



Bradford District Care
NHS Foundation Trust

Annual Report and Accounts 2018-19

Bradford District Care NHS Foundation Trust

**Annual Report and Accounts for the period 1 April 2018 to 31
March 2019**

**Presented to Parliament pursuant to Schedule 7, paragraph
25(4)(a) of the National Health Service Act 2006**

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Foreword by our Chair

Welcome to our Annual Report for 2018/19, which provides an overview of the work undertaken by our staff, the services we have provided and some of the achievements and challenges experienced during the last 12 months. This report is part of our regulatory requirements as a Foundation Trust (FT), so I hope that it is informative and helps our members and other stakeholders gain an insight into our work and how we have supported local people across a wide range of mental health and community services in Bradford, Airedale, Wharfedale, Craven and Wakefield.

It has been my privilege to be the Chair of the Trust since 2012 and I have seen the health and social care landscape change significantly during this period. This year is no exception, with the Trust involved in further development of the West Yorkshire and Harrogate Health and Care Partnership and Integrated Care System, collaborative work across the four local mental health providers, through the West Yorkshire Mental Health Service Collaborative and more locally, the signing of a Strategic Partnering Agreement by providers and commissioners of health and social care services across Bradford and Craven committing to greater integration.

As a representative on the NHS Confederation Mental Health Network Board, I have also seen how national policy and the NHS Long Term Plan have emphasised the importance of mental health services, and across our Trust, we are keen to look at innovative new approaches to develop existing pathways with a growing focus on prevention and early intervention.

We have also seen a number of reviews undertaken during the year to help improve the governance, leadership and quality of our services. The Board commissioned an independent review of its performance against the well-led framework, which made a number of recommendations around system leadership, strategic discussions at Board, use of thematic reviews at Committees, culture and quality improvement methodologies (already being adopted) and Board visibility. In March 2018, we were inspected by the Care Quality Commission (CQC) and work is already underway to address some of the CQC's initial findings.

There have been a number of changes on the Board this year and I would like to take this opportunity to thank Liz Romaniak, our Director of Finance, Contracting and Facilities/Deputy Chief Executive for undertaking the role of Interim Chief Executive between April and August 2018 before our new Chief Executive, Brent Kilmurray, formally arrived in post on 20 August. We strengthened our Executive Management Team with the appointment of a new Chief Operating Officer, Patrick Scott, who commenced on 1 February 2019.

From a Non-Executive Director perspective, we said farewell to Dr Sue Butler who retired from the Board and always brought a keen clinical and patient focus to our Board and Committee proceedings. Our Non-Executive Director membership was strengthened further in November and then in December 2018 when the Council of Governors appointed Simon Lewis and Carole Panteli, bringing legal and nursing expertise respectively onto the Board.

2019/20 will see me retiring as Chair of the Trust. When visiting the many different services over the last eleven years I have felt an enormous pride, as a Bradfordian, and a sense of belonging when listening to staff, learning about their work and seeing how they care for and support our service users, patients and carers. They work hard, in very challenging circumstances, and many have been recognised in their own disciplines against regional and national awards covered in this report.

Finally, I would also like to thank all those who freely give up their time for the benefit of the Trust, whether that is as a Governor, service user, carer, or formal volunteer. The NHS is blessed with such people who contribute to our services and local communities and I wish the Trust every success in the future.

A handwritten signature in black ink, appearing to read 'Michael Smith', written over a dotted line.

Michael Smith
Chair

Foreword by our Chief Executive

I'm delighted to introduce this year's Annual Report, provide some personal reflections as Chief Executive during the last 8 months' in post and share some thoughts for the future. I wanted to highlight three areas of work that started this year, which together, will form the direction of travel for our organisation going forward:

- our new organisational strategy;
- our development of *The Care Trust Way* (the process to help us continuously improve the quality of care we provide); and
- our collective approach towards developing leadership, capacity and wellbeing across our workforce.

These three elements, if we can get them right, will provide the framework for delivering our vision of connecting people to the best quality care, when and where they need it, whilst being a national role model as an employer.

I joined the Trust at an exciting time, when the Board had just embarked on refreshing its strategic framework for the next five years. Like all NHS and social care organisations, it recognised the need to think differently about how we do things. We are facing increasing challenges and continued financial pressures, but acknowledge that these challenges also provide opportunities to drive service improvements, building on our recognised strengths. The innovative use of crowd sourcing to engage staff, services users, partners and communities in our new strategic framework helped generate over 6,900 comments or ideas. This helped to shape our new values and behaviours, how we will work together and how we will help people to feel as healthy as they can be at every point in their lives - more details about our strategy can be found within the report itself.

