people are experiencing a mental health crisis;
- Acting as lead provider for IAPT and psychological services through our MyWellbeing College service and developing new models for more complex Step 4 and 5 psychological services;
- Mobilisation of a new specialist perinatal mental health service for the district;
- Approval of a new Children's Strategy to keep pace with the new models of care emerging in Bradford and the integration of 0-19 children's services across Wakefield acquired in 2017/18;
- Delivery of our 'hub and spoke' model for carers and the accreditation onto the Triangle of Care scheme; and
- Development of the Primary Care Home locality hub model within Bradford as part of the Out of Hospital Programme in line with the Accountable Care System development.

2017/18 – the year 'at a glance'

Many of our key service developments are covered in the Quality Report section. Here is just a selection of some of the other events that took place during 2017/18 reflecting the breadth of our work:

Month	Developments	
April 2017	The Trust was recognised for the ninth year running for its occupational health and safety by the Royal Society of the Prevention of Accidents (RoSPA). For the third consecutive year, our health and safety team were advised that we had achieved the **RoSPA gold award** at the internationally recognised scheme. The scheme looks at accident records and health and safety management systems with awards marking achievement at merit, bronze, silver and gold levels.	
May	International Nurses Day has been held annually on 12 May for over 40 years, a date selected to coincide with the anniversary of the birth of Florence Nightingale and this year the Trust held its annual **Nursing Celebration** to showcase the innovative care that the Trust's nurses provide for local people across the district. The celebration focused on how nurses make a positive difference to people's	

	lives, through demonstrating the 'six Cs' of high-quality nursing: care, compassion, competence, communication, courage and commitment. The audience shared best practice across a number of disciplines including the introduction of special constables working in the Trust, our Senior Staff Nurse Development Programme and the winners of the Kate Granger Compassion in Practice Award.	
June	Staff and service users celebrated the second **LYNFEST event** in June, which showcased live musical performances from patients, staff, local performers and community based arts providers including HIVE and Bradford School of Rock and Media. Service users also took part in interactive jams, making musical instruments, drumming and singing workshops and the event has now become a focal point in the year for patients, staff and others involved in the care of people with mental health conditions in Bradford. Now planning its third year, LYNFEST received a national accolade for Breaking Down Barriers/Tackling Stigma when it won a National Service User award to recognise innovations led by service users in secure mental health services nationwide.	
July	In July, the Trust hosted its **You're a Star Awards**, our annual Oscar style awards ceremony, generously supported by Sovereign Healthcare Charitable Trust, to recognise the achievements of our staff and volunteers. Winners were chosen in the You and Your Care, Working Together, Quality, Value for Money and Patient Experience categories reflecting the Trust's vision wheel. Hosting the event our Chair, Mike Smith said: "Our annual awards recognise that there are many remarkable people working within the Trust as staff and volunteers. Each year we see fantastic examples of service and dedication and I am proud to be involved in the ceremony to celebrate these achievements."	

August	The Care Trust received high scores from patients for the fifth year running in the system that assesses the quality of the hospital environment. The Trust scored significantly above the national average in the **PLACE assessment** areas. Five assessors, made up of service users, relatives, carers and patient advocates, carried out assessments providing scores and comments on all areas of the care environment at Lynfield Mount hospital and the Airedale Centre for Mental Health. More details around the Trust scores for cleanliness, privacy and dignity, food services and maintenance can be found in the Quality Report.	
September	September saw the Board of Directors and Council of Governors welcome members to the **Annual Members Meeting** where we presented the Annual Report and Accounts. Members heard about the Trust's achievements over the past 12 months, its plans for the future and posed questions to the Board, with a particular focus on helping to shape the Trust's quality goals over the coming year. At the meeting there was also an opportunity to visit stalls showcasing the Trust's work and to speak to staff from various departments including children's services, learning disabilities, community dental, primary care wellbeing and estates and facilities and to taste food prepared by the Food Services team.	
October	In October, alongside other local NHS providers and commissioners, we held our second **'Young persons' event - 'Your Future, Your Health'**. With an increased number of schools attending, young people were able to visit 40 stalls, representing a host of different health professions and partner organisations. Using feedback from the previous event, this year's programme focused on the areas that interested young people the most including employment in the NHS, work experience and volunteering, and gaining an understanding of health and wellbeing issues through talking to health and care	

	professionals. Those attending also had the opportunity to meet leaders from across the NHS including Chief Executives, Medical Directors, nurses and junior doctors to ask questions about their careers in healthcare and the strategic challenges facing the NHS in the future.	
November	Building on our local collaboration, November saw the Trust organise, in conjunction with our local acute and care partners, a **district-wide conference for Allied Health Professionals** (AHPs). The event brought together over 100 AHPs to share best practice, including the work of our Primary Care Wellbeing team, who support people with complex health needs to take a more holistic approach to their physical and emotional wellbeing. The approach involves a number of professions including a physiotherapist, an occupational therapist, a dietician, psychologists and a personal support navigator. Suzanne Rastrick, NHS England Chief Allied Health Professions Officer, was the keynote speaker and the event also included stands, interactive displays, facilitated huddles and a question and answer panel.	
December	In December, the Trust opened a new branch of its **Carers Hub at Dyneley House Surgery** in Skipton, to help provide vital support for people caring for loved ones. The Hub, which was opened by Stephen Place, Chairman of Craven District Council, offers a place for carers to meet, recharge their batteries and gain access to free advice and information. One of three Hubs now operated by the Trust, it is supported by volunteers, professional and clinical staff who provide information on relevant topics and health awareness sessions, and a timetable of free activities available during the year.	

January 2018	Taking place on 'Blue Monday', the day of the year most associated with low mood, we organised a free **Stressbuster session** at Victoria Hall, Saltaire, through the Trust's MyWellbeing College team, aimed at recognising the signs and physical symptoms and adopting techniques to manage stress. The service offers a range of learning opportunities to suit individual needs and allows people to access a menu of resources and support from online courses to complete at home to getting out and meeting new people in group courses such as Mood Matters, which helps overcome low mood and Stress Control, which aims to manage stress and anxiety effectively.	
February	In February we were actively involved in **Time to Talk Day**, part of a national campaign which aims to reduce the stigma surrounding mental illness by getting people to talk openly about mental health issues. People were able to share their experiences online and were encouraged to talk about mental health in supermarkets, cafes, and across the community, as well as Trust staff pledging their own support on social media in the run-up to the event.	
March	In March we saw the Trust gain accreditation to **Phase 1 of the Triangle of Care membership scheme**, for its commitment to involving carers in their loved ones' care plans. Operated by the national charity, the Carers Trust, the scheme aims to encourage healthcare organisations to commit to improving the experience of carers whose family members are using their services. The Trust was assessed against standards for caring for people who use our hospital services and as part of the scheme, each inpatient ward now has a member of staff who is a carer champion. Work is now underway on Phase 2, which is an assessment of our community mental health services, and Phase 3, where community physical health services will be assessed.	

Quality Governance reporting

The Trust has a system of quality governance that is directed by the Board whose primary concern is to maintain and improve the quality of services provided. Our system of quality governance provides evidence and assurance against the Well-Led Framework and is further described in the Quality Report section.

The main elements of quality governance can be described as follows:

- ensuring required standards are achieved;
- investigating and taking action on sub-standard performance;
- planning and driving continuous improvement;
- identifying, sharing and ensuring delivery of best practice; and
- identifying and managing risks to quality of care.

We strive to implement effective quality governance arrangements to ensure that existing quality issues are examined and addressed, and to provide the opportunity for staff at all levels to generate and implement new ideas to drive innovation and development. It is through effective quality governance processes that the Trust can drive quality improvement and seek and obtain assurance that high quality services are being delivered. The recent inspection by the CQC resulted in a deterioration of our overall rating from 'Good' to 'Requires Improvement'. More information can be found within the Quality report and the Board has put in place a robust action plan to oversee the necessary improvement required.

In addition to the work relating to the CQC report, the Trust has undertaken a number of approaches to governing the quality of services during 2017/18 including the following:

- A review of the dashboard that provides quarterly assurance to the Quality and Safety Committee;
- Annual monitoring of all Committee and Trust Board papers and assurances against the Care Quality Commission five themes of Safe, Caring, Responsive, Effective and Well-Led;
- A review of the Board Quality and Safety walkabout process;
- A number of specific deep dives to provide additional assurance to Quality and Safety Committee; and
- Consideration of a single Quality Improvement approach to be adopted across the Trust during 2018/19.

Each of these approaches provides the Trust with assurance on the quality of governance arrangements and / or services provided and results in actions for improvement being identified (where required) and implemented.

As a result of the recent CQC inspection, two additional meetings have been established to strength the oversight and governance of quality improvement. The Improving Quality Steering Group is tasked to deliver the Trusts CQC action plan and is chaired by the Deputy Director of Quality Improvement. This group reports to the Improving Quality Programme Board, chaired by the Medical Director. In addition, the Quality and Safety Committee and the Mental Health Legislation Committee both now receive formal assurance reports on the delivery of quality governance and CQC related activity.

Performance Analysis

2017/18 was a successful year and the Trust performed well against national and local performance indicators. Our performance is externally assessed against a wide range of national targets and standards. A more detailed narrative about performance against our quality of care is covered in the Quality Report section.

The national indicators used by NHS Improvement to oversee NHS providers changed in November 2017. The Trust fully met all the NHS Improvement indicators in place to the end of November 2017. Our performance against the new set of NHS Improvement operational performance metrics that are applicable from December 2017 is outlined below.

Performance against national targets is reviewed by the Board of Directors on a monthly basis through key performance indicators within the Integrated Performance Report. Board Committees review performance in further detail through Committee performance dashboards.

Executive Directors, Deputy Directors and professional leads meet monthly to oversee quality and performance. In addition, business units and corporate departments are responsible for the delivery of their own performance, workforce and financial targets. Performance is monitored through business unit performance meetings, attended by Executive Directors and chaired by the Chief Executive.

NHS Improvement indicators	2016/17 performance	2017/18 standard	2017/18 performance	Trust Position
Maximum time of 18 weeks from point of referral to treatment (dental services)	100.0%*	92%	99.2%*	Achieved target
People with a first episode of psychosis begin treatment with a NICE recommended care package within 2 weeks of referral	69.5%*	50%	57.9%*	Achieved target
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:				
a) inpatient wards	98.0%	90%	96.5%	Achieved target
b) early intervention in psychosis services	94.0%	90%	Awaiting results	
c) community mental health services (people on care programme approach)	96.0%	65%	88.9%	Achieved target
Improving Access to Psychological Therapies (IAPT)/talking therapies:				
• proportion of people completing treatment who move to recovery	54.9%*	50%	51.5%*	Achieved target
• waiting time to begin treatment within 6 weeks	96.4%*	75%	97.4%*	Achieved target
• waiting time to begin treatment within 18 weeks	99.2%*	95%	99.4%*	Achieved target
Data Quality Maturity Index – Mental Health Services dataset score	New indicator in 2017/18	95%	98.4%**	Achieved target
Inappropriate out-of-area placements for adult mental health services – total number of bed days patients have spent out of area in last quarter	New indicator in 2017/18	Progress in line with trajectory for elimination of inappropriate out of area placements by 2021	4***	No target in 2017/18

* Quarter 4 outturn
** 2017/18 quarter 3 data published by NHS Digital.
*** Trust local data - quarter 4

Financial performance

Introduction

This section and the Annual Accounts have been prepared in line with relevant guidance, including the Group Accounting Manual for the Health and Social Care sector for 2017/18 and under a direction issued by NHS Improvement under the National Health Service Act 2006. Our accounts are fully compliant with accounting practice required through International Financial Reporting Standards (IFRS). The Trust's accounting policies are set out in the Annual Accounts and have been consistently applied over the period.

Financial Performance for the year ending 31 March 2018

The Trust faced one of the most challenging years financially during 2017/18; targeting delivery of an ambitious £7.97 million planned cost reduction plan in order to achieve a required surplus or 'control total' of £1.35 million. By planning to achieve the national control total the Trust could expect to access £752k Sustainability and Transformation Funding (STF) and deliver a composite £1.58 million planned surplus.

The Trust has made a surplus of £1,987k for the year ending 31st March 2018 (including Profit from Disposal of Fixed Assets of £192k), which is £409k better than the planned internal control total. This meant the Trust could access an additional £1,983k STF funding. An accounting surplus relating to the asset impairments reversals charged to expenses was £872k giving a final accounts position of £4,842k surplus.

The Trust had turnover of £142.6m in 2017/18 and the surplus excluding technical adjustments of £3.97m represented 2.8% (0.9% excluding STF and incentives) as shown below:

Income & Expenditure Performance for the year ending 31st March 2018

	£000's
Income from Activities	132,607
Other Operating Income	10,040
Total Income	**142,647**
LESS:	
Operating Expenses	137,520
Interest Paid and Received	77
Profit from Disposal of Fixed Assets	(192)
Public Dividend Capital	1,272
Surplus excluding technical adjustments	**3,970**
Impairment Reversals (incl. in Operating Expenses)	872
Surplus including technical adjustments	**4,842**

The surplus excluding £2,735k STF (which cannot be expended by the Trust other than for future period capital investments) and £872k technical impairment reversals was £1,235k.

Income

Income from Activities was £132.6m of which:

- 72% from healthcare contracts with CCGs, including our 3 local commissioners; Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups;

- 18% from local authorities, including Public Health Grant funded contracts with City of Bradford metropolitan District Council (CBMDC) (for Health Visiting, Family Nurse Partnerships, School Nursing, Substance Misuse Services and Oral Health Promotion) and a new contract with Wakefield MDC for Health Visiting and School Nursing services;

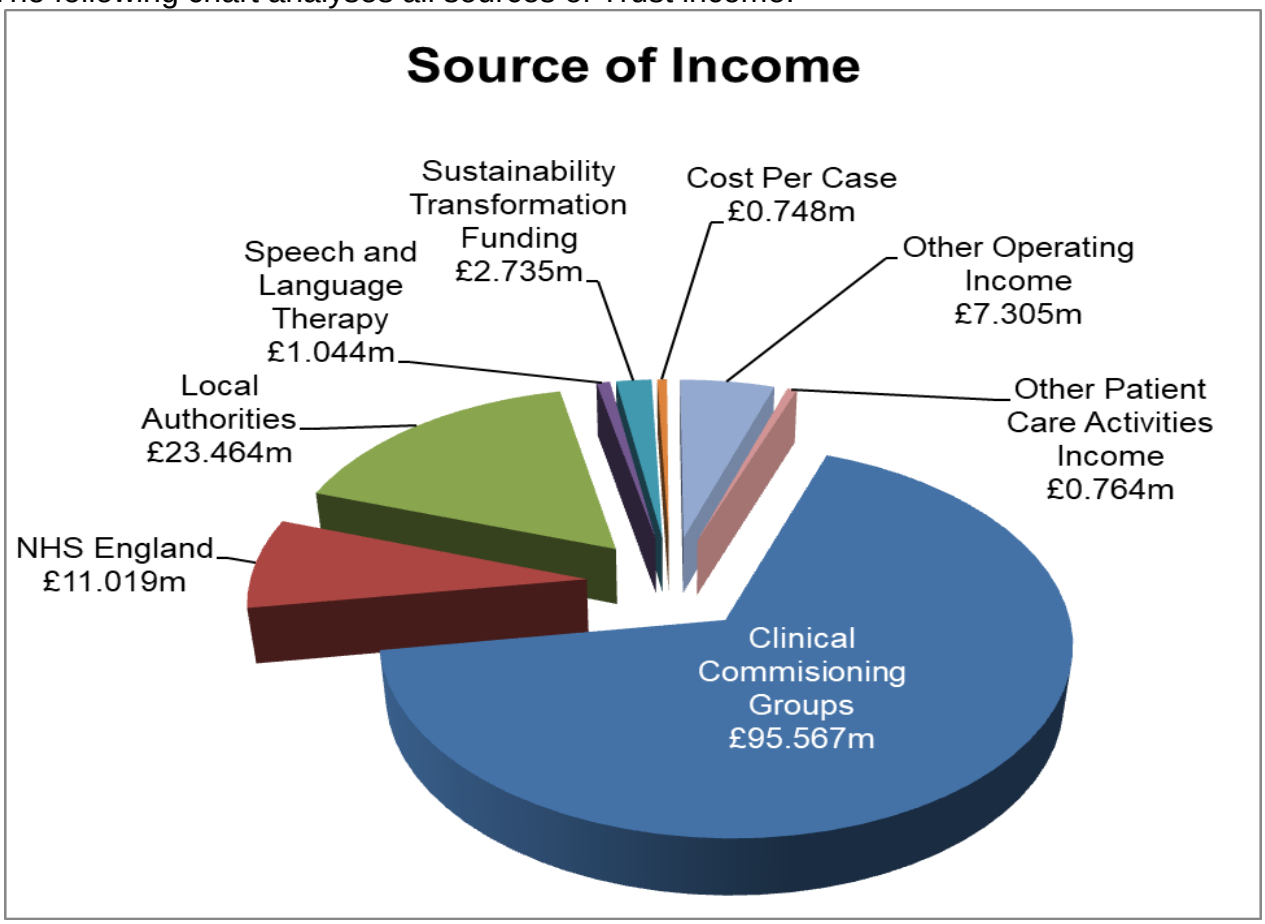
- 8% from healthcare contracts with NHS England for Low Secure Mental Health, Community Dental Services and for providing Vaccinations and Immunisations; and

- 2% from Speech & Language, Cost per Case and other income from patient care activities.

Whilst most contracts with commissioners were fixed or 'block', 2.5% (or a maximum of £2.5 million) was linked to achievement by the Trust of a series of National and Local quality indicators or CQUINs. The Trust has achieved 91% (subject to final ratification by commissioners) of CQUIN indicators and income in 2017/18 (100% 2016/17).

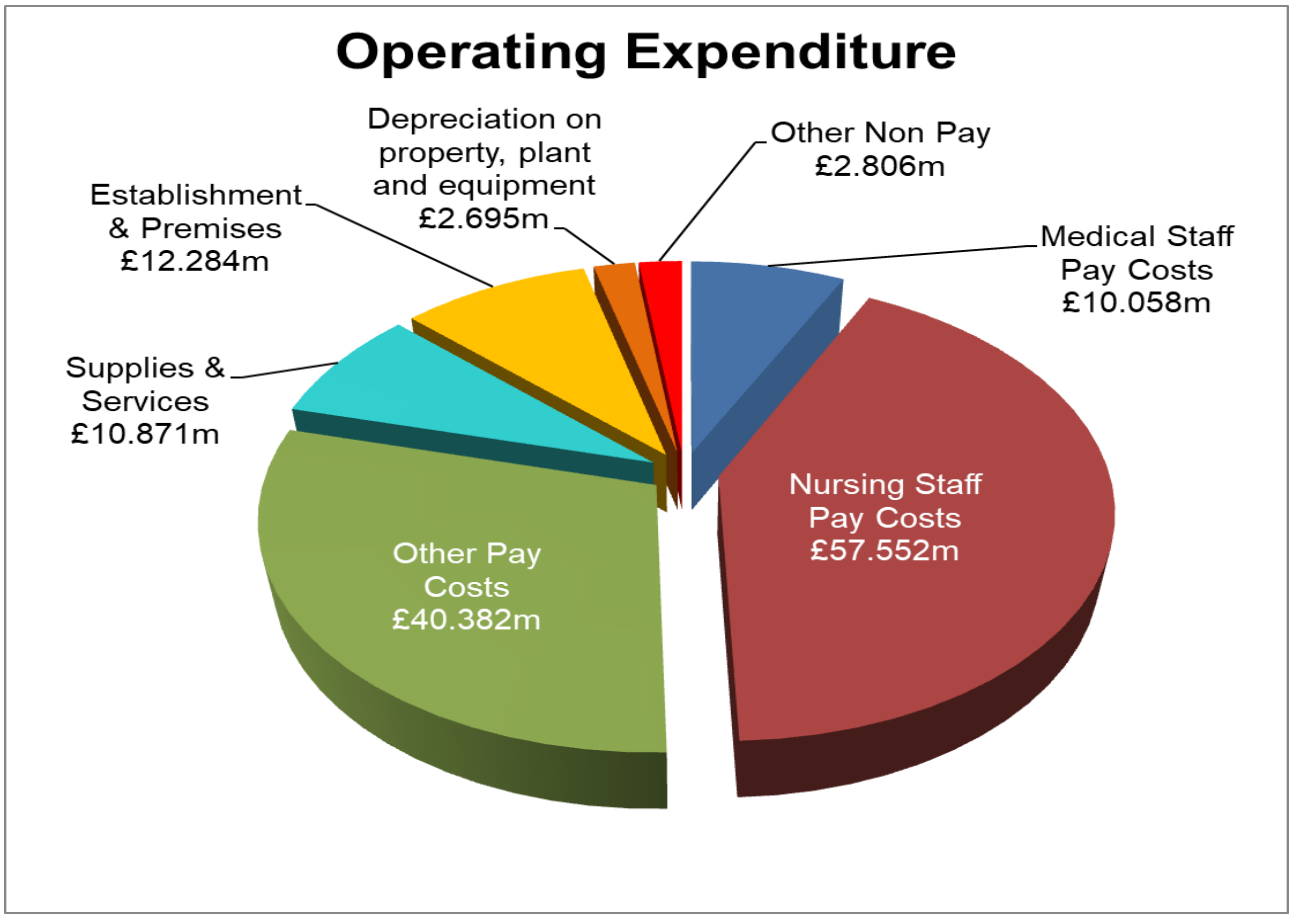
Income from CCGs included cost per case income of £748k relating to Mental Health Inpatient and Community activity. NHS England income included £652k volume based vaccination and immunisation payments.

The following chart analyses all sources of Trust income:



Expenditure

Operating expenses were £136.6 million. The largest driver of costs was employee costs - £108 million as the chart below illustrates:



The Trust took a number of steps during 2017/18 to successfully reduce agency staff reliance and costs. These have supported a 7% agency expenditure reduction and 25% staff bank expenditure increase, improving value for money and helping to ensure that workers are 'known' to our services and service users.

Actions have included reducing the premium hourly rates paid for agency staff as well as reducing the numbers of hours requiring agency staff cover, e.g. by employing peripatetic inpatient support workers, targeting recruitment and establishing and growing the internal nursing staff bank.

The impact of these measures has been enhanced by embedding the new e-rostering system to improve the efficiency of roster planning and reduce the need to secure staff at short notice, which would otherwise tend to increase reliance on agency workers. Embedding and optimising these actions remains a key focus.

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework incorporates 5 areas:

- Quality of care;
- Finance and use of resources;
- Operational performance;
- Strategic change; and
- Leadership and improvement capability (well-led).

Based on information from these areas, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. An FT will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Trust has ended the year with a Use of Resources rating of '1' as planned and throughout 2017/18 the Trust was segmented as level 1. However, as a consequence of the Trust's recent CQC report NHS Improvement has moved the Trust to a segment '2' providing the Trust with targeted voluntary support.

This segmentation information is the Trust's position as at 29 May 2018. Current segmentation information for NHS trusts and FTs is published on the NHS Improvement website.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Use of Resources (UoR) 2017/18

Area	**Metric**	**2017-18**
Financial sustainability	Capital Service Cover Rating	1
	Liquidity Rating	1
Financial efficiency	I&E Margin Rating	1
Financial controls	I&E Margin: distance from financial plan	1
	Agency Rating	1
Overall UoR Risk Rating		**1**

Improving efficiency and ensuring value for money

The Trust strives continuously to become more efficient in its use of resources by reviewing systems and pressures, evaluating skill mix, optimising the use of capacity, benchmarking of services and ensuring best value through robust procurement practices. During 2017/18, £7.4 million of our cost base was saved through a variety of ongoing recurrent and non-recurrent schemes.

The Trust achieved 93.8% against a challenging savings target of £7.97 million plan. Key areas requiring mitigation included schemes which could not proceed relating to inpatient acuity on wards and systems readiness to support telephone interpreting. Residual under performance was offset non-recurrently from reserves.

Capital Expenditure

The Trust had a 2017/18 capital budget of £3.528 million and incurred actual capital costs of £3.526 million to deliver a number of notable schemes including:

- The continued development to implement a new mental health clinical information system which will support system wide work to achieve access to integrated care records;
- Completion of works on the Daisy Hill House link corridor at the Trust's inpatient site in Bradford;
- Refurbishment, maintenance and upkeep of the Trust's inpatient site on the Airedale Hospital site;
- Refurbishment of the Trust's Day Nursery childcare facilities; and
- Other areas of investment included information technology, medical equipment and cyclical programmes to ensure our ongoing compliance with relevant regulatory requirements.

Cash

The Trust planned and maintained a positive cash balance throughout the year with a balance of £15.1 million as at 31 March 2018. Cash balances have accumulated over a number of years, with increased cash balances resulting from the proceeds off asset disposals and STF funding received from NHS Improvement.

Financial Governance - Treasury Management

As an FT, the Trust is able to generate income by investing cash. Following national changes to the calculation of Public Dividend Capital (PDC) in 2013/14, the Trust has maintained the majority of cash balances within the Government Banking Service (GBS).

The Trust manages its working capital balances aiming to make payments on due dates in line with the NHS Better Payment Practice Code. The Trust's cash balance was sufficient to meet its operational and capital outgoings throughout the financial year.

Late Payment of Commercial Debts (Interest) Act

The Trust made no payments under the Late Payment of Commercial Debts (Interest) Act 1998 during 2017/18.

Valuation of Assets

The Trust requested an independent estate valuation by the external property consultancy firm Cushman & Wakefield during 2017/18, following a similar review undertaken in 2016/17. This involved a detailed and extensive review of individual assets, their

component valuations and respective asset lives. The appropriate impairments and revaluation impacts have been reflected within the Trust's accounts.

The revaluation resulted in an overall increase of £2.2 million to the value of the Trust's estate. The increases in value do not impact the underlying viability of the Trust, and any gains (or losses) through revaluations are excluded from performance assessments and financial ratings used by the Trust's regulator, NHS Improvement.

Auditor Remuneration

External Audit fees were £60,500 for the year to 31 March 2018 and incorporate fees relating to the Trust's Annual Accounts and Quality Accounts. The fee for the audit of the Trust's Charitable Fund Accounts was expected to be at a similar level as previous years.

Accounting Information and Directors' Statement

The accounts are independently audited by KPMG LLP as external auditors in accordance with the National Health Service Act 2006 and Monitor Code of Audit Practice. As far as the Directors are aware, all relevant audit information has been fully disclosed to the auditor. No relevant audit information has been withheld or made unavailable and there have been no undisclosed post balance sheet events.

The Trust made no political or charitable donations during the year ending 31 March 2018.

Accounting policies for pensions and other retirement benefits are set out in Note 8 to the full accounts and details of senior managers' remuneration can be found on Page 44 of the annual report.

Better Payment Practice Code

The Better Payment Practice code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. Performance for the year to 31 March 2018 was as follows:

	Financial Year 2017/18	
	Number of Invoices	**Value of Invoices**
NHS Creditors:		
Total bills paid	2,251	£13,083,122
Total bill paid within target	2,123	£12,988,715
Percentage of bills paid within target	**94.31%**	**99.28%**
Non-NHS Creditors:		
Total bills paid	12,623	£50,696,660
Total bill paid within target	11,938	£49,831,915
Percentage of bills paid within target	**94.57%**	**98.29%**

Overseas operations

The Trust does not currently operate any overseas holdings.

Going Concern disclosure

Through the financial statements and financial performance indicators the Trust can demonstrate a robust underlying financial position. The Trust's 2018/19 financial plan targets delivery of a surplus of £1.08 million (including STF). The Directors' view is that the Trust is a going concern and can make the disclosure as recommended by the accounting standards board that:

"After making enquiries the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts".

Non-NHS income disclosures

The Trust has met the requirement under the NHS Act 2006 (as amended by the Health and Social Care Act 2012) that requires that the income from the provision of goods and services for the purposes of the health service in England are greater that the Trust's income from the provision of goods and services for any other purposes. There has been no impact from 'other' income on the Trust's provision of goods and services for the purposes of the health service in England.

Financial Outlook for 2018/19

The Trust faces a number of challenges moving into 2018/19 and expects the following strategic issues may impact:

- Further reductions in NHS and Social Care funding which are likely to require efficiencies in excess of 5% for the foreseeable future;
- Known budget reductions and uncertainties due to planned re-procurement of a number of Public Health funded services commissioned by the local authority, including Health Visiting, Family Nurse Partnership, School Nursing and Oral Health Services;
- Ensuring sufficient workforce capacity, capability and productivity, responding to specific medical and qualified nursing pressures, reducing reliance on agency staffing, developing the permanent workforce to deliver seamless care and continuing to offer and enhance support for staff health and well-being;
- Achieving very challenging cost reductions including savings to meet the Public Health contract reductions, management of inpatient staffing pressures; estates rationalisation, back office efficiencies and better procurement;
- Delivering agency staff cost reductions particularly in relation to medical staff locums and other shortage professions by developing an attractive in-house bank staff 'offer', working to achieve national agency price and wage caps and aiming to be seen as an employer of choice;

- The need to work with health and social care partners to develop and implement the WY&HHCP, to stabilise NHS finances and address issues relating to 'health and wellbeing' and 'care and quality'. This recognises that incremental change by individual organisations cannot address the financial challenge facing the public sector. Partners will collaborate to re-design sustainable care pathways across providers, which are patient-centred, offer good outcomes and value for money;
- Responding to other commissioning intentions including collaboration to re-design Community Services in Bradford and preparing with our partners for the re-commissioning of Community Dental Services and Unscheduled Dental Care by NHS England;
- The Trust is collaborating with other NHS providers of mental health services, through the West Yorkshire Mental Health Services Collaborative to re-design care pathways; identifying and implementing best practice;
- Continuing to improve clinical record keeping and data quality to ensure information systems support evidence of good quality care and new and emerging contracting arrangements; and
- The Trust's ability to develop new and enhanced service offers and work with commissioners to re-design care pathways and provide new and more cost effective packages of care.

Every health and care system was required to develop a five year Sustainability and Transformation Plan (STP); an ambitious local blueprint to accelerate implementation of the NHS Five Year Forward View. Plans were published in November 2016 and in West Yorkshire will now be progressed by the WY&HHCP. The WY&HHCP is built from six local area place-based plans; Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield.

These plans attempt to tackle long standing issues and improve care, looking at prevention, better coordinated services, preventing unnecessary hospital admissions and supporting people to stay well. The WY&HHCP covers nine priority areas: prevention, primary and community services, mental health, stroke, cancer, urgent and emergency care, specialised services, hospitals working together (e.g. care provided by teams working across a number of sites to give people a single service), and standardisation of commissioning policies (so people get the same care wherever they live). Draft plans for each of the priority areas are at different stages of development. The Trust, through the Chief Executive and other Directors, has played an active role in both the local and WY&HHCP, led the co-ordination of the mental health aspects of the WY&HHCP until April 2018 and will continue to work with other providers and commissioners to help deliver the partnerships necessary for wider integrated systems change.

Planning locally is supported by existing governance arrangements and strategic local leadership for health and social care via a Chief Executive-led Integration and Change Board, chaired by the Council's Chief Executive, as described earlier in the report. Partners have a vision to develop Health and Care Partnerships (HCPs), across the primary-secondary care interface and the health-social care interface. Development of local H&CPs is being overseen by the Health and Wellbeing Board via the Integration and Change Board and with clear links to the wider WY&HHCP.

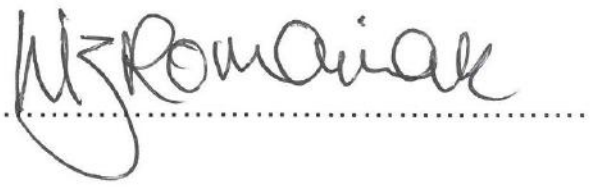
Cost Improvement Plans

In 2018/19, our overall cost improvement requirement is £7.351 million, or 5% of planned expenditure (before efficiencies). This requirement is driven by national efficiency requirements of 2% on all NHS commissioner contracts, national cost pressures equivalent to 0.8%, Public Health budget reductions impacting the Trust's contracts with the local authority and the need to finance local cost pressures. To meet this requirement, the Trust plans to deliver a combination of traditional cost reductions supplemented by more transformational efficiency programmes.

Capital Programme

The Trust's capital programme for 2018/19 is funded by estimated depreciation of £3,004k supplemented by cash reserves of £1,272k. All capital requests were rigorously prioritised and risk-assessed to identify key service and business critical schemes. The plan includes £2.23m estates schemes, £1.39m IM&T schemes (including completing implementation of a new Mental Health Single Clinical Information system and essential informatics schemes) and establishes a contingency of £0.65m to allow management of in-year emergencies and high risk priorities; including vandalism/emergency repairs and enabling transformation and service development.

As Interim Chief Executive I confirm that the information in this Performance Report is accurate to the best of my knowledge and that I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed 

24 May 2018

Accountability Report

Board of Directors

The Trust is led by a Board of Directors which seeks to exercise its functions effectively, efficiently and economically. It is a unitary Board consisting of a Chair, Non-Executive Directors, Chief Executive and Executive Directors. Our Chair is Michael Smith and the Deputy Chair/Senior Independent Director (SID) is Rob Vincent. Nicola Lees was Chief Executive throughout 2017/18 until her retirement on 30 April 2018. Liz Romaniak, Director of Finance, Contracting and Facilities and Deputy Chief Executive assumed the role of Interim Chief Executive until the arrival of Brent Kilmurray, the Trust's new Chief Executive who joins the Trust on 20 August 2018. Further information about all Board members is included in Appendix 1.

The role of the Board is to:

- set the overall strategic direction of the Trust;
- regularly monitor performance against agree goals;
- provide effectively financial stewardship through value for money, financial control and financial planning;
- ensure that the Trust provides high quality, effective services; and
- promote good communications with the people we serve.

The composition of the Board is in accordance with the Trust's Constitution, providing a structure to enable it to fulfil its statutory duties and meet the conditions of its operating licence. Further details about the role and responsibilities of the Board of Directors are included in Annex 7 of the Trust's Constitution (Standing Orders of the Board of Directors). All Non-Executive Directors are considered to be independent (demonstrated through annual appraisals, declarations of interest and Board/Committee minutes). Information about the terms of office of Non-Executive Directors is also included in Appendix 1. Removal of a Non-Executive Director requires the approval of three quarters of the members of the Council of Governors at a general meeting.

The Board of Directors holds monthly public meetings (with the exception of August and December) and discharges its day-to-day management of the Trust through the Chief Executive, individual Executive and Associate Directors and senior staff through a scheme of delegation which is approved by the Board. Attendance at Board and Committee meetings is recorded in the table below, showing strong commitment from all Board members.

Board member	Board*	Audit	Q&SC	FBIC	MHLC	Ch Funds	Rem Com	Noms
Michael Smith	11/11			5/9	2/2		1/1	7/7
Rob Vincent	11/11	2/3		9/9	2/2	1/1	1/1	6/7
David Banks	10/11	5/5		8/9		2/2	1/1	6/7
Sue Butler	10/11	4/5	7/7			2/2		6/7

Zulfi Hussain	8/11		6/7		3/4		0/1	6/7
Nadira Mirza[1]	5/5	2/3	3/4		1/2	1/1		1/2
Gerry Armitage[2]	6/6		3/4		1/2			4/5
Nicola Lees	11/11			8/9				
Sandra Knight	11/11			9/9				
Andy McElligott	11/11		7/7		4/4			
Liz Romaniak	11/11	5/5		9/9		2/2		
Debra Gilderdale	11/11		7/7		3/4	2/2		
Paul Hogg[3]	10/11	4/5	7/7	4/8	1/2	2/2		
Tim Rycroft[4]	1/1							

** one of these meetings was in private only (December 2017)*
[1]retired as a Non-Executive Director on 30 September 2017
[2] appointed as a Non-Executive Director on 1 October 2017
[3] appointed as Associate Director of Corporate Affairs on 1 October 2017 (having previously been Trust Secretary)
[4] appointed as Associate Director of Informatics/Chief Information Officer on 5 March 2018

There is an opportunity for members of the public to raise issues with the Board and Board members can be contacted via the Director of Corporate Affairs, details of which are on the Trust website.

The Board receives an Integrated Performance Report (IPR) at each Board meeting measuring performance against national and local targets relating to finance, quality and governance indicators. Where there is any deviation from plan, exception reports are presented for consideration of any necessary remedial action. The IPR has, over the year, been refined to reflect new targets or other areas requested by the Board to ensure it monitored new areas of performance.

Individual Board member performance is reviewed through a formal appraisal process whereby the Chair appraises the Chief Executive and Non-Executive Directors, the Chief Executive appraises the Executive Directors (with reports sent to the Board's Remuneration Committee) and the Senior Independent Director seeks views from other Board members and Governors on the performance of the Trust Chair. Board Committees review their collective performance through their own Annual Reports, which are submitted to Trust Board and some Committees also use evaluation questionnaires to triangulate views.

Well-led Framework

The Board has not procured any external evaluation of its own effectiveness during the year but has concluded the work of its own task and finish groups that began in 2016/17 to ensure more effective working arrangements at Board level, assurances between the Board and its Committees and a greater focus on strategic priorities. This has since been aligned to the well-led rating provided by the CQC. Board members also completed an effectiveness review questionnaire in March 2018 which resulted in further actions being agreed in Quarter 1 of 2018/19.

Foundation Trust Code of Governance

The Trust has applied the principle of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based upon the principles of the UK Corporate Governance Code issued in 2012. Areas of disclosure are covered in the Accountability Report section. The Trust is able to comply with the Code in all areas except the following:

Requirements	Explanation
D.1.1: Performance-related elements of the remuneration of Executive Directors.	The Trust does not operate any performance-related bonus scheme for Executive Directors.

Board Committees

The Board discharges its responsibilities through a number of Committees. The main duties of each Committee are set out below. Each Committee undertakes an annual evaluation and submits an Annual Report to the Board. These reports are considered by the Board as assurance against the wider context of the Annual Report. At each Board meeting there is also a written report highlighting any significant issues from Committee Chairs and Committee minutes are circulated to all Board members.

Information on the Remuneration Committee is contained separately in the Remuneration Report. The Trust has not, during this reporting period, released any Executive Directors to serve in another role elsewhere.

Audit Committee (Chair: David Banks)

The Audit Committee is responsible for the Trust's systems of internal control and comprises solely of Non-Executive Directors, supported by the Director of Finance, Contracting and Estates, Director of Corporate Affairs and senior staff from the Finance Directorate. It provides the Board with an independent and objective review of financial and corporate governance, risk management, external and internal audit programmes. It is responsible for making sure the Trust is well governed. Taking a risk-based approach, the Committee has worked to an annual plan covering the main elements of the Assurance Framework.

The Audit Committee is authorised by the Trust Board to investigate any activity within its terms of reference. This includes:

- reviewing the maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- ensuring that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board;
- reviewing the work and findings of the external auditors and considering the implications and management's responses to their work; and
- satisfying itself that the organisation has adequate arrangements in place for countering fraud and reviewing outcomes of counter fraud work.

The Committee has appointed internal auditors (Audit Yorkshire) and during the year:

- reviewed and approved the internal audit strategy, operational plan and more detailed programme of work;
- considered the major findings of internal audit work (and management's response);
- considered whether the internal audit function is adequately resourced/has the appropriate standing within the organisation; and
- considered the Head of Internal Audit Opinion on the overall adequacy and effectiveness of its system of internal controls.

The Committee has appointed external auditors (KPMG LLP). The Committee has reviewed the work and findings of the external auditor, its annual audit plan and fee. The Committee has started to review the process of (re)appointing external auditors with the Council of Governors in line with guidance set out in section C.3.6. of the Code of Governance (which recommends an appointment period every three to five years).

The Committee has also:

- received the audit of the Trust's financial statement and auditors opinion;
- received technical updates from the external auditors on issues relevant to operating in a health and care environment; and
- offered the external auditors the opportunity of meeting the Committee independently in the absence of Executive Directors.

The Audit Committee met five times in 2017/18 and meetings were held on 16 April and 23 May 2018 to approve the 2017/18 Annual Report and Accounts.

Quality and Safety Committee (Chair: Sue Butler)

The Quality and Safety Committee has responsibility to monitor, review and report to the Board the adequacy of the Trust's processes in the areas of clinical governance and where appropriate facilitate and support existing systems operating across the Trust. This includes the monitoring of incidents and complaints, clinical policies, research and development, clinical audit and service improvements. During the year, the Committee has alternated its agendas to focus on corporate and business unit issues, which allows operational colleagues to attend for those issues on which they provide assurance. The Committee has also streamlined its work programme and increased the use of deep dives,

presentations by clinicians and a quarterly performance dashboard to reduce the amount of reports at Committee without reducing levels of assurance or opportunity for discussion. The Committee met seven times in 2017/18. The CQC action plan, which monitors the Trust's response to the recent inspection report is now a standing agenda item at this Committee and at the MHLC (see below).