Secondly, we have started to develop *The Care Trust Way*, our own approach to quality improvement, using methods and tools to continuously improve quality of care and outcomes for patients. The introduction of a new quality improvement system is not something that can be learnt from a book or just by attempting to copy what has been done elsewhere; we are looking to develop our own distinct culture and foster an environment of continuous improvement. We have established a Kaizen Promotion Office to support the roll out of *The Care Trust Way*, started our training programme to help staff lead and implement the new methodology and identified some of the priority areas for daily lean management. This is a long term investment that will gather momentum but we hope to have over half our workforce introduced to quality improvement methodologies during the next 12 months.

Thirdly, we recognise that the behaviours, values and skills of our staff can have a direct impact on patient care and we need to provide the right conditions to support teams, develop creative and flexible employment models and encourage leadership across all levels of the organisation. Like many NHS providers, we have seen some challenges in recruiting to certain areas across nursing and in medical staffing so we have started to look at developing new roles (such as apprentice nurses) and provide alternative career pathways to recruit into these areas. Our new Health and Wellbeing Strategy, launched during the year, also provides a number of interventions or activities that support staff with their physical and emotional wellbeing. Initiatives such as mindfulness, healthy lifestyle programmes and the introduction of Schwartz Rounds have helped to create a place for reflection and build further resilience across different teams.

Whilst it is important to look towards the future, this annual report is also about looking back on the last 12 months, the challenges we have faced together, and an acknowledgement that there is always more work that can be done. The Trust's last CQC rating in 2018 resulted in an overall rating of 'Requires Improvement' and since then we have received a further inspection of various core services during March 2019 and a well-led inspection in April 2019. The Trust received correspondence from the CQC (in the form of a Section 29a warning letter) highlighting concerns about the quality of care across mental health inpatient services and at the time of writing this report, we are awaiting publication of the CQC's conclusions. The Board and the senior leadership group will need to look closely at any recommendations, but have already taken a number of immediate actions, supported by our local commissioners and other regulators, to ensure the safety and quality of these services. We will work hard to address any findings made by the CQC through the changes we have introduced in our leadership and operational structures and the quality improvement methodologies being adopted.

On behalf of the whole Board, I would like to thank every member of staff across the Trust for their hard work during the year and for their continuing support, compassion and commitment in helping to provide local communities with such a broad range of mental health and community health services. In balancing the challenges and opportunities facing the Trust, I am confident that we can be recognised as a forward-thinking, learning organisation that connects our local communities together.



A handwritten signature in black ink, appearing to read 'Brent Kilmurray'. The signature is fluid and cursive, with a long horizontal stroke at the end. Below the signature is a dotted line.

Brent Kilmurray
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 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 3,000 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 56 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 inpatient 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.

Developing our new strategic framework

In February 2019, we launched the Trust's new strategic framework and our ambitions for the next five years (2019-23). This framework reflects the views of our staff, key partners and local communities, who were all actively involved in developing our approach. For the first time, the Trust used on-line crowdsourcing technology, alongside community-based events, to gather the views of our key stakeholders, starting with our staff. The Trust received 6,936 contributions to the discussions that all helped shape our new vision and values, including our strategic goals, that are central to our long-term strategic plan.

Our vision is to 'Connect people to the best quality care, when and where they need it and be a national role model as an employer'. As a response to the crowdsourcing responses we have adopted a new set of values – We Care, We Listen and We Deliver – as seen in the diagram below.

better lives, together

Our strategic framework 2019-23



Our services touch every part of the wider health and social care sector. We know that for some, the health and care environment can be a complex place to navigate and in conversations with our stakeholders when developing our strategic framework, they have said that we are well placed to help people make sense of this. We are seeking to build on this to better co-ordinate and connect people to the right care across the communities we serve. Working seamlessly with others, we will make it easier for people to get services where and when they need them, ideally in the community, to improve their experiences and outcomes, and support recovery and wellbeing.

A number of ambitious enabling programmes covering key areas will help us to bring this to life. These include community engagement, continuous quality improvement, digital transformation, leadership and staff development, estates, service innovation and growth. There is a more [detailed strategic framework](#) on the Trust website; our goals and how we will deliver our strategy is summarised below.



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 2018/19. We have also continued to develop relationships with other commissioners such as NHS England (who commission dental and low secure services in Bradford and immunisation services in Wakefield), Bradford Council (for school nursing and health visiting), Wakefield Council (for school nursing and health visiting in Wakefield) and Cumbria CCG (for mental health services in Craven).