Finance, Business and Investment Committee (Chair: Rob Vincent)

The Finance, Business and Investment Committee has responsibility for monitoring financial performance of the Trust against plan (reporting any proposed remedial action to the Board as necessary) consider the Trust's medium to longer term financial strategy and provide an oversight of the development and implementation of financial systems across the Trust.

During the year, the Committee focused on the Trust's financial position; quarterly returns to NHS Improvement, financial re-forecasting and control total discussions, health and safety, property disposals and the market development plan/bid and tender pipeline. There was also a strong focus on workforce risks and mitigations. The Committee met nine times during 2017/18.

Mental Health Legislation Committee (Chair: Zulfi Hussain)

The Mental Health Legislation Committee (MHLC) has a wide cross section of attendance comprising Non-Executive and Executive Directors, an Associate Hospital Manager, 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. The Committee met four times in 2017/18. As part of the response to the CQC action plan, the Board has agreed to review the effectiveness of this Committee during 2018/19.

Nominations Committee (Chair: Michael Smith)

The Nominations Committee has the responsibility to review the structure, size and composition of the Board and, where necessary, be responsible for identifying and nominating for appointment candidates to fill posts within its remit. All Non-Executive Directors are members of this Committee, which met seven times in 2017/18.

The Committee had two key areas of work in 2017/18. The first was to recommend to the Council of Governors the process and personal specification for the appointment of a new Non-Executive Director; this resulted in the successful recruitment of Professor Gerry Armitage. The second was to begin the recruitment process for a new Chief Executive following the announcement of the retirement of Nicola Lees. The first appointment process was openly advertised and managed 'in-house' by the Trust's HR Department. The second appointment process was openly advertised and supported by an external recruitment specialist, including an intensive two-day assessment process involving service users, key stakeholders, psychometric testing and formal interviews.

Charitable Funds Committee (Chair: Nadira Mirza/David Banks)

The Charitable Funds Committee oversees the Trust's charitable activities and ensures we are compliant with the law and regulations set by the Charity Commissioners for England

and Wales. The Board is responsible for this area but this Committee looks in detail at charitable matters and works with the Charity Commissioners where necessary. It met twice in 2017/18.

Division of responsibilities of Chair and Chief Executive

A clear statement outlining the division of responsibilities between the Chair and the Chief Executive was last approved by the Board in September 2015. Since then the Chair's annual objectives have been reviewed and agreed with the Governors' Remuneration Committee and the incoming Chief Executive's objectives agreed with the Chair. It is proposed that the division of responsibilities will be reviewed again once the new, substantive Chief Executive is in post.

The Chair's objectives for 2017/18 were to:

- ensure the Board was focused on successful delivery and evolution of its business plans;
- ensure that robust and effective governance was maintained;
- ensure the Board invested appropriate development time and attention to the challenges and opportunities in our operating environment and have a clear view of where time and energy should be invested to progress the Trust's vision;
- ensure continued engagement of the Council of Governors in the work of the Trust and within the local health and care economy;
- facilitate the development of national profile and influence to support the Trust's work and ambitions;
- ensure the Board invested time in developing leadership effectiveness and succession plans; and
- continue to manage effective contribution of others during formal meetings.

The Chief Executive's objectives for 2017/18 were to:

- undertake a review of the organisational structures across operations and corporate services;
- implement a process for assessing our CQC readiness;
- review and develop succession plans in light of recent changes to the senior leadership team, with a focus on EMT, medical staff, professional heads and senior managers;
- develop and roll out a cultural sensitivity programme on a team by team basis;
- lead the work programme of the West Yorkshire Mental Health Services Collaborative;
- play a key leadership role in delivering the place based H&CP model; and
- ensure all services are providing best value to enable us to be a good provider of choice for existing and new opportunities.

Directors consider the annual report and accounts, taken as a whole, to be a fair, balanced and understandable report which provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

Council of Governors

The Trust has a Council of Governors consisting of fifteen Public, five Staff and seven Appointed Governors, which is an effective size to undertake its statutory duties. The map below shows six out of the seven constituencies of our Public membership area (the seventh being the Rest of England category).

The Governing body has two main duties as set out below:

- to represent to the Trust the interests of the membership, our staff, partner organisations within the local health economy and the wider community served by the Trust; and

- to hold the Non-Executive Directors to account for the performance of the Board, including ensuring the Trust is acting within the terms of its operating licence.

Further details about the role and responsibilities of the Council of Governors are included in Annex 6 of the Trust's Constitution (Standing Orders of the Council of Governors).

Council of Governor meetings are chaired by the Trust Chair, Michael Smith. During 2017/18, the Council of Governors met in May, July, September (the Annual Members Meeting) and December 2017 and in February and March 2018. The Chair has no other registered commitments.

The Non-Executive Directors present a Trust performance report at Council of Governor meetings. This enables the Council of Governors to fulfil their holding to account duties as they are able to ask questions directly of Non-Executive Directors. The Council of Governors also receives reports from the Governor Committees and the Membership Development Working Group, as well as an update from the Chair about key matters being considered by the Board.

Information about when Governors were elected/appointed, the constituency/organisation they represent and any declared interests can be found at Appendix 2.

During the year, Governors have provided the Trust with feedback received from individual members of the Trust and the wider public about the Trust's services. Views were obtained in a number of ways:

- **Patient Led Assessments of the Care Environment (PLACE) Assessments -** PLACE assessments involve a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered. They focus on areas such as cleanliness, the quality of food and drink and whether people are treated with privacy and dignity. These assessments take place every year and one Governor took part in these during 2017;
- **Individual networks and meetings** – Governors involved in networks and other meetings obtained feedback about the Trust's services and shared this at Council of Governor meetings;
- **Governor Drop-in Session -** Governors invited our members and other key stakeholders to provide their views about the Trust's services at a Governor drop-in session which was held immediately prior to the Annual Members meeting in September 2017;
- **Discussions held at the Annual Members Meeting -** round table discussions were held between Board members, our Governors, members of the Trust and the wider community to consider: how service user and carer engagement might be improved, our quality priorities; and how we might make relevant services more young people friendly. Those people attending the meeting requested that they be informed about how their comments had been used. The Governor stand at the 2018 meeting will highlight action taken in response to comments made both at the meeting and at the Governor drop-in session; and
- **Visits to Trust Services** – our Staff Governors were invited to join members of the Board on visits to Trust services and at staff briefings. During these visits, Staff Governors gained an understanding of the issues experienced by staff and of the action to be taken in response.

Governors also established three Task and Finish Groups to progress key pieces of work. One of these was tasked with communicating views to the Council of Governors and the Board of Directors about the content of the Trust's Quality Goals. Another group considered ways in which the Trust might improve the way in which it promoted its staff vacancies with BAME groups and the third group is considering how Governors might support the Trust in the development/promotion of its Eating Disorders service.

The Council of Governors has not, during the financial year, exercised its powers under paragraph 10C of Schedule 7 of the NHS Act 2016 to require any Director to attend a Council of Governors meeting. Both Executive and Non-Executive Directors regularly attend Council of Governors meetings to present papers or to answer questions asked. The Chair has also established Governor `Open House' meetings which enable engagement between Governors and Directors in between Council of Governor meetings. Additionally, Governors are able to attend the Trust's Board Committee meetings as observers where they are also able to interact with Board members.

Governor Induction and Training

The general duties of the Council of Governors are outlined in the Trust's Constitution. The Governor duties are also explained to Governors during their induction and they are able to access Governor related documents on the Governor portal which is housed on the website. The Trust continues to provide Governors with bite-size training in response to Governor requests – this year's presentations included topics on: the Mental Health Strategy; agile working and the health and social care work of Appointed Governor organisation, Bradford University.

Governor Committee Meetings

The Council of Governors has established two committees and one working group in order to carry out its functions. The membership and terms of reference for each Committee/group have been approved by the Council of Governors.

Nominations Committee

The Nominations Committee is responsible for the process of appointing Non-Executive Directors (including the Chair) when a vacancy arises or the re-appointment of existing Directors once their term in office expires. The Committee consists of five members, comprised of three Governors and two members of the Board of Directors (at least one of these is a Non-Executive Director). The Committee met twice during the financial year: on 17 July 2017 to consider the appointment of Professor Gerry Armitage and on 23 October 2017 to consider Non-Executive Director and Chair succession planning arrangements. The Nominations Committee recommended to the Council of Governors that Professor Armitage be appointed to replace Ms Mirza at the end of her extended term in office. This recommendation was approved by the Council of Governors in July 2017.

Remuneration Committee

The Remuneration Committee is responsible for considering the remuneration and allowances set for the Chair and Non-Executive Directors of the Trust Board. On 6 July 2017, the Committee received reports about the annual appraisal outcomes and remuneration levels for the Non-Executive Directors and Trust Chair. Remuneration levels

had been benchmarked against other trusts which negated the need for external professional advisers to be commissioned to market test the allowances paid. The Council of Governors agreed the revised allowances at its full Council meeting in July 2017.

Membership Development Working Group

This Working Group is responsible for developing the membership of the Trust and considering how the interest of members might be better represented. During the year, it met three times: in June 2017, October 2017 and January 2018. The Working Group meetings focused on refreshing and developing the 2018-20 Membership Strategy objectives and associated actions and ensuring the membership is representative of the population served by the Trust. The Working Group also agreed a strapline which could be used by Governors when explaining their role and considered it appropriate that the Trust explore how local Governors might collaborate on key areas of work. Two membership events were subsequently organised (on Dementia and Eating Disorders) and Governors from local trusts were able to meet one another and share their learning.

Resolutions of disputes between the Council of Governors and the Board of Directors

The Code of Governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved. This is included in Annex 6 of the Trust's Constitution (Standing Orders for the Council of Governors). If Governors have concerns they wish to raise, they have been advised to contact the Chair, Senior Independent Director or Director of Corporate Affairs as appropriate.

Governor Attendance

The table below provide details of the number of meetings individual Governors attended during the financial year:

Name	Council of Governor Meetings (including the Annual Members Meeting)	Remuneration Committee	Nominations Committee	Membership Development Working Group
Colin Perry (Lead Governor)	6/6	N/A	2/2	N/A
Sarah Jones	4/6	1/1	N/A	N/A
Mahfooz Khan	5/6	N/A	N/A	1/3
Sandra McIntosh	3/6	N/A	N/A	1/3
George Deane	5/6	1/1	N/A	
Kevin Russell	6/6	N/A	N/A	3/3
Amanda Martin-Richards	1/6	1/1	N/A	1/3
Wafaa Nawaz	1/6	1/1	N/A	N/A
Nicky Green (Deputy Lead Governor)	4/6	N/A	1/2	N/A
Nicholas Smith	2/5	N/A	N/A	3/3
Hazel Chatwin	3/6	N/A	N/A	2/3
Ann West	5/6	N/A	N/A	2/3
Hayley Lomas	2/6	N/A	N/A	N/A
Noel Waterhouse	4/6	N/A	N/A	2/3
Liz Howes	1/6	N/A	N/A	N/A
Debbie Cromack	1/6	0/1	N/A	N/A
Jenny Moran-Whitehead	3/6	N/A	2/2	N/A
Nigel Green	2/6	1/1*	N/A	N/A
Ranjit Arora	5/6	N/A	N/A	N/A
Shirley Congdon	2/6	N/A	N/A	N/A
Stephen Oversby	4/6	N/A	N/A	N/A
Cllr Mike Gibbons	1/6	N/A	N/A	N/A
Cllr Tanya Graham	2/6	N/A	N/A	N/A
Cllr Nussrat Mohammed (until	0/1	N/A	N/A	N/A
Cllr Aneela Ahmed	1/5	N/A	N/A	N/A
Ishtiaq Ahmed	3/5	N/A	N/A	1/2
Fozia Sarwar	0/1	N/A	N/A	N/A

* Mr Green attended the Remuneration Committee on behalf of Mrs Cromack

Board of Director Attendance

The table below provides details about the number of Council of Governor meetings individual Directors attended during the financial year 2017/18.

Name	Number of Council of Governor Meetings Attended (including the Annual Members' Meeting)
Michael Smith (Chair)	6/6
Nadira Mirza	1/3
Gerry Armitage	1/3
Sue Butler	3/6
David Banks	4/6
Rob Vincent	4/6
Zulfi Hussain	0/6
Nicola Lees	2/6
Liz Romaniak	3/6
Andy McElligott	4/6
Paul Hogg*	6/6
Sandra Knight	4/6
Debra Gilderdale	1/6

*three in his former role as Trust Secretary

Membership Information

The Trust's Membership Strategy contains three key objectives relating to:

- the recruitment of a representative membership;
- the engagement of members in the work of the Trust; and
- obtaining views from the Trust's members and the public about the services provided by the Trust.

These objectives are underpinned by a number of actions which detail how the objectives will be achieved. These actions are monitored by the Membership Development Working Group. A copy of the Strategy is available from the Membership office.

Governors and the Board receive reports which provide details about the age, profile and ethnicity of the membership. This data helps the Membership Development Working Group to determine the focus of future membership recruitment efforts.

Anyone aged 14 and above can become a member of the Trust by completing a membership application form. This is available via the Trust's website at: http://www.bdct.nhs.uk/get-involved/membership/become-a-member/. A copy can also be requested from the Membership office via email at ft@bdct.nhs.uk or by telephone on: 01274 363552.

During the year, members have been invited to attend a number of membership engagement events including the Annual Members' Meeting and Governor awareness events.

The Annual Members' Meeting, in particular, was well attended by members who engaged with the Board and Governors, through round-table discussions, about service user and carer engagement, our quality priorities and our young people services. The Trust also held a membership talk regarding ways in which to manage stress and worked with local provider, Airedale NHS Foundation Trust, to deliver a membership talk about dementia. A further joint membership event took place in April with a focus on eating disorders. A district-wide young people's event was also held and more than 100 people signed up as members of the Trust. The programme of membership events for 2018/19 is being considered and, once approved, Governors will have an opportunity to engage the membership at future membership events. All members that have provided the Trust with an email address are sent details of membership talks. All other Trust events are included in:
http://www.bdct.nhs.uk/news-events/events/

Public and Staff Membership Data

Public Membership:

	Number of Members
Age (years):	
0-16	44
17-21	550
22+	8539
Not stated	571
Ethnicity:	
White	5501
Mixed	220
Asian or Asian British	3163
Black or Black British	465
Other	117
Not stated	238
Socio-economic groupings (working age population):	
AB	2067
C1	2608
C2	2150
DE	2824

Gender Analysis:	
Male	3745
Female	5865
Not stated	94

As at 31 March 2018

Representativeness by Constituency areas:

Public Areas	**Population**	**Minimum Number of Members**	**Current Membership**	**% of Total Membership**	**Number of Governors**
Bradford East	116172	20	2019	21	3
Bradford South	104892	20	1284	13	3
Bradford West	119270	20	2198	23	3
Shipley	97103	20	1140	12	2
Keighley	98861	20	1123	12	2
Craven	55986	10	455	5	1
Rest of England	N/A	5	1485	15	1

As at 31 March 2018

Staff Membership:

Area	**Minimum Number of Members**	**Current Membership**	**% of Total Staff Membership**	**Number of Governors**
Clinical	10	2252	75	3
Non-Clinical	20	758	25	2

As at 31 March 2018

As Chief Executive I confirm that the information in this Accountability Report is accurate to the best of my knowledge and that I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed .....

Liz Romaniak
Interim Chief Executive

24 May 2018

Lead Governor, Colin Perry

The Lead Governor appointment carries a term of one year. Mr Colin Perry was appointed as Lead Governor at the Council of Governors meeting on 11 May 2017.

The role of the Lead Governor is to:

- undertake the Vice-Chair of Governors role (leading the Council of Governors in exceptional circumstances when it is not appropriate for the Chair or another Non-Executive Director to do so);
- act as a point of contact and liaison for the Chair and Senior Independent Director; and
- raise issues with the Chair and Chief Executive on behalf of other Governors and act as a point of contact with NHS Improvement or the CQC, where necessary.

Report from Lead Governor

I believe Governor participation during the year has been lively and dynamic! Governors continued to contribute their views through their involvement in a variety of meetings and events as detailed earlier in this report. These activities enabled them to further develop their knowledge about the work of the Trust and provided them with opportunities to provide feedback on behalf of the membership and the wider public.

The majority of Governors are now in the final year of their first term in office and have a good understanding about their statutory duties. The Council of Governors undertook an evaluation of its own performance during 2017 and generally, the results showed much progress had been made in developing the effectiveness of the Council of Governors. Areas identified as requiring improvement related to: targeted engagement of the membership, the development of effective relationships/sharing of ideas between the Governors and Board members and holding the Non-Executive Directors to account for the performance of the Board (through effective questioning). Following this review, both myself and another Public Governor developed a paper proposing ways in which the Council of Governors could develop its role further and this was considered in detail at a meeting in March 2018. At the same time, an effectiveness review was undertaken as it was considered beneficial to do this prior to the Governors coming to the end of their first term in office. The results revealed:

- Whilst membership and public engagement had been effective, the involvement of Governors varied depending on their other commitments. Governors agreed to hold four to five membership events during a year and to utilise these to engage with members and the public. They also agreed that a Task and Finish Group should be established to consider how social media might support Governors to engage a wider audience;
- 'Holding to account' training had given Governors a greater understanding of how to effectively hold the Non-Executive Directors to account through effective questioning. Governors considered it appropriate that Governors entering into their second term of office should buddy up with newly elected Governors to help them to quickly become effective in their role;
- The content and length of meeting papers had improved. Governors considered it appropriate that the regular monthly 'Open House' meetings with the Chair be utilised to explore any key areas in depth; and
- The weekly Governor email 'Friday Folder' was welcomed by Governors and they believed this communication tool could also be used to obtain comments from Governors in response to key issues occurring in between Council of Governor meetings.

Six of the existing Public Governors have been elected for a second term and will take forward their learning from their first term in office.

Governors also attend Board and Committee meetings in order to observe the performance of the Trust's Non-Executive Directors and use the Governor-only meetings to agree key assurance questions to ask Non-Executive Directors at Council of Governors meetings. The chairing of this meeting was rotated between Public and Staff Governors which provided different Governors with an opportunity to utilise and/or develop their chairing skills.

Governors are provided with a weekly ‘Friday Folder’ which contains important information from the Chair, key diary dates, invitations to other events, national policy updates, regional and national awards received by staff, and advance notice on issues appearing in the media.

The Chair has established an ‘Open House’ briefing which Governors are invited to attend in order to hear about key issues the Board is paying attention to in the months between the quarterly Council of Governors meetings.

Governors have been active in representing the Trust at a number of events. They have been involved in recruiting members at events held at Bradford College, Airedale General Hospital, Victoria Hall in Saltaire, Bradford City Football Club and through their individual networks. As outlined earlier in this report, they have also been involved in the 15 Steps Challenge programme and helped to promote the Governor roles when attending Governor election campaign events. Filmed interviews with myself and a Staff Governor were used to support the Governor election campaign. A number of Governors also attended a regional Governor/Non-Executive Director event and contributed views regarding the work of the West Yorkshire Mental Health Services Collaborative.

Governors reviewed the Trust’s quality goals through a Task and Finish Group. The Group provided the Council of Governors with a shortlist of three proposed indicators, from which they were required to select one for review by External Audit. The Effectiveness indicator was selected (this related to ensuring the number of people in mental health crisis attending Accident and Emergency is reduced). As outlined earlier in this report, the Governors also established two additional task and finish groups.

There has been no occasion for the Council of Governors to contact either NHS Improvement or the CQC.

I hope this report highlights how the Governors have been effectively carrying out their duties and how the Trust has benefitted from the outside objective view that Governors bring.

Colin Perry
Lead Governor

Remuneration Report

The Remuneration Committee comprises exclusively of Non-Executive Directors and has delegated authority from the Board to decide appropriate remuneration and terms of service for the Chief Executive and Executive Directors, including all aspects of salary, provision for other benefits including pensions and cars, arrangements for termination of employment including redundancy and other contractual terms.

The Committee also has a key role in:

- reviewing pay, terms and conditions for the most senior staff below Executive Director level;
- the applicability of any national agreements for staff on local terms and conditions or pay arrangements that are not determined nationally;
- receiving information on the outcome of Clinical Excellence Awards Rounds and any new proposals;
- reviewing and approving all redundancy business cases and any proposed payments to staff that do not fall within contractual entitlements e.g. settlement agreements; and
- reviewing Trust strategies and proposals around pay and reward including FT freedoms, flexibilities and options.

Attendance at Remuneration Committee meetings is shown on Page 30. Sandra Knight, Director of Human Resources and Organisational Development, provides advice and guidance to the Committee and the Committee is provided with administrative support by the PAs to the Chief Executive and Chair.

Performance Review Process

The Committee decided some time ago to move from an incremental pay scale to remunerating Directors and the Chief Executive on a spot salary in line with the benchmark evidence. This would be reviewed annually. No other external support or advice was sought by the Committee during 2017/18.

In April 2018, the Committee considered a report from the Chief Executive on the outcome of her end-of-year reviews with Directors in relation to their personal objectives as well as a report from the Chair on the Chief Executive's performance. The Committee considered proposed objectives for the Directors and Chief Executive for 2018/19 and the Trust's approach to remuneration for the coming year. The Trust does not propose introducing any team performance objectives linked to a related bonus scheme at this stage.

The Trust is required to indicate in the annual report the expenses paid to Directors in the financial year and the sum paid in 2017/18 was £3,317 to eight Directors and Non-Executive Directors (against a total of £3,230 in 2016/17 to nine Directors). The expenses paid to five Governors in the same financial year was £250 with 20 not claiming any expenses (against a total of £242.40 in 2016/17 to four Governors, with 23 not claiming any expenses). As at 31 March 2018, the Trust had 25 Governors and two public vacancies.

Executive Director remuneration

There is one officer in the Trust at Executive level who is paid more than £150,000 following a benchmarking review of that role as part of the review of remuneration for that type of role in similar Trust's nationally. Pay for Executive Directors has been benchmarked in the past using nationally available data through e-Reward or NHS Providers information which in the former is a year behind and in the latter only reports against data from Trusts who responded to the request for information by NHS Providers. NHSI are now compiling comprehensive data across Trusts and their benchmark reports will be used in future.

Non-Executive Director remuneration

In 2017, following recommendations from the independent pay review bodies, the NHS Pay Review Body and the Doctors' and Dentists' Review Body, the Government accepted the recommendation of a 1% pay rise for doctors, dentists and all staff on Agenda for Change contracts. Whilst Non-Executive Director and Chair rates do not come within Agenda for Change arrangements, some trusts had used agreements under Agenda for Change in reviewing uplifts for those on other pay arrangements. The recommendation of the Remuneration Committee, approved by the Council of Governors, was to apply 1% uplift to the Non-Executive and Chair allowances in line with the uplift applied to staff remunerated under Agenda for Change terms and conditions.

Service Contract Obligations

Following the introduction of the Fit and Proper Persons Requirements (FPPR) for Executive Directors and Non-Executive Directors, Regulation 5 of the Health and Social Care Act, the Trust continues to discharge its responsibility in ensuring that existing and new role holders are reviewed against the FPPR standards and has incorporated this following the initial self-declaration into the appraisal process, also ensuring inclusion in employment contracts.

Senior Managers' Remuneration Policy/Pay Framework

The pay policy framework remains that the terms and conditions for staff reflect nationally determined arrangements under Agenda for Change.

The Committee continues to operate the employer-based Clinical Excellence Award scheme but will be mindful of any changes for the 2017 round linked to any national guidance or changes to the consultant contract. The Committee's wish is that the scheme rewards clinical excellence linked to delivery of the Trust's strategic goals, values and contribution to leadership and service transformation remains.

During the year, the Committee approved 3 business cases for termination of employment on the grounds of redundancy. This was in line with the Trust's approach of targeting back office cost reductions to protect frontline services.

There were no significant awards made to past senior managers. Details of appointment dates for Non-Executive and Executive Directors of the Trust are included in Appendix 1.

Non-Executive Directors are appointed for a three-year term and can be re-appointed for a further term; any term beyond six years (e.g. two three year terms) is subject to rigorous review. There are no Executive Directors appointed on fixed term contracts. All Executive Directors are subject to a three month notice period, no provision for compensation for early termination is included in staff contracts and any provision for compensation for termination would be considered on an individual basis by the Committee. No re-appointments and one new appointment of a Non-Executive Director were agreed during 2017/18.

Accounting policies for pensions and other retirement benefits and details of senior employees' remuneration can be found below and are also set out in note 8 to the accounts. Apart from Non-Executive Directors who are appointed for a fixed-term, no other Directors of the Trust are appointed on fixed term contracts; therefore, there are no unexpired terms and contracts do not contain provision for early termination of a contract. The information contained on Pages 50-52 relating to the salary and pension entitlements of senior managers within the Trust is subject to audit and is taken from the Trust's accounts for 2017/18.

Leadership and management

This year has seen further changes to the Trust's leadership and management arrangements. The Business Development team has been transferred to the Director of Human Resources and Organisational Development on a permanent basis. A new Associate Director of Informatics/Chief Information Officer has been appointed to lead the Informatics team and a new post of Director of Corporate Affairs was created to reflect the additional responsibilities of the Trust Secretary.

The Chair and Chief Executive will continue to jointly review the Trust Board structure to ensure it has the appropriate capacity, skills and experience in place to support ongoing fitness for purpose. The Board continues to work to increase the diversity of leadership both within the wider organisation and within the Board itself.

The Trust has a robust Workforce Development strategy in place, with an associated leadership framework - Leading for Excellence - aimed at ensuring a strong talent pool of engaging, values based, inspirational and transformative leaders with the skills, behaviours, attitudes and resilience to meet the challenges facing the organisation.

Key programmes include the Engaging Leaders Programme (which over 500 of the Trust's middle and senior leaders have attended) and Moving Forward Programme, which is targeted at BAME staff in pay bands 5 and 6 who have the aspiration and talent to become senior leaders of the future. These programmes continue to thrive and participants from neighbouring Trusts and CCGs, Primary Care, Voluntary Sector and the University of Bradford have also participated. This is helping to strengthen the relationships and partnership working.

Two new management development programmes are being rolled out. The Bradford Managers programme which is aimed at equipping managers with the skills required to manage and motivate staff in a complex environment commenced in November 2017. To

date, two programmes have been delivered with a total of 22 staff attending, with many future dates already fully booked. A Ward Managers' development programme will commence in April 2018. This bespoke programme is aimed at building management capacity and capability, driving up standards of excellence, supporting an open organisational culture and delivering high quality and safe patient care. There are currently four on-line Toolkits for Managers that have been designed to help and support managers in their day to day roles, offering best practice guidance, tips and signposting to other reference materials.

The Board's Nominations Committee working alongside the Remuneration Committee has a key role in ensuring that there is a talent pipeline of senior leaders who are able to grow and develop into senior leadership roles and who are part of the organisation's succession plan.

Remuneration information

Details about the remuneration levels for 2017/18 are provided below. Also included is information about the relationship between the highest paid Director of the Trust and the median remuneration of the organisation's workforce.

Audited Remuneration Report for 2017/18

Single total figure table

Name and Title	2017/18			
	Salary	* Expense payments (taxable) to nearest £100	All pension-related benefits***	Total
	(Bands of £5,000) £ 000	Rounded to nearest £100	(Bands of £2,500) £ 000	(Bands of £5,000) £ 000
M Smith - Chairman	40 - 45	200		40 - 45
Gerry Armitage - Non Executive Director (from 1 October 2017)	5 - 10	0		5 - 10
N Mirza - Non Executive Director (to 30 September 2017)********	5 - 10	0		5 - 10
S Butler - Non Executive Director	10 - 15	0		10 - 15
R Vincent - Non Executive Director	10 - 15	0		10 - 15
D Banks - Non Executive Director	10 - 15	0		10 - 15
Z Hussain - Non Executive Director	10 - 15	0		10 - 15
N Lees - Chief Executive	150 - 155	7,900	135 - 137.5	295 - 300
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive	125 - 130	0	95 - 97.5	220 - 225
S Knight - Director of Human Resources & Organisational Development	100 - 105	3,700	15 - 17.5	115 - 120
P Hogg - Director of Corporate Affairs (from 1 October 2017, previously Trust Secretary)	85 - 90	100	57.5 - 60	140 - 145
A McElligott - Medical Director	125 - 130	8,200	77.5 - 80	215 - 220
D Gilderdale - Director of Operations and Nursing	110 - 115	100	280 - 282.5	395 - 400
T Rycroft - Chief Information Officer (from 5 March 2018)**********	5 - 10	0	167.5 - 170	175 - 180

Name and Title	2016/17			
	Salary	* Expense payments (taxable) to nearest £100	All pension -related benefits ***	Total
	(Bands of £5000) £ 000	Rounded to nearest £100	(Bands of £2,500) £ 000	(Bands of £5,000) £ 000
M Smith - Chairman	40 - 45	200		40 - 45
R Coyle - Non Executive Director (to 2 May 2016) *******	0 - 5	0		0 - 5
N Mirza - Non Executive Director	10 - 15	0		10 - 15
S Butler - Non Executive Director	10 - 15	0		10 - 15
R Vincent - Non Executive Director	10 - 15	0		10 - 15
D Banks - Non Executive Director	10 - 15	0		10 - 15
Z Hussain - Non Executive Director	10 - 15	0		10 - 15
S Large - Chief Executive (to 1 September 2016) ****	65 - 70	0	5 - 7.5	70 - 75
C Stubley - Director of Finance, Contracting & Facilities (to 28.4.14)				
L Romaniak - Director of Finance, Contracting & Facilities	115 - 120	0	45 - 47.5	160 - 165
S Knight - Director of Human Resources & Organisational Development	95 - 100	2,200	30 - 32.5	130 - 135
P Hogg - Trust Secretary	75 - 80	2,300	40 - 42.5	120 - 125
N Lees - Deputy Chief Executive/Director of Nursing/Chief Executive from 1st September 2016	135 - 140	6,900	282.5 - 285	425 - 430
A McElligott - Medical Director	125 - 130	7,700	0	135 - 140
D Gilderdale - Director of Operations and Nursing (from 15 August 2016) *****	60 - 65	1,500	232.5 - 235	295 - 300
H Bourner - Commercial Director (to 29 April 2016) ******	5 - 10	100	5 - 7.5	10 - 15

NOTES:

* Expense payments relate to taxable travel allowances and to benefits in kind relating to lease cars.

** The Trust has made no payments (current or long term) for performance pay or bonuses.

*** Pension benefits only relate to Officer Scheme membership and do not include any practitioner i.e. GP pension benefits. This is only applicable to the Medical Director.

**** Simon Large retired as Chief Executive on 31 August 16 and received his pension benefits from 1 September 2016

***** Debra Gilderdale was Acting Director of Operations and Nursing from 15 August 2016 and then appointed permanently from 24 January 2017

****** Part year values are included for the Commercial Director, who was on secondment to Airedale NHS Foundation Trust until 29 April 2016 and then left the Trust.

******* Ralph Coyle left his role as Non Executive Director on 2nd May 2016

******** Nadira Mirza left her role as Non Executive Director on 30 September 2017

******** Tim Rycroft was appointed as Chief Information Officer from 5 March 2018 which is a new Board level post.

In respect of pension related benefits, taking one year compared to the next, due to the number of factors affecting both the benefits accrued in-year and the movement in Cash Equivalent Transfer Value (CETV) it is not possible to define which factor has led to those changes. Factors that can affect the reported pension related benefits are; relevant Total Pensionable Pay (TPP) which can be affected cost of living inflation or salary deductions via salary sacrifice schemes; length of service of a pensionable employee and whether they have reached the maximum permissible contributions; which of the two current schemes being operated within the NHS and the affect of the resulting protection arrangements employed by each scheme. Further details on the NHS Pension Scheme arrangements can be found at www.nhsbsa.nhs.uk/Pensions/4078.aspx

All pension related benefits in the table above are adjusted for inflation at the CPI rate of 1.0% in 2017/18 (0.0% in 2016/17).

Pension Benefits:

Name and title	Real increase in pension at pension age Bands £2,500 £000	Real increase in Pension Lump sum at pension age Bands £2,500 £000	Total accrued pension at pension age at 31 March 2018 Bands £5,000 £000	Lump sum at pension age related to accrued pension at 31 March 2018 Bands £5,000 £000	Cash Equivalent Transfer Value at 01 April 2017 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2018 £000
N Lees - Chief Executive	5 - 7.5	20 - 22.5	75 - 80	225 - 230	1,300	217	1,530
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive	5 - 7.5	7.5 - 10	40 - 45	110 - 115	559	109	673
S Knight - Director of Human Resources & Organisational Development	0 - 2.5	2.5 - 5	40 - 45	120 - 125	883	71	963
P Hogg - Director of Corporate Affairs (from 1 October 2017 previously Trust Secretary)	2.5 - 5	2.5 - 5	30 - 35	85 - 90	493	78	576
A McElligott - Medical Director	2.5 - 5	5 - 7.5	25 - 30	65 - 70	408	75	488
D Gilderdale - Director of Operations and Nursing*	12.5 - 15	37.5 - 40	55 - 60	165 - 170	807	303	1,118
T Rycroft - Chief Information Officer (from 5 March 2018)**	7.5 - 10	0	7.5 - 10	0	0	96	96

NOTES:

* Debra Gilderdale was Acting Director of Operations and Nursing from 15 August 2016 and then appointed permanently from 24 January 2017

** Tim Rycroft was appointed as Chief Information Officer from 5 March 2018 which is a new Board level post. There are no previous years pension comparisons available.

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

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

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

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. CPI inflation of 1.0% has been used in accordance with NHS Business Services Authority guidance in 2017/18 (0% in 2016/17).

No Director has a stakeholder pension.

Pension benefits only relate to Officer Scheme membership and do not include any practitioner i.e. GP pension benefits. This is only applicable to the Medical Director.

Fair Pay Multiple - Median Pay

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in Bradford District Care NHS Foundation Trust in the financial year 2017/18 was £150,000 - £155,000 (2016/17 £155,000 to £160,000). This was 5.4 times (2016/17 - 5.5 times) the median remuneration of the workforce which was £27,639 (2016/17 - £28,462).

The median salary has been calculated by using the salary costs as set out below for all employees as at 31 March 2018. Where employees work part time, the salary cost has been grossed up to the full time equivalent salary. The calculation does not include bank or agency staff as these staff are engaged on a need to cover a shift basis rather than a full time equivalent basis. Information on the annual salary costs for individual bank and agency staff is not available. Any other form of proxy methodology to calculate a salary cost would not be deemed to provide a fair representation of the median salary of the organisation.

In 2017/18 no employees (2016/17 - none) received remuneration in excess of the highest paid director. Remuneration ranged from £15,404 to £150,650 (2016/17 £15,251 to £156,500). Total remuneration includes salary and benefits in kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. In 2017/18, the highest paid director was the Chief Executive.

The median pay in 2016/17 included a consolidated 1% pay award. There was a further co pay award of 1% in 2017/18. This has resulted in the 1% increase to the median pay.

	2017/18	**2016/**
Mid Point of the banded remuneration of the highest paid director	150,650	156,5
Median Total Remuneration (£)	27,750	28,46
Ratio	5.4	5.5

Other remuneration information

The Trust is required to report on other remuneration related information. Exit packages for 2017/18 and 2016/17, and off payroll expenditure are shown in the note below. Expenditure on consultancy costs in 2017/18 was £236,740.

Exit packages 2017/18

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	0	0
£10,001 - £25,000	0	0	0
£25,001 - £50,000	3	0	3
£50,001 - £100,000	0	0	0
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
>£200,000	0	0	0
Total number of exit packages by type	**3**	**0**	**3**
Total resource cost	**£92,346**	**£0**	**£92,346**

Exit packages 2016/17

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	0	0
£10,001 - £25,000	2	1	3
£25,001 - £50,000	0	0	0
£50,001 - £100,000	0	0	0
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
>£200,000	0	0	0
Total number of exit packages by type	**2**	**1**	**3**
Total resource cost	**£30,134**	**£12,009**	**£42,143**

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period

Exit packages: non-compulsory departure payments 2017/18

	Agreements (number)	Total Value of Agreements (£000s)
Voluntary redundancies including early retirement contractual costs	0	0
Contractual payments in lieu of notice	0	0
Total	**0**	**0**

Exit packages: non-compulsory departure payments 2016/17

	Agreements (number)	Total Value of Agreements (£000s)
Voluntary redundancies including early retirement contractual costs	1	12
Contractual payments in lieu of notice	0	0
Total	**1**	**12**

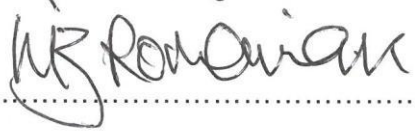
As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in the Exit Packages table above which will be the number of individuals. The Trust had no non-compulsory exit packages in 2017/18.

Off Payroll Engagements

In 2017/18, the Trust did not have any off payroll engagements. The disclosure requirements for off payroll engagements are as follows:

- For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months.
- For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months.
- For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018.

As Chief Executive I confirm that the information in this Remuneration Report is accurate to the best of my knowledge and that I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed 

Liz Romaniak
Interim Chief Executive

24 May 2018

Staff Report

Workforce overview

Our staff account for over 70% of our expenditure so it is important that the Trust recruits, retains and develops a high quality workforce. The behaviours, values and skills of each member of staff can have a direct impact on patient care and we recognise the need to provide the right conditions to support teams, develop creative and flexible employment models and encourage leadership across all levels of the organisation. Our Workforce Strategy underpins our wider vision and identifies both short term actions needed to deliver efficiencies and longer term planning necessary to operate in an environment where we are seeing greater collaboration across local place-based areas and the wider WY&HHCP.

This year we have seen some significant workforce challenges alongside some notable achievements. In 2017/18, the Trust piloted new shift patterns within three inpatient wards to help improve the work balance of staff and reduce reliance on agency staffing, rolled out a new management development programme - the Bradford Manager - aimed at all team leaders, as well as continuing to support its two flagship leadership programmes - Moving Forward (for BAME staff) and Engaging Leaders (for all staff at Band 6 and above) – to another cohort of the workforce.

However, like many other NHS providers, the Trust has seen some challenges in recruiting to certain areas across nursing, specialist therapy and medical roles, and although lower than the previous year, the level of turnover of staff at 11.3% remained above the Trust annual target of 10%. Information about sickness absence is reported later in this section. In the coming year the Trust will be looking to develop new roles (such as apprentice nurses) to help mitigate the national shortage of nurses and doctors, develop career paths for staff in support roles, continue to reduce our reliance on bank and agency staff, continue to implement our agile working programme and develop a range of management development programmes.

There has also been an overall deterioration in this year's staff survey results as well as last year against previous years, where we have consistently been in the upper quartile. The Trust Board has discussed the results and identified a number of actions to address issues including staff engagement and how staff have more opportunity to contribute to improvements in the workplace (see further details below).