In early 2019, our Board, along with other partner organisations across Bradford and Craven approved a Strategic Partnering Agreement (SPA) that will, in the future, provide an operating framework arrangement that governs integrated solutions for health and social care across the geographical area covered by our three local CCGs. The SPA sets out the values, principles and shared ambition of local organisations in supporting this transformational work, for the benefit of those living in Bradford District and Craven, and where applicable, across West Yorkshire and Harrogate.

Overview of performance

National Context

In January 2019, NHS England published the NHS Long Term Plan, setting out a ten year vision for health services in England and showing how it will use the NHS long-term funding settlement that was agreed by the Government in July 2018.

The Plan includes proposals that are relevant specifically to the Trust and for the partnerships we work in. The Plan guarantees investment in community services, promoting greater partnership working between primary and community care. The Plan continues the focus on the priorities within the Five Year Forward View for Mental Health and outlines further work on community mental health teams and other aspects of core services, including child and adolescent mental health services. The Plan also sets out priorities for learning disability services, autism and neuro-developmental conditions, dementia and frailty and outlines work to support digital developments and the use of data, a focus on health inequalities and an emphasis on system working.

West Yorkshire Context

The West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) is made up of NHS organisations, local councils and voluntary sector organisations working closely together to plan services and address the challenges facing health and care services across the areas.

The WY&HHCP plans are built from six local area place-based plans, including the Bradford District and Craven, 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.

In May 2018, NHS England and NHS Improvement announced that the West Yorkshire and Harrogate Health and Care Partnership would be one of four health and care systems to join the Integrated Care System Development Programme. This means we have joined the leading edge of health and care systems, gaining more influence and more control over the way we deliver services and support for the 2.6 million people living in our area. The WY&HHCP has agreed a Memorandum of Understanding to formalise working arrangements and support the next stage of development of the partnership.

The Trust is working with the three other mental health providers (Leeds and York Partnership NHS Foundation Trust, Leeds Community Healthcare NHS Trust and South West Yorkshire Partnership NHS Foundation Trust) in a mental health services collaborative. We are working together on the following areas:

- **Acute Mental Health Pathway (Adults):** We are working as a partnership to ensure that care is provided in the least restrictive environment with more care delivered closer to home. This will also address the significant number of people who have to go out of their local area for inpatient care. We will ensure that people are treated in the community wherever possible but if they do need to go into hospital, they can access care locally and if not, they will be cared for in West Yorkshire.
- **Complex Care/Rehabilitation Services:** The partnership currently has a large number of service users who are placed away from home in a rehabilitation unit, often in 'locked' units. As a partnership we will work to understand the clinical needs and plan to repatriate patients, prevent

future out of area placements and minimise lengths of stay and have bid successfully for national capital funding.

- **Adult Medium and Low Secure Services:** In response to NHS England's review of adult secure mental health services, the partnership is completing a business case for a future service model.
- **Child and Adolescent Mental Health Services (CAMHS):** The partnership is a new model of care pilot for tertiary mental health services (CAMHS Tier 4). The focus is on preventing unnecessary admissions, reducing out of area placements, with effective management of children and young people in the community.
- **Children and Young People's Autism:** Take forward system work on autism and Attention Deficit Hyperactivity Disorder in children and young people. This is prioritised because of the increasing volume of assessments being requested year on year and the challenges faced by organisations trying to meet this demand.
- **Learning Disabilities - Assessment & Treatment Units:** Providers and commissioners are collaborating to develop a standard future model for inpatient care. This will operate as a networked service working to the same standards.

Local context

The Trust is also working with health, care, voluntary and community organisations across the Bradford District and Craven. Our Chief Executive is a member of the Integration and Change Board, 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. Other local collaborations include the Bradford Provider Alliance and Airedale, Wharfedale, and Craven Provider Alliance, 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 Bradford District and Craven health and social care system strategic vision is 'Happy, healthy at home'. To improve population health through integrated health, care and support, we will help:

- deliver our Bradford District and Craven Health and Wellbeing Plan (sustainable services against a backdrop of increasing demand);
- achieve greater autonomy and control within community partnerships to develop and transform our community based health, care and support services;
- share collective responsibility for the deployment and management of our resources to secure better outcomes for our population; and
- develop population health management capabilities to improve prevention and manage avoidable demand.

Summary of key transformation projects / service plans in 2018/19

During 2018/19 we received an income of £147.4 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 2018/19 Operational Plan and a mid-year review was undertaken in October 2018. Some of the key achievements include:

- launched our new organisational strategy;
- introduced the principles of a new quality improvement approach;
- secured a new contract with commissioners for 0-19 Children's services across Bradford;
- implemented a new clinical information system for mental health;
- delivered the majority of our national performance targets; and
- achieved our financial control total for 2018/19.

2018/19: The year at a glance

The following stories also help to demonstrate the broad range of activities undertaken by our staff.

April 2018: Health Visiting UNICEF - National accreditation for Children's services. Celebrations took place after the health visiting and family nurse partnership services were reaccredited with the national UNICEF Baby Friendly Initiative. The accreditation shows excellent practice across the services in protecting, promoting and supporting infant feeding and parent-infant relationships. The Trust marked the occasion with a presentation, which saw senior leaders from the organisation, breast feeding champions, mums and babies who have used the Trust services get together to celebrate the achievement.



May 2018: MH awareness week – MyWellbeing College helps people beat stress. MyWellbeing College, which helps people navigate their way through life's ups and downs, backed Mental Health Awareness Week, 14 – 20 May 2018, and supported people to beat stress with free courses available through the college. This was part of a national campaign, which was organised by the Mental Health Foundation. The theme for 2018 focused on tackling stress.

June 2018: New perinatal service for new and expectant mums' mental health. Pregnant women and those who have recently given birth, who are suffering from moderate to severe mental health problems are now able to access specialist care through the Trust's Specialist Mother and Baby Mental Health service. The service offers expert support to women, as well as working with their partners and wider family to ensure that women who experience mental health issues do not have to suffer and struggle alone.



July 2018: Happy 70th Birthday NHS.

On 5 July 2018, the NHS celebrated its 70th birthday. To mark the big milestone the Trust organised and took part in a series of birthday inspired events. The Trust joined other healthcare organisations across the country to get involved in national birthday celebrations and to thank our staff who have made a difference to the health and wellbeing of the local communities they support. On the day, staff, patients and their families were invited to raise a cuppa to toast the occasion at a NHS Big 7Tea party at the Four Seasons Café.



August 2018: Big Bradford Brushathon. People in the community were supported by the Trust to improve their oral health by taking part in the Big Bradford Brushathon over the summer holidays. Both children and adults brought along their old toothbrushes and took part in the Big Bradford Brushathon challenge. They swapped their old toothbrush and received a free toothbrush, toothpaste and oral health advice from the team. The Community Dental service organised the events during the summer holidays with the aim of engaging and informing local communities about the importance of a healthy mouth.

September 2018: Communities invited to Annual Members Meeting.

Local communities and members were invited to join Governors and senior staff members at the Trust's Annual Members Meeting on Tuesday 18 September, at Bradford City Football Club. The meeting was a great opportunity for members of the public to meet their local elected Trust Governors and speak to staff members from services across the Trust, including learning disabilities, mental health, community healthcare and children's services, to learn more about the work they do to support and connect local communities.





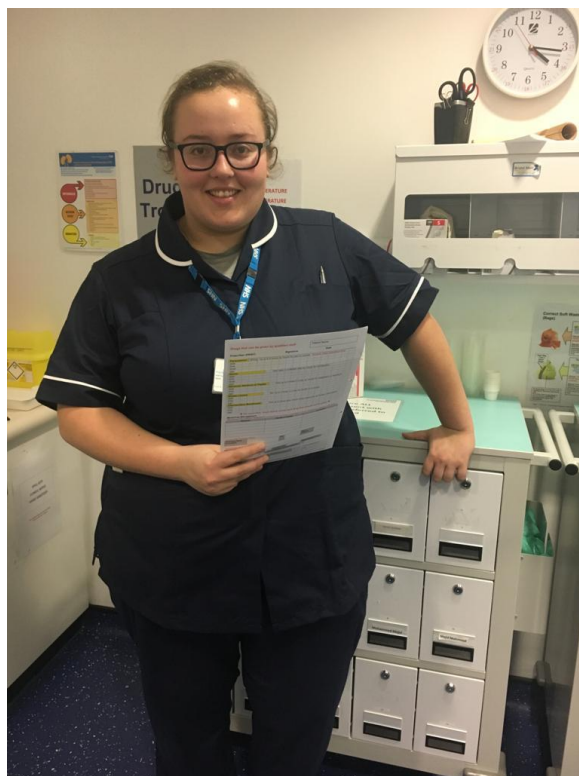
October: Long-serving NHS staff honoured. 26 members of staff, with a total of over 725 years of NHS service between them were honoured in October for their dedication to the NHS. The long-serving staff had given 25 and 40 years of service and the celebration event saw them and invited guests come together along with members of the Trust's Board of Directors to recognise their commitment and service to the NHS.