Workforce analysis

An analysis of average staff numbers with permanent and other staff is broken down by occupation group (medical staff, nursing staff) below:

Average number of employees	2017/18 Total number	2017/18 Permanent number	2017/18 Other number
Medical and dental	94	58	36
Ambulance staff	0	0	0
Administration and estates	710	617	94
Healthcare assistants and other support staff	520	365	155
Nursing, midwifery and health visiting staff	1,130	1,065	65
Nursing, midwifery and health visiting learners	0	0	0
Scientific, therapeutic and technical staff	399	370	30
Healthcare science staff	0	0	0
Social care staff	0	0	0
Agency and contract staff	0	0	0
Bank staff	0	0	0
Other	1	0	1
Total average numbers	**2,854**	**2,474**	**380**
Of which number of employees (WTE) engaged in capital projects	8	8	0

A breakdown by gender of Directors, other senior employers and employees employed by the Trust is set out below:

Category	Female	Male
Executive Directors (voting members of the Board)	4	1
Other senior employees	47	24
Employees	2,440	517
Total	2,491	542

Workforce targets

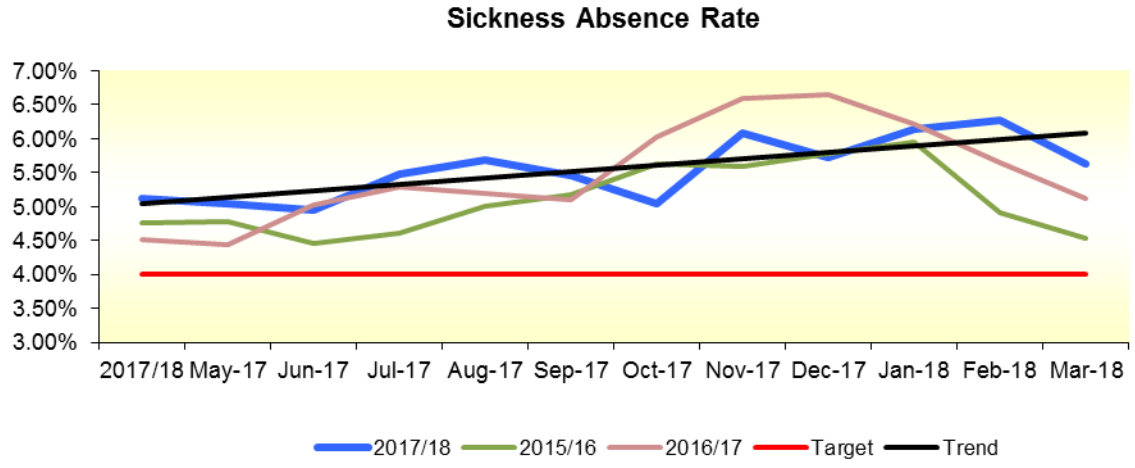
The Trust has a number of workforce targets that are monitored by the Board to assess performance including mandatory training and appraisal rates. Performance compared to the previous year is shown below:

Internal Board indicators	2017/18 target	2017/18 performance	2016/17 performance	Trust Position
Mandatory training (excluding information governance compliance)*	80%	88.5%	88.9%	Achieved target
Information Governance training	95%	95.37%	98.2%	Achieved target
Staff receiving appraisal	80%	79%	83.7%	Not achieved
Labour turnover	10%	11.3%	13%	Not achieved

***** the recent CQC inspection report identified further work on role specific required training, which is part of the Trust's action plan.

Sickness absence

The Trust Board recognises that sickness absence can have a detrimental impact on the organisation from both a quality and financial perspective. During the year the Board and its Finance, Business and Investment Committee regularly reviewed sickness performance against a target set at 4%. At the end of March 2018, the Trust recorded a sickness level of 5.5%. Sickness absence is discussed at the monthly Business Unit Performance Meetings and targeted support continues to be provided to help staff stay well and resilient. Details of our sickness absence rates from previous years are shown below.



Information on sickness absence is extracted from national data information and the figures are presented as calendar year figures, in accordance with the Annual Reporting Manual. Details of the number of staff days lost are shown below:

Staff sickness absence	Total number 2016/17	Total number 2017/18
Total days Lost	29,780	31,452
Total staff years	2,492	2,533
Average working days lost	11.9	12.4

Staff policies and actions applied during the financial year.

The Trust has a number of policies in place that supports good governance and senior management has taken a number of actions during the year to strengthen these policies. A number of policies have been revised including the Retire and Return and Disciplinary policies to ensure they reflect current best practice and legislative requirements. In addition a number of HR toolkits have been developed – these include Employee Wellbeing, Absence Management and Managing Performance. The toolkits are designed to help managers access relevant information and guidance to help them effectively manage their teams.

Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities.

The Trust has a comprehensive Employment Policy in place, supported by a range of procedures to guide managers. The policy conforms to the Equality Act 2010 and ensures that full and fair consideration is given to applications received from disabled persons. The Trust also has achieved Level 2 accreditation for the Disability Confident Scheme (previously the Positive about being Disabled accreditation) which includes evidence that the Trust is:

- actively looking to attract and recruit disabled people;
- providing a fully inclusive and accessible recruitment process;
- offering an interview to disabled people who meet the minimum criteria for the job;
- flexible when assessing people so disabled job applicants have the best opportunity to demonstrate that they can do the job;
- proactively offering and making reasonable adjustments as required;
- encouraging our suppliers and partner firms to be Disability Confident; and
- ensuring employees have appropriate disability equality awareness.

Recruiting managers receive training on the Trust's approach to recruitment to ensure that selection decisions are taken in a fair and equitable manner. In addition, the Trust's Service user and Carer Involvement Strategy has ensured a greater involvement in the recruitment and selection process and decision making of service user, patient and carer representation, including recent senior appointments at Chief Executive level within the organisation.

Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period.

The Trust requests appropriate advice, including medical, where reasonable adjustments are required to be implemented to ensure employees can continue to work where they have a long term or enduring condition. Dedicated HR Advisers ensure that there is ongoing and proactive engagement and discussion between the employee and line manager to ensure that the appropriate support, including training, is put in place as quickly as possible along with identified workplace adjustments.

Policies applied during the financial year for the training, career development and promotion of disabled employees.

The Trust's annual appraisal process provides the opportunity to discuss and agree support for any career progression, training and development needs for all employees. Our policies are equality impact assessed at the point of development to ensure all equality strands are assessed and evidenced prior to policy implementation. Reasonable adjustments can be made to accommodate the needs of disabled staff attending training (e.g. access to a loop / reasonable adjustments within the workplace).

Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees.

The Trust deploys a range of strategies to provide staff with information about matters that may be of concern to them. This ranges from weekly e-communications, the Chief Executive's blog and Board in Brief (team cascade) to more formal meetings involving staff side representatives when changes occur within the Trust which have a direct impact on the workforce – organisational changes for example – and has a formally agreed consultation process, including the completion of equality impact assessments.

Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests.

The Trust meets formally with staff-side representatives on a regular basis through a range of formal and informal meetings and through formally agreed consultation processes, including the completion of equality impact assessments where required. The Trust engages and cascades information through a range of formats across its workforce via one to ones, team briefings, weekly electronic communications, newsletters, the Chief Executive blog and via its intranet pages called Connect. The Trust utilises the Equality Delivery System to report on its commitments to equality. Wider consultation and engagement exercises are undertaken by the Trust including the annual staff survey which is used to determine action plans to affect a stepped change in employee satisfaction levels based on staff engagement, a rolling programme of engagement events where Directors meet with staff, Board quality and safety walkabouts in service and a range of service development and quality engagement forums.

Actions taken in the financial year to encourage the involvement of employees in the NHS Foundation Trust's performance.

The Council of Governors, who comprise clinical and non-clinical staff, as well as the staff side representatives are briefed on a regular basis about the Trust's performance such as finance and workforce KPIs and encouraged to give their feedback and ideas. In addition, staff are briefed via team brief on the Trust's planning processes and performance at the beginning of the financial year and then throughout the year and through a programme of briefings on Trust business plans and objectives from the Chief Executive. Team brief encourages staff to feedback ideas and comments.

The Trust began work to commission a new crowd sourcing technology that will be implemented during 2018/19 to support 'conversations' with staff about areas for improvement and what to start, stop or do differently.

Information on health and safety performance and occupational health.

Health and Safety is governed through the Trust's Health and Safety Group (not a Board Committee but an operational group) which meets quarterly to identify actions and plan progress against Trust requirements. Regular reports on performance for both health and safety and occupational health are discussed regularly at Committee meetings – for example the Health and Safety Group and the Finance, Business and Investment Committee – as well as the Workforce Transformation Steering Group. The Trust offers a wide range of interventions to support its health and wellbeing requirements for the workforce including fast track physiotherapy, MSK workshops, psychological resilience and mental health support, weight management, increasing physical activity and mindfulness.

Information on policies and procedures with respect to countering fraud and corruption.

The Trust has revised and implemented the Standards of Business Conduct, Bribery, Gifts, Hospitality and Outside Employment policy and procedure. The Trust's annual declaration of interest process is in place, the annual reminder was issued to staff in June 2017 and the returns assessed so that any risks identified could be mitigated.

Wider recognition of our staff

We take pride in the recognition that our staff across the Trust receive whether this is through external national awards or our own You're A Star Awards, where staff nominate colleagues for their exceptional contribution towards providing high quality care. The breadth of award winning or shortlisted services demonstrates that our staff continue to work collaboratively and innovatively, seeking to achieve improved outcomes for service users, patients and carers.

Award winners in 2017/18	
Helen Roberts, therapy support worker - Yorkshire and Humber's Health Heroes Award run by Skills for Health and supported by Health Education England.	
Primary care wellbeing team - Positive Practice in Mental Health Awards, primary and secondary mental health care collaboration category.	
Heather ward at Airedale Centre for Mental Health - national accreditation by the Yorkshire and Humber ANSN Improvement Academy for its safety huddles.	

LYNFEST - national service user awards in the Breaking Down Barriers/Tackling Stigma category.	
Gold award - Royal Society of the Prevention of Accidents (RoSPA).	

Shortlisted in 2017/18 in the following areas

- The Airedale, Wharfedale and Craven Complex Care team was shortlisted for a Nursing Times award, in The 'HRH Prince of Wales Award for Integrated Approaches to Care' category.
- Waddiloves health clinic team nominated for Great Autism Practice Award at the National Learning Disability and Autism Awards.
- Andrew Birkenshaw, health facilitation nurse – nominated for the Learning Disability Nurse Award at the National Learning Disability and Autism Awards.
- Sue Gibson nominated for Support Worker Award at the National Learning Disability and Autism Awards.
- The safety risk and resilience team was named as a finalist in the clinical
- governance and risk management in the patient safety category of the Patient Safety Awards 2017.

Our You're A Star Awards is a celebration of all our staff and we pay tribute to teams across Bradford, Airedale, Wharfedale, Craven and Wakefield. Sponsored by Sovereign Healthcare the winners of the five categories in 2017 were:

You and Your Care – Christine Cunliffe, assistant clinical practitioner on Heather Ward	
Patient experience – Nick Smith, Public Governor	

Quality – Andrew Birkenshaw, health facilitation nurse, and Jodee Simpson, speech and language therapist both at Waddiloves Health Centre;	
Value for money – children's services leadership team; and	
Working together award – Young Dynamos	

Innovation and our iCare programme

As an organisation that strives to deliver outstanding care, we know that we rely significantly upon the ideas, enthusiasm and energy of our staff. The Trust's Market Development Plan (2017/19) includes a commitment to generate new business and business growth through development of new business cases, cost savings, successful grant applications and considering other opportunities, for example, social enterprises, to support diversification that will benefit patients, service users and staff. Our iCare programme has been designed specifically to engage and mobilise staff in this process and is aimed at staff:

- taking hands-on responsibility for creating innovation of any kind within the Trust;
- turning an idea, however big or small, into a reality that improves how we deliver services through the experience of service users, carers and staff and wherever possible also saves money or generates income; and
- thinking in new and innovative ways.

During the year we have seen a number iCare projects identified by staff and taken forward including:

- Podiatry services: a detailed patient engagement exercise by podiatry staff at Horton Park and Westbourne Green identified there was demand for additional biomechanic insoles. With support from the iCare team the service now offers eight different ranges that give patients a choice of both off the shelf or customised insoles, helping to improve their quality of life;
- Children and Adolescent Mental Health Services (CAMHS): the development of a resilience passport as a child-friendly mental health promotion and training programnme that provides tips to develop emotional and physical resilience for children preparing for their SATS tests;
- Inpatient services: the Four Season's Café, part of wider plans to improve therapeutic activities and therapeutic space at Lynfield Mount hospital, where staff, service users and visitors can meet in a relaxing environment.

Staff Partnerships

The Trust continues to enjoy a positive relationship with its staff side representatives. The Staff Partnership Forum meets on a quarterly basis to discuss key strategic issues which may impact on staff. The forum is jointly chaired by the Staff Side Chair and the Chief Executive. During 2017/18 the forum has discussed a range of key issues including retention planning, health and wellbeing, leadership development as well as the staff survey results.

Trade Union – Support to Engagement

The Trust has a track record of working positively with Staff Side representatives and supports a number of employees to undertake work associated with the work of the Staff Side Partnership Forum and to support individual colleagues.

There are 20 employees (18.7wte) that undertake the role of trade union officials.

The amount of time that these employees spend on facility time varies significantly. There is one dedicated staff side representative who works three days a week at a cost of £22.8k.

The other employees time commitment varies and in some cases is very small. One employee spends up to 20 percent of their time on trade union related activities. None of the other employees spend more than 10 percent of their time on such activities.

The costs associated with the dedicated staff side representative and the member of staff who works up to 20 percent of their time equates to £5.2k.

The costs associated with the other staff are negligible. Of the Trust's total pay bill the costs associated with employees undertaking facility time is approximately 0.025%.

The proportion of the facility time spent by the employees on paid union activities is approximately 40%.

Listening to our staff

In response to feedback from staff, the Trust has refreshed its own internal communications processes to ensure that we provide the context for any decisions taken and are transparent on key corporate issues that affect staff. We have a number of processes where staff have an opportunity to raise issues with the Board and for individual Board members to listen to staff views. These include quality and safety Board walkabouts, quarterly staff briefings presented by a member of the Executive Team, hot desking by Directors at different sites, direct access to the Chief Executive through her Blog and 'Chat2CEO' email, 'what matters to you' conversations undertaken by the Director of Operations and Nursing and opportunities to raise issues through our Freedom to Speak Up Guardian and local champions. The use of these channels, particularly the regular staff briefings, has helped increase the visibility and accessibility of the Board, which reflected positively in the Staff Survey results around communications between staff and senior management.

As already outlined, the Trust is implementing a crowd sourcing technology that will complement existing communication processes and allow the views of staff to be canvassed and factored into Trust planning and decision making.

Staff Survey

Staff satisfaction and engagement continue to be key drivers contributing to the delivering of high quality, values-based care and are directly associated with patient experience and outcomes. Employees are our key resource, the engagement, satisfaction and health and well-being of the workforce are critical to optimal performance and enabling achievement of our vision and strategic objectives. The staff survey is an important means of understanding what really matters to staff, provide workforce assurance and highlight areas for improvement actions.

The Trust wide results, corporate actions, and processes and timescales for communication and action planning at a local level have been cascaded through the team briefing mechanisms as well as via e-update and the intranet. The survey results have also been shared with the Staff Partnership Forum members to gain their support in communicating the results and action planning. Reports for each area have been shared with managers for feedback and discussion with staff and to jointly agree two or three actions that will make a difference using existing meeting structures. Deputy Directors will monitor and oversee this process.

Progress in communicating and action planning locally with staff will be undertaken by line managers, supported by HR Business Partners and reviewed through the monthly Directorate performance meetings and through management supervision arrangements. Communication, development and implementation of a local action plan will be an expected part of team leaders' objectives for the coming year. Progress in implementing corporate actions will be through the Workforce Transformation Steering Group reporting to the Executive Management Team.

Summary of performance

Response rate				
	2017	2016		Trust improvement/ deterioration
	BDCFT	BDCFT	Benchmarking group (combined mental health, learning disability and community trust) average	
	54%	50%	44%	Improvement by 4%

Top 5 ranking scores				
	2017	2016		Trust improvement/ deterioration
	BDCFT	BDCFT	Benchmarking group (combined mental health, learning disability and community trust) average	
Key Finding 15 Percentage of staff satisfied with the opportunities for flexible working patterns	63	57	58	Improvement
Key Finding 19 Organisation and management interest in and action on health and wellbeing	3.82	3.79	3.7	Improvement
Key Finding 30 Fairness and effectiveness of procedures for reporting errors, near misses and Incidents	3.85	3.83	3.76	Improvement
Key Finding 6 Percentage of staff reporting good communication between senior management and staff	40	36	34	Improvement
Key Finding 11 Percentage of staff appraised in last 12 months	94	94	92	No change

Bottom 5 ranking scores				
	2016	2015		Trust improvement/ deterioration
	BDCFT	BDCFT	Benchmarking group (combined mental health, learning disability and community trust) average	
Key Finding 18 Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	58	57	53	Deterioration
Key Finding 17 Percentage of staff feeling unwell due to work related stress in the last 12 months	46	44	40	Deterioration
Key Finding 10 Support from immediate managers	3.83	3.8	3.89	Deterioration
Key Finding 7 Percentage of staff able to contribute towards improvements at work	69	68	73	Deterioration
Key Finding 20 Percentage of staff experiencing discrimination at work in the last 12 months	14	14	11	No Change

Proposed areas for action

Staff satisfaction and engagement are vital in delivering high quality, values-based care and are directly associated with patient experience and outcomes. The results of the 2017 Staff Survey show a deterioration in the key areas associated with staff engagement. There have been a number of specific factors that potentially have impacted this year including the consequences of continued Local Authority public health cuts that have resulted in significant change and ongoing service redesign, the continuing acuity and level of patient needs across the district and shortages of qualified staff. These demonstrate the importance of effective leadership at all levels to support and work with staff in meeting these challenges. Some very pragmatic steps will include:

- Board and Executive meetings taking place in Trust services;
- Extending the range of bullying and harassment contact officers;
- Agreeing and implementing a Quality Improvement Strategy during 2018/19 to ensure a consistent and embedded approach to quality; and
- Implementation of Crowdsourcing to reach out in real time to staff across the Trust, on their ideas and thoughts regarding improvements and key issues and linking this to i-Care and the further development of this scheme, identifying iCare champions across the Trust.

In addition, there will be a continued focus on implementing the staff health and wellbeing offers and services, improving team leader capability, confidence and effectiveness and planned programmes that encourage the development of a culture that embraces inclusivity and diversity and that reflects the Trust's values.

Equality and Diversity

In 2016 we published our second set of Equality Objectives under the new Specific Duties of the Equality Act 2010. These objectives built upon the first set published in 2012 and were agreed with the local voluntary sector and shared with local NHS providers Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust. The objectives set out what we want to enhance over the following four years and include; 'improving the access and experience of BAME service users'; 'increasing awareness of mental health issues and improving access and experience of mental health service users across the health economy'; 'implementing the Accessible Information Standard' and 'meeting the Gender Pay Gap Regulations'.

Key achievements during 2017/18 include publishing the Trust's gender pay gap which is 3.02%, launching a new Equality, Diversity and Inclusion Workforce Strategy and launching a new Perinatal Mental Health Team. In addition, the Workforce Race Equality Standard data has been analysed and an action plan developed to respond to the findings.

In December 2017 the Trust worked with Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust and the three local Clinical Commissioning Groups to carry out an assessment of our equality performance using the Equality Delivery System Framework. Grades were awarded by voluntary sector attendees and the public and have been published on our websites for information. Information about all of the Trust's equality work can be found online here http://www.bdct.nhs.uk/about-us/key-information/equality-and-diversity/

Modern Slavery and Human Trafficking Act 2017/18 Annual Statement

Bradford District Care NHS Foundation Trust offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.

The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

The Trust recognises its responsibilities to comply with the UK Modern Slavery Act 2015 and implement a strategic approach to managing business risk in relation to human rights and slavery breaches that the legislation seeks to protect. The Trust conforms to the NHS Employment Check Standards within its workforce recruitment and selection practices and national procurement frameworks for temporary resourcing requirements with its Managed Service Provider contract arrangements. The strategic approach incorporates work to analyse the Trust's supply chains and its partners to assess risk exposure and management on modern slavery.

Signed.....

Liz Romaniak
Interim Chief Executive

Signed .....

Michael Smith
Chair

Date: 24 May 2018

Statement of the Chief Executive's responsibilities as the accounting officer of Bradford District Care NHS Foundation Trust

The National Health Service Act 2006 (NHS Act 2006) states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bradford District Care NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Bradford District Care NHS Foundation Trust and of its income and expenditure, items of other comprehensive income and cash flows for the financial year.

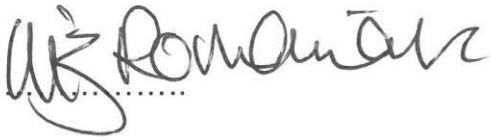
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- assess the NHS Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the NHS Foundation Trust without the transfer of its services to another public sector entity[1].

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The accounting officer is also responsible for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance.

1 The standard wording of the last bullet is "use the going concern basis of accounting unless they either intend to liquidate the Group or the parent Company or to cease operations, or have no realistic alternative but to do so". The only circumstance under which an Accounting Officer would prepare the accounts on a non-going concern basis is if they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed…  ……

Liz Romaniak
Interim Chief Executive

Date: 24 May 2018

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

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 policies, aims and objectives of Bradford District Care NHS Foundation Trust, to 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 NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

The Chief Executive is the Trust's Accounting Officer responsible for ensuring that the principles of risk management are embedded throughout the organisation. Executive and Associate Directors have collective responsibility for the appropriate undertaking and operational application of the risk management process.

Oversight and assurance to the Board on the Trust's risk management arrangements (both clinical and non-clinical) are provided by the Audit Committee.

The Chief Executive has delegated responsibility for implementation of risk management as outlined below. The Medical Director has delegated responsibility for the overall coordination of risk management, whilst Directors have a lead for specific areas of risk:

- the Medical Director leads on quality, clinical governance and risk management, patient safety, medicines management, safe standards of medical practice and compliance with Care Quality Commission standards. He was also responsible for informatics and information governance until 4 March 2018 (see below);
- the Director of Nursing and Operations ensures the effective application of risk management across clinical and operational services, including quality and leading on safeguarding and infection control;

- the Director of Finance, Contracting and Facilities leads on financial risk and manages risk in relation to the development, management and maintenance of the Trust estate and matters relating to fire safety;
- the Director of Human Resources and Organisational Development leads on risks associated with workforce capacity, retention of staff and absence management;
- the Associate Director of Corporate Affairs leads on the risks associated with corporate governance processes, communications, was the Trust's Senior Information Risk Owner (SIRO) during 2017/18 and oversees the Board Assurance Framework (BAF);
- the Associate Director of Informatics/Chief Information Officer leads on informatics and information governance risks (from 5 March 2018) and became the SIRO on 1 April 2018.

Directorate management teams review and managed related risks to their services. Each member of staff employed by the Trust holds a responsibility for risk management which is integral to their role and is included as part of the job description. Staff are expected to identify and report issues of risks and incidents.

Training of risk management

Ultimately all who work at the Trust have a responsibility for the delivery of high quality, safe care and therefore we ensure there are excellent risk training packages in place to support staff in this responsibility. Experienced and qualified staff specialising in risk management develop, coordinate and deliver a variety of risk management training packages. All staff are required to attend a corporate induction on commencing work within the Trust and a refresher risk management course regularly. The refresher training includes 'Forward 2 Excellence' Trust Board days which includes Non-Executives, Executives and Senior Management. Specialist training is required where appropriate for specific roles such as risk guardians and incident managers. Clinical risk training is delivered through a combination of an e-learning package and a face to face session annually.

The risk and control framework

The Trust's Risk Management Strategy was approved by the Board in April 2016, which sets out the strategic direction of the Trust, including its risk management tolerance, which is moderate, and includes risk attitude statements. The Board set and review the tolerance levels of risk which are 'live' on the Corporate Risk Register (CRR) quarterly applying the use of heat maps to assist the process. The Trust uses the 5 x 5 matrix (likelihood and consequence) to identify the risk rating for each individual risk. The Risk Management Strategy also introduced Charles Vincent's Measurement and Monitoring of Safety Framework which is being introduced as a useful concept and vehicle and being applied in services across the Trust and instigated the routine practice of safety huddles being implemented across all our in-patient services. A learning network was developed on the Trust's 'Connect' internal website. Learning is logged monthly and by subject matter as a result of the use of the framework. The network has learning leads in each directorate who have responsibility to share the learning from the network within their directorate and to capture and provide learning from their directorate logging it on the network for others to learn from.

The Trust's Risk Management Policy and Procedure was approved by the Board in August 2015. This sets out the structures and processes to systematically identify, assess, manage, monitor and review risk whether clinical or non-clinical and put in place robust plans for mitigation.

Risk Management Process

The Trust uses a number of different risk assessment tools additional to the Trust 5 x 5 risk matrix, these are specific assessments applied to specific tasks for example clinical risk assessment, quality impact assessment, COSHH assessments and falls assessments. Risks are identified, assessed and logged on a risk register from wherever they present themselves and the Trust seeks to anticipate potential risks proactively putting controls and mitigation actions in place to prevent the risk materialising where possible.

Additional sources for identifying risks are varied and can include:

- Incident and Serious Incident reports
- Coroners reports
- Patient and Staff Surveys
- Multi-disciplinary reviews
- Safety Huddles
- Service Reviews
- Audits, clinical and non-clinical
- Freedom to Speak Up cases
- Health & Safety Assessments
- Fire Assessments
- National guidance and reports
- Trust 'Walkabouts'
- Activation of Business Continuity Plans
- Validation Exercise of Major Incident Plans

Each service in the Trust has a number of risk guardians with responsibility for maintaining their risk register. All risk registers are held on the Safeguard Risk Management System, maintained on 'Connect' the Trust's internal internet which all staff can access to 'read only' any risk logged. Each risk has a residual/target risk rating set and mitigating actions identified. Closed risks are reviewed to confirm they are still under control.

The Audit Committee monitor, review and report to the Board on the Trust's internal control and risk management processes ensuring they are efficient and effective. Individual Directors have responsibility for ensuring the Trust's services continue to deliver efficient and effective care and compassion in a safe environment. Directorates, services and local teams review their risk register quarterly in their quarterly quality and safety governance meetings.

Risk management processes are embedded and resilient within the Trust's services with risk registers available at team level to enable teams to better manage their risks at that level with an option to escalate them through the risk management levels up to corporate risk register when appropriate. The governance and quality framework provides an excellent conduit for risks to be identified, assessed, managed and mitigated at all levels. In our in-patient services daily multi–disciplinary safety huddles are undertaken which is a short sharp and SMART review of safety and risk issues presenting themselves and it is a forum in which preventative and anticipatory actions are identified to stop the risks actually occurring or coming to fruition where possible. This is an excellent process for all the staff that work on wards including housekeeping, pharmacists etc. to be aware of any pending risks and they are actively encouraged to raise issues of safety no matter how small or irrelevant they may think they are.

Board Assurance Framework and Corporate Risk Register

The Board Assurance Framework (BAF) and the CRR define and assess the principle strategic and operational risks against the Trust's strategic priorities. There is a robust quarterly reporting process of the BAF and CRR which is presented to the Executive Management Team (EMT) and the Board quarterly or escalated by exception if required. Any risk which scores a risk rating of 15 or above are routinely reviewed by the Board.

In July 2017, in response to the Board's task and finish group approach to reviewing its own effectiveness, the wording of the strategic objectives was revised to more accurately reflect the priorities of the Trust and the BAF risks were refreshed. Each objective was also summarised into a key phrase to help simplify communication with staff.

- Strategic objective 1: Quality and Workforce – to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce;
- Strategic objective 2: Integration and Partnerships – to be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate STP; and
- Strategic objective 3: Sustainability and Growth – to maintain our financial viability whilst actively seeking appropriate new business opportunities.

The key risks to delivery of the Trust's strategic objectives identified in the BAF have remained relatively constant during the financial year. A review of the workforce-related risks resulted in one risk relating to developing an engaged and motivated workforce increase from a score of 12 to 16. For 2018/19, both the BAF and CRR will be discussed monthly by the Executive Management team to further strengthen oversight and assurance.

The strategic risks in the BAF were as follows:

Board Assurance Framework	
Strategic Objective	Strategic Risks
Quality and Workforce	• If demand exceeds capacity then service quality, safety and performance could deteriorate • If regulatory standards are not met then we may experience intervention from regulators or damage to our reputation • If we do not provide a positive service user/carer experience then we may not be responsive to local communities or commissioners' needs • If we fail to recruit and retain a diverse workforce then the quality of our services may deteriorate and our agency costs increase • If we do not develop an engaged and motivated workforce then the quality of our services may deteriorate • If we fail to develop an innovative learning culture with staff then we may not exploit new opportunities that emerge

Integration and Partnerships	• If partners (including BDCFT) fail to deliver a robust West Yorkshire and Harrogate STP then there could be financial and quality implications for the wider health economy • If partners (including BDCFT) fail to deliver a robust Bradford and Craven STP then there could be financial and quality implications for the local health economy • If partners (including BDCFT) fail to develop a robust and sustainable ACS across AWC then there will not be the system-wide change needed to manage resources vs demand • If partners (including BDCFT) fail to develop a robust and sustainable ACS in Bradford then there will not be the system-wide change needed to manage resources vs demand
Sustainability and Growth	• If we are unable to facilitate a dynamic culture of innovation then we are unlikely to meet future quality and financial challenges which threaten our performance and sustainability in the market place • If we do not have a clear and viable vision for business growth we will not be able to respond confidently and creatively to opportunities • If we do not create resilience and invest capacity within the organisation to support transformation and transition we will stifle innovation, create disengagement and not achieve our vision for sustainability and growth • If public sector finances tighten then our financial position could deteriorate • If productivity and value for money are not improved then we may gradually lose contracts to more competitive providers and become unviable • If commissioners reduce the value of contracts then we may not be able to cover fixed costs with adverse consequences to our financial viability

The Trust Board reviewed the CRR and all significant risks on a quarterly basis during 2017/18. There have been between 13 and 15 corporate risks on the CRR during the year. Following discussion by the Board, two risks were removed, two escalated from local risk registers and two new risks were added as summarised below:

- Waiting time standards (closed in October)
- Convincing commissioners we are capable of improving accessibility to local services (remained the same all year)
- Failure to forecast and mitigate 2016/17 pressures (increased from 15 to 20, and subsequently decreased to 15 again in-year)
- Financial efficiencies (decreased from 20 to 16 in year)

- Failure to develop best practice services (remained the same all year)
- Failure to set organisational self-interest aside (decreased from 16 to 12 in-year)
- Demands on the Trust's community services (remained the same all year)
- Case for investment in mental health (decreased from12 to 9 in year)
- Expansion of existing services and securing new services (remained the same all year)
- Successful marketing of the Trust's reputation (closed in January)
- Transformation of the Trust's informatics function (remained the same all year)
- Training of the workforce to utilise the power of new technologies (archived in August)
- Recruitment, retention and engagement of a diverse workforce (remained the same all year)
- Cladding at Airedale Centre for Mental Health (escalated in November)
- Risk of fire at Cemetery Road (escalated in November)
- Future cyber-attacks (archived in April 2018)
- Major delays or complications in the implementation of SystmOne for Mental Health (remained the same since added in-year)
- Failure to fully and correctly implement the requirements of the General Data Protection Regulation (remained the same since added in-year)

A quality report for all logged risks is presented to Directors every quarter and the CRR and all significant risks are reported every month for review and discussion, with appropriate further action being identified as appropriate.

Compliance with NHS foundation trust condition 4 – NHS Foundation Trust governance arrangements

The Board confirms that it has prepared a 'comply or explain' document against the Code of Governance to record where the Trust has not followed the guidance or where an action plan is required to ensure compliance.

Potential and identified risks, which may impact on external stakeholders and key partners such as local authorities, other NHS trusts, voluntary organisations and service users are managed through structured mechanisms and forums such as the Overview and Scrutiny Committees, contract negotiation meetings, Council of Governors meetings and service user forums.

Other controls

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.
Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Sustainability

The foundation 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 UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust's Operational Plan is approved and monitored in detail by the Board of Directors on a monthly basis through key performance indicators (including those required by NHS Improvement) within the Integrated Performance Report (IPR) and a wider 6-month review of the Plan in October. Board Committees review performance in further detail through the use of individual Committee performance dashboards. The Trust's resources are managed within an approved framework set by the Board, which includes Standing Financial Instructions (SFIs), were reviewed by the Audit Committee in November 2017. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

The EMT meets weekly, and Executive Directors and Deputy Directors meet monthly (known as 'the Directors meeting') to oversee strategy, business delivery and quality and performance issues. In addition, Business Units and Corporate Departments are responsible for the delivery of their own financial and other performance targets, which is monitored through Business Unit performance meetings, chaired by Executive Directors. The Trust's Performance Management Framework for 2016-18 was approved by the Audit Committee in May 2016.

Internal Audit undertakes a review and reports on the risk management processes annually, reporting to the Audit Committee. This Committee has a timely reporting process in place to ensure that identified actions from audit reports are progressed to satisfactory conclusion through the implementation of the agreed recommendations. Internal Audit's opinion for 2017/18 (based upon and limited to the work performed) was that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

In terms of deterrents against fraud, the Trust has a very proactive nominated Local Counter Fraud Specialist provided via Audit Yorkshire, who is fully accredited by the NHS Counter Fraud and Security Management Service. The Audit Committee approved the Annual Counter Fraud Plan for 2017/18 in April 2017 and received regular updates on progress of counter fraud work during the year. Areas of work during the year have included: proactive counter fraud activity to raise awareness of policies, systems and controls, reactive investigations where potential fraud areas have been identified and wider intelligence gathering through NHS protect bulletins and alerts.

Data security

Information governance and data security risks are monitored through the Information Governance Group (IGG) and assessed using the Information Governance Toolkit. The IGG membership comprises the SIRO* (Chair), Caldicott Guardian**, and lead information

governance officers. The IGG meets every 2 months and reports quarterly on any information governance issues to the Informatics Board. The Informatics Board oversees the strategic aspects of the Trust's digital, technology and information agenda. During the year, the IGG has apprised itself of changes to IG policies, data quality issues, cyber security and preparations for the introduction of General Data Protection Regulations (GDPR).

Information governance

Any incidents and near misses are reported internally through the web based incident reporting system (IR-e) and notified immediately to the Information Governance (IG) & Records Manager. They are logged on the 'Serious Incidents Requiring Investigation' section of the Information Governance Toolkit and if appropriate with the Trust's Serious Incident Lead. Incident data is regularly reported to, and monitored by, the IG Group, investigated and lessons learnt shared.

There was one case at Level 2 that was reported to the Information Commissioner's Office (ICO) and Department of Health (DH) in the year 2017/18. This related to child measurement data of 500 + children (height, weight etc.) in paper format that was lost whilst being delivered to an Admin Hub.

Level 1 (Confirmed IG SIRI but no need to report to the ICO and DH)	92
Level 0 (Near miss/non-event)	245

Summary of personal data related incidents (Level 1 and 2):

Category	Breach type (IG Toolkit headings)	Total (Level 1)	Total (Level 2)
A	Corruption or inability to recover electronic data	0	0
B	Disclosed in error	54	0
C	Lost in transit	6	1
D	Lost or stolen hardware	3	0
E	Lost or stolen paperwork	9	0
F	Non-secure disposal – hardware	1	0
G	Non-secure disposal – paperwork	1	0
H	Uploaded to website in error	1	0
I	Technical security failing (including hacking)	4	0
J	Unauthorised access/disclosure	12	0
K	Other	1	0
Total		92	1

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The annual Quality Report is produced following mandated guidance and processes. The Trust's process incorporates:

- significant clinical engagement in year;
- joint working with the Communications team;
- joint working with the Director of Corporate Affairs to ensure the Quality Report is consistent with the information also included in the Trust's Annual Report;
- scrutiny by external auditors;
- review by Board Committees;
- oversight by a Task and Finish Group made up of members of our Council of Governors, who review content and support the scrutiny of our Quality Goals and Quality Indictors and who recommend a Quality Goal to be reviewed by the external auditors;
- input from Governors and members in relation to our Quality Goals; and
- review and comment from our key commissioners and stakeholders.

The Medical Director is accountable for the Quality Report and the final version is considered and approved at Trust Board each May.

Care Quality Commission (CQC) Registration and quality governance

Quality Governance in the Trust is overseen by the Quality and Safety Committee which meets every 6 weeks. It receives assurances from a variety of sources, including a quarterly dashboard, regular and ad hoc reports as detailed in the committee annual workplan and specifically requested papers where additional assurance is required. The Quality and Safety Committee is the lead Committee to receive assurances in relation to CQC related workstreams.

CQC registration is overseen by the Deputy Director of Quality Improvement. The foundation trust is fully compliant with the registration requirements of the CQC, following its recent report published in February 2018, when the Trust was rated overall as 'Requires Improvement'. The Trust was rated as good for the caring and responsive domains and community health services for adults was rated as outstanding in the caring domain and the community end of life care was rated as outstanding in the responsive domain.

The CQC inspection report contained 51 'must do's' which have been collated into a CQC inspection report action plan, which has already been shared with the CQC, local commissioners and the Council Overview and Scrutiny Committee.

The CQC inspection report action plan was approved by the Trust Board in March 2018 and is being monitored at each meeting of the Quality and Safety Committee/Mental Health Legislation Committee with quarterly submission to Trust Board in 2018/19. An Improving Quality Programme Board will oversee delivery of the action plan, reporting formally to the Quality and Safety Committee. Further information is provided in the Quality Report section.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee Quality and Safety Committee, Finance, Business and Investment Committee, Mental Health Legislation Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed in a number of other ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the BAF and on the controls reviewed as part of the internal audit work. A significant opinion has been given for 2017/18. There was one limited/improvement required rated assurance report (Learning from Deaths report, BDCT13/2018) and no low/weak rated assurance reports received from the internal auditors. Robust procedures are in place for following up all internal audit recommendations. Internal audits are undertaken to report on effectiveness throughout the year; all internal audit reports are presented at Audit Committee.

Executive and Associate Directors who have responsibility for the development and maintenance of the system of internal control, also provide me with assurance, through individual letters of representation.

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

Finally, my review is informed by external assessments carried out by:

- CQC reports (covered in the Quality Report section);
- KPMG (our external auditors – at a cost of £60,500 for 2017/18);
- National patient and staff surveys;
- Local Healthwatch reports; and
- Bradford & Airedale and North Yorkshire Overview and Scrutiny Committees.

Statement as to disclosure to auditors

In the case of each of the persons who are Directors at the time the report is approved:

- so far as each Director is aware, there is no relevant audit information of which the company's auditor is unaware; and
- each Director has taken all the steps that he/she ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the company's auditor is aware of that information.

Conclusion

My review confirms that the Trust has generally sound systems of internal control that supports the achievement of its policies, aims and objectives and that those control issues have been, or are being, addressed. The CQC report published on 12 February 2018 placed a series of requirements upon the Trust which are in the process of being addressed and monitored by the Board and its Committees. I am satisfied that no other significant control issues have been identified for the period 2017/18.

Signed.....

Liz Romaniak
Interim Chief Executive
Date: 24 May 2018

*Senior Information Risk Owner is a Director-level position who advises the Board on the effectiveness of information risk management across the Trust.
**Caldicott Guardian is a Director-level position who ensures that the Trust satisfies the highest practical standards for handling patient identifiable information.

Quality Report 2017/18

Bradford District Care NHS Foundation Trust

Part 1: Statement on quality from the Chief Executive

1. Introduction

On behalf of the Trust Board, I am pleased to introduce Bradford District Care NHS Foundation Trust's (BDCFT) Quality Report for 2017/18. The report outlines our quality performance over the last year and our commitment to delivering quality improvements throughout 2018/19. The Report demonstrates our continued focus on providing outstanding services for the communities that we serve.

As a Foundation Trust we have the benefit of working closely with our Council of Governors to develop the report. The Governors have played a key role in supporting the monitoring of our quality goals for 2017/18 and along with our Trust Board, to deliver our three-year quality strategy that we launched in 2016.

In 2017/18, our quality goals continued to be stretching, underpinned by the principle of 'pushing boundaries' whilst ensuring that we continue to meet our mandatory targets. This report outlines where we have either met or exceeded these and where we need to do more.

In October 2017 the Care Quality Commission (CQC) inspected our Trust. Our CQC report was published in February 2018 and we were rated 'good' for caring and responsive and 'requires improvement' for effective, safe and well led, leading to an overall rating of 'requires improvement'. Knowing our strong track record on performance and our consistent focus on quality, the rating was very disappointing, but we are now working hard to ensure that we address the areas that the report raised. This includes actions that we have been progressing in recent months to develop and implement a new Quality Improvement Strategy. We have been speaking to NHS Improvement and with other Trusts (including organisations assessed as being 'outstanding') who have implemented this type of quality improvement framework. These actions will help us to ensure that we have a consistent, recognised approach to quality improvement that all staff recognise and embrace, which is part of our culture and which supports our delivery of safe and effective care.

The CQC recognised the 'caring', 'compassionate', 'respectful' and 'supportive' approach of our staff; that feedback from people who use our services was 'highly positive'; that services were 'responsive' and people could access services when they needed them. It also recognised service innovation and outstanding practice, rating two of our community services as 'outstanding' across two areas.

The report identified some areas for improvement. This included additional oversight of required staff training and supervision, and in some areas, greater consistency in care records, safeguarding and risk management. Many of these have been addressed or have action plans in place to deliver the required improvements as key priorities for 2018/19.