November: Winter campaign - Care Trust offers 'stay well' winter healthcare advice. The Trust supported local communities to stay well over the winter months by offering winter healthcare guidance and advice. This was part of the NHS 'Help Us Help You' winter campaign. The Trust provided a range of self-care information, from general winter wellness tips and advice on preventing flu, to keeping little ones well, foot health, mental wellbeing and other top tips on the Trust's 'stay well' web pages, to help people keep themselves and their families well throughout winter and beyond.



December 2018: Board thanks Care Trust award winners. In December staff from a range of services were congratulated by the Trust's Board for receiving local, regional and national accolades over the last 12 months. The healthcare heroes from all around the Trust were invited to a lunchtime awards ceremony, where their hard work, dedication and contributions were recognised by the Board in enhancing the lives of people who use Trust services, through innovative and compassionate care.

January 2019: Young carers - from young carer to assistant ward manager. Twenty-two-year-old Kayley Gregory has been caring for her mum with bi-polar disorder since the age of seven. Kayley knows what it's like to be a young carer and welcomed Young Carers Awareness Day in January 2019, which the Trust got behind by encouraging carers to visit the Horton Park Carers Hub with friends or family members to enjoy quality time together on the day. As a young carer, Kayley was supported by the Carers Hub, which opened in 2016 when she was 19. It offered her a place to go where young carers meet to share experiences and develop new friendships. The Trust runs two other Carers Hubs: one at Dyneley House Surgery, Skipton and one at Lynfield Mount Hospital, Bradford. The hubs are a place for carers whose loved ones use Trust services to meet, recharge their batteries and gain access to free advice and information. Inspired to help others through her own experience of caring, Kayley went on to train to become a mental health nurse and has recently been promoted to assistant ward manager on Maplebeck Ward at the Trust's Lynfield Mount Hospital.





February 2019: Recipes for wellbeing shared on Time to Talk Day. One in four of us are affected by mental health every year, and many of us have experienced low moods, anxiety and stress at some point in our lives. The Trust got behind Time to Talk Day, on Thursday 7 February, with a series of activities which aimed to inspire people to talk about mental health. The day is part of Time to Change's national campaign, which aims to reduce the stigma surrounding mental illness by getting people to talk openly about issues that can affect us all.

People shared their experience online and the Trust encouraged people to talk about mental health in supermarkets, restaurants, at the local hairdressers, with their local cabbie and across the community in a bid to get people chatting about how they were feeling. Amongst those pledging support, and sharing their recipes for wellbeing, were multi-award winning Prashad restaurant, which shot to fame in Gordon Ramsay's 2010 television programme Ramsay's Best Restaurant; Dr Amir Khan from Channel 5 show GPs: Behind Closed Doors; Bradford Bulls; and X Factor winner Joe McElderry.

March 2018: Champions Show the Way - create connected communities.

The Trust celebrated the 10-year anniversary of its 'Champions Show the Way' service which gives people places to gather and connect to support their emotional wellbeing. CSTW is a community programme where volunteers run free social groups for people who are recovering from illness, have a long-term condition, or may be otherwise struggling with social isolation. To celebrate the milestone anniversary an event was held at Victoria Hall, Saltaire in March. The celebration brought together over 100 current and past volunteers 'champions' and people who have benefitted from attending activities. They enjoyed celebratory tea and cake and shared their stories of the positive impact that this service has had over the last decade.



Performance analysis

The Trust's performance management framework aims to provide a comprehensive understanding of how the services and the organisation are performing across quality and safety, outcomes, workforce, activity and finance. The Board of Directors monitors performance on a monthly basis through the Integrated Performance Report. Board Committees review performance in further detail through their

own dashboards or, where necessary, a 'deep dive' process. In 2018/19 the Trust performed well against national, contractual and local performance indicators. The table below outlines our performance against the operational performance metrics used by NHS Improvement to oversee NHS providers.

More detailed information about performance against our quality of care is covered in the Quality Report section.