In the NHS staff survey, we are pleased to report a higher than average response rate (54%) compared to similar Trusts. We compared favourably on some measures (staff satisfaction with opportunities for flexible working, communication between senior management and staff, staff recognising the organisation's support on health and wellbeing, and the number of staff receiving appraisals). However we need to do more on resourcing and support, staff feeling able to contribute to improvements at work and providing additional support for staff in some areas such as work related stress. We are focusing on a small number of actions in the expectation that this will deliver a greater impact; an approach we used successfully last year.

We are also implementing a new crowdsourcing platform. This will provide opportunities for online 'conversations' with more of our staff. It will help us to engage staff in shaping our new organisation strategy, vision and values and in suggesting areas for improvement. We have much to build on that is positive but are also responding to the challenges that CQC and our staff survey have highlighted to us.

The Trust has a strong track record of involving people that use our services, their carers and families in our work. Last year we introduced a new approach to gather more comprehensive feedback from service users. This provides a valuable continuous improvement tool. Of the 5,000 people that have provided comments in 2017/18, 95.4% would recommend our services to a friend or family.

We have also maintained our focus on the quality of our care environments. For the fifth year running, the Trust achieved above national average scores across all areas in the national Patient-Led Assessment of the Care Environment (PLACE) that puts patient views at the centre of the assessment process.

Other national recognition for the Trust's work includes Gold in the Royal Society of the Prevention of Accident (RoSPA); Positive Practice in Mental Health Award for our primary care and wellbeing team; Breaking Down Barriers/Tackling Stigma award for Airedale Centre for Mental Health, and national accreditation by the Yorkshire and Humber Academic Health Science Network Improvement Academy for 'safety huddles' across our acute wards.

In 2018/19, we will pay particular attention to Quality Improvement and will monitor and report on our progress in an open and transparent way.

Over the next twelve months, we look forward to working with our commissioners on the priorities that they have identified based on their assessment of our communities' needs. We will ensure that we meet our commissioner's objectives of improving the health outcomes and reducing health inequalities for our local communities. We will also work with partners across West Yorkshire and Harrogate to drive quality improvements and service innovation.

This work underpins our ambition of providing outstanding services to the communities we serve.

This report is a public document that we publish annually and we commit to publishing the Quality Account for 2017/18 in June 2018 on our public website at www.bdct.nhs.uk.

2. Declaration

The Trust Board is confident that this quality report presents an accurate reflection of quality across Bradford District Care NHS Foundation Trust.

As Chief Executive of Bradford District Care NHS Foundation Trust I can confirm that, to the best of my knowledge, the information within this document is accurate.

Liz Romaniak
Interim Chief Executive

Part 2: Priorities for improvement and statements of assurance from the Trust Board

3. Priorities for improvement

In our 2016/17 quality report we set out our priorities for improvement during 2017/18; these are summarised below and detailed information on how we performed against the quality goals is provided in Section 3 of this report (from page 110)

Our quality priorities for 2017/18

- Improving patient safety.
- Improving effectiveness.
- Meeting personal need.

These three quality priorities are described in the quality quadrant of the vision wheel as safe, personal and effective.

Our quality goals for 2017/18
Our quality goals for 2016/17 were the product of a robust consultation with service users and carers, members of staff, commissioners, Governors and Board members. For 2017/18 the goals were reviewed and it was agreed that they still underpin the quality aspirations for the Trust for 2017/18, so they were continued for a further 12 months, and they are:

Safe

- Ensure a responsive service for those in need of urgent care.
- Implement a suicide reduction strategy.
- Ensure every patient is provided with care which addresses both their physical and mental health needs.

Personal

- Ensure easy and timely access to services.
- Improve engagement with patients and carers.

Effective

- Continue to engender a culture whereby staff feel able to raise concerns about unsafe clinical practice.
- Ensure workforce numbers meet the needs of the service.
- Work in partnership with health and care providers, the voluntary sector and commissioners to improve services.

Part 2b: Statements of assurance from the Trust Board

4. Review of services

During 2017/18 Bradford District Care NHS Foundation Trust provided 54 NHS services in the following areas:

- Mental health services.
- Learning disability services.
- Community services.
- Dental services.

A full list of services can be found in appendix 1.

Bradford District Care NHS Foundation Trust has reviewed all the data available to it on the quality of care in all 54 of these services.

The income generated by the NHS services reviewed in 2017/18 represents 100% of the total income generated from the provision of NHS services by Bradford District Care NHS Foundation Trust for 2017/18. There is no change from 2016/17 which was also 100%.

A review of our services appears in part three of this document. This gives an overview of how we are doing against the quality indicators that have been set by us and our stakeholders.

5. Care Quality Commission registration status

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is fully registered. Bradford District Care NHS Foundation Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2017/18.

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

The CQC ratings grid in relation to BDCFT is as follows as of February 2018:

	Safe	Effective	Caring	Responsive	Well led	Overall rating
Community Services	Good	Good	Good	Good	Good	Good
Mental Health Services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Overall Trust	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

The Quality and Safety Committee is the lead committee to receive assurances in relation to CQC related workstreams.

CQC registration is overseen by the deputy director of quality improvement. The Foundation Trust is fully compliant with the registration requirements of the CQC, following its recent report published in February 2018, when the Trust was rated overall as 'requires improvement'. The Trust was rated as good for the caring and responsive domains and community health services for adults was rated as outstanding in the caring domain and the community end of life care service was rated as outstanding in the responsive domain.

The CQC inspection report contained 51 'must do's' which have been collated into a CQC inspection report action plan, which has already been shared with the CQC, local commissioners and Bradford Metropolitan District Council overview and scrutiny committee.

The CQC inspection report action plan was approved by the Trust Board in March 2018 and is being monitored at each meeting of the Quality and Safety Committee and Mental Health Legislation Committee with quarterly submission to Trust Board in 2018/19. An improving quality programme board will oversee delivery of the action plan, reporting formally to the quality and safety committee.

The CQC continue to undertake Mental Health Act unannounced visits to our inpatient wards and these are responded to by the Trust as per the CQC requirements.

BDCFT continues to take part in multiagency CQC inspections and other agency inspections e.g. Ofsted as appropriate.

6. Participation in clinical audits

We undertake a full programme of clinical audit which is reported to our Board through the Quality and Safety Committee. We believe that a good audit programme supports clinicians, managers, service users, carers, the community and commissioners to understand how we are doing in line with recommended quality standards. It also provides information we can use to improve quality if any gaps are found.

Our audit activity for 2017/18 included:

1. National Clinical Audits.
2. National Confidential Inquiries (NCI).
3. National Confidential Enquiry into Patient Outcomes and Death (NCEPOD Studies).
4. Commissioning for Quality and Innovation (CQUIN) clinical audits.
5. Commissioner clinical audits.
6. Local clinical audits.

National eligibility

1. National clinical audits

During 2017/18 data collection for nine national clinical audits covered NHS services that BDCFT provides. During that period BDCFT participated in 100% of the national clinical audits. The national clinical audits that BDCFT was eligible to participate in during 2016/17 are as follows:

NHS Digital:

a. National Diabetes Footcare.

Royal College of Psychiatrists:

b. National clinical audit of psychosis (NCAP).
c. Early intervention in psychosis self-assessment.

National Prescribing Observatory for Mental Health (POMH-UK) audits

d. Topic 1g & 3d: Prescribing high dose and combined antipsychotics.
e. Topic 17a Use of depot/ long acting antipsychotic injections for relapse prevention.
f. Topic 15b; Prescribing sodium valproate for bipolar disorder.
g. Topic 16b: Rapid tranquillisation.

United Nations International Children's Fund (UNICEF):

h. UK baby-friendly health visiting initiative.

UK Parkinsons:

i. National Parkinsons.

2. National confidential inquiries (NCI)

- Suicide and homicide by people with mental illness.

3. National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) studies

NCEPOD's purpose is to assist in maintaining and improving standards of care for adults and children for the benefit of the public by reviewing the management of patients by undertaking confidential surveys and research, by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities. The NCEPOD studies that BDCFT was eligible to participate in during 2017/18 are as follows:

a. Young people's mental health.

4. Commissioning for Quality and Innovation (CQUIN)

a. 3a: Cardio metabolic assessment and treatment for patients with psychosis (includes inpatients, community mental health teams (CMHT) and early intervention in psychosis (EIP) patients).
b. 3b: Communication with general practitioners.
c. 5: Transitions out of children and young people's mental health services (CAMHS).
d. 10 Improving the assessment of wounds.

5. Commissioner

a. Care programme approach (CPA).
b. Section 117.
c. The National Institute for Health and Care Excellence (NICE) physical health checks for newly initiated antipsychotic patients.
d. District nursing care plans.

6. Local (figures listed below)

National participation

The national clinical audits, NCI and NCEPOD studies that BDCFT participated in during 2017/18 are as follows:

1. National clinical audits

NHS Digital:

a. National diabetes footcare (NDFA).

Royal College of Psychiatrists:

b. National clinical audit of psychosis (NCAP).
c. Early intervention in psychosis self-assessment.

National POMH-UK

d. Topic 1g & 3d: Prescribing high dose and combined antipsychotics on inpatient wards.
e. Topic 15b: Prescribing sodium valproate for bipolar disorder.
f. Topic 17a: Use of depot/ long acting antipsychotic injections for relapse prevention.
g. Topic 16b: Rapid tranquillisation.

National UNICEF:

h. UK baby-friendly health visiting initiative.

UK Parkinsons:

i. National Parkinsons.

The number of cases submitted for each audit is included in the table below, along with a percentage of the number of required cases for that audit, if specified, and the overall percentage compliance.

Name of clinical audit	Number of cases submitted	% of required cases as specified in the guidance	Overall compliance
NDFA	20 cases	Not applicable*	The data collected does not measure specific standards but measures outcomes
National Clinical Audit of Psychosis	150 cases	100%	Results not available at the time of publishing
Early Intervention in Psychosis Self-Assessment	400 cases	100%	Results not available at the time of publishing
POMH Topic 1g&3d: Prescribing high dose and combined antipsychotics	107 cases	Not applicable*	87%
POMH Topic 17a Use of Depot/ long acting antipsychotic injections for relapse prevention	116 cases	Not applicable*	76%
POMH Topic 15b: Prescribing sodium valproate for bipolar disorder	98 cases	Not applicable*	Results not available at the time of publishing
POMH Topic 16b: Rapid tranquillisation	Not yet submitted	Not applicable*	
UNICEF baby-friendly health visiting initiative	20 cases	100%	91%
UK Parkinsons	11 cases	Not applicable*	Results not available at the time of publishing

** Not applicable: there was not a minimum requirement for the number of cases that should be submitted for the audit.*

The reports for the following national clinical audits were reviewed by the provider in 2017/18 and BDCFT intends to take the following actions to improve the quality of healthcare provided.

Audit title	Actions to be taken
UNICEF baby-friendly health visiting initiative accreditation	In September 2017 the Trust met most of the standards for re-accreditation but was required to consider some further actions before progressing to full re-accreditation. Action taken internally between October 2017 and January 2018 included the following: • Several short thirty minute sessions were held in every health visiting base by either the infant feeding lead or one of the breastfeeding champions. The sessions included updates on hand expression, the UNICEF video clip was shown and all staff demonstrated the correct technique alongside the video. • All staff practised completing the UNICEF breastfeeding assessment form, found in the parent-held record book, paying attention to mums expectations around baby's output and the need to check that mums are aware of this tool, since its main purpose is to show mums that breastfeeding is going well. • All staff were updated on information from First Steps Nutrition, First Steps Nutrition newsletters were shared with all staff and publications were located on the Trust webpages. Staff were reminded that First Steps information is used because it is unbiased and evidence based, unlike information provided by the formula companies. A further audit was undertaken in February 2018. The outcome of the audit was excellent and the results were submitted to the UNICEF designation committee. BDCFT received full re-accreditation with UNICEF in April 2018, maintaining their baby-friendly initiative status.
NDFA	The NDFA is a continuous data collection process. The results received in March 2018 are based on data that was collected between April 2016 and March 2017 and submitted in June 2017. During this period the staff within the specialist foot clinics had limited time and capacity to collect the data whilst the foot clinics were underway and consequently data for only 20 patients was included in this audit submission. Actions taken within the service since 2016/17 include the following: • Data collection for the 2017/18 audit is still underway and this will be submitted in June 2018. A different audit methodology is being used to ensure a greater number of cases are captured and submitted. • Access to NHS England transformational funding to enable the provision of a five day service at Airedale General Hospital from November 2017. • There has been a complete overhaul of the SystmOne unit which will improve data collection in 2018/19, not only from a contractual reporting point of view but also for the NDFA as the audit template has been embedded within SystmOne. • The wound templates that are used by the service have been reviewed and updated to ensure they contain all the components of a comprehensive wound assessment as published in 2017/18 by Leading Change, Adding Value. Performance against the audit criteria and the use of the NDFA

	data collection template will be monitored during 2018/19.

National clinical audit results enable us to benchmark our performance against other participating Trusts. The audit project lead for the clinical audit is responsible for sharing the results with the appropriate quality and safety group and all medical related national clinical audit results are presented to the medical staff audit group (MSAG) where doctors discuss the findings. This supports local learning with action plans developed to ensure improvement.

2. National confidential inquiries (NCI)

- Suicide and homicide by people with mental illness.

3. NCEPOD STUDIES

Name of study	Study information	Information submitted
Young people's mental health	The study identifies the remediable factors in the quality of care provided to young people treated for mental health disorders; with specific reference to depression and anxiety, eating disorders and self-harm. The study also examines the interface between difference care settings and the transition of care.	Clinical questionnaires in relation to six cases and two organisational questionnaires were submitted. The national report is due in April 2018.

4. CQUIN clinical audits

There was a requirement to complete the following audit as part of the CQUIN schedule.

Audit Title	Date submitted	Results
CQUIN 3a: Cardio metabolic assessment and treatment for patients with psychosis (includes inpatients, community mental health team (CMHT) patients and early intervention in psychosis (EIP) patients).	The inpatient and CMHT part of the CQUIN were audited as part of NCAP. The results were submitted to The Royal College of Psychiatrists on 29 November 2017 and will be reported on by NHS England in April 2018 The EIP part of the CQUIN was audited as part of the EIP self-assessment audit. The results were submitted to the Royal College of Psychiatrists on 30 January 2018 and	Inpatient result: BDCFT achieved an overall compliance of 96.5% CMHT result: BDCFT achieved an overall compliance of 88.9% EIP result: not available at the time of publishing

	will be reported on by NHS England in April 2018.	
CQUIN 3b: Communication with general practitioners	The audit was carried out locally. The results were submitted to the commissioners in April 2018.	BDCFT achieved an overall compliance of 10%
CQUIN 5: Transitions out of children and young people's mental health services	The audit was carried locally. The results will be submitted to the commissioners in April 2018.	BDCFT achieved an overall compliance of 81%
CQUIN 10: Improving the assessment of wounds	The audit was carried out locally. The results were submitted to the commissioners in October 2017 and April 2018.	Quarter 2: 18% Quarter 4: 79%

CQUIN 3 was conducted and reviewed by the provider in 2017/18. BDCFT is taking the following actions to improve the quality of healthcare provided:

Audit title	Actions to be taken
CQUIN 3b: Communication with general practitioners	The results of the audit demonstrated some deterioration in comparison to the 2016/17 CQUIN results however it is recognised that the requirements for 2017/18 were different to that of the requirements in previous years. The focus for 2018/19 is to develop workable solutions to address each of the challenges in order to deliver CQUIN compliance going forward. Actions to be taken will include the following: • All non-compliant cases will be analysed further to identify methods for improvement. This will be discussed within the CQUIN 3 working group for action. • The results of the audit will be shared with ward staff, ward managers and clinical managers for discussion at both inpatient quality and safety meetings and service manager quality and safety meetings. • Examples of good quality complete e-discharges will be used for learning purposes. These will be shared with medical staff in training sessions and new starters will be provided with samples during induction/ training. • The e-discharge process will be re-looked at to determine the roles and responsibilities of different staff groups. This will be shared with inpatient staff, medical staff and pharmacy staff so that each of the staff groups is aware of its role in the production of the e-discharge. The physical health lead will meet with teams on an individual basis to provide support/ training in all areas. • The e-discharges will be reviewed internally in June 2018 to ascertain if the actions have had any effect on the quality of e-discharges. This CQUIN continues into 2018/19 and our performance against

	the CQUIN criteria will be measured again in November 2018.

CQUIN 10 was conducted and reviewed by the provider in quarter two of 2017/18. BDCFT is taking the following actions to improve the quality of healthcare provided prior to the next audit in quarter four:

Audit title	Actions to be taken
CQUIN 10: Improving the assessment of wounds	This CQUIN aimed to increase the number of wounds which have failed to heal after four weeks that receive a comprehensive wound assessment. The quarter two audit provided a baseline figure and action taken at this stage included the following: • Holistic wound assessment training was developed and delivered across all relevant teams. • A SystmOne configuration review was undertaken to establish whether it was possible to include patients with more than one wound, or those that do not have a district nurse wound associated care plan, in reporting figures. • All wound associated templates used by community services were reviewed to establish whether it was possible to improve the completion of each component of a comprehensive wound assessment. The components were included as mandatory fields in the revised templates. • The results of the audit were presented within case holder meetings, at the district forum and within quality and safety meetings. Achievement against the trajectory and the effectiveness of the improvement plan was assessed through a repeat audit in quarter four, where BDCFT achieved a significant increase. The CQUIN will continue into 2018/19 and further action will be taken, as detailed below: • A selection of teams will be reviewed over the coming weeks to look at how they are using the wound template and how they could improve on this in the short term and long term. • Training is underway for individual community nursing teams to ensure they understand the need for a full and comprehensive wound assessment and that they are able to complete the SystmOne template appropriately and accurately. Consulting with colleagues nationally to identify any potential learning and to see if there are ways we can improve the system and make it easier for clinicians to use.

5. Commissioner clinical audits

In addition to audits completed as part of the CQUIN initiative (above), the following audits were agreed with and reported to local clinical commissioning groups as a part of the quality monitoring process for the Trust:

Audit Title	Date submitted	Results (Overall compliance)
Care programme approach (CPA) CPA focuses on ensuring that patients with complex needs and/ or multi-agency involvement are managed appropriately through care planning.	Reports submitted in quarter two and quarter four.	Quarter two: 72% Quarter four: 82%
Section 117 aftercare Section 117 aftercare ensures that patients who have been detained in hospital under Sections 3, 37, 45a, 47 and 48 receive appropriate aftercare.	Reports submitted in quarter two and quarter four.	Quarter two: 97% Quarter four: 99%
NICE physical health checks A baseline physical health check should be carried out for patients initiated on antipsychotic medication. The results of the check should be communicated to the patient's GP.	Reports submitted in quarter one and quarter three.	Quarter one: 74% Quarter three: 68%
District nursing care plans Patients on the district nursing caseload should have an individual completed care plan setting out the patient's goals.	Report submitted in quarter four.	Quarter four: 52%

The reports for the above commissioner audits were reviewed by the provider in 2017/18. BDCFT took the following actions to improve the quality of healthcare provided in relation to the following two commissioner audits:

Audit title	Actions to be taken
CPA	• With a new clinical information system (SystmOne) taking over from RiO in July 2018, the nature of the CPA audit will change. SystmOne will be able to provide managers with a wider range of operational reports that will cover compliance as to whether CPA stages are completed, i.e. assessment, care plan, CPA review, transfer, discharge, safeguarding etc. This means local managers will be addressing areas of incomplete care records using the SystmOne management information and through the caseload management processes • The CPA team will carry out a quality-focused audit which will measure the quality of CPA stages, rather than be a count of whether something has been completed. • Specialist inpatients and acute and community care have each developed their own action plans in response to the audit findings.

	These will continue to be monitored in local quality and safety meetings to ensure that local issues are being addressed.
NICE physical health checks for newly initiated antipsychotic patients	• A medical lead was assigned to review non-compliance, to understand the underlying contributory factors and to work with service managers and doctors to improve performance. • Discussions took place with pharmacy to clarify the physical health check requirements for patients with different diagnoses and on different medications. • The lead pharmacist and the physical health lead will deliver a session to the doctors regarding physical health requirements when prescribing antipsychotic medication. • The CMHT assessment teams are going to start referring new referrals to the physical health wellbeing clinics so that patients will potentially have had, or be about to have, a physical health check by the time they see the consultant for the first time. This will mean that a physical health check is in place prior to initiation of new antipsychotic medication. • The physical health lead is now routinely attending the drugs and therapeutic group meetings to ensure an interface between doctors, prescribing and physical health.

6. Local audits

Internally driven projects (local clinical audit)

It is recognised that much of the clinical audit activity in NHS trusts will involve individual healthcare professionals and service managers evaluating aspects of care that they themselves have selected as being important to them and/ or their team and this is classified as local clinical audit. Included in the tables below is a summary of the number of active local clinical audits and action plans arising from such during the period 1 April 2017 to 31 March 2018. This includes contract audits from previous years where action plans are still being implemented.

Local active clinical audits

Clinical audit status:	In progress	Completed	Discontinued	Total
Total	19	16	2	37

Action plans following local clinical audits

Action plan delivery status:	Action plan not required	Awaiting action plan	Ongoing	Implemented	Discontinued	Total
Total	2	0	2	16	0	20

The reports of 16 local clinical audits were reviewed by the provider in 2017/18 and BDCFT intends to take the following actions to improve the quality of healthcare provided in relation to the following two local audits:

Audit title	Action to be taken
Quality of safeguarding referrals	The audit demonstrated some areas for improvement and action was taken by the safeguarding team to do the following: • Provide information to staff groups about 'how to raise a good quality safeguarding adult concern'. • An update to the safeguarding adult training package, sharing exemplar safeguarding concerns across staff disciplines. • A bespoke safeguarding workshop within the District Nursing service with a focused exercise on raising a good quality safeguarding concern. Safeguarding referrals are currently being re-audited, specifically focusing on the consent of the service user.
Bitewing examination justification/ reporting for dental patients receiving care under general anaesthetic	A baseline audit was conducted and the following action was taken: • Proformas were amended to enable the capturing of why pre-operative radiographs were/ were not indicated and to prompt staff to record justification, or lack of justification, for intra-operative radiographs. • Refresher training was provided to all staff on the grading of radiographs. • Training was provided to general anaesthetic dentists and nurses to ensure they were competent in using cameras and uploading to the patient record. The new proformas were introduced and patients treated under general anaesthetic following this were included in a re-audit. Compliance against all six criteria increased since the baseline audit, with three areas achieving 100 per cent compliance. The audit results have been disseminated to all staff involved reminding them of the expected standards. The processes are being monitored and if any of the areas are subjectively noted to slip then this will be re-audited.

Service user and carer involvement in audit

Our clinical audit department continues to support and develop service user and carer involvement in audit.

This includes:

- Delivering clinical audit training to service users and carers.
- Service user and carer representation at our clinical audit steering group.
- Support for service user/ carer clinical audit / service evaluation activity carried out by 'task and finish groups' lead by the patient experience team

7. Research and innovation

Continued participation in clinical research shows our commitment to improving the quality of care we offer. It contributes to wider health improvements and encourages staff to stay at the cutting edge of treatment possibilities and explanations of diseases. This can then lead to the provision of even better, evidence based outcomes for service users and their carers.

Over the past year, our investment in research, together with Clinical Research Network Yorkshire and Humber (CRN-Y&H) funding, has resulted in continued progress in achieving and exceeding the goals of our research strategy. The aim is to develop our ability and reputation to deliver excellent applied health research, with the potential to improve the health and well-being of the people we serve.

Research authorisation and governance[2]

KPI	Project type	Actual	Year to date target	%	Mean time
NHS permissions Time taken from submission of valid application to issue of approval letter	All projects	15	16	94%	Mean approval time: 20.6 Days
	Portfolio only	12	13	92%	Mean approval time: 22.1 Days

The embedding of the new research authorisation methodology has proved successful, with senior managers responding very quickly to authorisation requests, and over 90 per cent of all authorisations being completed within the benchmark 30 days.

KPI	Actual	Year to date target	%	Mean time
Recruitment – time to target time to first recruit (FPFV) *Portfolio studies with recruitment target only*	11	12	92%	Mean recruitment time: 12.2 days
4.Projects on course to hit recruitment target *Portfolio Only*	18	26	69%	

Similarly, recruitment to time and target statistics are positive, with >90 per cent achieving the key first patient-first visit metric within the 30 day target.

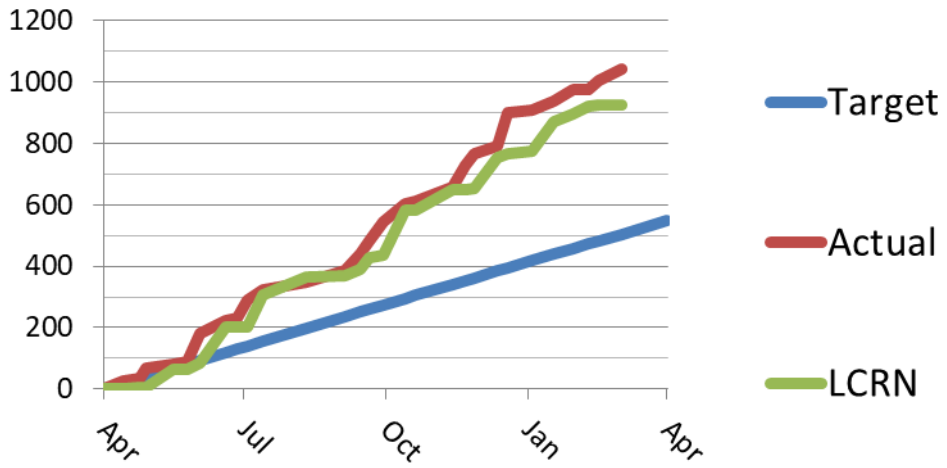
[2] Statistics as of 2.3.2018

Almost 70 per cent demonstrate being on track to achieve their intended target on time. Whilst this is RAG rated 'amber', recruitment patterns traditionally follow an exponential-like trajectory and we fully expect all our studies to finish on time, and to hit the agreed target. Progress is closely monitored to identify any issues that may arise.

Recruitment of people into research[3]

The number of patients receiving NHS services provided or sub-contracted by Bradford District Care NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 1075, with 1041 recruited to NIHR portfolio studies.

Participant recruitment 2017-8



	Patient	Carer	Staff	Total
Portfolio (target 550)	944	67	30	1041
Non portfolio	33	0	1	34
			Total	1075

The team have worked exceptionally hard and almost doubled the CRN target for recruitment for this year. We expect this to be achieved by year end.

Buoyed by early survey work, the overall recruitment pattern has been ahead of target all year, with the delay in CRN reported figures being only due to the upload lag from external project sponsors.

We continue to broaden the scope of research projects we are involved in, recruiting to 50 projects in total. These have included clinical trials of interventions, genetic investigation of diseases and survey type studies.

Whilst studies continue to be most numerous in adult and older people's mental health, we have had significant growth in both Child and Adolescent Mental Health services (CAMHS) and Community services study numbers, and expect this to continue into 2018/19.

[3] Ditto

Staff involvement in research
Around 30 members of staff continue to actively take part in the delivery of research projects as either investigators or local collaborators. A small number have also extended their clinical roles into delivering interventions for research associated with smoking cessations, diet and falls prevention.

In addition, five senior clinical staff have volunteered to become clinical research leads for their respective areas in adult mental health (two posts), older people's mental health, CAMHS and learning disabilities.

Ten staff have been involved in a variety of externally delivered research skills training courses, with a further 19 attending the Trust based 'Evidence to Practice' two-day course. A further 11 are already booked into a course planned later in the year.

The numbers of staff undertaking researched based training is increasing and this may represent a positive move within the Trust to take advantage of the use of research evidence in staff's roles.

Public patient involvement (PPI) in research
Currently, we have three successful PPI work streams:

i) PPI research action group (PPI RAG). This is a strategic group tasked with delivering the action plan in our PPI research strategy. It continues to have representation on research and development committees, and has continued to grow.It has nominated two NIHR 'research ambassadors' (one sadly leaving the group during the year).

ii) DIAMONDS. This is a stakeholder group contributing to the development of new research into the treatment of diabetes in people with mental health problems http://www.diabetesppi.nihr.ac.uk/Invitation-for-Patients-and-Carers. Our contribution to this group will continue to grow as the programme grows to include COPD and coronary heart disease.

iii) Young person's research involvement group – 'Young Dynamos'. This group continues to advise on projects from researchers both within and external to the Trust. They were able to promote effective school-based recruitment to a NIHR portfolio project that would otherwise have struggled.

Research collaborations
We continue to develop effective research collaborations with a number of NHS and academic institutions already established, as well as to look for potential new partners.

We continue as a key partner in a major regional collaboration between the NHS and academic institutions called CLAHRC ('Collaboration for Leadership in Applied Health Research and Care'), leading work streams in the mental health co-morbidities theme.

Our work with the local GP cluster has developed well and we have completed the first commercial joint project earlier this year.

Research grant applications
With the movement of one of our research-active clinicians to a more academic post, the numbers of grant applications has fallen this year.

However, that move to academia has resulted in the winning of a highly prestigious NIHR programme grant for applied research, which has the Trust as the lead NHS organisation.

This is a significant development for the Trust as the responsibility of being lead/host organisation requires additional infrastructure and duties for our corporate departments, whilst also bringing significant extra revenue into research and development that will allow us to make significant investment in research for the next five years.

Additionally, a lead dentist has also been successful with small grant applications, and we expect this to be another excellent area for research growth.

Publications
In 2017/18 our staff were involved in 35 publications. Details are available from the library at Lynfield Mount Hospital.

8. Commissioning for quality and innovation (CQUIN) 2017/18

A CQUIN scheme is a set of quality improvement goals and targets, to support improvements in the quality of services. A proportion of BDCFT income in 2017/18 was conditional on achieving quality improvement and quality goals agreed between BDCFT and any person they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the commissioning for quality and innovation payment framework. The total value of the 2017/18 CQUIN schemes to the Trust was £2.4 million, which was 2.5 per cent of the value of services commissioned through the NHS standard contract. Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at https://www.england.nhs.uk/publication/cquin-indicator-specification/.

CQUIN indicators are based on national priorities and are intended to deliver quality improvements and support transformational change.

In 2017/18 there were eight nationally mandated CQUIN indicators which related to our services:

1. Improving staff health and wellbeing:
    a. improvement of health and wellbeing of NHS staff;
    b. healthy food for NHS staff, visitors and patients; and
    c. improving the uptake of flu vaccinations for front line staff.
2. Improving physical healthcare to reduce premature mortality in people with severe mental illness:
    a. cardio metabolic assessment and treatment for patients with psychosis; and
    b. collaborating with primary care clinicians.
3. Improving services for people with mental health needs who present at A&E.
4. Transitions out of children's and young people's mental health services.
5. Supporting proactive and safe discharge.
6. Preventing ill health by risky behaviours – alcohol and tobacco:
    a. tobacco screening;
    b. tobacco brief advice;

c. tobacco referral and medication offer;
d. alcohol screening; and
e. alcohol brief advice or referral.

7. Improving the assessment of wounds.
8. Personalised care and support planning.

Benefits of these indicators include:

- Improved staff health and wellbeing leading to higher staff engagement, better staff retention and better clinical outcomes.
- Patients within our inpatient, community mental health and early intervention psychosis services receive physical health assessments as part of their care plan.
- Essential information about mental health patients, including medication and physical health assessment results, are shared with their GP in a timely and consistent manner.
- Mental health and psychosocial interventions are in place for a cohort of frequent A&E attenders to reduce their attendances at A&E.
- Improved transition from children's and young people's mental health services.
- After screening for tobacco and alcohol, mental health inpatients are provided with advice and referral to specialist services where required.
- Increased number of patients who have a full assessment of wounds, which promotes the use of effective treatment based on the outcome of the assessment.
- Personalised care and support planning are incorporated into consultations with patients and carers.

We were successful in delivering 95% of the national indicators.

In addition, a proportion of the national CQUIN funding was assigned to:

- support engagement with sustainability and transformation partnerships;
- a sustainability and transformation partnership risk reserve encouraging providers and commissioners to work together to achieve financial balance across the sustainability and transformation partnership.

Also, In addition to the indicators above, we agreed a further three indicators with NHS England:

1. Establishment of recovery colleges (low secure services).

2. Reducing restrictive practices (low secure services).

3. Health inequalities (vaccinations and immunisations service).

Benefits of these indicators include:

- Low secure service users participating in education and training courses that are co-devised and co-delivered by people with lived experience of mental illness, with an ongoing review process to ensure the courses meet the needs of the current service users.

- Embedding of reductions to restrictive practices within low secure services, in order to improve service user experiences whilst maintaining safe services.
- Children who are less likely to receive vaccinations and immunisations identified, and supported to access the service.

We were successful in delivering 100% of the indicators agreed with NHS England.

9. Data quality

We are committed to making sure that the data we use to deliver effective patient care is accurate and used in the same way across the whole Trust. Improving the quality of the data we use improves patient care.

We currently have three key electronic clinical record systems:

- RiO (mental health and learning disability services).
- SystmOne (community services).
- R4 (salaried dental services).

Improving data quality

Bradford District Care NHS Foundation Trust will be taking the following actions to improve data quality:

- Implementation of SystmOne mental health; the migration from RiO to SystmOne mental health will result in a single patient record across the locality. After some initial normalisation following migration, standard patient information will be available to clinicians across the locality (as appropriate and in accordance with information governance guidelines).
- Provision of read only primary care record to mental health and dental services.
- All BDCFT staff to undertake annual information governance training which includes a focus on data quality, completeness and accuracy.
- Delivering ongoing training and information to staff about our clinical systems.
- Making sure we have strong processes in place to manage data quality within services.
- Seeking assurances from inside our organisation and from outside agencies on our ability to maintain high quality data.
- Improved automated reporting and alerts to support our clinicians to improve data quality.
- Continued working with clinical and administration teams to assist where data quality issues have been identified.
- Joint working with commissioners to enhance data quality.

NHS number and general medical practice code validity

BDCFT (community and dental services) did not submit records during 2017/18 to the Secondary Uses service for inclusion in the hospital episode statistics which are included in the latest published data.

The percentage of records in the published data which included the patients valid NHS number was:

- 100% for admitted patient care (April 17- Jan 18).
- 100% for outpatient care (April 17- Jan 18).

The percentage of records in the published data which included the patients valid general medical practice code was:

- 98.4% for admitted patient care (April 2017 to January 2018).
- 98.9% for outpatient care (April 2017 to January 2018).

Information governance toolkit

In order to be compliant with the toolkit in 2017/18, a minimum score of two in 45 criteria must be achieved. The trust achieved seven requirements at level 2 and 37 at level 3 (level 1 was not applicable); this is an improvement since 2016/17.

Clinical coding error rate

BDCFT services were not subject to the payment by results clinical coding audit during 2017/18 by the audit commission. As part of the information governance toolkit a diagnoses coding audit was undertaken (ICD10 coding audit). The 2017/18 audit resulted in a score of 100 per cent primary diagnoses and 98.51 per cent secondary diagnoses.

10. Learning from deaths

During 2017/18, 239 of Bradford District Care NHS Foundation Trust's patients died. This comprised of the following number of deaths which occurred in each quarter of that reporting period:

	Quarter one	Quarter two	Quarter three	Quarter four
Number of patients who have died	74	45	54	66

By 31 March 2018, 33 case record reviews and 16 investigations have been carried out in relation to 49 of the deaths included in the table above. In no cases was a death subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

	Quarter one	Quarter two	Quarter three	Quarter four
Number of deaths for which a case record review or an investigation was carried out	16	13	9	11

One death, representing 0.41% of the patient deaths during the reporting period, was judged to be 'more likely than not to have been due to problems in the care provided to the patient'. In relation to each quarter this consisted of:

	Quarter one	Quarter two	Quarter three	Quarter four
Number of patients who have died and the result of the review or investigation was 'were more likely than not to have been due to problems in the care provided'	1	0	0	0
Number of patients who have died	74	45	54	66
%	1.35%	0%	0%	0%

These numbers have been estimated using the Trust's own internal mortality review process. There is currently no agreed or validated tool to determine whether problems in the care of the patient contributed to a death within mental health or learning disability services so we are using this approach until such a tool becomes available. This means that currently mental health and learning disability organisations are using differing ways of assessing this.

A summary of what has been learnt from case record reviews and investigations

The learning from reviewing of case notes and investigations is as follows:

- There was a lack of clarity regarding how abnormal physical health parameters (eg. tachycardia) for patients who are taking clozapine should be followed up.
  - Action taken: A detailed protocol has been developed by pharmacy and local cardiologists to ensure a clear escalation pathway from clozapine clinic for those patients prescribed clozapine.

- A&E staff referred a service user to BDCFT specialist drug and alcohol services but they did not engage with the service.
  - Action taken: A new drug and alcohol signposting pathway has been developed enabling signposting to non-statutory community based drug and alcohol services, where appropriate, which are easier to access and do not require a formal referral.

- There was no pathway to follow when patients rang up to be referred to the Haven and it was full.
  - Action taken: The service has now devised a pathway for staff to follow which describes how we deal with service users who cannot attend diversion services. This ensures no urgent cases are missed and that service users are booked onto the next available slot or offered a same day, face-to-face with BDCFT staff should the risks be high.

- We recently found that some staff were writing requests for blood tests and physical health checks in 'progress notes' which, as a result, might get missed and not acted upon.
    - Action to be taken: We are currently producing a new protocol and this will be shared with all required staff.

- There was an inconsistency with community mental health teams (CMHTs) around ensuring service continuity when a staff member was off sick.
    - Action taken: The operational policy for CMHTs has now been updated and states 'when a staff member is off sick, their team manager will ensure an out of office is applied to the email account of that staff member on the first day of sickness, it will include contact details should a response be required.

Assessment of the impact of the actions during 2017/18

Perhaps the most important impact of all has been the undoubted raising of awareness, amongst Trust staff, of the importance of reporting deaths through our incident reporting system as a potential learning opportunity.

Joint working arrangements between BDCFT and local acute trusts in respect of exchanging information about the care of patients who have died has improved and at least one new pathway has been developed as a result.

Arrangements for the physical health monitoring and subsequent follow-up of service users with mental ill health or learning disability have improved.

The Trust continues to take every available opportunity to improve how we learn from deaths: we remain an active participant in the 'Northern Alliance' of mental health trusts which focusses on mortality review processes; we are considering how best to take forward the recommendations of the learning disabilities mortality review (LeDeR) programme annual report; and we are taking actions in response to a recent Audit Yorkshire report which provided helpful suggestions on how we could strengthen our approach.

Part 3: Review of quality performance

11. Introduction

In this section of our Quality Report we are pleased to present you with the following information;

How we have improved quality in our operational services

As there are a range of services provided by BDCFT, our operational services are organised into four distinct service areas, which are;

- Acute and community mental health.
- Children.
- Adult physical health.
- Specialist inpatient, dental and administration.

In section 13 we have provided some examples of the excellent work that has been undertaken to improve quality during 2017/18. The achievements are set out for each of the services and include types of information that our council of governors was keen to see; these are:

- Celebrating good practice.
- Working in partnership.
- User and carer engagement.
- Learning from experience.

How we have improved quality Trust-wide

We undertake a great deal of work which cuts across all services helping to make Trust-wide improvements to quality. In section 14 we have given some examples of the work we have been doing during 2017/18.

Performance against the Trust quality priorities and quality goals during 2017/18

We have three quality priorities which are:

- To deliver measureable, year-on-year improvements in every area of patient safety.
- To deliver measureable, year-on-year improvements in patient and carer engagement and satisfaction.
- To improve outcomes for patients via evidence-based practice.

These three quality priorities are described in the quality quadrant of the vision wheel as safe, personal and effective.

These quality priorities are underpinned by our quality goals to support quality improvement across a range of issues selected as being important by our stakeholders. In section 15 we report on how well we have performed against these goals during 2017/18.

Priorities for quality improvement for 2018/19

As part of our review and refresh cycle the quality goals for 2016/17 were reviewed to ensure they are still our priorities going forward.
New simpler goals have been developed in consultation with staff, service users and carers, to include priority areas for improvement identified in the recent CQC report. These are presented in section 17.

12. How we have improved quality in our operational services

Acute and Community Mental Health services

Celebrating good practice – First Response service

What have we done?

The First Response service provides immediate telephone support to over 5000 callers a month. Acute community services have successfully supported our service users to receive intensive community support during times of crisis with service users who require acute inpatient admissions being admitted locally.

What difference has it made?