NHS Improvement indicators	2017/18 performance	2018/19 standard	2018/19 performance	Trust position
Maximum time of 18 weeks from point of referral to treatment (community dental service)	99.2%*	92%	97.6%*	Achieved target
People with a first episode of psychosis begin treatment with a NICE recommended care package within 2 weeks of referral	57.9%*	50%	79.7%*	Achieved target
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:				
a) inpatient wards	96.5%	90%	89.6%	Target partially achieved
b) early intervention in psychosis services	88%	90%	96.0%	Achieved target
c) community mental health services (people on care programme approach)	88.9%	65%	88.0%	Achieved target
Improving Access to Psychological Therapies (IAPT)/talking therapies:				
• proportion of people completing treatment who move to recovery	51.5%*	50%	58.0%***	Achieved target
• waiting time to begin treatment within 6 weeks	97.4%*	75%	98.0%***	Achieved target
• waiting time to begin treatment within 18 weeks	99.4%*	95%	100%***	Achieved target
Data Quality Maturity Index – mental health services dataset score	98.4%**	95%	98.7%**	Achieved target
Inappropriate out-of-area placements for adult mental health services – total number of bed days patients have spent out of area	167 bed days	41 bed days per quarter/ 164 bed days per annum	201 bed days	Target not met

* Quarter 4 outturn

** 2018/19 quarter 2 data published by NHS Digital

*** January 2019 data published by NHS Digital

Quality Governance reporting

Quality Governance is key to ensuring the Trust has systems in place maintain and improve the quality of service we provide and to ensure compliance against regulated activities. Our system of quality governance provides evidence and assurance against the Well-Led Framework. The key elements of delivering quality governance in the Trust are:

- making governance part of our everyday business;
- identifying areas of improvement using the information available to us;
- sharing best practice and learning;
- identifying and managing risks to quality of care; and
- using Quality Improvement to drive innovation and development.

To support the Trust in delivering the vision and strategy, our Quality and Safety Meetings throughout the Trust are an opportunity for staff to examine areas of improvement and develop ideas to continuously develop our services. This is also how the Trust gains assurance on quality and quality development. The 2018 inspection report by the CQC resulted in a 'Requires Improvement'. A number

of work streams were put in place to address the issues highlighted in the report and the action plan was monitored via the Improving Quality Steering Group. 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 2018/19 including the following:

- the Quality and Safety Committee receive a dashboard quarterly. This provides assurance to the Committee on progress in areas of concern. In 2019/20 a dashboard will be reported at every meeting with a comprehensive dashboard every quarter;
- the Board Safety Walkabouts have been reviewed, and a structured approach using the measuring and monitoring of safety framework has been introduced.
- the Committee has requested further reviews into areas to provide additional assurance or to identify any further action; and
- there has been a focus on introducing a Quality Improvement approach. Trust Board agreed that a 'Kaizen' methodology will be used across the Trust and a roll out of training has commenced to support with this. Work on this will continue in 2019/20.

The Trust's Improving Quality Steering Group had oversight of the governance around the CQC action plan. Following the changes to the structure, and with the introduction of the triumvirates (closer working relationships between the Medical Director, Director of Nursing and Professions and the Chief Operating Officer), this has been reviewed and revised. The Patient Safety and Learning Group has been established, which will have a focus in improvement and sharing learning. A Compliance Group will have an overall function of overseeing an effective system of monitoring compliance against systems which are monitored by the Quality and Safety Committee, including regulated activity and monitoring of the CQC action plan.

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 2018/19 and under a direction issued by NHS Improvement under the National Health Service Act 2006. The 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 2019

The Trust faced one of the most challenging years financially during 2018/19; targeting delivery of an ambitious £7.351 million planned cost reduction plan in order to achieve a required surplus or 'control total' of £0.388 million. By planning to achieve the national control total the Trust could expect to access £0.993 million Provider Sustainability Funding (PSF) and deliver a composite £1.381 million planned surplus.

For the financial year 2018/19, the Trust generated a surplus of £2.831 million before adjusting for £1.014 million in respect of impairments of non-current assets charged to expenditure. Trust performance excluding PSF and impairments charged to the statement of comprehensive income is a surplus of £0.392 million which is equivalent to 0.3% and is £4,000 more than planned. The Trust secured £0.993 million planned PSF and received £1.446 million unplanned bonus and incentive PSF distributed nationally at year end; or £2.439 million in aggregate, giving a surplus of £2.831 million; or £1.45 million more than planned.

The Trust had turnover of £147.4 million in 2018/19 and the surplus excluding technical adjustments of £2.8 million represented 1.9% as shown below:

Income and expenditure performance for the year ending 31 March 2019

	£000's
Income from Patient Care Activities	137,308
Other Operating Income	10,084
Total Income	147,392
LESS:	
Operating Expenses	143,328
Interest Paid and Received	(32)
Public Dividend Capital	1,265
Surplus excluding technical adjustments	2,831
Impairments (incl. in Operating Expenses)	1,014
Surplus including technical adjustments	1,817