Service user feedback for the acute community services and safer spaces is overwhelmingly positive, and the current crisis model in Bradford is identified as a successful community crisis model with over 20 mental health trusts visiting the service and one mental health trust successfully implementing the First Response service model. The First Response service has been successful in winning awards for the all-age 'psychiatric team of the year' from the Royal College of Psychiatry and the 'crisis care pathway award' from the National Positive Practice awards. No service user has been admitted to an out of area acute mental health inpatient facility for over three years.

Further details

Bradford District Care NHS Foundation Trust's Acute Community services between December 2016 and December 2017 have supported 2493 service users under our Intensive Home Treatment service with 1282 service users assessed by the First Response service and signposted to the Haven & Sanctuary safer spaces.

Working in partnership

What have we done?

Staff from the learning disabilities health support team chair and arrange two networks across the district. The first is the 'Positive & Proactive Champions', where the focus is supporting providers from across the district that work with people with learning disabilities who have behaviours that challenge; the group is open to anyone and is an opportunity for people to share information, learn, discuss case studies and network, and then take this information back to their services. Previous agenda items have included trauma informed care, STOMP, communication passports and sensory issues, with presentations from a variety of professionals including OT, SALT and psychology as well as most recently a social worker and family talking about the difference positive behaviour support has made to a young man.

The second network is the communication champions – again this is for learning disability support providers across the district and is chaired by one of the Trust's speech and language therapists. This looks at developing awareness of communication tools and models, shares

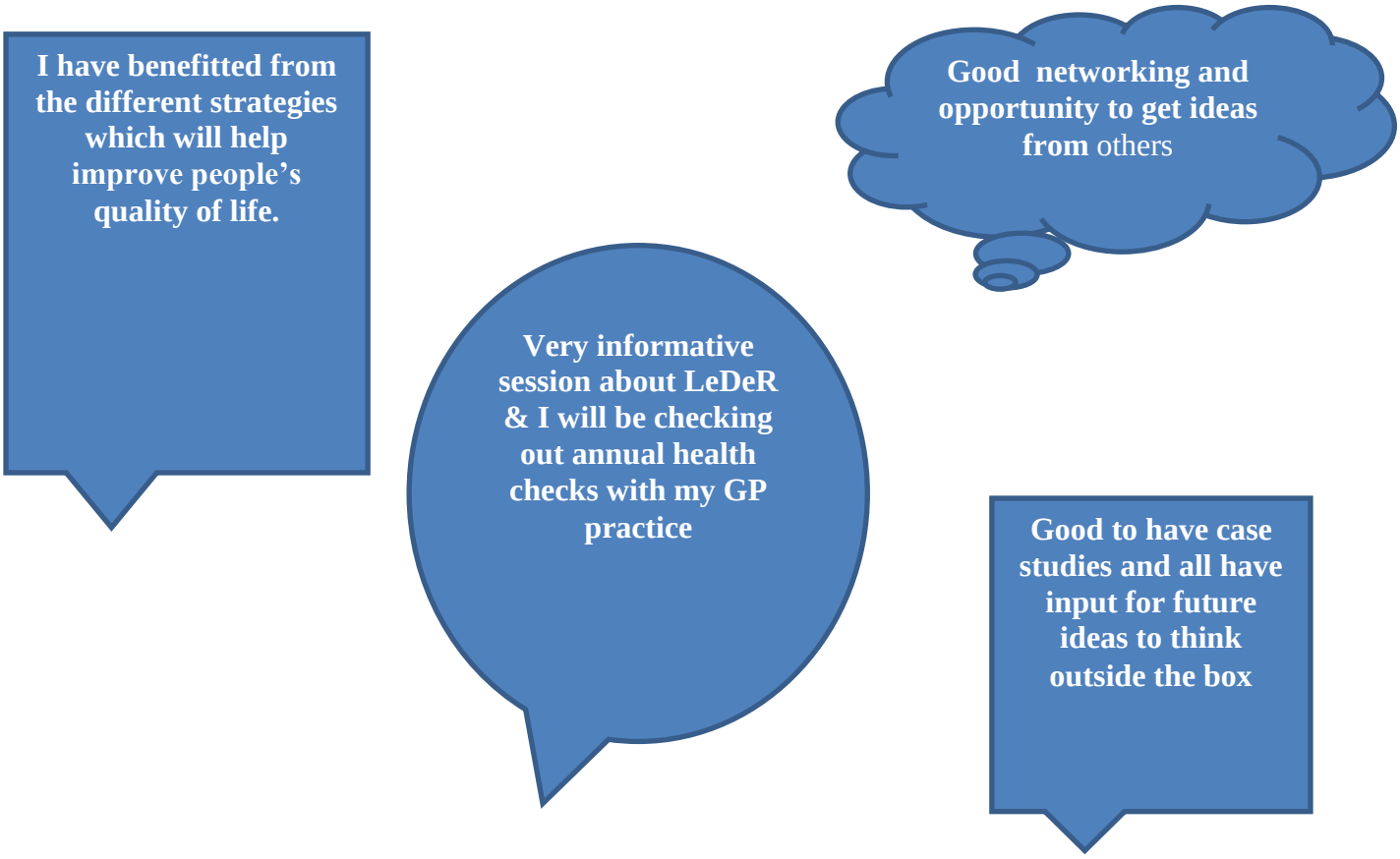
things like communication passports, practices a few key Makaton signs at each session and encourages people to share ideas or issues about communication.

These quarterly sessions are attended by a variety of services including specialist providers, social care, voluntary and charitable organisations and health. The aim is to share best practice and improve service user experiences for people with learning disabilities.

What difference has it made?

There has been no formal evaluation of what difference the networks have made as they have only been in place about 18 months; informally however the speech and language therapy team suggests it may be receiving fewer referrals for communication support. The groups' membership can vary and some meetings can be busier than others depending on people's other commitments, but those that attend have said they are beneficial and have been keen that they continue.

Written feedback from providers includes:



User and carer engagement – Four Seasons Café

What have we done?

The Four Seasons Café has been developed through iCare, which is our internal process for assessing new ideas and supporting them to help get them off the ground. We have adapted the visitors centre at Lynfield Mount Hospital (LMH) to offer a café for service users to drop in and utilise with their families, carers and workers. It has been developed in consultation with

service users, driven by Activities Co-Ordinator Annette Whomack-Brown. The café opened on 22 November 2017 as a pilot for three months as part of a wider plans to improve therapeutic activities and therapeutic space at LMH.

What difference has it made?

Feedback from service users has identified how positive it is having a social space where they can go and spend time away from the ward and also having a space for group occupational activities.

‘Great place for people to relax and have access to quality food at affordable prices’

‘The hot chocolate is amazing – please keep going.’

‘It’s great! The café is the thing we needed.’

Further details

Further developments include the café being service user run and potentially extending the hours to cover all visiting times. The café is also used by the Carers Hub every Tuesday morning.

Learning from experience – ‘Did Not Attend’ policy

What have we done?

As the result of a serious incident within one of our community mental health teams (CMHT) we have reviewed and rewritten our ‘Did Not Attend (DNA)’ policy. The policy was deemed to require a review within a CMHT quality and safety meeting. Best practice from other areas of the country was researched and included within the rewritten policy.

What difference has it made?

The new policy is now proactive rather than reactive, which means we are able to provide a more effective response and there has also been a reduction in DNA rates. The policy has also been written so that it is much easier to follow for clinicians and is less open to interpretation. This reduces the risk of the policy not being adhered to in a consistent manner across all community mental health teams.

Children's services

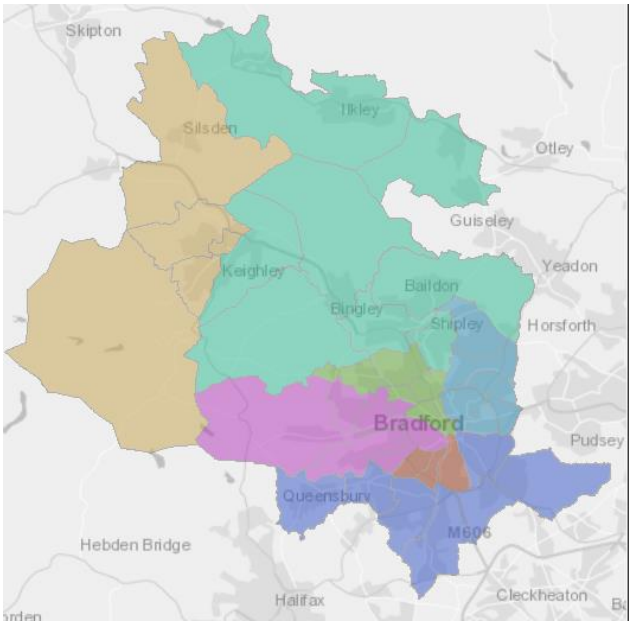
Celebrating good practice – alignment of services to reflect local authorities' geographical areas

What we have done?

We have continued to develop our major pieces of work in regards to the development of SystmOne templates, with all staff within Bradford transferring to their new bases.

These significant pieces of work and movement have involved all staff and have been undertaken at the same time as delivering high quality services to children, families and communities.

Further to discussions with Bradford Council in 2018 more work will be undertaken to reflect the Council's new geographical areas. Staff have continued to work with local authority colleagues and commisioners to model the service to meet the requirements of the local authority across both Wakefield and Bradford.



We organised our Bradford areas to match those of our new commissioner's children's centre cluster areas (see map). Work will continue over coming months to further develop the current model to a four locality service delivery model, in line with local authority restructures.

In Wakefield, BDCFT has reduced the estates footprint from 12 sites to five and in doing so has made significant savings to budgets; as part of this work a new single point of contact using distributed telephony across two administrative centres has been introduced. Associated with the estates work, a review of staffing and associated staff consultation exercise has been undertaken. This has seen a reduction in the number of health visiting team leaders, the introduction of a clincial lead, and the alignment of our Wakefield teams with the Wakefield Council 'Family First' teams. Following the award of the Wakefield 0-19s service and the transfer of staff from Mid-Yorks NHS Trust to BDCFT, the Trust has created a specialist safeguarding team drawn from Wakefield and Bradford staff. BDCFT has also intoduced a specialist vaccinations and immunisations team in Wakefield, drawn from existing staff.

'Signs of Safety' awareness sessions have been developed and provided to all Children's services staff resulting in greater awareness of this very important aspect of the Trust's work.

What difference has it made?

The aim of the new delivery model is to enable effective partnership working with early years providers and stakeholders, and to improve communication and integrated working between health visiting, children's centres and early years services. The aim is to build a team around

the child therefore improving the health, wellbeing and social outcomes of children, young people and their families.

The changes in Wakefield have strengthened support for staff with regards to safeguarding; streamlined and strengthened the management structures; brought together the previously disparate and unevenly distributed administrative support team into one service-wide team; and as referenced above significantly reduced estates and IT running costs. Informal feedback from staff is that they like their new office accommodation. Each site is equipped for agile working.

The Wakefield single point of contact has made it easier for members of the public to contact the Trust (i.e. one telephone number for health visiting and school nursing).

The introduction of the new vaccination and immunisation team has allowed staff and the Trust to offer specialist and more focussed team working with NHS England, local schools and local children to provide immunisations.

Further details

Within Wakefield, significant planning, discussion and agreement around processes took place prior to the service realignment to ensure involvement and consultation with all staff, managing any risks and ensuring minimal disruption to service delivery.

Caseloads were then reviewed to ensure that the needs of children were taken into account as caseloads were moved from a GP attached to cluster based model.

Teams were then required to clear, organise and prepare their offices for the move ensuring that appropriate resources and equipment were taken to new bases.

There was then a physical move of staff and bases including furniture, equipment and resources. This happened across a one week period with the caseloads and electronic record system (SystmOne) being reconfigured to the cluster-based model arrangement.

In Wakefield a number of the Trust's corporate teams (estates, IT, business support, finance) have worked with operational colleagues to identify new sites, negotiate leases, furnish and prepare staff for the moves and complete the office moves. At the time of writing two of the 12 original sites are yet to be vacated.

Working in partnership – avoiding duplication

What have we done?

We have continued to work closely with all partners to ensure that links are strengthened between services: children's centres, early years settings, other early years partners, midwifery, GPs, local authority and the voluntary sector. School Nursing services under the leadership of the service manager have worked closely with head teachers to ensure that strong communication links have been maintained and the provision of services can be delivered within the school setting. This has involved exploring roles and responsibilities and how services can be delivered in a timely way.

Regular meetings are held between Children's services managers and the commissioners (Wakefield Council, Bradford Council, NHS England or the CCGs) to review key performance metrics, work plans, options and quality of service provision.

What difference has this made?

This will mean a more streamlined and integrated approach for families and young adults who are clear on who they need to approach and avoid duplication. This will involve the use of technology to access services in a different way and provide alternatives with VCS partners on the services delivered, with the reduction in duplication of visits and the sharing of key information across all the services.

Further details

There have been significant developments within services across Bradford, Airedale and Wakefield for children, families and young adults:

- A review of the integrated care pathway is currently being expanded to incorporate 0-19 years within Bradford; this will ensure:
    - Communication and referral pathways, including relationship building – ensuring partners are working well together, have clear and shared objectives and families understand and are involved in their care and feel supported.
- Wakefield health visiting team have successfully achieved re-accreditation of baby-friendly services with UNICEF at stage three. This has involved teams working with mums to support and promote breastfeeding and the benefits that this has on health of both mother and baby.
- Significant steps have been taken to bring the Wakefield staff's training and attainment levels in line with those of BDCFT.
- A new Children's services strategy has been developed and endorsed by the executive management team and Trust Board – the strategy is based upon seven pledges and seven priorities.

Learning from experience – 'Stay Safe'

What have we done?

The annual 'Stay Safe' event at Project, a multi-agency partnership which helps teach important life skills to children. Staff from school nursing attended; other organisations who attended included Bradford Council and Northern Gas Networks.

During their visit, the pupils received talks and were shown demonstrations about road safety, fire safety, and safety around dogs. They were also given advice about the dangers of electricity and gas and took part in a first aid taster session.

What difference has it made?

The work that the special school nursing team did with other agencies helped to adapt their scenarios and break down any barriers and misconceptions that may have been held with regard to special needs. Young people with special needs are the most vulnerable group of

young people and in most need of this type of work. Generally the sessions have shown that there is an increased knowledge of safety issues in those who live in the most deprived areas where accidents are more likely to occur.

Further details

Our special school nursing staff supported other agencies to adapt and deliver their material. The lesson timings were adjusted to meet special school needs. The children from mainstream schools have 20 minute sessions with different agencies whose main focus is on safety. The sessions happen over the course of a morning or afternoon.

Evaluation forms are given to teachers during the sessions and a very basic feedback gained. The children choose an emoticon (smiley, sad or indifferent), to place in a box to express if they have enjoyed the session. The organiser also gains feedback and a comparative knowledge-based questionnaire (before and after sessions).

User and carer engagement – development and launch of the Children's service strategy

Background

Staff worked with a number of service users drawn from several very hard-to-reach communities to shape the strategy. Following this development session, a working group has developed the children's strategy which has recently been presented to Trust Board and will be launched at the nursing celebration event in May 2018.

Staff have developed videos explaining the priorities for the service which is built around the seven cluster areas of services against seven pledges made.

What have we done?

The development of the children's strategy has built around the team around the child and family. This focusses on the local and national priorities for our area and is based on the seven pledges to families and children:

- Families want a worker who they can link into.
- Services will be accessible and easy to access.
- Staff will listen to the child's or young adult's views.
- All services will involve the child or young adult and families in decision-making.
- All services will explain how services are run and how they can support.
- Focus on only telling a story once.
- Focus on safety when working with families, the child or young adult.

What difference has it made?

The aim of the strategy will be to ensure that everyone has a good start in life and has the right to be healthy. The service recognises that families are important and their participation crucial, reducing the risk of harm and ensuring that resources are offered at the appropriate time.

This has been borne out of the continued feedback received from friends and family tests which maintain a very positive focus. In 2017/18 there were approximately 2500 reviews, 96 per cent of which would recommend the service to friends or family

Further details

We have ensured that young people also enhance their knowledge of research and methodology through the group 'Young Dynamos'. This has been carried out by the research and Lynfield Mount library teams delivering educational sessions for young people in the group. We have also supported them in gaining work experience, which some of them require as they wish to develop carers in health related areas.

Adult Physical Health services

Celebrating good practice – developing staff for the future

What have we done?

During 2017 Adult Physical Health services were inspected by the CQC; the services were rated overall as 'good', with an 'outstanding' rating in caring and the maintenance of 'outstanding' within end of life services. As part of the development of services a workforce strategy has been developed for Community Nursing services; this was launched with community nursing staff in October 2017. The successful transfer of continence assessments to the specialist continence service was completed in October 2017, a month ahead of schedule. This development ensured that all service users were receiving the same quality assessments and opportunities for further diagnostic treatment and advice and support. The community nursing and service users have evaluated this transfer as an excellent approach to patient care.

What difference has it made?

The workforce strategy was developed to ensure within Adult Community Nursing services that a skills ladder was produced. This has involved the development of apprenticeship schemes for health care support workers and has been developed within specialist nursing services including tissue viability, continence and palliative care. Our first health care support workers have now commenced their nursing degrees through the Open University. Supporting programmes have also been developed for all new starters into community nursing, with further opportunities within the staff nurse development programme for those considering the community nursing degree. This has led to a higher retention rate within services and a reduction in nursing vacancies.

Further details

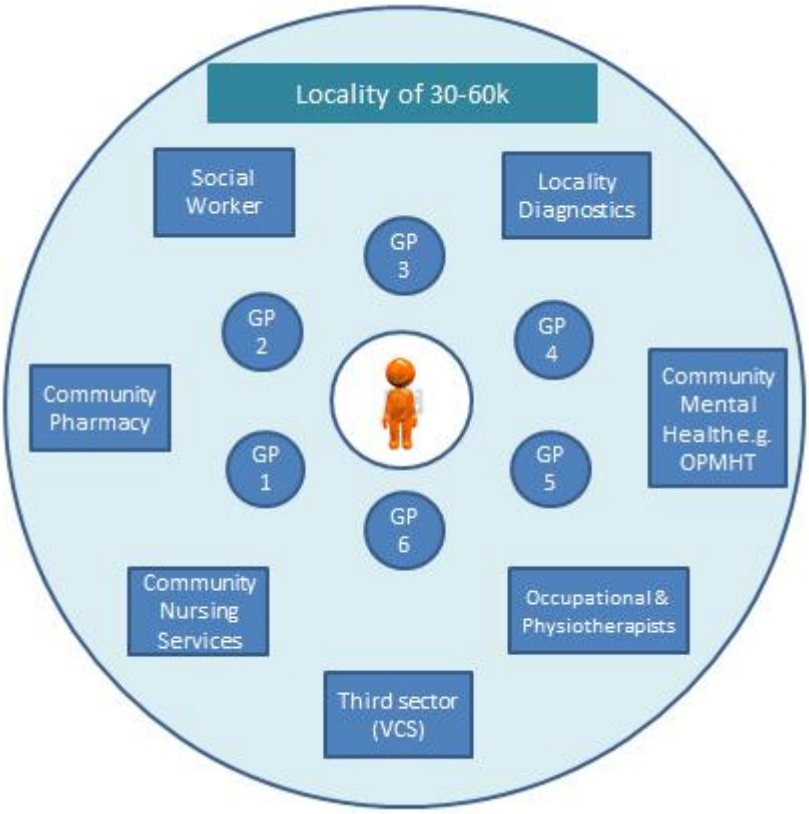
This work has recently been expanded to develop a promotional video clip which has recently been shared with all operational services across Bradford District Care NHS Foundation Trust. The video clip has been developed with the support of the HR department and has been submitted for a You're A Star Award. For further details please see the below clip on our Trust's website.

http://www.bdct.nhs.uk/working-for-us/working-for-us/district-nursing-workforce-development/

Working in partnership – developing an integrated model of working

What have we done?

As part of working together with GPs, social care, acute care providers and voluntary care services, the adult physical health team have been working with commissioners to develop an integrated model of working. This is a major transformational change for services which will ensure that services work more collaboratively together to support the needs of the local population. Communities have been developed around population sizes of 30-60,000, and built around the needs of the person.



What difference has it made?

This work has shown that services can deliver a better quality of service for people by working in this way. This approach has involved working with national pilot areas within England and exploring alternatives ways of working to ensure that patients are managed proactively rather than reactively.

Further details

A scoping event with all services involved will be taking place at the end of March, to ensure that all services are fully engaged; this will involve planning for future developments.

User and carer engagement – sharing learning

What have we done?

As part of the promotion of Adult Physical Health services, two events have been held which have involved service users and carers. These educational events have been a combination of

sharing good practice across the services and opportunities for carers and service users to share their experiences of services and how these can be developed further.

What difference has it made?

At our October 2017 event, a broad range of services held stalls that promoted individual services and there were presentations from the local authority and Care Trust staff. Feedback on this approach was that people felt they had more opportunity to meet and talk with staff from each service. Both staff and service users/ carers valued the opportunity to learn about other services and commented on the useful information provided on the stalls. Being able to meet and talk was highlighted several times, enabling attendees to gain useful contacts and get to know other teams and services.

Further details

A further service user event took place in June 2018, which specifically focused on sharing learning across community and mental health services.

Learning from experience – falls prevention

What have we done?

The pilot work undertaken with West Yorkshire Fire Service on identifying patients within their own homes who are at risk of falling, when undertaking routine fire safety checks, has been rolled out to all fire crews within Bradford and Airedale due to its successful evaluation.

What difference has it made?

This has assisted the Community Nursing services in identifying those patients at risk of falls; by receiving an early alert from the fire safety officers, community nursing has the opportunity to risk assess all referrals and develop care plans to support people living within their own homes and reducing the number of falls experienced. As part of raising awareness on falls, the team has also developed a virtual reality device to support the training of nursing students. This virtual reality device has been developed in conjunction with virtual college and the falls service and has been evaluated as an excellent learning package with the university.

Further details

There is strong evidence that effective falls prevention services reduce the risk of older people sustaining fractures and prolonged stays in hospital. This will involve a multidisciplinary approach to ensure that strength and balance exercises are undertaken, training on how to get up from the floor safely is delivered, and a medical assessment is carried out to ensure that service users are not suffering from low blood pressure or the medication they are taking is not causing their falls.

Specialist Inpatient services, Dental services and administration

User and carer engagement – National Service User awards: 'I'm a service user, get me out of here.'

What have we done?

As part of our recovery college, service users and staff at Moorlands View Low Secure Hospital have co-produced a short training film to support both the recovery of service users within our care and staff understanding of the inpatient experience. The film was created with the understanding that service users will often recognise their situation in the experiences of their peers. This is powerful in supporting people to engage with services other than solely through the recommendations of staff.

The film features a series of interviews with both inpatients toward the end of the forensic pathway and others who had been discharged. The men openly and bravely shared their stories and reflected upon the challenges and realisations they had encountered on their journey that helped them to move on.

What difference has it made?

The film is shared with service users who are struggling to engage and helps them hear how others have realised what they needed to do in order to work toward a positive outcome and discharge. The film is also shown to front line staff promoting relational security, and helping them to understand the impact of restrictive practices for example.

The service users in the film speak very candidly about their experience and it helps others see that there is hope and great things can be achieved, by hearing it from the experts by experience.

The film was entitled 'I'm a service user, get me out of here' which is a great motivational and fun way of promoting their work.

Further details

The film has also been screened at events and conferences to audiences from across the north and was picked up by NHSE Commissioners to support regional STP working. In recent weeks the film has been nationally recognised by being shortlisted for a National Service User Award in the 'Health and Wellbeing' category.

Working in partnership – fluoride varnish programme

Background

The fluoride varnish programme is delivered to children aged between two and four years within early years settings. The aim is that each child should receive four applications of fluoride varnish over a two year period at six-monthly intervals in line with evidence based recommendations. The programme is delivered at a variety of locations in community settings across the Bradford and Airedale district. These include children's centres, nurseries, schools, community centres or any location where the targeted group can be accessed.

What have we done?

The fluoride varnish team work in collaboration with over 360 settings across the Bradford and Airedale district. Our determined and dedicated team of dental nurses successfully applied fluoride varnish to 18,000 children during 2017/18 by working in partnership with early years settings.

What difference has it made?

Bradford has significant challenges ahead, as the latest oral health survey for five-year-olds' with decayed, missing, filled teeth (DMFT), published in 2016 for 2014/015, showed the proportion of children with dental disease at age five was 37 per cent higher than regional (29 per cent) and national (25 per cent) figures. Whilst there have been notable improvements within the figures since the five-year-old oral health survey for 2008/09, which highlighted the proportion of children with dental disease at 52 per cent, there is still a lot of hard work ahead for the fluoride varnish team to reduce instances of dental disease even further. Maintaining key partnerships is crucial in ensuring the success of the fluoride varnish programme across all settings, working to improve oral health.

Celebrating good practice – carers forum

What have we done?

In 2017 we introduced a new carers forum to our Dementia Assessment Unit. Our patients on this ward often have limited capacity and we felt it important to hear the voices of their families, friends and loved ones.

These forums usually take place during the weekend when most families visit the ward, and this provides opportunity to share their own and their loved ones' experiences and to gain support from staff and each other.

What difference has it made?

Carers can tell their story and share some of the emotions they have experienced in seeing their loved one become unwell. We hear about how lonely and isolated they can feel, at a loss with where to start to get help. Staff support them and the carers take comfort from each other. By carers coming together they get to know other patients which can help make their visit to the ward more enjoyable, as they can communicate with others as well as their own family.
The staff team take away actions and we consider ways in which we can help make future experiences a little better for everyone. We developed a 'you said, we did' board for the visitors room so our actions can be followed.

We have also been able to ensure that a manager or deputy speaks to the nearest relative/ carer as soon as possible after the admission of their loved one, to inform them of the admission process and what to expect. Carers have found this most helpful and this allows good relationships to develop with our whole team.

Some relatives may require increased support. The ward manager and deputies provide this increased support on a one-to-one basis through telephone contact and meetings. Relatives who have received the increased level of support have informed us how grateful they are of the support provided.

Further details

In preparation for the dementia showcase event we held in January 2017, we gained great support from some of our patients carers and they helped us to make a film talking about the great work which takes place on the ward in the care of their loved ones. This video was shared at the event and received great recognition. Some of the carers we have met are now pursuing applications to join us as volunteers.

Learning from experience – Single Point of Access Clinical Administration services

What have we done?

At a service user involvement meeting for South and West community mental health team, a service user, 'T', shared her experiences of trying to access the Single Point of Access (SPoA) service, which is the first port of call for patients when they are in crisis. She had lost faith in the service. After the meeting 'T' was invited to SPoA to discuss her experiences in more detail, and it was also helpful for her to put faces to some of the names and voices she had become familiar with over the years. As well as the team gaining the perspective of being a recipient of their services, the service user gained an understanding of the volume of calls and number of services supported by SPoA; having worked in a call centre herself she understood immediately the challenges facing the call handlers.

What difference has it made?

As a result of the feedback from the service user's experience of using the SPoA a number of changes have been implemented:

- The voice guides used by the call handlers have been reviewed, focusing on removing the negative anxiety-inciting words such as 'if', 'try' and 'no reply' to replace them with more positive and reassuring words.
- Callers are now offered a choice of male or female call handler to speak to.
- Carers are offered more support throughout a call and signposting is provided to services that may be able to provide assistance.
- Alternate ways of contacting the service, such as instant messaging.

Having had the opportunity to share her concerns regarding accessing SPoA and seeing the service first hand, 'T' is proud to have had an influence and share her experience, knowing she was listened to and her experience was valued. To quote the lady herself, 'if a friend or relative needed help I would now be able to talk them through the process and tell them to stick with SPoA as they will be able to help you.'

Further details

SPoA forms part of the Clinical Administration service. It is a call handling and signposting service, receiving, transferring, messaging and documenting calls from service users, carers and clinicians to clinical teams.

SPoA receive on average 27000 calls each month and 900 discharge referrals. Each call is logged on a workflow system called Footprints; this system allows a call handler to follow a pathway to the right outcome or service for the caller. SPoA currently signposts callers to 38 clinical services covering Bradford and Airedale over a 24/7 period.

SPoA is a paper-light service and advanced in the use of technology; the service has attracted the attention of many other Trusts for its forward thinking. Over the last two years SPoA has received visits from six Trusts looking at its systems and processes.

13. How we have improved quality Trust wide

Quality governance: monitoring the quality of our services

What is quality governance?

Quality governance is the way in which the Trust can seek assurance that a high quality service is being provided; the main elements of quality governance can be described as follows:

- ensuring required standards are achieved;
- investigating and taking action on sub-standard performance;
- planning and driving continuous improvement;
- identifying, sharing and ensuring delivery of best practice; and

- identifying and managing risks to quality of care.

It is through effective quality governance processes that the Trust can drive quality improvement and seek and obtain assurance that high quality services are being delivered.

Quality governance in Bradford District Care NHS Foundation Trust

We strive to implement effective quality governance arrangements to ensure that all quality issues are examined and addressed, and to provide the opportunity for staff at all levels to generate and implement new ideas to drive innovation and development.

In 2017/18 BDCFT focussed on continued development of services and staff, and began to formally meet to discuss 'Improving Quality'. This group formally reports to the Quality and Safety Committee of the Trust, seeking assurance on behalf of the Trust Board.

The Quality and Safety Committee has a varied and detailed annual workplan and receives regular assurance on a range of issues including feedback on quality and safety walkabouts undertaken by members of the Trust Board. Where assurance is not sufficient for any area of quality or concerns are raised, the committee can request an immediate review, to ensure necessary actions are implemented and result in improvements.

In 2017/18 the Trust has undertaken a number of approaches to governing the quality of services including:

- Initial consideration of a single and unified approach to quality improvement.
- A review of the content and assurances provided by the Quality and Safety Committee quarterly dashboard.
- Establishing a mortality review process, as required by national policy.
- Internal audit review of learning from complaints and serious incidents.
- Embedding the 'Learning Network' as a central resource for staff to share and learn from each other.

Patient experience including friends and family test

Patient experience feedback

The Trust was pleased to launch a new patient experience feedback system in April 2017 which provides additional valuable information to aid service improvements. It also provides a system to gather the friends and family test (FFT) which is a national requirement for all NHS services. The survey is offered to all service users or their carers and asks if the user would (or would not) recommend our services to their friends and/ or family. The responses are scored out of five, where a score of five equates to "extremely likely" and a score of one represents a view of the service user that they would be "extremely unlikely" to recommend the service.

The additional patient experience questions, developed with staff, patients and carers, provide information linked to the Care Quality Commission (CQC) domains of safe, caring and effective. They include:

- Were you treated with dignity and respect?

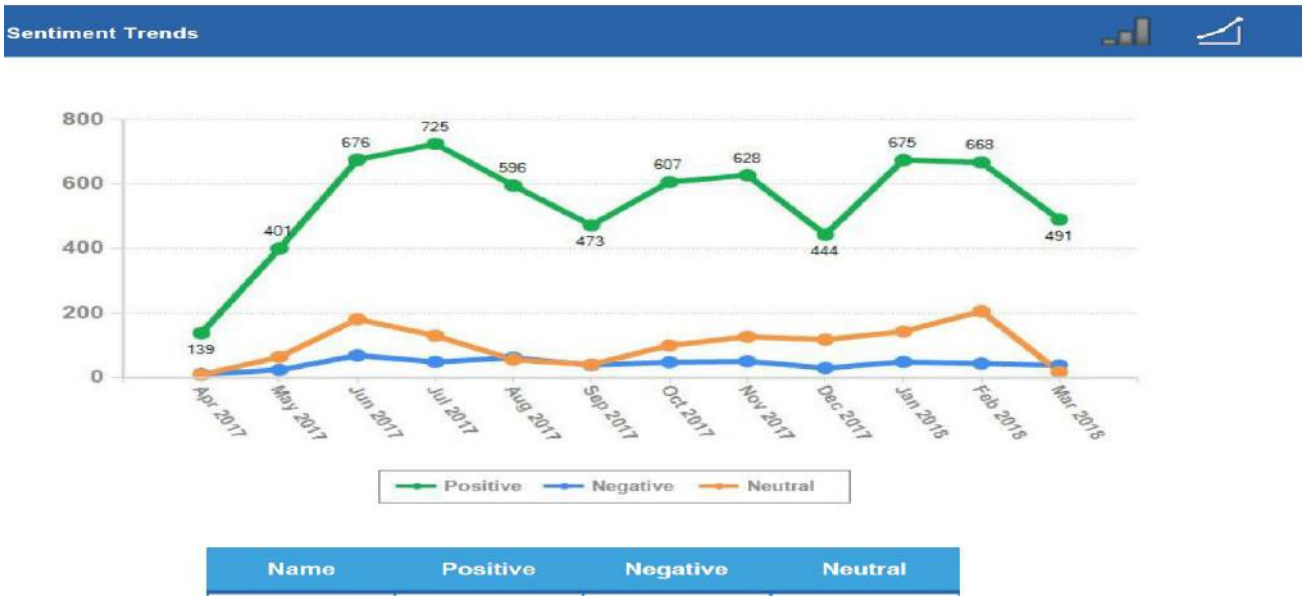
- Were you involved as much as you would have liked in your care?

- Were you provided with sufficient information about your care?
- Did our staff treat you with kindness and compassion?
- Information about waiting times and appointments.
- Was the environment welcoming?

Although FFT is anonymous, the age, gender, ethnicity and any illness or disability of the respondent is collected if provided, along with the name of the team where the service was delivered. We update the Trust website quarterly with changes we have made in light of our patient experience feedback.

What the results are telling us

During 2017/18 there have been approximately 6000 pieces of feedback received which show that on average 93.5 per cent of reviewers would recommend the service to a friend or family member. The vast majority of comments received have been positive. See graph below:



When categorising comments linked to positive sentiments the top three categories were:

- Attitude of staff.
- Service provision.
- Communication.

Conversely the top three categories with a negative sentiment were:

- Communication.
- Appointment waiting times.
- Environment.

All feedback received which has a negative response or a score below 80 per cent generates a linked action which requires a response from the team leader.

Comments are now available to view on the Trust Website at:
https://www.oc-meridian.com/OCQ/public/Comments/BDCT

The Trust also publishes a live dashboard of patient experience data and a 'you said, we did' report is updated three-monthly on the Trust website in response to the feedback we receive.

Chart one below shows he number of responses and chart two shows the percentage of people who would recommend the service to family and friends.

Chart 1

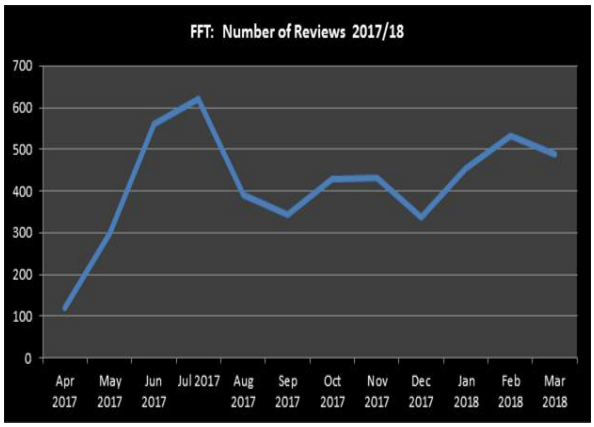
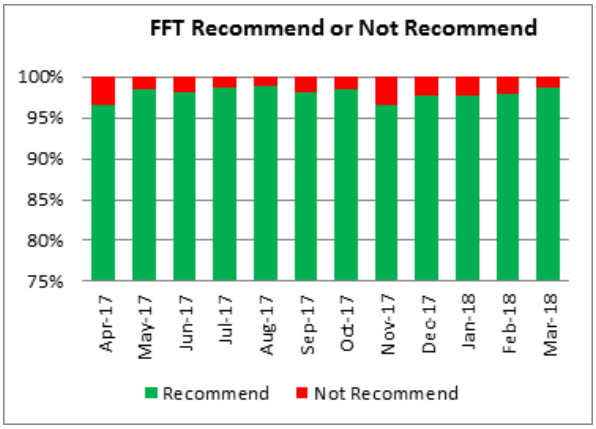


Chart 2



The '15 Steps' challenge

What is a '15 Steps' challenge?

The '15 Steps' quality challenge describes how a small team explores what service users are experiencing, by undertaking visits to the service areas. Visits are conducted monthly and the team differs for each visit but includes service users/carers, staff, student nurses and staff governors. The purpose of the visit is to identify both good practice and areas for improvement with a particular focus on quality, safety and service user experience.

What the visits are telling us

Examples of good practice in some of the areas visited are:

- Useful, well-presented information on display including staffing levels, safety huddles, friends and family test, and complaints.
- Welcoming reception areas and staff.
- Professional, efficient and competent staff.
- Evidence of staff using the 'hello my name is' approach.
- Service users having a member of staff allocated to them on every shift.
- Clinic rooms and waiting areas are clean and welcoming.

How we use the results to make improvements

As well as the positive feedback (see above), each service receives recommendations for improvement following the visit. Changes made as a result of these recommendations include:

- Staff photo boards updated to support service users in being aware of staff names and roles.
- Improving the physical spaces of the wards e.g. decorating, lighting being fixed, improving therapeutic spaces.
- Increased provision of leaflets for service users to take with them resulting in notice boards being less cluttered.

- Activities boards being routinely updated so that service users are aware of activities available on the ward.

Safeguarding

Defining safeguarding

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect; it is fundamental to high quality health and social care. Safeguarding remains a key priority for Bradford District Care NHS Foundation Trust with people who use our services in Bradford and Wakefield remaining at the heart of what we do.

How our safeguarding systems work

The safeguarding teams within Bradford and Wakefield continue to be a success and are staffed by resilient, experienced and knowledgeable practitioners who are dedicated to safeguarding at-risk children and adults. Feedback from staff demonstrates that the team has positively changed staff practice and expanded knowledge.

The safeguarding teams have embraced organisational changes and continue to strive to ensure all safeguarding processes are robust and effective. There has been a huge amount of work and development undertaken by the teams in order to improve processes and build on existing systems and procedures. The teams continue to fulfil their safeguarding and strategic objectives and strive for improvement and achievement of good compliance against all safeguarding standards, both internally and externally, through practice improvement. Evidence of multi-agency joint working practices within the teams demonstrates the Trust's commitment to working in partnership to improve the identification and protection of children and adults at risk.

Safeguarding remains 'everyone's responsibility' irrespective of role or position, and understanding what makes someone 'at risk' is just as important as recognising abuse. Our service users need to be happy, contribute and stay safe. Our safeguarding teams work closely with operational services to try and prevent abuse, raise awareness and share skills and knowledge. We have a number of approaches in place to support staff in meeting their duties and learning from others; these include:

- All policies and guidance are available to staff on the internal safeguarding webpage and the team ensures information is updated regularly in line with Government recommendations and legislation.

- A quarterly informative safeguarding newsletter is produced by the teams which contains key safeguarding messages and this is disseminated across the organisation.

- A rolling programme of updated safeguarding children and safeguarding adults training is delivered to our staff throughout the year including at induction and within the hospital setting.

- A safeguarding duty telephone service enables staff to access immediate safeguarding advice Monday-Friday; 8.30am-4.30pm.

- The ‘Signs Of Safety’ model is now embedded within Children’s services and staff are supported to use this within their safeguarding practice to keep children and families safe.

Safeguarding week

October 2017 saw another successful safeguarding week. Practitioners from the Trust were again invited to showcase their innovative practice and commitment to multiagency working.

Sessions delivered were ‘Making Safeguarding Personal (MSP)’ which explored the influence of the Care Act (2014) and the benefits/ challenges and impact for service users, and ‘Understanding the child’s lived experience’, which focussed on differing types of neglect, their impact on the child and how professionals can hear the voice of the child living with neglect.

The evaluations were very positive including:

“Not heard of Making Safeguarding Personal, found it totally enlightening.”

“Will change my practice by asking the service user what/ how to help.”

“Good around collecting child’s voice and seeing their lived experience beyond office hours.”

“To be more aware and attentively listen to children to build strong relationships.”

The safeguarding team are very committed to multi-agency training and delivered and supported two sessions in safeguarding week. These were ‘Working in the margins – overprotected/ under-protected’, a course which seeks to promote resilience and minimises the safeguarding risks for disabled children and ‘Making Safeguarding Personal’ which was delivered with People First, a learning disabled service user group in Keighley. Both evaluated well.

Infection prevention

Effective infection prevention

There have been no bacteraemia cases of methicillin-resistant *staphylococcus aureus* (MRSA) or methicillin-susceptible *staphylococcus aureus* (MSSA) during the year. There has been one case of *clostridium difficile* which following a post infection review was found to be unavoidable. The infection prevention team continues to work across all areas of the services promoting and educating in infection prevention techniques, processes and procedures.

Flu immunisation

For the year ending April 2018 the Trust had the greatest level of flu immunisation levels amongst all NHS mental health trusts, and for the fifth year running the Trust has the greatest uptake for both community and mental health services. The Trust and Department of Health target for take up of flu immunisation by front line staff is set at 75 per cent. The take-up for 2017/18 was 83 per cent with a number of teams having achieved 100 per cent; a good uptake means that we are able to minimise staff sickness and protect patients from flu.

Board quality and safety walkabouts

Aims of a quality and safety walkabout

The aims of quality and safety walkabouts are to:

- increase the awareness of quality and safety issues amongst all clinicians;
- make sure safety remains a priority for senior leaders;
- increase understanding of service user safety concepts such as incident reporting and risk registers;
- act on information that identifies areas for improvement;
- build relationships with frontline staff;
- discuss issues relating to staff engagement locally and corporately; and
- discuss with frontline services their experience of the move towards being recognised as 'outstanding'.

How the walkabout is conducted

Board members (a pairing of a Non-Executive Director and an Executive Director) visit services with the primary objective of talking to groups of staff about quality and safety issues. During 2017/18 there were 26 walkabouts undertaken.

Prior to the visit the selected team receive information as follows:

- an information poster to be displayed to inform staff of the visit;
- a walkabout leaflet giving facts about the walkabout; and
- biographies of the relevant Executive and Non-Executive Director.

Nearer to the visit the following information and statistics are shared with the relevant visiting Board members and the team:

- Risk register information.
- Staffing information.
- Incident data.
- Details of formal complaints.
- Concerns received.
- Key performance indicators.

Open and honest discussion takes place and it is important that all present at the walkabout are heard with the focus remaining on quality and safety.

How we use the results

Following the walkabout the Executive Director is responsible for writing a letter to the service within one working month of the visit, detailing discussions and any agreed actions using the action template. The actions are recorded on a log, which is monitored and progressed with the action lead by the risk team.

Each quarter a review of learning and trends are provided to the Quality and Safety Committee, examples of issues identified and addressed were:

- Improvements undertaken around IT connectivity issues raised by staff, linked to our agile programme.
- Closer liaison with the communications team about promoting new services.
- New innovative ways of recruiting to teams that have a higher than average vacancy rate.

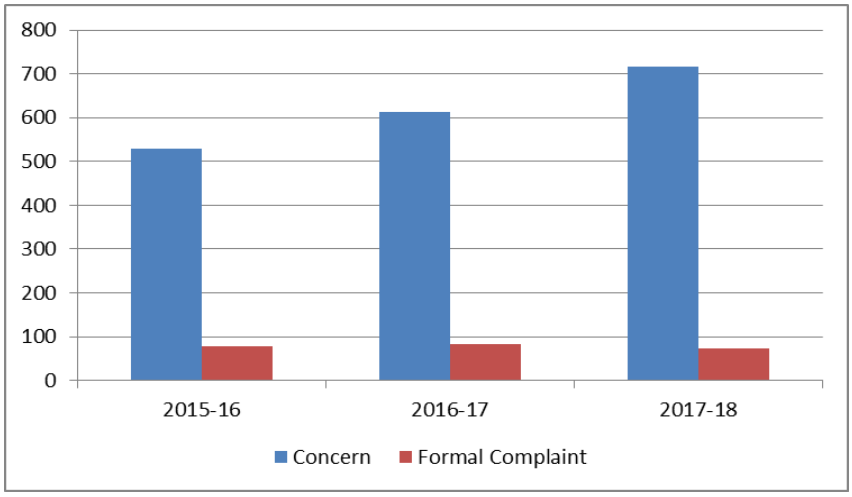
Complaints and compliments

Patient Advice and Complaints service

The Trust takes complaints and all forms of feedback seriously, as this is a way to help improve our services.

The patient advice and complaints team supports patients, families and carers to resolve complaints. The team works with business units and the Executive Management Team and as part of this process, complainants are offered a meeting to discuss the complaint. This can include a meeting with a senior manager, Director or the Chief Executive. In 2017/18 the service assisted patients/families with the local resolution of 717 concerns. This is an increase on the previous year. During 2017/18, 74 formal complaints were received, which is a decrease on the previous year. The table below shows the high number of cases that are locally resolved.

Number of case received 2015/16 to 2017/18:



2016/17 – 2017/18 top categories of formal complaints:

Category	2016-17	2017-18	Category	2016-17	2017-18
Attitude Of staff	25	13	Diagnosis problems	4	8
Information	11	26	Discharge arrangements	5	7
Lack of support	18	18	Mental Health Act (Inc S17 leave)	5	5
Customer services	14	21	Breach of confidentiality by staff	3	5
Waiting For appointment/length of waiting list	10	16	Patient's privacy and dignity	6	2
Medication	9	13	Access to services	3	4
Nursing care	14	6	Incorrect entry on medical records	5	2
Risk assessment	8	7	Safety and security	6	1

It should be noted that each formal complaint may have more than one component, therefore the total figures above do not reflect the number of actual formal complaints.

When considering the themes arising from complaints, there has been a significant decrease in complaints about staff attitude. An increase in complaints in relation to waiting for appointment/waiting times has been noted in specific areas. These have been addressed through the recruitment of staff into those teams. Themes are highlighted to Business Units throughout the year when issues arise.

Complaints referred to the Parliamentary and Health Service Ombudsman

If a complainant is dissatisfied with the outcome of a complaint investigation they are given the option to contact the Trust again to explore issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO). The role of the PHSO is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Two cases were referred to the PHSO in 2017/18; both were closed as not upheld. Other cases closed in 2017/18 had been referred in the previous financial year. As at 31 March 2018 the current status is as follows:

Closed - Upheld	0
Closed – Partially Upheld	1
Closed – Not Upheld	3
Intention to investigate/under investigation	0
Total	**4**

How we learn from complaints

The Trust continues to monitor actions arising from complaints and they are reviewed and monitored in business unit governance meetings. In addition to this, learning is shared across business units using monthly reports and via the learning network. Business units receive a report each month which provides them with the following:

- A summary of all open/closed complaints and serious incidents for that period. This can then be used by the business unit to triangulate with other data for their area.
- Learning from investigations and good practice is noted. This is then shared across teams locally.
- Any themes are reported to the business unit to enable them to take actions to improve the service and to mitigate against recurrence.
- Progress on actions is also shared with the monthly report.

Going forward, the Trust intends to ensure learning is embedded across the Trust and this is tested to demonstrate improvement.

Compliments our services have received

The team continue to collect and record compliments. There have been 613 received this year. Examples of some of the written compliments we have received during 2017/18 are as follows:

"You helped me see the rainbow. I can't thank you enough for all your support and patience. Now I have to let you go so you can be an angel to someone else!"

"At a time when the NHS is overstretched, understaffed and under-resourced it is remarkable that the community nursing team is able to offer such incredible service and care. We were never made to feel like anything was too much trouble. Your team fully appreciated and understood what we were going through as a family and were on hand to help in any way they could; for that you have our sincere thanks and gratitude."

"To all the staff at Ashbrook ward. Wanted to say thank you for everything you are doing for me…."

"Throughout the period that I have been coming to Shipley, I have met quite a few different members of the 'team' and can say, without hesitation that you have all been polite, friendly and very professional in your dealings with me. You have all been happy to explain and answer my questions, as well as provide leaflets, showing how and why my wound occurred and how to best avoid a recurrence. Thank you so much for a super service."

"Can't thank you enough for the loving care you gave to the very end. We will be eternally grateful."

"Thank you ever so much for your support over the last few years. Since first meeting you on the ward while I was in hospital you have provided a "quality service" to me and my family. You have always been warm and friendly, listened to what I had to say, not pretended to be 'the expert', and delivered what you promised".

Patient-led assessment of the care environment (PLACE)

NHS England and the Department of Health recommend that all hospitals, hospices and independent treatment centres providing NHS- funded care undertake an annual assessment of the quality of non-clinical services and condition of their buildings. These assessments are referred to as patient-led assessments of the care environment (PLACE). They look at:

- how clean the environments are;
- the condition – inside and outside – of the building(s), fixtures and fittings;
- how well the building meets the needs of those who use it, for example through access arrangements, signage and car parking facilities;
- the quality and availability of food and drinks;
- how dementia-friendly the environments are; and
- how well the environment protects people's privacy and dignity.

PLACE teams consist of patient and staff assessors; at least 50 per cent of the team are patients and/ or members of the public. Patient assessors make recommendations for improvement during their visits and these recommendations are used to develop a local improvement plan; the plan is available on the Trust's internet site. Recommendations for improvements during the 2017/18 assessments included:

- Refresh of Airedale Centre for Mental Health décor in areas.
- Improvements to external wayfinding signage for service users travelling to Lynfield Mount Hospital by bus.
- Environment improvements to Lynfield Mount Hospital family and multi-faith rooms.
- A review of systems to ensure courtyard spaces at Airedale Centre for Mental Health are maintained.
- New service user lockers on Ashbrook Ward and new dining room seating on Oakburn Ward.
- A risk assessment of chair type in the computer room on the Assessment and Treatment Unit.

The PLACE assessment recommendations are progressed and monitored throughout the year by the patient environment action group.

PLACE information is used by a range of public bodies such as the Care Quality Commission, NHS England, the Department of Health, clinical commissioning groups and local Healthwatch. All the results are published by NHS Digital and are made publicly available.

PLACE audits were undertaken from March to May 2017; the Care Trust scored above the national average in all areas of the PLACE assessment.

	National average	BDCFT overall	Lynfield Mount Hospital*	Airedale Centre for Mental Health
Cleanliness	98.41%	99.46%	99.66%	98.90%
Food (overall)	90.05%	97.98%	98.40%	96.85%
Organisation food	88.54%	93.24%	93.00%	93.88%
Ward food	91.33%	99.68%	100.00%	98.83%
Privacy, dignity and wellbeing	85.41%	97.77%	98.30%	96.36%
Condition, appearance and maintenance	94.01%	99.33%	99.60%	98.62%
Dementia friendly facilities	76.22%	86.23%	87.82%	81.95%
Disability	84.06%	93.08%	93.20%	92.78%

***** Lynfield Mount hospital includes Moorlands View and Daisy Hill House

14. Performance against our quality goals for 2017/18

Each business unit has at least one indicator per quality goal to represent their performance during 2017/18. The targets that were set at the beginning of the year, in most instances, were aspirational and it was expected that delivery of them may take longer than the 12-month period reported in this quality report.

Throughout this section we have provided a rating to show how well we have performed against national targets/averages wherever they are available. The rating we have used is:

Green = where performance is better than target and/or baseline.
Amber = where performance is better than target but worse than baseline.
Amber = where performance is better than baseline but below target.
Red= where performance is below target (has no baseline).

Key performance indicators which have not been rated will continue to be monitored via business unit reports to Quality and Safety Committee.

Priorities and goals

Safe

Quality goal 1: Ensure a responsive service for those in need of urgent care

Why this goal was important

This goal monitors our progress for delivering services that are accessible and timely, not only for services that we solely provide but in some instances at the point at which we interface with other care providers.

Our performance against the indicators for this goal:

Indicators	16/17 outturn/ baseline	BDCFT target	Performance 2017/18
Urgent referrals to tissue viability service are offered an appointment within two working days of triage	100%	95%	100%
Patients receive definitive care at their initial appointment with the unscheduled dental care team	97.5%	94%	96%
Admit patients to local older people's specialist wards avoiding placing patients out of area	n/a	0	0
All calls to the First Response service will be answered within two minutes	87%	90%	90%
Calls to the safeguarding duty phone will be responded to within 30 minutes	n/a	90%	100%

How did we do?

Performance was consistently high throughout the year for all five indicators. Whilst the year end position for patients receiving definitive care at their initial appointment with the unscheduled dental care team was lower than 2016/17, it had been above 94 per cent in quarters one to three.

Quality goal 2: Implement a suicide reduction strategy

Why this goal was important

Reducing suicides is a key priority across all the services we provide

Our performance against the indicators for this goal:

Indicators	16/17 outturn/ baseline	BDCFT target	Performance 2017/18
Provide training for suicide prevention champions	n/a	100%	100%
People discharged from hospital will have a CPA follow-up within three days – Specialist Inpatient services	57.1%	90%	83.3%
People discharged from hospital will have a CPA follow-up within three days – Acute Inpatient services	72.1%	90%	79.0%
Increase the number of staff in adult MH services who have completed MH risk training	49%	85%	53.4%

Mothers identified as being at risk by perinatal mental health assessment will be referred to the appropriate MH services	100%	90%	100%

How did we do?

CPA follow-up within three days of discharge from inpatient care is a target that we have set ourselves as an aspirational stretch to the national target of a follow-up within seven days of discharge, which we have consistently delivered on throughout 2017/18. These two targets will continue to be monitored, as will mental health risk training.

Quality goal 3: Ensure every patient is provided with care which addresses both their physical and mental health needs

Why this goal was important

Supporting patients' physical and mental health needs ensures we aim to provide holistic care.

Our performance against the indicators for this goal:

Indicators	16/17 outturn/ baseline	BDCFT target	Performance 2017/18
The percentage of people accepted into service who have had a social and clinical assessment to determine their individual needs	95%	95%	87%
On discharge all patients have an e-discharge summary sent to their GP within three days covering both mental and physical health – Low Secure services	93%	95%	72%
All inpatients (IP) and community EIP patients will have a comprehensive cardio-metabolic risk assessment	98% IP 96% Comm 94% EIP	100%	Inpatients 96.5% Community 88.9% EIP – not available at the time of publishing
Eligible mothers will be assessed at six to eight weeks post-natal for perinatal health	81.8%	80%	90%

How did we do?

Extreme pressures in the system during the last five months of the year (winter pressures) have impacted on the delivery of the percentage of people accepted who have had a social and a clinical assessment. During this time staff were diverted to deal with acute work to support the system as a whole. The impact of this will be reviewed to investigate ways to improve delivery in 2018/19. Whilst all patients within our Low Secure services have had a physical health check during their inpatient episode, and this was communicated to their GP, it failed to be actioned within the 72 hour target.

Personal

Quality goal 4: Ensure easy and timely access to services

Why this goal was important

A key factor to delivering good quality care is ensuring it is easy for patients to access care and that it is delivered in a timely manner.

Our performance against the indicators for this goal:

Indicators	16/17 outturn/ baseline	BDCFT Target	Performance 2017/18
Compliance with referral to treatment 18 week target for podiatry	100%	95%	95%
Compliance with referral to treatment 18 week target for speech and language therapy	99%	95%	100%
Patients referred to the continence service offered an appointment within four weeks of referral	96%	95%	90%
Patients requiring care with general anaesthesia will wait less than 18 weeks (dental services)	100%	94%	98%
All people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral to EIP	69.3%	50%	57.9%
All people with common mental health conditions referred to IAPT programme will be treated within 18 weeks of referral	89.7%	100%	98.7%*
New births will be seen within 14 days	99%	95%	99%

*this is January and February 2018 data only, March data not available at the time of publishing

How did we do?

The measures above demonstrate the broad range of services provided by BDCFT, and with the exception of continence services the targets have been met by all services reported at this time. During 2017/18 continence assessments have transferred from district nursing to the continence team which has impacted on performance. This is not expected to be an ongoing issue for 2018/19. In the majority of cases the four week target was missed by one working day.

Quality goal 5: Improve engagement with patients and carers

Why this goal was important

Giving patients and carers opportunities to feed back on their experiences and listening to their opinions is crucial to ensuring that we continue to deliver services that meet their needs.

Our performance against the indicators for this goal:

Indicators	16/17 outturn/ baseline	BDCFT target	Performance 2017/18
Adult physical health business unit will hold two engagement events which will include representation from patients and/ or carers	25%	100%	100%
To involve service users and carers in the Single Point of Access review and improve access to First Response service	n/a	2	completed
Hold three carers events in 2017 on the Dementia Assessment Unit to gain feedback and encourage involvement in service delivery	n/a	3	3
Carers engagement plans in place across all acute wards led by carers champions by Q3	n/a	5	5
The average FFT scores for the question 'were you	n/a	Above 80%	98%

involved in your care and planning as much as you would have liked?' which are above a score of four out of five (Childrens services only).			

How did we do?

The targets for all five of the indicators above were met. Feedback from service users has been utilised by all of our business units when reviewing service delivery and how it can be improved.

Effective

Quality goal 6: Continue to engender a culture whereby staff feel able to raise concerns about unsafe practice

Why this goal was important

Our workforce is key to delivering the highest standard of care, and when they have concerns it is essential that they feel safe to raise them.

Our performance against the indicators for this goal:

Indicators	16/17 outturn/ baseline	BDCFT target	Performance 2017/18
Continue to engender a culture whereby staff feel able to raise concerns about unsafe practice – Adult Physical Health services	78%	80%	80%
The proportion of staff who would feel secure raising concerns will be increased – Acute and Community Mental Health services	69%	Increase	79%
The proportion of staff who would feel secure raising concerns will be increased – Children's services	81%	Increase	78%
New starters to be issued with a welcome letter and information on options of how to raise a concern – Specialist Inpatient, Dental and Admin services	n/a	100%	100%
All staff will have an appraisal in date – Acute and Community Mental Health services	98.6%	100%	77%

How did we do?

Results of the proportion of staff who feel safe raising concerns (as reported in the annual NHS staff survey) is varied across services but improved from 2016/17 in both Adult Physical Health services and Acute and Community Mental Health services. The Freedom to Speak Up Guardian continues to develop the role across the Trust and is now supported by over 30 champions who offer a safe and confidential point of contact.

Quality goal 7: Ensure workforce numbers meet the needs of the service

Why this goal was important

Despite the fact that there are currently no national staffing levels identified for mental health inpatient or community services, it was felt that we should set ourselves staffing levels and monitor our performance against them, in order to deliver high quality care.

Our performance against the indicators for this goal:

Indicators	16/17 outturn/ baseline	BDCFT target	Performance 2017/18
Develop and recruit to practitioner roles (recruit five band fours) on Dementia Assessment Unit	0	5	5 recruited
All acute wards will be monitored daily and achieve and maintain safer staffing levels	Green/amber rating	Green rating	Rating not achieved
The monthly safer staffing ratio for services is deemed to be not likely to cause risk to service delivery – Children's services	Green/amber rating	Green rating	FNP – rating achieved
			HV - rating same as 20161/7
			SN – Rating not achieved
			SNSN - rating achieved

FNP – Family Nurse Practitioners, HV- Health Visitors, SN- School Nurses, SNSN- Special Needs School Nurses

How did we do?

The varied results in the above table reflect the challenge that delivering these targets presents. Whilst there is no national standard identifying staffing levels for mental health inpatient care and community staffing, we have devised internal safe staffing levels for each specialist area and each of these are monitored and reported on a monthly basis, to ensure a safe clinical level of staffing.

Quality goal 8: Work in partnership with health and social care providers, the voluntary sector and commissioners to improve services

Why this goal was important

Working in partnership is key to delivering a high quality care for patients.

Our performance against the indicators for this goal:

Indicators	16/17 outturn/ baseline	BDCFT target	Performance 2017/18
Implementation of Complex Care service in Bradford – working with GP federation, acute trusts, Age UK, Carers Resource, local authority and commissioners as required	n/a	Recruit to BDCFT's staffing allocation	Achieved
The oral health team will work in partnership with schools to ensure that evidence-based toothbrush guidelines are followed	n/a	38 schools	38
The number of people in mental health crisis attending A&E will be reduced through working with the Cellar Trust	Airedale – 701 Bradford - 947	Reduce from 16/17	Airedale – 774
			Bradford - 877
Contract monitoring meetings held with Wakefield Metropolitan District Council and NHS England at not less than four times per annum	n/a	4	4

How did we do?

Thirty-eight schools were identified for the oral health team to work in partnership with, and they not only achieved the target but they worked with a further six schools, 44 in total. Whilst the attendances at Airedale General Hospital A&E have not reduced for the number of people in crisis, the attendances at Bradford Royal Infirmary delivered a 7.3 per cent reduction.

15. Performance against our mandated indicators for 2017/18

Providers are required to include a number of mandated indicators in their quality report as stipulated by a number of sources of guidance.

In this section we have rated our performance against NHS Improvement targets; where the target has been met a rating of green is applied.

Performance against indicators set out in Gateway reference 03123

The table below reports the indicators that reflect the services provided by BDCFT as required in guidance document Gateway 03123. The source of the data has been identified as NHS Digital (previously Health and Social Care Information Centre (HSCIC)). Of the 15 mandated indicators, five are relevant to the Trust.

Mandated indicators	Agreed improvement target / benchmark	BDCFT 2016/17	BDCFT 2017/18
% of patients on care programme approach who were followed up within seven days after discharge	NHS Improvement target 95%	99.4%	96.7%
Highest scoring Trust	England Average 95.5%	*99.4%*	100%
Lowest scoring Trust		*84.6%*	68.8%
% of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper	95% NHS Improvement target	96.9%	100%
Highest scoring Trust	England Average 98.5%	*100%*	100%
Lowest scoring Trust		*92.7%*	88.7%
% of staff who would recommend the trust as a provider of care to their family or friends.	National Average 69%	63%	65%
Highest scoring Trust (combined mental health / learning disabilities and community)		75%	76%

Lowest scoring Trust (combined mental health / learning disabilities and community)		55%	55%
"Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker	National Average	The latest values reported on NHS Digital relate to 2013. A new methodology for this indicator is currently in development	
The number and rate of patient safety incidents reported within the trust and the number and percentage of such patient safety incidents that resulted in severe harm or death. (April – Sept 2017)	All MH organisations Severe: 0.3% Death: 0.7%	0.4% 0.5%	0.2% 0.4%
Best score – Severe incidents		0%	0%
Best score – Death		0.1%	0%
Worst score – Severe incidents		2.9%	2%
Worst score – Death		10%	3.4%

Bradford District Care NHS Foundation Trust considers that this data is as described for the following reasons;

- This information is taken from clinical systems, surveys and specialist recording systems for both incidents and friends and family feedback.
- Clinical staff are given training and guidance to input data onto the system. No staff member is allowed to use the system until they have received this training.
- Data is clinically validated before it is submitted to NHS Digital
- Performance data is reviewed monthly by the Executive Management Team and the Trust Board.

Bradford District Care NHS Foundation Trust intends to take the following actions to improve the above indicators, and the quality of its services:

- Each business unit receives monthly performance and quality reports, which are scrutinized at the monthly business unit performance meeting, chaired by the Chief Executive. Good practice is recognised and shared and any underperformance is investigated and actions agreed.

Performance against indicators set out in single oversight framework

The table below shows our performance against the operational performance indicators set out by NHS Improvement, in the single oversight framework.

Indicator	BDCFT performance data				
	Threshold	Q1	Q2	Q3	Q4
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	100%	99.9%	100%	99.2%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	50%	78.0%	63.8%	74.4%	57.9%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) Inpatient wards b) Early intervention in psychosis services c) Community mental health services (people on CPA)	90% 90% 65%				96.5% * 88.9%
Improving access to psychological therapies (IAPT) – proportion of people completing treatment who move to recovery	50%	54.9%	49.6%	48.2%	51.7%*
Improving access to psychological therapies (IAPT) – % of people waiting 6 weeks or less to begin treatment	75%	97.4%	96.3%	96.5%	96.4%*
Improving access to psychological therapies (IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	100%	99.2%	99.3%	98.7%*
Admissions to adult facilities of patients under 16 years old	n/a	0	0	0	0
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area	n/a	New indicator			4

*awaiting EIP results from RCP.
*this is January and February 2018 only, March data not available at the time of publishing.

16. Priorities for quality improvement for 2018/19

Key performance indicators which have not been met will continue to be monitored via business unit reports to Quality and Safety Committee.

New goals and indicators

Having considered the quality strategies/goals of high-performing providers it was suggested that BDCFT moved to a simpler, more impactful set of goals and this approach, alongside a set of early, draft goals was agreed by Board members.

Three 'starters for ten' were considered at the annual members' meeting in September and, whilst there was broad support for the draft goals, there was also strong support for the goals to be further developed by service users and staff.

The draft goals were broad and covered the 'High Quality Care for All' (2008) definition of quality as care that is safe, clinically effective and provides the best possible experience.

Feedback on the draft goals was received at multiple staff groups, throughout the autumn.

The overall feedback was that simplification and a reduction in numbers was strongly supported and that the goals should point to a culture of continuous improvement.

The goals were further modified, following the staff feedback, and the final set of draft goals were then shared with the Trust-wide involvement group (TWIG) which provided more comment, resulting in final amendments.

The final wording of our three, proposed, quality goals was agreed at the March meeting of the Quality and Safety committee as follows:

Safe: "We will continually improve the safety of our services."

Effective: "We will strive to achieve excellent outcomes across all our services."

Personal: "We will make our services more responsive by involving service users, carers and staff."

As part of this quality report, the Trust is required to describe at least three priority areas for improvement.

It was suggested that our priorities for improvement are set out in three groups, using the new quality goals as headings for those groups, based upon the findings of the recent CQC inspection and to include at least three priorities under each heading.

	Quality goals		
Quality indicators	**Safe:** **"We will continually improve the safety of our services."**	**Effective:** **"We will strive to achieve excellent outcomes across all our services."**	**Personal:** **"We will make our services more responsive by involving service users, carers and staff."**

	The Trust will ensure that there is effective oversight of the use of restrictive interventions in inpatient services. MHLC	The Trust will ensure that: a) There is effective oversight of role-specific required training for all staff b) Training compliance rates are at, or above, target across all teams and types of training. QSC	The Trust will ensure that all service users have a care plan in place that is reviewed regularly and is produced collaboratively with service users, to ensure they are personalised and reflect individual choice and preferences. QSC
	The Trust will ensure that staff recognise and discuss when an incident may meet the threshold for duty of candour, and apply the duty as required by the regulation. QSC	The Trust will ensure that: a) There is effective oversight of compliance rates for staff supervision. b) Staff supervision compliance rates are at, or above, target across all teams. QSC	The Trust will ensure there is a systematic and standardised approach to quality improvement, and that staff are trained in the identified improvement methodology. QSC
	The Trust will ensure that all premises used to treat patients have up-to-date health and safety risk assessment in place including fire risk assessments. FBIC	The Trust will ensure that there is a clear and effective approach to audit within services. Audits will be used to improve quality within services. QSC	The Trust will ensure that staff help the relevant patients to understand their rights, under section 132 of the Mental Health Act, at regular intervals and that these discussions are clearly documented. MHLC

MHLC – Mental Health Legislation Committee, QSC – Quality and Safety Committee, FBIC – Finance, Business and Investment Committee

17. Commissioning for quality and innovation 2018/19 (CQUIN)

CQUIN schemes for 2018/19 are the second year of the two-year CQUIN schemes for 2017 – 2019 published by NHS England. For Adult Secure services, NHS England has extended the 2016 – 2018 CQUIN scheme to cover 2018/19. The CQUIN indicators for 2018/19 are:

Nationally mandated CQUIN indicators:

1. Improving staff health and wellbeing – improve the support available to NHS staff to help promote their health and wellbeing in order for them to remain healthy and well.

2. Improving physical healthcare to reduce premature mortality in people with serious mental illness – assessment and early interventions on lifestyle factors for people with serious mental illness.

3. Improving services for people with mental health needs who present to A&E – ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.

4. Transitions out of Children's and Young People's Mental Health services – to improve the experience and outcomes for young people.

5. Preventing ill health by risky behaviours (alcohol and tobacco) – to support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.

6. Improving the assessment of wounds – to increase the number of full wound assessments for wounds which have failed to heal after four weeks.

7. Personalised care and support planning – to identify the groups of patients who would benefit most from the delivery of personalised care and support planning, and provide this support to them.

In addition a proportion of the national CQUIN funding is assigned to support the development of sustainability and transformation partnerships and integrated care systems, reinforcing the critical role local providers have in delivering system-wide objectives.

CQUIN indicators for low secure services

1. Recovery colleges – the continuation of co-developed and co-delivered programmes of education and training to complement other treatment approaches.

2. Reducing restrictive practices – the continuation of developing an ethos in which people with mental health problems are able to fully participate in formulating plans for their wellbeing, risk management and care in a collaborative manner, to reduce the need for restrictive interventions.

CQUIN indicator for vaccinations and immunisations service

1. Health inequalities – identify and support children who are not accessing the service, including those with mental health conditions or learning disabilities and those considered vulnerable/ who find services hard to reach, to improve uptake of immunisation programmes.

Successful delivery of these goals and targets will contribute to clinical quality improvements and transformational change.

18. Stakeholder commentaries

Bradford District Care Foundation Trust Quality Report 2017/18

On behalf of NHS Airedale Wharfedale and Craven, NHS Bradford City and NHS Bradford Districts CCGs, I welcome the opportunity to provide feedback to Bradford District Care Foundation Trust (BDCFT) on its quality report 2017-18.

I would like to start by offering my congratulations to the Trust on the continued number of awards BDCFT has either won or been shortlisted for, during 2017/18. The awards include:

- the primary care and wellbeing team for gaining the 'Positive Practice in Mental Health' Award;
- the Trust achieving 'gold' in the Royal Society of the Prevention of Accident (RSoPA) Health and Safety awards;
- the Airedale Centre for Mental Health being awarded the 'Breaking Down Barriers/Tackling Stigma' award;
- The First Response service winning the 'all-age psychiatric team of the year' award from the Royal College of Psychiatry and the 'Crisis Care Pathway' award from the National Positive Practice awards.

The Trust is to be congratulated on winning the highly prestigious National Institute for Health Research Programme grant for applied research which has identified the Trust as its lead NHS organisation and we look forward to seeing how this impacts on investment in research over the coming years.

However, it is disappointing that following the Trust's first 'well led' Care Quality Commission (CQC) inspection in October 2017 the Trust was rated as 'requires improvement' overall, with the domains for effective, safe and well led receiving the same rating. I am pleased to note that the Trust was rated as 'good' for the remaining domains of caring and responsive and two of the Trust's community services were rated as 'outstanding' across two areas: Community Health Services for adults for the domain of caring and Community End of Life Services for the responsive domain. It is disappointing to see that the Trust's Mental Health services were rated as 'requires improvement'. There are a number of areas within the CQC report that require close attention by the Trust and I'm sure that improvements will be seen during the next year. I can confirm that the CCG has received the CQC inspection report action plan from the Trust and that some of these improvements have been already been made.

The Trust recognises its workforce challenges and is actively pursuing the development of apprenticeship schemes for health care support workers and supporting programmes for all new starters into community nursing as part of the new Trust workforce strategy for community nursing services. This is also being pursued with other local providers. The Trust's operational plan 2017/18 and 2018/19 covers in detail workforce plans and focusses on identifying priorities and working in partnership across the local and West Yorkshire and Harrogate STP and it is anticipated that these partnerships will start to mitigate some of workforce risks.

It is good to see that the Trust has improved its performance in meeting the improving access to psychological therapies (IAPT) (treated within 6 weeks of referral) during 2017/18 and the

attention taken to addressing City CCG's specific cultural requirements of the service is appreciated. It is disappointing that there are still challenges in meeting the 18 weeks and recovery targets for IAPT and further action is required by the Trust to ensure improvements continue to be sought and are sustained.

The CCGs acknowledge that the health economy is undergoing substantial challenge and change, and the ability for organisations to provide care through these system challenges increasingly requires ongoing collaboration and system wide working. The Trust is highly engaged in system wide developments both locally through the AWC and Bradford health and care partnerships and through the West Yorkshire and Harrogate STP.

The quality report cites a number of initiatives and innovations, service developments, achievements and quality improvements which ensured delivery of the 2017/18 priorities. These include:

- Ongoing success of a community crisis model using the First Response service to provide immediate telephone support and then signposting to the Haven and Sanctuary safer spaces.
- The learning disabilities health support team leading positive and proactive champions and communication champions networks that share best practice around the use of positive behaviour support and communication methods for people with a learning disability.
- Continued development and implementation of a new Children's services delivery model which will represent a four locality service in line with local authority restructures and support integrated working between health visiting, children's centres and early years services.
- The successful pilot with West Yorkshire Fire Service on identifying patients within their own homes who are at risk of falling which has been rolled out to all fire crews across Bradford and Airedale.
- The successful delivery of the fluoride varnish programme across over 350 settings in the Bradford and Airedale District.
- The introduction of new carer forums for families and carers on the Dementia Assessment Unit.

The Trust has also undertaken a number of approaches to governing the quality of services during 2017/18 including the following:

- The establishment of a formal group to discuss 'improving quality' reporting to the quality and safety committee.
- Quality and safety walkabouts undertaken by members of the Trust Board.
- Initial consideration of a single and unified approach to quality improvement.
- A review of the content and assurances provided by the quality and safety committee quarterly dashboard.
- Establishing a mortality review process, as required by national policy.
- Internal audit review of learning from complaints and serious incidents.
- Embedding the 'Learning Network' as a central resource for staff to share and learn from each other.
- Reporting on learning from deaths as required.

The Trust has moved to a simpler set of three quality goals for the forthcoming year (2018/19) identified by staff and service users:

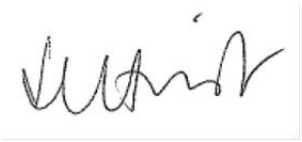
- Safe: “We will continually improve the safety of our services.”
- Effective: “We will strive to achieve excellent outcomes across all our services.”
- Personal: “We will make our services more responsive by involving service users, carers and staff."

These are each underpinned by three priority areas for improvement, which the CCGs welcome and endorse.

The CCGs would like to thank the Trust, and its staff, for their engagement in supporting the CCGs’ strategic programmes to improve the health and wellbeing of the Bradford and Airedale population, as part of the various communities, out-of-hospital and mental health wellbeing programmes and their wider contribution to the local and regional system challenges. The Trust is to be commended for their contribution to the implementation of the Bradford District and Craven’s workforce strategy.

I can confirm compliance with the national and local requirements. The statements of assurance have been completed demonstrating achievements against the essential standards and I believe this report to be a fair and accurate account of the Trust’s achievements for 2017/2018. I commend the Trust’s achievements during 2017/18 and look forward to supporting the Trust to achieve its ambitions during 2018/2019.

Finally, as I look ahead to the next year which will be both exciting and challenging as we move towards an integrated health and care system, I am confident that the Trust will continue to strengthen their position, supported by a workforce that is hugely committed to meet the needs of our local population.



Helen Hirst

Chief Officer

Airedale, Wharfedale & Craven,

Bradford City & Bradford Districts CCGs

Healthwatch Bradford and District is pleased to have the opportunity to comment on the Bradford District Care NHS Foundation Trust quality report for 2017/18. The report gives a comprehensive view of actions taken throughout the year to improve the quality of care and patient and carer experience.

We share the Trust's disappointment about the overall CQC rating, although we are pleased to note its commitment to making the improvements needed, as well as the fact that a number of domains and services received 'good'.

Healthwatch has a good relationship with the Trust, and we have been working with it to develop this further. We did not collect a large volume of feedback during the course of the last year, in large part because we have not been holding outreach on the Trust's sites. This means that the feedback we receive is often from people who have contacted Healthwatch directly, usually due to problems they have had with their care. As a result, the insight we receive is only partial.

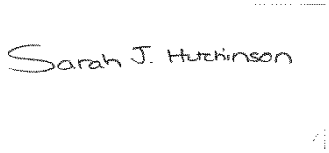
However, while we cannot make general statements about people's experiences given the number of comments we have received, these do to an extent reflect the areas highlighted in the quality report as being most common for complaints and compliments. Areas of negative feedback included: attitude of staff towards people; waiting times for services including CAMHS, and receiving a care assessment from the CPN; the support available for children with high levels of need; communication, including with the district nurse team where people reported not being informed of when people would come to visit them.

Compliments covered communication and staff attitude, for example one person told us the Airedale Centre for Mental health is "great – kind, caring staff – would give it 11 out of 10." We also received positive feedback about the carers' hub at Horton Park, described as a 'life saver'.

One area where we received more feedback was on diagnosis and support for people with autism, as part of a project we have been carrying out over the last year. We heard of continuing long waits for diagnosis and how this makes it difficult to access support as this mostly depends on a formal diagnosis. Other people told us that the mental health support they were offered following an autism diagnosis was inappropriate for their needs. We will shortly be publishing this work, but hope to be able to work with the Trust, along with the CCG and local authority to address some of these issues as we recognise the problems with autism diagnosis and support are wider than the Trust's remit.

We welcome the commitment threaded throughout the quality report to involving patients and their families in decision-making, and this reflects our experiences with the Trust, where feedback has been actively encouraged. We are pleased that the trust-wide involvement group has been involved in the development of the revised quality goals, and hope that progress against this for 2018/19 will be set out as clearly as those for 2017/18 have been.

Healthwatch Bradford and District will continue to listen to people's views and share these with the Trust, and we look forward to continuing to work with the Trust to ensure these experiences continue to be used to help drive improvement.



Sarah Hutchinson

Manager

Healthwatch Bradford and District

Appendix 1: Comprehensive list of services provided 2017/18

1 Adult mental health A&E liaison
2 Adult Mental Health Acute Inpatient services
3 Assertive Outreach service
4 Bradford and Airedale Neuro Developmental Disorders service
5 Champions Show the Way
6 Child and Adolescent Mental Health services
7 Child and Adolescent Mental Health services – eating disorders tier 3
8 Children and young people's mental health specialist substance misuse team
9 Community Dental services
10 Community drug and alcohol teams – Airedale and Bradford
11 Community mental health teams - working age adults
12 Community nursing (previously referred to as case managers, community matrons and district nursing)
13 Community nursing children with special needs in special schools
14 Continence service (adults)
15 Criminal Justice Liaison service
16 Dental unscheduled care
17 Early intervention in psychosis
18 End of Life Education & Facilitation service
19 Falls exercise classes
20 Family nurse partnership
21 First Response service
22 Health Trainers service
23 Health visiting
24 Homeless and new arrivals team
25 Housing for health
26 Improving access to psychological therapies (IAPT) for adults
27 Individual placement and support
28 Intensive home treatment
29 Learning disabilities - Assessment and Treatment Unit
30 Learning disabilities - Health Facilitation and Community Matron service
31 Learning disabilities - intensive support team
32 Learning disabilities - specialist therapies clinical liaison team
33 Looked-after children's health team
34 Low secure mental health service for adults - community team
35 Nursing support team
36 Older people's mental health - Acute Inpatient services
37 Older people's mental health - community mental health teams
38 Oral health improvement
39 Palliative Care Support service
40 Palliative care team
41 Podiatry – core and specialist
42 Primary Care Wellbeing service
43 Psychiatric intensive care unit
44 Psychiatric Rehabilitation services
45 Psychological Therapies - Tpecialist service
46 School nursing
47 Skills, training and employment pathways
48 Speech and language therapy
49 Substance misuse *(service provision ceased September 2017)*
50 Tissue viability
51 Youth offending team: health team
52 5 – 19 Years Vaccination and Immunisation service (Bradford)

53 5 – 19 Years Vaccination and Immunisation service (Wakefield)
54 0 – 19 Children's Public Health service (Wakefield)

Appendix 2: 2017/18 Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (quality accounts) regulations to prepare quality accounts for each financial year.

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

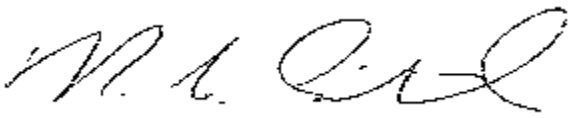
In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2017/18 and supporting guidance.
- The content of the quality report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2017 to 31 March 2018.
    - Papers relating to quality reported to the board over the period April 2017 to 31 March 2018.
    - Feedback from commissioners dated 11 May 2018.
    - Feedback from local Healthwatch organisations dated 15 May 2018.
    - The Trust's complaints report published under regulation 18 of the local authority social services and NHS complaints regulations 2009, dated 5 May 2018.
    - The national patient survey dated 15 November 2017.
    - The national staff survey 2017.
    - The head of internal audit's annual opinion of the Trust's control environment.
    - CQC inspection report dated 12 February 2018.
- The quality report represents a balanced picture on the NHS Foundation Trust's performance over the period covered.
- The performance information reported in the quality report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.
- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

24/05/2018
Mike Smith
Chairman



24/05/2018
Liz Romaniak
Interim Chief Executive

Appendix 3: Independent auditors report

KPMG

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF Bradford District Care NHS FOUNDATION TRUST ON THE QUALITY REPORT

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

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral

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

Respective responsibilities of the directors and auditors

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

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

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2017/18* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the *Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18.*

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

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

- Board minutes and papers for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners, dated 24 April 2018;
- feedback from governors;
- feedback from local Healthwatch organisations, dated 15 May 2018;
- feedback from Overview and Scrutiny Committee, requested 16 April 2018;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2017 national patient survey;

- the 2017 national staff survey;
- Care Quality Commission Inspection, dated 12 February 2018;
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment, presented 23 May 2018; and
- any other information included in our review.