Income

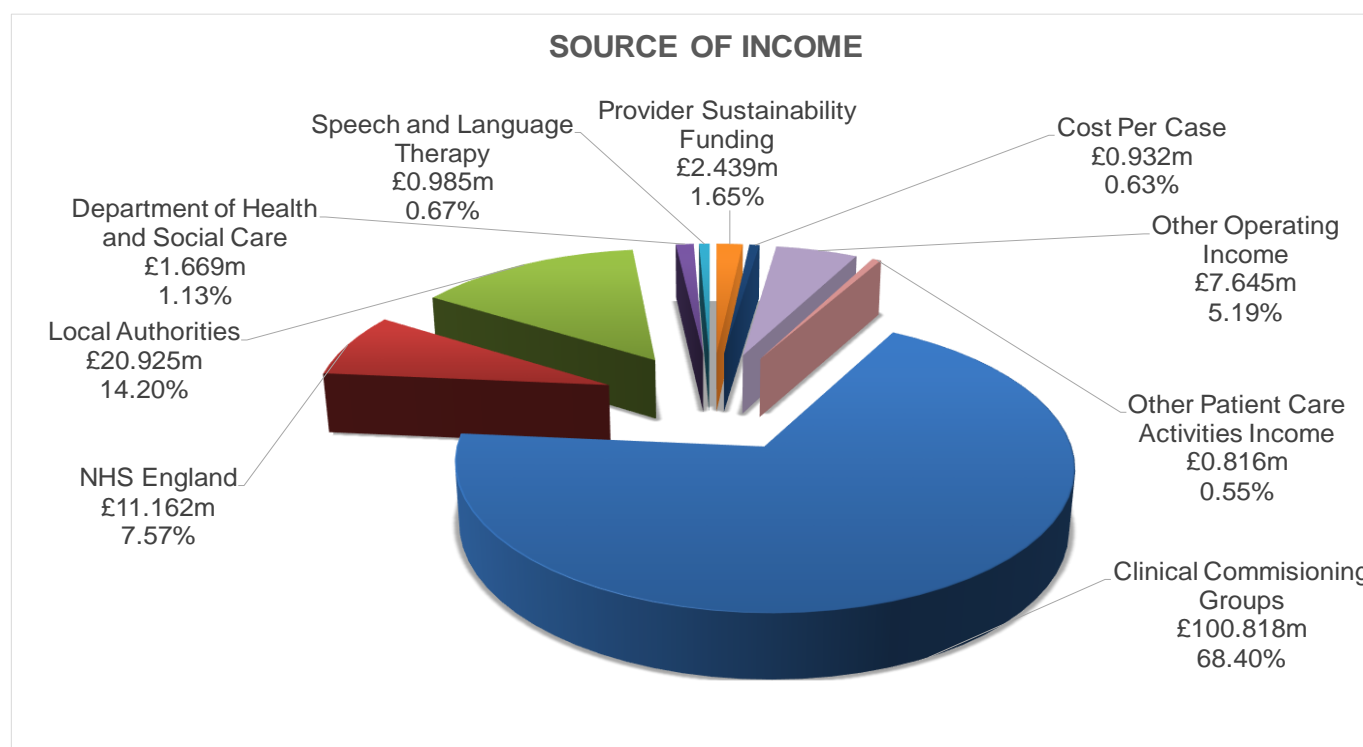
Income from Patient Care Activities was £137.3 million including:

- 68% from healthcare contracts with CCGs, including the Trust's 3 local commissioners; Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups;

- 14% from local authorities, including Public Health Grant funded contracts with CBMDC (for Health Visiting, Family Nurse Partnerships, School Nursing, Substance Misuse Services and Oral Health Promotion) and a 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
- 3% from Speech & Language Therapy, Cost per Case and other income from patient care activities.