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

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

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

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change

over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Bradford District Care NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
Leeds

25 May 2018

Appendix 4: Glossary of terms

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS jargon used in these pages.

Agile Working

Agile working can be described as the effective use of modern technology to allow staff to work in the way that best suits their best job role; allowing work to be completed in the most appropriate place, at the best time, and in a way that delivers the best possible care to service users.

Audit

Audit is the process used by health professionals to assess, evaluate and improve care of patients in a systematic way in order to enhance their health and quality of life.

Care programme approach (CPA

The care programme approach (CPA) was introduced by the Department of Health in 1991 as a framework for the assessment and management of persons with a mental health disorder, both in hospital and in the community

Care Quality Commission

The Care Quality Commission or (CQC) is the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. The organisation aims to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. The CQC seeks to protect the interests of people whose rights are restricted under the Mental Health Act.

Commissioner

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical care groups (CCG's) are the key organisations responsible for commissioning healthcare services for their areas. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population's health.

CQUIN (commissioning for quality and innovation payment framework)

'High Quality Care for All' included a commitment to make a proportion of providers' income conditional on quality and innovation, through the commissioning for quality and innovation (CQUIN) payment framework.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

Data definitions

The indicators reported within this quality report are a combination of key performance indicators with national definitions and local indicators with an agreed local definition.

Data sources

The sources of data for the indicators reported are

- Clinical systems
- E-rostering
- Audits
- FFT
- ESR
- Staff survey
- NHS Digital

Duty of candour

'Duty of candour' is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of candour aims to help patients receive accurate, truthful information from health providers.

Foundation Trust (FT)

Foundation Trusts are still part of the NHS, and still have NHS inspections and standards to meet.

Friends and family test (FFT)

The NHS friends and family test (FFT) is an important opportunity for patients/ service users to provide feedback on the care and treatment they have received. This feedback will used to improve services.

Healthwatch

An independent consumer champion for both health and social care that replaced LINK from 1 April 2013.

National Patient Safety Agency (NPSA)

A national body that leads and contributes to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.

NHS Choices

http://www.nhs.uk

NHS Constitution (March 2013)

The NHS Constitution is a formal document which aims to set out clearly what patients, the public and staff can expect from the NHS and what the NHS expects from them in return.

http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf

NHS Digital

'NHS Digital' is the new name for the Health and Social Care Information Centre. We exist to improve health and care by providing national information, data and IT services for patients, clinicians, commissioners and researchers

NHS England

NHS England is an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists.

NHS staff survey

An annual anonymous survey to staff in all NHS organisations

http://www.nhsstaffsurveys.com/Page/1019/Latest-Results

NICE - National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) is an independent organisation that provides national guidance and standards on the promotion of good health and the prevention and treatment of ill health. This role was set out in a 2004 white paper, 'Choosing health: making healthier choices easier', and is intended to help people to make well-informed choices about their health.

https://www.nice.org.uk/

Partners in Audit Network (PiAN)

A service user and carer audit network.

Quality

Quality is defined by Lord Darzi in 'High Quality Care for All' (2008) as an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. Quality is an NHS that delivers high quality care for all users of services in all aspects, not just some.

Quality report

A quality report is an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing. Quality reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

Quality and safety committee (QSC)

The quality and safety committee is a committee of the Trust Board that monitors, reviews and reports to the board on the adequacy of the Trust's processes in the areas of clinical and social care governance. It ensures the Trust is effectively organised to meet the requirements of external inspectorate bodies and seeks assurance that systems and processes are in place to demonstrate that the quality of services is of a high standard.

R4

The Trust's clinical information system for salaried dental services.

RiO

The Trust's clinical information system for mental health services.

Safer staffing

NHS organisations are now publishing ward level nurse staffing information on their websites

Stakeholders

A person, group, or organisation that is affected or can be affected by an organisation's action.

'Aspirational' target

An aspirational target that is set at a level that ensures the organisation is challenged to deliver.

STEIS strategic executive information system

The national NHS reporting framework for reporting serious incidents.

SystmOne

The Trust's clinical information system for community services.

Appendix 5: Let us know what you think

Hopefully, our quality report has been informative and interesting to you and we welcome your feedback, along with any suggestions you may have for next year's publication.

Please contact us at: BDCTqualityaccount@bdct.nhs.uk

Bradford District Care NHS Foundation Trust
Trust Headquarters
New Mill
Victoria Road
Saltaire
Shipley
BD18 3LD

Check out our website

Do you want to know more about the services that we provide? Visit us at www.bdct.nhs.uk

This quality report can be found on the NHS Choices website at www.nhs.uk

By publishing the report with NHS Choices, Bradford District Care NHS Foundation Trust complies with the quality accounts regulations.

Join us as a member and have a say in our future plans

A representative and meaningful membership is important to the success of the Trust and provides members of our local communities the opportunity to be involved in how the Trust and its services are developed and improved. Membership is free and the extent to which our members are involved is entirely up to them. Some are happy to receive a newsletter four times a year and come along to membership events.

For further information please contact our Foundation Trust Office on:

Tel: 01274 363556
Email: stella.jackson@bdct.nhs.uk

Sustainability Report

Sustainability is defined by the Brundtland Commission as follows:

"Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs"

Sustainability includes not only environmental impacts such as use of resources and emissions from our activities, but also Social Sustainability (communities, education, and wellbeing) and Economic Sustainability (poverty and its physical and psychological effects). This report seeks to address all 3 pillars of Sustainability: Environmental, Social and Economic.

Environmental Sustainability

Carbon Reduction & Energy Efficiency

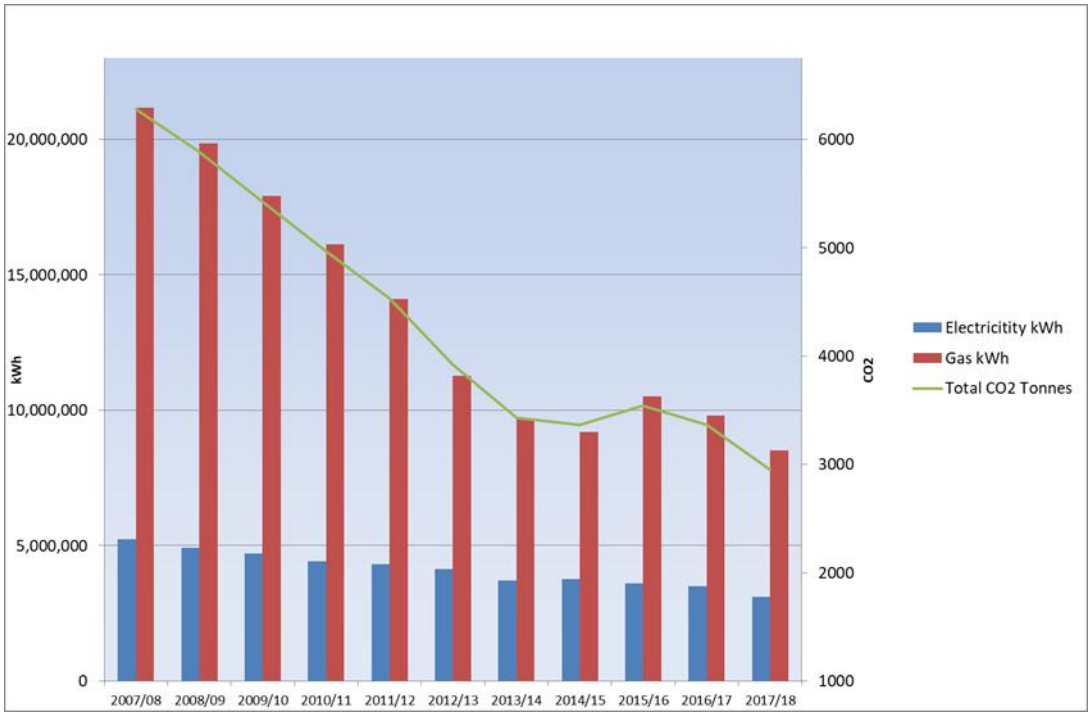
Under the Climate Change Act 2008 the UK has a statutory target to reduce carbon emissions by 80% by 2050 compared to 2007/08. As the largest UK employer, the NHS has an important role in developing actions that will help to achieve this target. Each NHS organisation has been tasked to identify actions to improve its own sustainability and reduce energy consumption. In response to this challenge we are working hard to reduce the amount of energy we use.

We are using 41% less electricity and 60% less gas than in 2007/08. We are also emitting 3,326 fewer tonnes of carbon dioxide per year, a 53% reduction in our historic baseline emissions, as shown in the consumption table and trend chart below. The significant 4% reduction in carbon emissions this year is largely attributable to the closure of Stoney Ridge. With elevated heating for vulnerable service users and the therapeutic pool, this site has historically been characterised by higher than average energy use and emissions.

Other activities improving our environmental performance in the last year include:

- New high efficiency boilers at Lynfield Mount Hospital;
- Multiple boiler replacements in smaller properties;
- Ongoing Airedale Centre heating and building improvements; and
- Ongoing programme of improvements to Building Management Systems (BMS).

Chart Showing Annual Gas and Electricity Use and Carbon Emissions



	Electricity			Gas				
YEAR	kWh	Conversion Factor	CO_2 Tonnes	kWh	Conversion Factor	CO_2 Tonnes	Total CO^2 Tonnes	CO2 Reduction from Base Year
2007/08	5246000	0.43	2256	21163000	0.19	4021	6277	
2008/09	4915000	0.43	2113	19861000	0.19	3774	5887	6%
2009/10	4700000	0.43	2021	17921000	0.19	3405	5426	14%
2010/11	4425000	0.43	1903	16130000	0.19	3065	4967	21%
2011/12	4305000	0.43	1851	14114000	0.19	2682	4533	28%
2012/13	4140884	0.43	1781	11270934	0.19	2141	3922	38%
2013/14	3708351	0.445	1650	9679725	0.184	1781	3432	45%
2014/15	3763976	0.445	1675	9195738	0.184	1692	3367	46%
2015/16	3610932	0.445	1607	10503047	0.184	1933	3540	44%
2016/17	3504169	0.445	1559	9810768	0.184	1806	3365	46%
2017/18	3112488	0.445	1385	8506848	0.184	1566	2951	53%

Consultant commissions in 2017/18 included:

- **Baselining the Procurement Emissions at the Trust**
  Carbon Emissions from the goods and equipment we use in delivering our services represent a significant proportion of NHS emissions and to date these emissions have been poorly understood. In baselining our procurement emissions we hope to be able to target value for money opportunities to reduce emissions from goods and services.

- **BMS improvements and upgrades**
  Two reports have been commissioned to improve our BMS which supports service delivery through lighting, heating and ventilation controls. These were a strategic report focused around system efficiency and training, and a component by component assessment identifying obsolete equipment and performance improvement upgrades. These reports will be used to develop a multi-year scheme to replace out of date equipment and upgrade systems to maximise controls and efficiency.

- **Improving Energy Use**
  Improved space utilisation and the disposal of leased property has the potential to increase energy use in the core estate, In 2017/18 consultants were commissioned to identify opportunities to improve Display Energy Certificate (DEC) performance at four of our poorer performing sites. These will be used to inform investment strategy in forthcoming years.

The Trust has key performance targets to reduce energy consumption by 3-5% and carbon emissions by 2% year on year. To date these KPIs have been consistently achieved, although capital implications of 'invest to save' schemes need to be considered as part of the Trust's upcoming Estates Strategy to secure future target achievement. Beyond energy use, our Sustainable Development Management Plan has identified improvements in the last year in areas including:

- Food Services and Procurement collaboration to review all food contracts in an attempt to source "Farm Assured" or equivalent quality marks and also evaluating organic options to support an application for the "Food for Life" certification issued by the Soil Association. In addition the Service is developing a strategy for environmentally responsible use of plastic cups and service ware. The service is currently transitioning away from plastic plates and cups to Vegware products; and
- The 2017 Annual Travel Survey identified excellent improvements in our staffs sustainable travel choices. Cycling, Walking, and Public Transport use is rising and car alone journeys and taxi use are falling. Indeed we have met in advance our Sustainable Travel targets for 2020.

Environmental Performance Management Group

In the last few years Energy and Environmental legislation and targets have increased dramatically. To ensure compliance and monitor ongoing performance improvement the Environmental Performance Management Group meets monthly to manage compliance data and target improvements at poorly performing properties.

Display Energy Certificate (DEC) Performance

DEC performance continues to be a priority for NHS Trusts. A performance rating of 100 (grade D) is considered to be typical performance compared with other buildings of the same type and use. We

have eight properties requiring annual DECs (over 1,000m^2 of floor area). Of these, four have a better than typical performance rating and we are focusing our energy efficiency programmes on the four remaining sites, including commissioning consultants to identifying energy efficiency opportunities.

The Trust also has seven properties over 500m^2 floor area, requiring DECs every 10 years. These were completed in 2012. Six of these seven properties already have performance ratings better than 100 (grade D). The remaining property (New Ridge) has been disposed of during 2017/18 as part of the Stoney Ridge site rationalisation. From July 2015, properties over 250m^2 also require DECs every 10 years. The Trust has two buildings in this category and both have performance ratings better than 100 (Grade D).

New Energy Supply Framework (including Bureau Service)

From April 2017, gas, electricity and water supplies have been delivered via the Inenco People for Places Supplies Framework. The new provider services include a Bureau Service to validate invoices and challenge suppliers on our behalf. The 2017/18 bureau service audit has already supported VAT recovery on Trust energy bills at a key site realising a VAT rebate in excess of £25k.

New Water Supply Arrangements

Historically organisations received their water supplies from the nearest geographical provider (Yorkshire Water). From April 2017 the water market has been an open competition market meaning we can choose our provider from all UK water suppliers. In 2017/18 we tendered our water contracts via the Inenco People for Places Supplies Framework and we are now supplied by Wave (formerly Anglian Water).

Waste

The Trust waste recycling contract for all non-clinical wastes (offices, office kitchens, toilet paper towel bins, clinical room paper towel bins,) covers all Trust properties and a number of client sites where we are contracted to provide waste disposal services. Our contract since 2011 has been a zero landfill contract with high quality wastes (paper, cardboard, tin cans, plastic bottles) being recycled and low quality wastes (those contaminated with food, drink or glass) being sorted post collection where further wastes are removed for recycling and the remaining waste goes for energy production.

Though local housekeeping staff are tasked to be vigilant to ensure that recycling requirements are achieved by monitoring waste segregation, the Trust is piloting a new recycling bin range to both improve segregation and reduce housekeeping workloads by reducing the room clearance frequency in 2018 at four Wakefield sites and two floor at New Mill.

The Trust has systems in place to recycle almost all other wastes including batteries, shredded paper, card, plastics, metals, glass, and food oils from main kitchens, toners and ink cartridges where applicable & all electrical wastes, including mobile phones and IT equipment.

To comply with the 2011 Waste Hierarchy Regulations, waste/unwanted items must be reused in preference to recycling or disposal. Trust staff can now, with approval from line management, take unwanted equipment for personal reuse. Waste items where possible, are also passed to charities,

furniture being a good example. This approach has a side benefit of circumnavigating the removals cost of such wastes which can be significant sums when sites are cleared.

The Trust's clinical wastes are split into incineration grades and autoclave grades. The separate disposal of autoclavable wastes (steam sterilisation as opposed to incineration) reduces our CO2 footprint significantly.

In recent years the Trust's Food Services Department has installed in recent years aerobic waste food digesters in its kitchens to treat/digest and dispose of food wastes that would otherwise be washed to sewer. The Food department is now exploring a new avenue of reducing our plastic waste output by piloting the use of plant based sandwich/fruit containers which look identical to normal plastics but are compostable. This product range is called VegWare.

Sustainable Travel Plan

Many of the Trust's staff provide services in the community, resulting in a significant environmental impact from transport. As a consequence the Trust is committed to preventing pollution and encouraging active travel choices (e.g. public transport, walking and cycling) as well as making infrastructure available for electric car users to charge their vehicles. To date the Trust has installed bike and electric charging infrastructure, developed a comprehensive suite of sustainable travel documents, hosted sustainable travel roadshows at key sites to showcase electric cars and bikes, and introduced subsidised public transport opportunities. With the excellent Sustainable Travel Survey results in 2017, achieving 2020 Travel Emission targets and highlighting behavioural changes, we are now looking at new opportunities to introduce both car share and pool electric bikes across the Trust.

Sustainable Procurement

In partnership with Airedale NHS Foundation Trust Supplies Department, the Trust has developed a Sustainable Procurement Strategy. The overarching aim is to ensure that the goods and services we purchase are manufactured, delivered, used and managed at end-of-life in a safe and socially and environmentally responsible manner, and that the associated risks are appropriately managed. The Trust is using the NHS Procuring for Carbon Reduction Framework (P4CR) to assess our performance against agreed milestones from Foundation and Embedding through to Practicing, Enhancing and Leading.

In developing our Sustainable Development Management Plan last year the carbon emissions from all Trust activities, including procurement were assessed. In the course of that process it was noted that procurement emission data was limited and poorly understood. So in 2017/18 a detailed analysis of all procurement emission data was carried out. The analysis shows that financial mechanisms can sometimes make data gathering challenging but there are multiple opportunities to target improvement in emissions hotspots.

Carbon Reduction Commitment Energy Efficiency Scheme (CRC)

The CRC Energy Efficiency Scheme is a mandatory energy saving and carbon emissions reduction scheme for the UK. Duties under the scheme are based on total energy usage. The Trust's sustained reduction in energy use means we have no duties under the scheme, i.e. our annual consumption is below the qualifying threshold (6000MW).

EU ETS – Greenhouse Gas Allowance Trading Scheme

Under the EU Emissions Trading Scheme (ETS), large emitters of carbon dioxide within the EU must monitor their CO2 emissions and annually report them. The Trust's sustained reduction in carbon dioxide emissions means we have no duties under the scheme, i.e. our total annual carbon emissions do not meet the qualifying threshold of 50,000 tonnes from a single boiler system.

Environmental Sustainability Projects for 2018/19

1) **BMS Development**
   In 2017/18 reports were commissioned to identify strategic and operational improvements to our Buildings Management System. This system regulates space and water temperatures, provides a warning system for boiler failure, and ensures compliance with environmental legislation. The purpose of the reports is to identify life expired equipment needing replacement and tactical system improvements to provide additional controls and monitoring. The BMS will be progressively improved in response over the next 3-5 years in a structured replacement and improvement programme.
2) **DEC Performance Improvement Project**
   Opportunities to improve buildings performance to a Grade D (the 'Typical' standard) at sites not currently performing to this standard were also identified by consultants last year and will be incorporated into ongoing schemes to develop those buildings.

Social and Economic Sustainability

Sustainable Development Management Plan

Having a Board approved Sustainable Development Management Plan (SDMP) is one of the cornerstones of the NHS England Sustainable Development Strategy and it is also an indicator in the Public Health Outcomes Framework. During 2017/18, the Trust developed an SDMP with support from consultants which is currently progressing towards Board approval. The Plan is not purely Estates based and will require action from clinical, corporate and support services to achieve sustainability targets. The plan is reviewed annually and reported through the Environmental Performance Annual Report. Year 1 successes include achieving 2020 Sustainable Travel targets.

The Plan focuses on 5 themes:

- Ensuring a strong, healthy and resilient society;
- Minimising environmental impact and associated carbon emissions;
- Achieving sustainable clinical and care models;
- Providing good leadership and engagement; and
- Establishing local partnerships and collaboration.

NHS Good Corporate Citizen (now called Sustainable Development Assessment Tool - SDAT)

The NHS, with its focus on improving health and wellbeing and preventing illness, has a major role to play in improving sustainability. A new self-assessment tool has been developed in response to

feedback on the Good Corporate Citizen tool. SDAT (the Sustainable Development Assessment Tool) is an online self-assessment to help organisations understand their sustainable development work, measure progress and help make plans for the future. The tool has a new structure; with 10 modules and four cross cutting themes that apply across all modules (see below):

Modules; 'Corporate Approach', 'Asset Management & Utilities', 'Travel and Logistics', 'Adaptation', 'Capital Projects', 'Green Space & Biodiversity', 'Sustainable Care Models', 'Our People', 'Sustainable use of Resources' and 'Carbon / GHGs

Themes; 'Governance & Policy', 'Core responsibilities', 'Procurement and Supply chain' and 'Working with Staff, Patients & Communities'

The new statements are also aligned to the UN Sustainable Development Goals (SDGs) so you can see how your local action is supporting these important global goals. The Trust is in the process of developing a cross cutting team to manage responses from the whole organisation.

Bradford District Care NHS Foundation Trust

Annual accounts for the year ended 31 March 2018

Foreword to the accounts

Bradford District Care NHS Foundation Trust

These accounts, for the year ended 31 March 2018, have been prepared by Bradford District Care NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed .....

Name **Liz Romaniak**
Job title **Interim Chief Executive**
Date **24 May 2018**

Statement of Comprehensive Income

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3	132,607	125,727
Other operating income	4	10,040	11,087
Total operating income from continuing operations		**142,646**	**136,814**
Operating expenses	5, 7	(137,520)	(132,457)
Operating surplus/(deficit) from continuing operations		**5,126**	**4,357**
Finance income	10	43	35
Finance expenses	11	(120)	(135)
PDC dividends payable		(1,272)	(1,346)
Net finance costs		**(1,349)**	**(1,446)**
Other gains / (losses)	12	192	155
Surplus for the year before impairments accounted for through statement of comprehensive income		**3,970**	**3,066**
Impairments charged to statement of comprehensive income	6	**872**	**(999)**
Surplus / (deficit) for the year		**4,842**	**2,067**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(79)	(6,113)
Revaluations	16	1,612	2,448
Total comprehensive income / (expense) for the period		**6,375**	**(1,598)**

For the financial year 2017/18 the Trust generated a surplus of £3.97m before adjusting for £0.87m in respect of reversal of impairments of non-current assets previously charged to expenditure. Further details in respect of impairments can be found in note 6 and in note 19 relating to asset disposal impairments.

Trust performance is assessed against a Control Total of £1.58m surplus, comprising a planned Trust surplus of £826k to access planned national Sustainability and Transformation Funding (STF) of £752k. Trust performance excluding STF was a surplus of £1.24m which included £192k profit on disposal of fixed assets (now included in this assessment; excluded in 2016/17). The Trust secured planned STF and received £1.98m unplanned bonus and incentive STF distributed nationally at year end; or £2,735k in aggregate.

Statement of Financial Position

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	13	475	119
Property, plant and equipment	14	51,702	49,028
Total non-current assets		**52,177**	**49,147**
Current assets			
Inventories	17	3	6
Trade and other receivables	18	5,948	5,396
Non-current assets held for sale / assets in disposal groups	19	-	400
Cash and cash equivalents	20	15,109	14,529
Total current assets		**21,060**	**20,331**
Current liabilities			
Trade and other payables	21	(7,677)	(10,247)
Borrowings	22	(293)	(279)
Provisions	23	(387)	(138)
Total current liabilities		**(8,357)**	**(10,664)**
Total assets less current liabilities		**64,881**	**58,814**
Non-current liabilities			
Borrowings	22	(2,164)	(2,458)
Provisions	23	(554)	(568)
Total non-current liabilities		**(2,718)**	**(3,026)**
Total assets employed		**62,162**	**55,788**
Financed by			
Public dividend capital		34,579	34,579
Revaluation reserve		13,150	11,617
Other reserves		10,196	10,196
Income and expenditure reserve		4,237	(604)
Total taxpayers' equity		**62,162**	**55,788**

The notes on pages 90 to 124 form part of these accounts.

(please note that the page numbers referred to above, relate to those within the audited annual accounts submission document and not the page numbers within the annual report)

Signed

Name	Liz Romaniak
Position	Interim Chief Executive
Date	**24 May 2018**

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	**34,579**	**11,617**	**10,196**	**(604)**	**55,788**
Surplus/(deficit) for the year	-	-	-	4,842	**4,842**
Impairments	-	(79)	-	-	**(79)**
Revaluations	-	1,612	-	-	**1,612**
Taxpayers' equity at 31 March 2018	**34,579**	**13,150**	**10,196**	**4,237**	**62,162**

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2016 - brought forward	**34,579**	**16,235**	**10,196**	**(3,624)**	**57,386**
Prior period adjustment	-	-	-	-	**-**
Taxpayers' equity at 1 April 2016 - restated	**34,579**	**16,235**	**10,196**	**(3,624)**	**57,386**
Surplus/(deficit) for the year	-	-	-	2,067	**2,067**
Other transfers between reserves	-	(953)	-	953	**-**
Impairments	-	(6,113)	-	-	**(6,113)**
Revaluations	-	2,448	-	-	**2,448**
Taxpayers' equity at 31 March 2017	**34,579**	**11,617**	**10,196**	**(604)**	**55,788**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves
Other reserves of £10,196,000 represent the value of assets from the former Bradford Community Health NHS Trust (which dissolved and became Bradford District Care NHS Foundation Trust). The assets were excluded from the initial PDC for the Trust and therefore need to be shown as 'Other reserves'.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus / (deficit)		5,998	3,358
Non-cash income and expense:			
Depreciation and amortisation	5	2,695	2,749
Net impairments	6	(872)	999
(Increase) / decrease in receivables and other assets		(536)	(360)
(Increase) / decrease in inventories		3	12
Increase / (decrease) in payables and other liabilties		(2,285)	(3,922)
Increase / (decrease) in provisions		235	35
Net cash generated from / (used in) operating activities		**5,238**	**2,871**
Cash flows from investing activities			
Interest received		43	37
Purchase of intangible assets		(356)	(119)
Purchase of property, plant, equipment and investment property		(3,468)	(3,470)
Sales of property, plant, equipment and investment property		810	298
Net cash generated from / (used in) investing activities		**(2,971)**	**(3,254)**
Cash flows from financing activities			
Capital element of PFI, LIFT and other service concession payments		(279)	(264)
Interest paid on PFI, LIFT and other service concession obligations		(120)	(135)
PDC dividend (paid) / refunded		(1,288)	(1,437)
Net cash generated from / (used in) financing activities		**(1,687)**	**(1,836)**
Increase / (decrease) in cash and cash equivalents		**580**	**(2,219)**
Cash and cash equivalents at 1 April - brought forward		**14,529**	**16,748**
Prior period adjustments			**-**
Cash and cash equivalents at 1 April - restated		**14,529**	**16,748**
Cash and cash equivalents at 31 March	20.1	**15,109**	**14,529**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern

These accounts have been prepared on a going concern basis.

Note 1.2 Critical judgements in applying accounting policies

The preparation of the financial information, in conformity with IFRS, requires management to make judgements, estimates and assumptions that affect the application of policies and the reported amounts of income and expenses and of asset and liabilities. The estimates and assumptions are based on historical experience and other factors that are believed to be reasonable under all the circumstances. Actual results may vary from these estimates. The estimates and assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision only affects that period, or in the period of the revision of future periods, if the revision affects both the current and future periods.

The Trust has included entries to effect the revaluation and revise the remaining lives of its property assets, using expert external advice. The external property advisor used established methodologies and conducted detailed reviews consistent with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. These terms are consistent with the agreed requirements of the Department of Health and HM Treasury. Other key assumptions which have been used for estimation purposes are included within the relevant notes to the accounts.

Note 1.3 Interests in other entities

The Trust does not hold any interest in other entities, associates, joint ventures or joint operations.

From 2013/14 NHS Trusts were required to consolidate the results of Charitable Funds over which they considered they had the power to exercise control in accordance with IAS27 requirements. The Trust is not required to consolidate as the value of the Bradford District Care Foundation Trust Charitable Fund is not material.

The Trust is the Corporate Trustee of the Charity and is governed by the law applicable to trusts, principally the Trustee Act 2000 and the Charities Act 1993, as amended by the Charities Act 2011. The Trust Board of Directors has devolved responsibility for the ongoing management of the funds to the Charitable Funds Committee, which administers the funds on behalf of the Corporate Trustees.

Note 1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that, they have been received and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Note 1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for the trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

• Land and non-specialised buildings – market value for existing use
• Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the *GAM*, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable i.e.:

- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Note 1.7.6 Useful economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	3	78
Plant & machinery	5	20
Transport equipment	7	7
Information technology	5	5
Furniture & fittings	3	7

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
• the trust intends to complete the asset and sell or use it
• the trust has the ability to sell or use the asset
• how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
• the trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations, gains, losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered a reasonable approximation to the fair value due to the low levels and turnover of stocks.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the trust’s cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the trust becomes a party to the contractual provisions of the instrument.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement
Financial assets are categorised as "fair value through income and expenditure", loans and receivables. Financial liabilities are classified as "fair value through income and expenditure" or as "other financial liabilities".

Financial assets and financial liabilities at "fair value through income and expenditure"
Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges. Derivatives which are embedded in other contracts but which are not "closely-related" to those contracts are separated out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Available-for-sale financial assets
Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of "other comprehensive income". When items classified as "available-for-sale" are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in "finance costs" in the Statement of Comprehensive Income.

Other financial liabilities
All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value
For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices.

Impairment of financial assets
At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.12.1 The trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13 Provisions

The trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the trust is disclosed at note 23.2 but is not recognised in the trust's accounts.

Note 1.14 Contingencies

The Trust has no Contingent assets

Contingent liabilities are not recognised, but are disclosed in note 24, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Corporation tax

The Trust is not within the scope of Corporation Tax.

Note 1.18 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items (other than financial instruments measured at "fair value through income and expenditure") are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

The following accounting standards have been issued but have not yet been adopted. The Trust cannot adopt new standards unless they have been adopted in the GAM issued by NHS Improvement.

The GAM generally does not adopt an international standard until it has been endorsed by the European Union for use by listed companies. In some cases, the standards may be interpreted in the GAM and therefore may not be adopted in their original form. The analysis below describes the anticipated timetable for implementation.

At this stage and subject to any interpretation by the FT ARM, we do not envisage a material impact on the Trust's financial statements.

Standards issued or amended but not yet adopted in FReM	
IFRS 9 Financial Instruments	Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 14 Regulatory Deferral Accounts	Not yet EU-endorsed.* Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.

IFRS 15 Revenue from Contracts with Customers	Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 16 Leases	Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRIC 22 Foreign Currency Transactions and Advance Consideration	Application required for accounting periods beginning on or after 1 January 2018.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

Under IFRS 8, the Trust is required to disclose financial information across significant Operating Segments, which reflect the way management runs the organisation.

A significant Segment is one which:-

- Represents 10% or more of the income or expenditure of the entity; or
- Has a surplus or deficit which is 10% or more of the greater, in absolute amount, of the combined surplus of all Segments reporting a surplus, or the combined deficit of all Segments reporting a deficit; or
- Has assets of 10% or more of the combined assets of all Operating Segments.

In respect of the Trust's activities, there are no significant operations generating turnover greater than 10%, or having assets of 10% or more of the total assets. The Trust therefore considers itself to operate with one segment, being the provision of healthcare services.

The Board of Directors primarily considers financial matters at a Trust wide level.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2017/18	2016/17
	£000	£000
Mental health services		
Cost and volume contract income	6,178	5,716
Block contract income	69,242	66,949
Community services		
Community services income from CCGs and NHS England	34,806	33,985
Income from other sources (e.g. local authorities) *	22,381	19,077
Total income from activities	**132,607**	**125,727**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18	2016/17
	£000	£000
NHS England	11,047	9,991
Clinical commissioning groups	96,131	96,083
Other NHS providers	806	576
Local authorities *	23,659	18,162
Non NHS: other	964	915
Total income from activities	**132,607**	**125,727**
Of which:		
Related to continuing operations	132,607	125,727

* Local Authority income for 2017/18 includes a new contract for the provision of Children's Services in Wakefield that commenced in April 2017. This is offset by de-commissioning and contract reductions for Children's, Oral Public Health and Substance Misuse Services commissioned in Bradford.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

The Trust had no chargeable overseas visitors in the financial year 2017/18.

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Research and development	587	543
Education and training	2,776	2,286
Non-patient care services to other bodies *	2,782	4,954
Sustainability and transformation fund income	2,735	1,555
Other income	1,160	1,749
Total other operating income	**10,040**	**11,087**
Of which:		
Related to continuing operations	10,040	11,087

* The reduction in Non-patient care services to other bodies relates mainly to non-recurrent funding received in 2016/17 for the Vanguard Project of £1,357k.

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2017/18	2016/17
	£000	£000
Income from services designated as commissioner requested services	93,992	88,288
Income from services not designated as commissioner requested services	48,654	48,526
Total	**142,646**	**136,814**

The income from services designated as commissioner requested services is income from the Clinical Commissioning Groups excluding CQUIN income.

Note 4.2 Profits and losses on disposal of property, plant and equipment

	Value	Sale Proceeds *	Profit / (Loss)
	£000	£000	£000
Stoney Ridge Land and Buildings (Asset Held for Sale) *	606	798	192
Total	**606**	**798**	**192**

* Sale Proceeds are shown net of disposal costs.

Note 5 Operating expenses

	2017/18 £000	2016/17 £000
Purchase of healthcare from NHS and DHSC bodies	1,700	1,705
Purchase of healthcare from non-NHS and non-DHSC bodies	1,055	902
Staff and executive directors costs *	107,171	102,011
Remuneration of non-executive directors	114	115
Supplies and services - clinical (excluding drugs costs) **	4,927	4,446
Supplies and services - general	1,542	1,798
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,647	1,473
Inventories - fuel	3	12
Consultancy costs	237	409
Establishment	4,012	4,636
Premises	8,272	8,365
Transport (including patient travel)	234	244
Depreciation on property, plant and equipment	2,695	2,749
Net impairments	(872)	999
Increase/(decrease) in provision for impairment of receivables	(3)	(4)
Change in provisions discount rate(s)	(14)	36
Audit fees payable to the external auditor ******		
audit services- statutory audit	59	59
other auditor remuneration (external auditor only)	60	79
Internal audit costs	108	109
Clinical negligence	179	130
Legal fees ***	247	173
Insurance	288	319
Research and development	652	598
Education and training	563	476
Rentals under operating leases	591	476
Early retirements	-	1
Redundancy	346	30
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis ****	518	277
Car parking & security	-	2
Hospitality	11	17
Losses, ex gratia & special payments *****	20	588
Other	286	226
Total	**136,648**	**133,456**
Of which:		
Related to continuing operations	136,648	133,456

* Increased staff costs include the impact of a new contract for the provision Children's Services in Wakefield that commenced on 1st April 2017.

** The movement in supplies and services - clinical, relates to the expansion of voluntary sector partnership working for the provision of Improving Access to Psychological Therapy Services.

*** The movement in legal fees mainly relates to a single case in which the Trust is joined as a respondent.

**** The movement in charges under IFRIC12 reflects the change in guidance of reporting expenditure on finance leased assets.

***** Total costs included in the 2016/17 losses and special payments relate to the Boxing Day flood at New Mill in 2015 and amount to £572k, the insurance company has covered £572k of these costs.

****** External audit fees are shown inclusive of non-recoverable VAT where applicable. Fees excluding VAT are as follows:

	2017/18	2016/17
	£000	£000
- audit services- statutory audit	49	49
- other auditor remuneration (external auditor only)	57	76

Note 5.1 Other auditor remuneration

	2017/18	2016/17
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit-related assurance services	14	14
2. All taxation advisory services not falling within item 3 above	46	65
Total	**60**	**79**

£46k in 2017/18 'All taxation advisory services' relates to VAT advice and services carried out in 2017/18 relating to 2016/17 financial transactions.

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2016/17: £1m).

Note 6 Impairment of assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(872)	999
Total net impairments charged to operating surplus / deficit	**(872)**	**999**
Impairments charged to the revaluation reserve	79	6,113
Total net impairments	**(793)**	**7,112**

As referenced in accounting policy note 1.5, a revaluation decrease that does not result from a loss of economic value or service potential, e.g. as a result of the annual revaluation exercise, is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit, e.g. site disposal or change in use, should be taken to expenditure.

An increase arising on revaluation is taken to the revaluation reserve, except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

The table below illustrates the key impacts on asset values arising from impairments following the 2017/18 revaluation exercise described above.

Property, Plant & Equipment	**Reversal of Impairments**	**Impairments**	**Total**
Buildings excluding dwellings:	**£000**	**£000**	**£000**
Airedale Centre for Mental Health	(86)		**(86)**
Lynfield Mount Hospital - Whole site	(717)	172	**(545)**
New Mill		51	**51**
Somerset House		14	**14**
25/27 Henry Street, Keighley	(18)		**(18)**
Waddiloves Hospital	(3)		**(3)**
Stoney Ridge Hospital (Asset Held for Sale)	(206)		**(206)**
Total	**(1,030)**	**237**	**(793)**

Note 7 Employee benefits

	2017/18 Total	**2016/17 Total**
	£000	**£000**
Salaries and wages	82,779	78,339
Social security costs	7,925	6,841
Apprenticeship levy	397	-
Employer's contributions to NHS pensions	10,661	10,064
Temporary staff (including agency)	6,700	7,395
Total gross staff costs	**108,462**	**102,639**
Of which		
Costs capitalised as part of assets	470	145

The Trust salaries and wages costs includes £234k relating to permanent staff who are on secondment to other external organisations.

The Apprenticeship Levy of £397k relates to a new apprenticeship scheme introduced by the UK Government on 6 April 2017. The scheme requires all employers operating in the UK with a pay bill of more than £3 million each year to invest in apprenticeships. The trust is required to pay a levy of 0.5% of the total pay bill (defined as earnings subject to Class 1 secondary National Insurance Contributions), less an allowance of £15,000. The trust is then able to access funding for apprenticeships through an account on the digital apprenticeship service. These funds will be used to make payments directly to approved apprenticeship training providers.

Note 7.1 Retirements due to ill-health

During 2017/18 there were 5 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £293k (£169k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Auto-enrolment / National Employment Savings Trust (NEST) Pension Scheme

From July 2013**,** Organisation offers an alternative pension scheme to all employees who are not eligible to be members of the NHS pension scheme at the Trust. This includes employees who are members of the NHS pension scheme through another role outside of the Trust and those that are not eligible to join the NHS pension scheme.

Every three years all eligible employees are auto-enrolled in either the NHS or alternative pension scheme. The auto-enrolment exercise was carried out in October 2016 and following this process, all employees who meet the criteria for the alternative pension scheme are enrolled each month on a continuous basis, unless they specifically opt out.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined minimum of 5% (with a minimum 2% being contributed by the Trust) from April 2018 and then from April 2019 the combined contribution rate will be 8% (with a minimum 3% being contributed by the Trust).

In the period to 31 March 2018, the Trust made contributions totalling £9,974 into the NEST fund (Contributions of £7,424 were made for the full year of 2016/17).

Note 9 Operating leases

Note 9.1 Bradford District Care NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Bradford District Care NHS Foundation Trust is the lessee.

The trust has Operating Leases for both property rentals and vehicles. All property rentals are covered by a formal lease agreement incorporating a break clause to allow flexibility of delivery for community based services.

Vehicle leases are over 3 years, at fair value and include no option to purchase.

	2017/18	2016/17
	£000	£000
Operating lease expense		
Minimum lease payments	591	476
Total	**591**	**476**

	31 March 2018	31 March 2017
	£000	£000
Future minimum lease payments due:		
- not later than one year;	514	387
- later than one year and not later than five years;	588	104
- later than five years.	-	-
Total	**1,102**	**491**

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2017/18	2016/17
	£000	£000
Interest on bank accounts	43	35
Total	**43**	**35**

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2017/18	2016/17
	£000	£000
Interest expense:		
Main finance costs on PFI and LIFT schemes obligations	120	135
Total interest expense	**120**	**135**

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2017/18	2016/17
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

The trust made no interest payments for the late payment of commercial debts during 2017/18.

Note 12 Other gains / (losses)

	2017/18	2016/17
	£000	£000
Gains on disposal of assets *	192	155
Total gains / (losses) on disposal of assets	**192**	**155**

* The £192k gain relates to the disposal of Stoney Ridge in November 2017 (as detailed in note 4.2).

Note 13.1 Intangible assets - 2017/18

	Intangible assets under construction	Total
	£000	£000
Valuation / gross cost at 1 April 2017 - brought forward	**119**	**119**
Additions	356	**356**
Gross cost at 31 March 2018	**475**	**475**
Amortisation at 1 April 2017 - brought forward	**-**	**-**
Provided during the year	-	**-**
Amortisation at 31 March 2018	**-**	**-**
Net book value at 31 March 2018	**475**	**475**
Net book value at 1 April 2017	**119**	**119**

Note 13.2 Intangible assets - 2016/17

	Intangible assets under construction	Total
	£000	£000
Valuation / gross cost at 1 April 2016 - as previously stated	-	-
Additions	119	**119**
Valuation / gross cost at 31 March 2017	**119**	**119**
Net book value at 31 March 2017	**119**	**119**
Net book value at 1 April 2016	**-**	**-**

The Trust has invested £356k in a new Mental Health Clinical System during 2017/18. This system is still under development at March 2018 (due to become operational during quarter two 2018/19). Useful economic lives are reported when the assets are brought into use.

Note 14.1 Property, plant and equipment - 2017/18

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	**7,267**	**37,423**	**1,219**	**289**	**14,040**	**418**	**60,656**
Additions	-	1,723	134	-	861	452	**3,170**
Impairments	-	(237)	-	-	-	-	**(237)**
Reversals of impairments	-	824	-	-	-	-	**824**
Revaluations	700	912	-	-	-	-	**1,612**
Valuation/gross cost at 31 March 2018	**7,967**	**40,645**	**1,353**	**289**	**14,901**	**870**	**66,025**
Accumulated depreciation at 1 April 2017 - brought forward	**-**	**-**	**701**	**274**	**10,241**	**412**	**11,628**
Provided during the year	**-**	**1,041**	**91**	**4**	**1,535**	**24**	**2,695**
Accumulated depreciation at 31 March 2018	**-**	**1,041**	**792**	**278**	**11,776**	**436**	**14,323**
Net book value at 31 March 2018	**7,967**	**39,604**	**561**	**11**	**3,125**	**434**	**51,702**
Net book value at 1 April 2017	**7,267**	**37,423**	**518**	**15**	**3,799**	**6**	**49,028**

Note 14.2 Property, plant and equipment - 2016/17

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2016 - as previously stated	**11,316**	**37,237**	**1,099**	**289**	**13,230**	**418**	**63,589**
Valuation / gross cost at 1 April 2016 - restated	**11,316**	**37,237**	**1,099**	**289**	**13,230**	**418**	**63,589**
Additions	-	2,804	120	-	810	-	**3,734**
Impairments	(4,043)	(7,303)	-	-	-	-	**(11,346)**
Reversals of impairments	-	3,178	-	-	-	-	**3,178**
Revaluations	482	1,966	-	-	-	-	**2,448**
Transfers to / from assets held for sale	(400)	-	-	-	-	-	**(400)**
Disposals / derecognition	(88)	(459)	-	-	-	-	**(547)**
Valuation/gross cost at 31 March 2017	**7,267**	**37,423**	**1,219**	**289**	**14,040**	**418**	**60,656**
Accumulated depreciation at 1 April 2016 - restated	**-**	**-**	**599**	**269**	**8,692**	**375**	**9,935**
Provided during the year	**-**	**1,056**	**102**	**5**	**1,549**	**37**	**2,749**
Reversals of impairments	-	(1,056)	-	-	-	-	**(1,056)**
Accumulated depreciation at 31 March 2017	**-**	**-**	**701**	**274**	**10,241**	**412**	**11,628**
Net book value at 31 March 2017	**7,267**	**37,423**	**518**	**15**	**3,799**	**6**	**49,028**
Net book value at 1 April 2016	**11,316**	**37,237**	**500**	**20**	**4,538**	**43**	**53,654**

Note 14.3 Property, plant and equipment financing - 2017/18

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018							
Owned - purchased	7,042	36,538	561	11	3,125	434	**47,711**
On-SoFP PFI contracts and other service concession arrangements	925	3,066	-	-	-	-	**3,991**
NBV total at 31 March 2018	**7,967**	**39,604**	**561**	**11**	**3,125**	**434**	**51,702**

Note 14.4 Property, plant and equipment financing - 2016/17

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2017							
Owned - purchased	6,342	33,931	518	15	3,799	6	**44,611**
On-SoFP PFI contracts and other service concession arrangements	925	3,492	-	-	-	-	**4,417**
NBV total at 31 March 2017	**7,267**	**37,423**	**518**	**15**	**3,799**	**6**	**49,028**

Note 15 Donations of property, plant and equipment

The Trust has not received any donated property, plant or equipment during the year.

Note 16 Revaluations of property, plant and equipment

All land and buildings were revalued for the first time on a Modern Equivalent Asset basis in 2009/10; using valuations provided by the District Valuer.

In 2016/17 the Trust moved to an alternative asset valuation method, informed by an external property adviser / valuer. This involved a review of all land and buildings (down to component level) in the Trust portfolio, including the remaining economic life of each asset. The revaluation exercise was performed again for 2017/18.

Until 31 March 2008, the depreciated replacement cost of specialised buildings was estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. HM Treasury agreed that NHS Trusts must apply the new valuation requirements by 1 April 2010 at the latest. The Trust first applied these requirements during 2009/10, using valuations provided by the District Valuer.

The asset revaluation exercise conducted during 2017/18 provided asset valuations effective as at 31st March 2018. Key impacts arising from the revaluation are summarised in the following table and generate a net aggregate increase of £2.2m; of which £0.7m was credited to the Statement of Comprehensive Income and £1.5m to the Revaluation Reserve.

Asset Revaluation Exercise	**March 2018**
	£000
Lynfield Mount Hospital - Land	700
Lynfield Mount Hospital - Daisy Hill House	459
Lynfield Mount Hospital - Forensic/LD Unit	230
Lynfield Mount Hospital - Main Building	200
Lynfield Mount Hospital - Boiler House	194
Lynfield Mount Hospital - Chellow Lodge/Step Forward Centre	165
Lynfield Mount Hospital - Ashbrook & Maplebeck Wards	87
Airedale Centre for Mental Health	86
Lynfield Mount Hospital - External Works	67
Lynfield Mount Hospital - Clover Ward	(92)
Others	103
TOTAL (Impairment) / Valuation Increase	**2,199**
Comprising:	
Impairment charged to I&E	(158)
Impairment to Revaluation Reserve	(79)
Impairment Reversal from I&E	824
Revaluation to Revaluation Reserve	1,612
TOTAL (Impairment) / Valuation Increase	**2,199**
Credit to Revaluation Reserve * (shown in the table below, Note 16.1)	1,533
Credit to I&E	666
TOTAL (Impairment) / Valuation Increase	**2,199**

Note 16.1 Revaluation Reserve

The Trust's Revaluation Reserve increased by £1.5m during 2017/18, due to the effects of the March 2018 asset revaluation exercise. The effect of these changes is shown in the table below.

	£000
Revaluation Reserve 01/04/2017	**11,617**
Asset Revaluation 31/03/18 - Impairments *	(79)
Asset Revaluation 31/03/18 - Increases *	1,612
Revaluation Reserve 31/03/2018	**13,150**

Note 17 Inventories

	31 March 2018	31 March 2017
	£000	£000
Energy	3	6
Total inventories	**3**	**6**
of which:		

Inventories recognised in expenses for the year were £3k (2016/17 at 31st March 2016: £12k). This reflects the impact of both a reduction in volume and increase in unit price of fuel.

Note 18.1 Trade receivables and other receivables

	31 March 2018	31 March 2017
	£000	£000
Current		
Trade receivables	1,238	1,023
Accrued income	2,841	2,247
Provision for impaired receivables	(50)	(53)
Prepayments (non-PFI)	1,379	1,214
PDC dividend receivable	88	72
VAT receivable	397	246
Other receivables	56	647
Total current trade and other receivables	**5,948**	**5,396**
Of which receivables from NHS and DHSC group bodies:		
Current	3,747	3,247

Note 18.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April as previously stated	**53**	**57**
Prior period adjustments	-	-
At 1 April as previously stated	**53**	**57**
At start of period for new FTs	**-**	**-**
Increase in provision	(3)	-
Unused amounts reversed	-	(4)
Transfer to FT upon authorisation	-	-

At 31 March	**50**	**53**

Note 18.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
Ageing of impaired financial assets	**£000**	**£000**	**£000**	**£000**
0 - 30 days	-	-	-	-
30-60 Days	-	-	-	-
60-90 days	-	-	-	-
90- 180 days	5	-	6	-
Over 180 days	45	-	47	-
Total	**50**	**-**	**53**	**-**
Ageing of non-impaired financial assets past their due date				
0 - 30 days	381	-	304	-
30-60 Days	46	-	210	-
60-90 days	6	-	6	-
90- 180 days	231	-	153	-
Over 180 days	225	-	516	-
Total	**889**	**-**	**1,189**	**-**

Of the debts that are 90 to 180 days, £200k relates to NHS Clinical Commissioning Groups (CCGs) for Cost Per Case Income and £31k relates to non NHS debtors.

Of the debts that are over 180 days, £165k relates to Local Authority and the remaining £60k relates to non NHS debtors.

Note 19 Non-current assets held for sale and assets in disposal groups

	2017/18	2016/17
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**400**	**-**
Assets classified as available for sale in the year	-	**400**
Assets sold in year	(606)	**-**
Reversal of impairment of assets held for sale	206	**-**
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**400**

The Trust had one asset (Stoney Ridge land and buildings) classified as held for sale on 31 March 2017.

Following a period of marketing, bids to purchase Stoney Ridge were invited, and the brought forward valuation of £400k was shown to be significantly below the true market value of the property. Therefore, the impairment loss of £206k that had been recognised in 2016/17 was reversed. The sale of Stoney Ridge was completed in November 2017.

The Trust has no non-current assets classified as held for sale as at 31 March 2018.

Note 20.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017/18	2016/17
	£000	£000
At 1 April	**14,529**	**16,748**
At 1 April (restated)	**14,529**	**16,748**
At start of period for new FTs	**-**	**-**
Net change in year	580	(2,219)
At 31 March	**15,109**	**14,529**
Broken down into:		
Cash at commercial banks and in hand	52	35
Cash with the Government Banking Service	15,057	14,494
Total cash and cash equivalents as in SoFP	**15,109**	**14,529**
Total cash and cash equivalents as in SoCF	**15,109**	**14,529**

Note 20.2 Third party assets held by the trust

The trust had cash and cash equivalents relating to monies held on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2018	31 March 2017
	£000	£000
Bank balances	33	40
Total third party assets	**33**	**40**

Note 21 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	1,472	5,120
Capital payables	103	389
Accruals	2,444	1,541
Receipts in advance (including payments on account)	44	26
Social security costs	1,152	1,051
Other taxes payable	826	740
Other payables	1,636	1,380
Total current trade and other payables	**7,677**	**10,247**
Of which payables from NHS and DHSC group bodies:		
Current	785	2,904

The movement in current trade payables from NHS and DHSC group bodies reflects payments to NHS Property Services during 2017/18 of prior year liabilities previously in query.

Note 22 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	293	279
Total current borrowings	**293**	**279**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	2,164	2,458
Total non-current borrowings	**2,164**	**2,458**

Note 23.1 Provisions for liabilities and charges analysis

	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000
At 1 April 2017	**70**	**31**	**605**	**706**
Change in the discount rate	-	-	(14)	**(14)**
Arising during the year	41	284	37	**362**
Utilised during the year	(45)	(31)	(37)	**(113)**
At 31 March 2018	**66**	**284**	**591**	**941**
Expected timing of cash flows:				
- not later than one year;	66	284	37	**387**
- later than one year and not later than five years;	-	-	148	**148**
- later than five years.	0	0	406	**406**
Total	**66**	**284**	**591**	**941**

Provisions for legal claims shown above include employer's liability claims managed on the Trust's behalf by the NHS Litigation Authority equivalent to £66k (previous year £70k).

The Trust accounted for new redundancy provisions in 2017/18 for £284k. The provision reflects the consequence of de-commissioning of services that will take effect during 2018/19, where contract notice has been issued to the Trust before 31 March 2018. These relate to services commissioned by Bradford Metropolitan District Council for Health Trainers. The provisions also includes a proposal of change, moving the Employee Health and Wellbeing Services to a shared service model, working in collaboration with two other NHS organisations. In all cases the Trust expects TUPE to apply however there is a residual risk of redundancy. The provision also reflects a reorganisation within the Human Resource Directorate. The Directorate embarked on a change programme to re-design the functions of the department to ensure the delivery of services remained fit for purpose and offer value for money. Finally, the provision also reflects a medical professional post which is unfunded from 2018/19 onwards.

Redundancy provisions utilised during 2017/18 related to the restructure of Public Health funded oral public health services.

The discount rate used in the calculation of the above provisions changed during 2017/18, from 0.24% as at 31 March 2017 to 0.10% as at 31 March 2018. The impact of this change is to decrease the liability and generate a reduction to expenditure of £14k. The change is required by a change in HM Treasury guidance.

Note 23.2 Clinical negligence liabilities

At 31 March 2018, £1,356k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bradford District Care NHS Foundation Trust (31 March 2017: £1,349k).

Note 24 Contingent assets and liabilities

	31 March 2018	31 March 2017
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(52)	(79)
Gross value of contingent liabilities	**(52)**	**(79)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(52)**	**(79)**
Net value of contingent assets	-	-

The £52k NHS Litigation Authority (NHSLA) contingent liability shown above is the calculated member liability for third party insurance claims.

Note 25 Contractual capital commitments

	31 March 2018	31 March 2017
	£000	£000
Property, plant and equipment	103	389
Total	**103**	**389**

Note 26 Defined benefit pension schemes

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers' pension cost contributions are charged to operating expenses as and when they become due. The NHS Pension Scheme (England and Wales) Resource Account is published annually and can be found on the Business Service Authority - Pensions Division website at www.nhsbsa.nhs.uk/pensions.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 27 On-SoFP PFI, LIFT or other service concession arrangements

The trust has one remaining PFI scheme that is included on the Statement of Financial Position relating to the Horton Park Centre.

This lease has been in operation since 2000/01 and is for a period of 25 years until 2025/26. The current value of the total liability for this lease is £2,457k. The lease includes a unitary payment for the provision of building maintenance, facilities management, services and insurance.

The property is treated as an asset of the trust and has been subject to revaluations and depreciation in accordance with trust policies. The current net book value for Horton Park Health Centre is £3,991k. The trust has the option to purchase Horton Park Centre at the end of the lease.

Note 27.1 Imputed finance lease obligations

Bradford District Care NHS Foundation Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	31 March 2018	31 March 2017
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**2,895**	**3,294**
Of which liabilities are due		
- not later than one year;	399	399
- later than one year and not later than five years;	1,597	1,597
- later than five years.	899	1,298
Finance charges allocated to future periods	(438)	(557)
Net PFI, LIFT or other service concession arrangement obligation	**2,457**	**2,737**
- not later than one year;	293	279
- later than one year and not later than five years;	1,320	1,262
- later than five years.	844	1,196
	2,457	**2,737**

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2018	31 March 2017
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**6,419**	**5,245**
Of which liabilities are due:		
- not later than one year;	917	656
- later than one year and not later than five years;	3,668	2,622
- later than five years.	1,834	1,967
	6,419	**5,245**

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the trust's payments in 2017/18:

	2017/18	2016/17
	£000	£000
Unitary payment payable to service concession operator	**917**	**676**
Consisting of:		
- Interest charge	120	135
- Repayment of finance lease liability	279	264
- Service element and other charges to operating expenditure	518	277
Total amount paid to service concession operator	**917**	**676**

Note 28 Financial instruments

Note 28.1 Financial risk management

IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The trust actively seeks to minimise its financial risks. In line with this policy, the trust neither buys nor sells financial instruments. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the trust in undertaking its activities.

Credit risk

The trust receives the majority of its income from CCGs, Local Authority, NHS England, and statutory bodies and so the credit risk is negligible. The trust's treasury management policy minimises the risk of loss of cash invested by limiting its investments to:

- Trust Commercial Bank a limit of £10 million,
- Institutions with a Standard & Poor rating at least A-1 have a limit of £5 million,
- Institutions with a Moody's rating at least P-1 have a limit of £5 million, or
- Institutions with a Fitch rating at least F1 have a limit of £5 million.

Surplus cash is generally held in a Government Banking Service (GBS) account. Any significant surplus cash is generally invested with the National Loans Fund (NLF) as permitted by HM Treasury. Attendant risks are not therefore assessed to be significant.

Liquidity risk

The trust's net operating costs are incurred under purchase contracts with local CCGs, NHS England and Local Authority commissioners which are financed from resources voted annually by Parliament. The trust receives contract income via block contract arrangements, which is intended to match the income received in year to the activity delivered in that year. The trust receives cash each month based on annually agreed contract values.

The trust currently finances its capital expenditure from internally generated funds of depreciation and cash.

Interest rate risk

With the exception of cash balances, the trust's financial assets and financial liabilities carry nil or fixed rates of interest. The trust monitors the risk but does not consider it appropriate to purchase protection against it. The trust is not exposed to significant liquidity risk.

Price risk
The trust is not materially exposed to any price risks through contractual arrangements.

Foreign currency risk
The trust does not hold any foreign currency income, expenditure, assets or liabilities.

Note 28.2 Carrying values of financial assets

	Loans and receivables	Total book value
	£000	£000
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non financial assets	4,135	**4,135**
Cash and cash equivalents at bank and in hand	15,109	**15,109**
Total at 31 March 2018	**19,244**	**19,244**

	Loans and receivables	Total book value
	£000	£000
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non financial assets	2,850	**2,850**
Cash and cash equivalents at bank and in hand	14,529	**14,529**
Total at 31 March 2017	**17,379**	**17,379**

Note 28.3 Carrying value of financial liabilities

	Other financial liabilities	Total book value
	£000	£000
Liabilities as per SoFP as at 31 March 2018		
Obligations under PFI, LIFT and other service concession contracts	2,457	**2,457**
Trade and other payables excluding non financial liabilities	5,655	**5,655**
Provisions under contract	657	**657**
Total at 31 March 2018	**8,769**	**8,769**

	Other financial liabilities	Total book value
	£000	£000
Liabilities as per SoFP as at 31 March 2017		
Obligations under PFI, LIFT and other service concession contracts	2,737	**2,737**
Trade and other payables excluding non financial liabilities	8,456	**8,456**
Provisions under contract	675	**675**
Total at 31 March 2017	**11,868**	**11,868**

Note 28.4 Fair values of financial assets and liabilities

Due to the nature of the trust financial assets and liabilities (mainly payables, receivables and cash), book value is considered a reasonable approximation of fair value.

Note 28.5 Maturity of financial liabilities

	31 March 2018	31 March 2017
	£000	£000
In one year or less	6,051	8,842
In more than one year but not more than two years	345	331
In more than two years but not more than five years	1,123	1,079
In more than five years	1,250	1,616
Total	**8,769**	**11,868**

Note 29 Losses and special payments

	2017/18		2016/17	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	3	-	6	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	1	572
Total losses	**3**	**-**	**7**	**572**
Special payments				
Compensation under court order or legally binding arbitration award	5	18	4	14
Ex-gratia payments	11	2	14	2
Total special payments	**16**	**20**	**18**	**16**
Total losses and special payments	**19**	**20**	**25**	**588**
Compensation payments received		-		572

In 2016/17 the trust received an insurance settlement equivalent to £572k charged to operating expenses for the reimbursement of costs incurred in 2016/17 to remedy damage caused to trust property in the Boxing Day 2015 floods.

The three cases relating to cash losses for 2017/18 had a value of £238. The six cases relating to cash losses in 2016/17 had a value of £413

Note 30 Related parties

The trust is a Foundation Trust, a public interest body authorised by NHS Improvement, the Independent Regulator for NHS Foundation Trusts.

During the year none of the Board members nor members of the key management staff, nor parties related to them, has undertaken any material transactions with the trust.

The Department of Health is regarded as a related party. During the year the trust has had a number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department. The entities with which there were material transactions are listed below.

All transactions were for the provision of healthcare services, apart from expenditure with NHS Resolution, who supplied legal services and with the trust's Charity.

The trust manages charitable funds on behalf of the Bradford District Care Trust Charitable Fund whose accounts are published in the Charity Commission website. An administration charge of £12,141 in 2017/18 was levied on the charity for services provided by the Trust.

	Receivables 31 March 2018 £000	Payables 31 March 2018 £000
Airedale, Wharfedale and Craven CCG	156	-
Bradford City CCG	152	-
Bradford Districts CCG	373	35
NHS England	848	-
Health Education England	7	-
Airedale NHS Foundation Trust	47	112
Bradford Teaching Hospitals NHS Foundation Trust	106	88
Bradford City Council	386	16
NHS Resolution	-	10
Bradford District Care NHS Foundation Trust Charitable Funds	12	-
Total	**2,087**	**261**

	Income 2017/18 £000	Expenditure 2017/18 £000
Airedale, Wharfedale and Craven CCG	21,394	-
Bradford City CCG	17,157	-
Bradford Districts CCG	57,636	41
NHS England	12,430	4
Health Education England	2,739	-
Airedale NHS Foundation Trust	427	1,643
Bradford Teaching Hospitals NHS Foundation Trust	1,205	2,769
Bradford City Council	16,964	44
NHS Resolution	-	402
Bradford District Care NHS Foundation Trust Charitable Funds	12	-
Total	**129,964**	**4,903**

Note 31 Prior period adjustments

There are no prior period adjustments.

Note 32 Events after the reporting date

The Trust has been notified of the following changes which will be effective in 2018/19, for which any redundancy impacts have been estimated in the 2017/18 accounts. The impact of these changes have been incorporated in the Trust's 2018/19 financial plan.

A partnership Complex Care Service contracted by Airedale, Wharfedale and Craven CCG for a period of two years with other health and voluntary and community sector partners has been de-commissioned from 31 July 2018. These changes are expected to reduce trust income by around £118k in 2018/19, full year effect of £353k in 2019/20.

Health Trainer Services commissioned by Bradford Metropolitan District Council has been de-commissioned from 1 October 2018. These changes are expected to reduce trust income by around £146k in 2018/19, full year effect of £293k in 2019/20.

The Trust’s Chief Executive retired on 30th April 2018. The Deputy Chief Executive and Director of Finance, Contracting and Facilities was appointed as Interim Chief Executive until the successor joins the Trust on 20th August 2018. An external Interim Director of Finance was consequently appointed to cover this period.

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Independent auditor's report

to the Council of Governors of Bradford District Care NHS Foundation Trust

. REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Bradford District Care NHS Foundation Trust ("the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and the related notes, including the accounting policies in note [1]. .

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Department of Health Group Accounting Manual 2017/18.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview	
Materiality: financial statements as a whole	£2m (2017:£2m) 1.5% (2017: 1.5%) of total income from operations

Risks of material misstatement		**vs 2016/17**
Recurring risks	Valuation of Land and Buildings	◄►

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on:the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

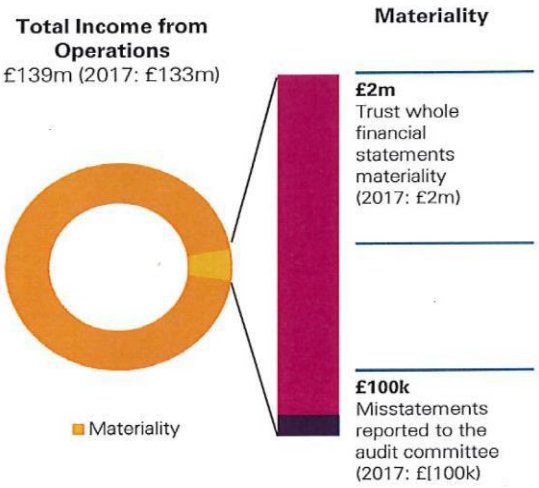
	The risk	Our response
Land and Buildings (£47.6m; 2017: £44.7m) *Refer to note 1.7 accounting policy and note 14.1 Plant, Property and Equipment*	**Subjective estimate** Land and building are required to be held at current value in existing use (EUV) As hospital buildings are specialised assets and there is not an active market for them they are valued on the basis of the cost to replace them with a modern equivalent asset (Depreciated replacement cost or DRC). There is significant judgment involved in determining the appropriate basis (EUV or DRC) for each asset according to the degree of specialization, as well as over the assumptions made in arriving at the valuation. When considering the cost to build a replacement asset the Trust considers whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic and in line with industry norms. Generally valuations should be gross of VAT. However, circumstances may arise where the asset would be more appropriately valued net of VAT. For instance, entities may recover VAT on payments for the provision of a fully managed and serviced building under a PFI. Valuation is completed by an external expert engaged by the Trust, using construction indices and so accurate records of the current estate are required. Full valuations are required to be completed every five years, with interim desktop valuations completed in interim periods. Valuations are inherently judgmental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, are appropriate and correctly applied.	Our procedures included: **Assessing valuer's credentials:** We assessed the competence, capability, objectivity and independence of the Trust's external valuer and considered the terms of engagement of, and the instructions issued to, the valuer for consistency with the Trust's accounting policies for the valuation of property, plant and equipment and also Royal Institute of Chartered Surveyor's; **Benchmarking assumptions:** We compared the price index used by the valuer to that within available market data; **Data accuracy::** We considered the accuracy of the estate base data provided to the valuer to complete the full valuation to ensure it accurately reflected the Trust estate. **Our sector experience:** We have critically assessed the valuation method and the reasonableness of the assumptions used by the valuer to arrive at the final valuations **Our sector experience:** We considered whether there have been any events in year that impact upon the remaining useful economic lives of the assets reviewed; **Test of detail:** We considered how the Trust's Directors and valuer had assessed the need for any impairment across its asset base either due to loss of value or a reduction in future service potential; and **Test of detail:** For a sample of assets added during the year we considered whether an appropriate valuation basis had been adopted when they became operational and that the Trust would receive future benefits.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £2 million (2016/17: £2 million), determined with reference to a benchmark of operating income (of which it represents approximately 1.4% (1.5% in 2016/17)). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £100k (2016/17:(£100k), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was performed at the Trust's headquarters in Bradford.



4. We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects and all amendments have been made to the model statement.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 65, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

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REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out below together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
Financial Resilience	We are required to work to the NAO Code of Audit Practice and be satisfied that the Trust 'has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources', which includes ensuring that the Trust has secured sustainable resource deployment. Given the continued financial pressures to reduce spending there is a risk that finances may not be effectively planned to ensure sustainable delivery of strategic priorities whilst maintaining the required statutory functions.	Our work included - Reviewing the core assumptions in the Trust's Annual Plan submission; - Considering the extent to which recurrent cost improvement schemes were achieved in 2017/18 and identified for 2018/19; and - Reviewing the number of material contracts with commissioners that have been agreed for 2018/19 and the supporting risk analysis as reported to the Board. Our findings on this risk area: We concluded that the Trust had adequate arrangements for securing economic, efficient and effective use of resources.
CQC Report	Given the recent, CQC inspection outcome of 'requires improvement'. There is a risk the Trust does not have proper arrangements in place to secure economic, efficient and effective use of resources.	Our work included: We reviewed the CQC report and undertook a detailed assessment of whether the issues raised impacted upon any areas of our VFM conclusion. We also discussed and reviewed the actions taken by the Trust to address the issues identified within the CQC report and noted that the Trust had quickly developed an action plan to address the issues raised. Our findings on this risk area: We concluded, the Trust had adequate arrangements for securing economic, efficient and effective use of resources.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Bradford District Care NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Rashpal Khangura
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
1 Sovereign Square
Sovereign Street
Leeds
LS1 4DA
25 May 2018

KPMG

Appendix 1

Information about the Board of Directors

Name	Position	Date of interest	Interests	Comments	Knowledge and experience
Michael Smith	Chairman Second term (ends September 2019)	-	None	-	Former Director of Human Resources, Yorkshire Water and head of Procurement and Supply Chain. Qualifications: BA and MBA.
Nadira Mirza	Non-Executive Director Second term (retired September 2017)	-	None	-	Extensive experience of the voluntary and academic sectors with experience of a number of NHS and educational Boards, nationally and internationally. Qualifications: BA, FRSA.
Dr Sue Butler	Non-Executive Director Second term (ends May 2019)	Nov 2013	Chair of Ilkley and District University of the Third Age (U3A)	Charity which promotes learning activities for people in their 'third age'.	Former medical Director of a Primary Care Trust and former GP with over 20 years' experience.

					Qualifications: BSc, MRCGP.
Robert Vincent	Non-Executive Director Second term (ends February 2020)	2012 Jan 2016 March 2018	Director of New Ing Consultants Electoral Commissioner Chair of Kirklees Cultural Education Partnership	Provides support to local authorities. Owns a freehold in London.	Former Chief executive of Kirklees and Doncaster Councils, Local Government adviser to the Department of Health's Public Health Transitions team. Qualifications: Degrees in Civil Engineering and Civil design, MRTPI, FRSA.
David Banks	Non-Executive Director Second term (ends November 2019)	1998 1990	Director and 25% shareholder in ProTurn Limited (private company) Partner in David Banks Associates	Neither ProTurn Limited nor David Banks Associates has ever undertaken any work for any NHS organisation	Chartered account with substantial experience of helping businesses through rapid change. Various senior roles across the private sector including Finance Director and Non-Executive Chair of Zytronic PLC, founding Director of ProTurn Ltd. Qualifications: FCA.

Dr Zulfiqar Hussain	Non-Executive Director First term (ends February 2019)	Nov 1989 Jan 2005 Feb 2012 May 2014	Employed by BT (currently Senior Programme Manager) Director of Global Promise Director of Zani Ltd t/a Deera Restaurant Director of Pavillion Café Bar	Telecommunications sector Charity promoting partnerships with disadvantaged and hard to reach groups	Extensive private sector / social enterprise experience, social entrepreneur and coach. Qualifications: BSc, MBA
Professor Gerry Armitage	Non-Executive Director First term (ends September 2020)	2017	Bradford and Airedale Healthwatch Board Member and Advisor		Extensive health, research and university experience. Most recently, Professor of Health Services Research at the University of Bradford, he has held senior research fellow and senior lecturer roles specialising in patient safety.
Nicola Lees	Chief Executive Appointed September 2016	-	None	-	Former Network Director, Greater Manchester West NHS Foundation Trust, Associate Director, Adult Forensic Services, Bolton, Salford and

					Trafford NHS Trust. Qualifications: RMN, PGDip, MSc.
Dr Andy McElligott	Medical Director Appointed April 2012	-	None	-	Over 20 years NHS experience including 14 years as a GP, former medical Director of Bradford & Airedale Primary Care Trust. Qualifications: MB, ChB.
Debra Gilderdale	Director of Operations and Nursing Appointed January 2017	-	None	-	Debra has worked in the NHS for 33 years starting her career as a Registered Learning Disabilities Nurse. She was appointed as the Director of Operations and Nursing on an interim basis in August 2016 and subsequently in the substantive role in January 2017. Debra has a vast amount of experience across the NHS and has led significant service re-design, developing a strong national,

					regional and local profile.
Sandra Knight	Director of Human Resources & OD Appointed May 2007	-	None	-	Former Director of Corporate Development at Bradford & Airedale Primary Care Trust and director of Corporate Development, Bradford City teaching primary Care Trust. Qualifications: BA, MA, MSc, PGCE, FCIPD.
Liz Romaniak	Deputy Chief Executive/Director of Finance, Contracting & Facilities Appointed August 2014	-	None	-	Former Deputy Director of Finance, Bradford District Care Trust and various senior finance roles across Yorkshire as both a provider and commissioner. Qualifications: ACMA.
Paul Hogg[1]	Associate Director of Corporate Affairs Appointed October 2017	December 2016	Lay Trustee – Leeds Beckett Students' Union	Leeds Beckett Students' Union is a registered charity and a company limited by guarantee.	Over 25 years' experience in policy and corporate governance roles across central government and the

					NHS. Qualifications: DMS and NHS Leadership Academy Award in Executive Healthcare Leadership (Nye Bevan Programme).
Tim Rycroft[2]	Associate Director of Informatics / Chief Information Officer Appointed March 2018	-	None	-	Former Head of Information Technology & Information Governance, Airedale NHSFT and former Head of Technology Business Solutions at the National Policing Improvements Agency.

[1] appointed 1 October 2017, was previously Trust Secretary
[2] appointed 5 March 2018

Information about the Council of Governors
Appendix 2

Contact details for Governors are contained on the website: http://www.bdct.nhs.uk/get-involved/membership/our-council-of-governors/ The Trust holds a register of Governors' interests, as shown below. Governors can also be contacted via the Membership Office: ft@bdct.nhs.uk or telephone 01274 363552. All Governors have completed a declaration to meet the 'fit and proper' person's test, as described in the Provider Licence.

Appointed Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Cllr Nussrat Mohammed, City of Bradford Metropolitan District Council Term of Office: 1/5/2015-5/6/2017	September 2015	Member of the Labour Party.		
Cllr Aneela Ahmed, City of Bradford Metropolitan District Council Term of Office: 6/6/2017-30/4/2018	July 2017	Member of the Labour Party	Emergency Medical Despatcher for Yorkshire Ambulance Service Deputy Chair of the Health and Social Care Overview and Scrutiny Committee, Bradford Council Fostering Panel member, Bradford Council Member of the Joint Health and Social Care and Children's Services Overview and Scrutiny Committee, Bradford Council Spouse is a Director of Shoebox Retail Ltd Sister and brother-in	

			laws are Healthcare Assistants at the Trust	

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Cllr Mike Gibbons, City of Bradford Metropolitan District Council Term of office: 1/5/2015 – 30/4/2018	August 2015	Member of the Conservative Party.	Chair of Keighley and Ilkley Conservative Association	
Shirley Congdon, University of Bradford Term of Office: 1/5/2015 – 30/4/2018	March 2017	None	Governor of University Academy College, Keighley NCUK Panel Member Governor of New College, Pontefract Governor of Children's Trust	A University Consortium
Stephen Oversby, Barnardo's Term of Office: 1/5/2015 – 30/4/2018	April 2015	None	Director, Barnardo's	Registered charity
Fozia Sarwar, Sharing Voices Term of office: 27/9/2016 - 12/7/2017	None registered			
Ishtiaq Ahmed, Sharing Voices Term of office: 12/7/2017 – 30/4/2018	October 2017	None	Manager, Sharing Voices	Charity providing support for people from BME backgrounds that are experiencing mental health problems.

Cllr Tanya Graham, Craven District Council Term of office: 25/5/2016 – 30/4/2018	August 2016	Member of Conservative Party	Director CGTI	CGTI is a limited company with no dealings with the NHS or any other associated body
Ranjit Arora, Bradford Assembly Term of office: 18/7/2016 – 30/4/2018	July 2016	Member of Labour Party		

Bradford East Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Amanda Martin-Richards Term of office: 1/5/2015 – 30/4/2018	April 2015	None	Foster Carer, City of Bradford Metropolitan District Council	
Kevin Russell Term of office: 1/5/2015 – 30/4/2018	November 2015 September 2017	Member of the Labour Party	Volunteer Community Health Champion, Champions Show the Way Secretary of the Idle and Thackley Labour Party	A service provided by the Trust.
Waafa Nawaz Term of office: 1/5/2015 – 30/4/2018	April 2015 April 2015 October 2017	None	Director, Cepheus Procurement Solutions Ltd Trustee, Naye Subah Employee of Inspired Neighbourhoods	Sole Director of this Private Limited Company Provides daycare and a support service for women with mental health difficulties.

			(commissioned to provide the Stressbuster contract on behalf of the Trust until April 2018)	A community based organisation

Bradford South Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
George Deane Term of office: 1/5/2015 – 30/4/2018	April 2015	None	Chair, Black Health Forum Daughter works at the Trust.	A voluntary organisation which aims to reduce health inequalities.
Sandra McIntosh Term of office: 1/5/2015 – 30/4/2018	April 2015	Member of the Labour Party	None	

Bradford West Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Colin Perry Term of office: 1/5/2015 – 30/4/2018	April 2015 May 2016 March 2016	None	Trustee, Bradford and Airedale Mental Health Advocacy Group Volunteer at Manorlands Hospice	A user-led mental health service. A charity
Mahfooz Khan Term of office: 1/5/2015 – 30/4/2018	April 2005	Member of the Labour Party	Client Liaison Officer, Legal Marketing Services	A private company that deals with claims relating to industrial deafness.

Craven Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Hazel Chatwin Term of office: 1/5/2015 – 30/4/2018	April 2015 (interest ceased in March 2017) April 2015 April 2015 April 2015 March 2017 March 2017 March 2017 March 2017	None	Vice Chair, Craven Community and Voluntary Services (CVS) Member of Healthwatch Bradford and District Member of Healthwatch, North Yorkshire Member of Fisher Medical Patient and Public Participation Group Member of the Airedale, Wharfedale and Craven Patient and Public Participation Group Member of the Airedale, Wharfedale and Craven Health and Wellbeing Hub Embsay Parish Councillor North Yorkshire County Council Area Committee Voluntary Sector representative	An organisation which provides support to community and voluntary organisations in Craven. Brings local health partners together to consider key health matters

Keighley Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Nicholas Smith Term of office: 1/5/2015 – 30/4/2018	June 2017 July 2017	None	Member/Volunteer, Missing Peace Wellbeing and Support (Nick's partner Emma is Treasurer) Member of Programme Management Board, Approved Mental Health Professional Group, Bradford University	Community group which provides mental health support and Wellness Recovery Action Planning support.
Nicky Green Term of office: 1/11/2016 – 31/3/2019	February 2017 February 2017 February 2017 February 2017	None	Lay Member of IFR Panel, AWC and Bradford CCGs Lay Member of Self Care and Prevention Board Chair of Haworth PPG AWC Network, PPG Executive Member	Assesses individual funding requests for non-commissioned services A CCG, Council, Public Health and Voluntary Sector joint venture which deals with the education of patients in self care through joint services. Patient Participation Group Communication and development of PPGs in AWC

Rest of England Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Hayley Lomas Term of office: 1/5/2015 – 30/4/2018	April 2015 April 2015 April 2015	None	Governor, Royds Hall Community School, Huddersfield Magistrate, Bradford Magistrates Courts Independent	A community school for 4-16 year olds. A prison for women

			Monitoring Board Member, HM Prison New Hall	

Shipley Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Ann West Term of office: 1/5/2015 – 30/4/2018	May 2015	Member of the Green Party	None	
Sarah Jones Term of office: 1/5/2015 – 30/4/2018	April 2015 (interest ceased in February 2017) April 2015 March 2017 December 2017	None	Director, Bolsover Property Ltd Director, Toekomst UK Director, Full Circle Funerals Yorkshire Centre for Eating Disorders	Property investment company Financial and non-financial investment company Mrs Jones' spouse (Mr Rhys Jones) is the Clinical Lead and Consultant Psychologist for the Centre.

Staff Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Debbie Cromack, Clinical Staff Term of office: 1/5/2015 – 30/4/2018	April 2015	None	None	
Liz Howes, Clinical Staff Term of office: 1/5/2015 –	April 2015 (interest reported as ceased in March	None	Director, Huddersfield Counselling Service	Private Limited Company

30/4/2018	2017)			
Noel Waterhouse, Clinical Staff Term of office: 1/5/2015 – 30/4/2018	April 2015 March 2017	None	Yorkshire Ambulance First Responder Marine Society and Sea Cadet Corps Emergency Care Academy Royal British Legion	
Nigel Green, Non-Clinical Staff Term of office: 9/2/2017 – 30/4/2018	March 2017	None	None	

Jenny Moran-Whitehead, Non-Clinical Term of office: 1/11/2016 – 31/3/2019	March 2017	None	None	

Appendix 3

Feedback on the Annual Report

It is important our Annual Report is easy to read and understand and is available in a variety of versions including other languages and large print. In producing the Annual Report we have used guidance from the Department of Health and looked at how other Trusts have reported on their own performance.

We would value your feedback on this year's report. Please complete the feedback form below and post the page to the address shown below. Alternatively you may email your comments to communications@bdct.nhs.uk

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information in this report was easy to understand					
There was enough information about the Trust and its services					
There was enough information about the Trust and its achievements					
There was enough information about the Trust's finances The layout of the document was clear					

Please post any feedback to:

Communications Department
Bradford District Care Trust
New Mill
Victoria Road
Shipley
BD18 3LD

Or telephone: 01274 228351

Bradford District Care Trust
Trust Headquarters
New Mill
Victoria Road
Saltaire
Shipley
BD18 3LD

www.bdct.nhs.uk

[Note: this will be translated into the main languages used in our catchment area]:

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.