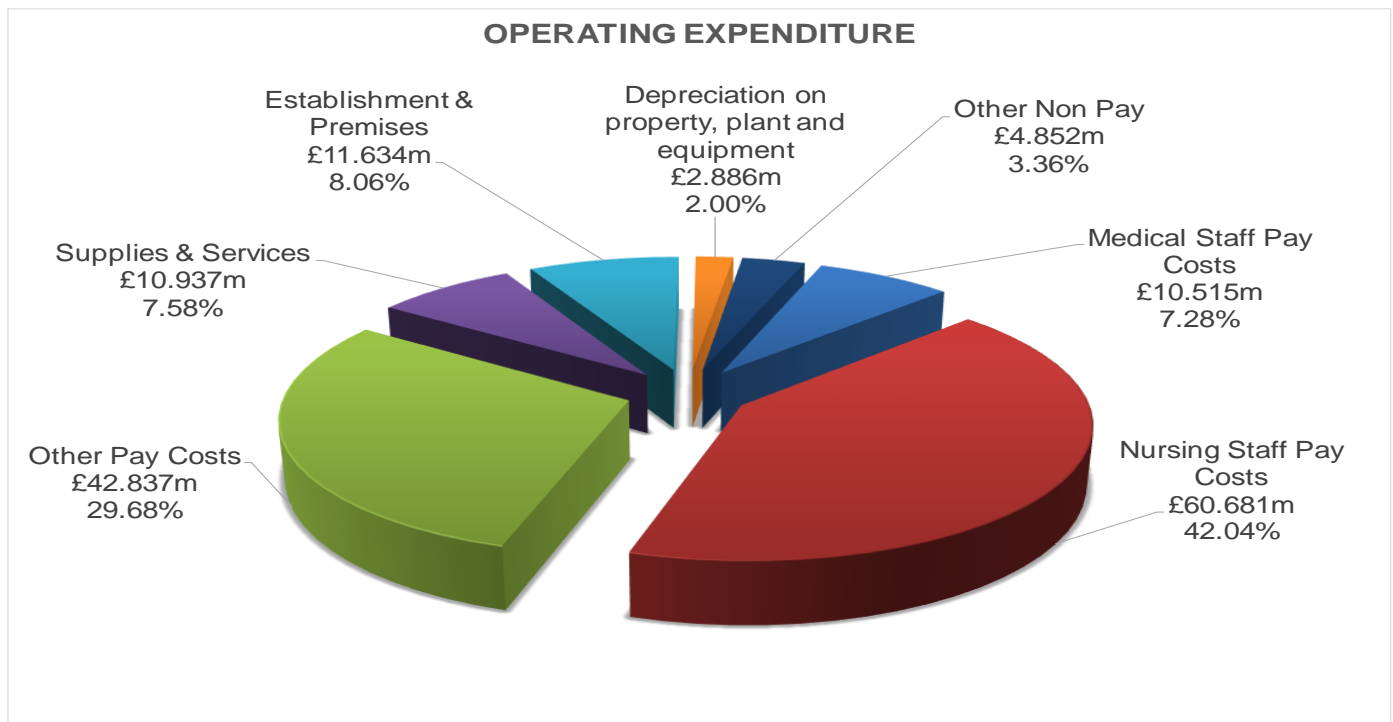
Whilst most contracts with commissioners were fixed or 'block', 2.5% (or a maximum of £2.5 million) was linked to achievement by the Trust of a series of National and Local quality indicators or CQUINs. The Trust has achieved 92% (subject to final ratification by commissioners) of CQUIN indicators and income in 2018/19 (96% 2017/18).

Income from CCGs included cost per case income of £932,000 relating to mental health inpatient and community activity. NHS England income included £647,000 volume-based vaccination and immunisation payments. The following chart analyses all sources of Trust income:



Expenditure

Operating expenses were £144.3 million. Staffing costs are the largest driver of cost and accounted for £114 million, or 79% of the Trust's overall expenditure. During the year the Trust incurred increased temporary staffing costs due to demand and acuity pressures on inpatient wards and higher than expected medical and inpatient ward vacancy and absence levels. An analysis of operating expenditure is given in the chart below:



Single Oversight Framework

NHS Improvement's Single Oversight Framework is used to segment Provider organisations by reviewing risk factors and using these to identify 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. A Foundation Trust 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. However, as a consequence of the Trusts 2018 CQC report, the Trust moved to segment '2' meaning the Trust was provided with targeted voluntary support from NHS Improvement. 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 scores five measures from '1' to '4', where '1' reflects the strongest (or lowest risk) performance. The five individual scores are 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) 2018/19

Area	Metric	2018/19
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	2
Overall UoR Risk Rating		1

Improving efficiency and ensuring value for money

The Trust aims to become more efficient in its use of resources by reviewing systems and processes, evaluating skill mix, becoming more productive, using benchmarking as a tool to identify possible inefficiency and improving value for money through robust procurement practices. During 2018/19 the Trust achieved cost reductions of £7.3 million using a combination of recurrent and non-recurrent measures. The Trust had signaled that achieving the 2018/19 plan would be challenging and face sustained inpatient staffing and medical locum cost pressures throughout the year, driving an underlying pressure of around £3.3m. The positive end of year position was achieved through a series of non-recurrent actions and by deploying reserves.

Introduction Capital expenditure

The Trust had a 2018/19 internal capital budget of £4.276 million and secured additional external capital funding of £0.074 million during the year; a total capital budget of £4.350 million. The Trust incurred capital costs of £4.348 million to deliver a number of notable schemes including:

- implementing a new mental health clinical information system which will support system -level work to achieve access to integrated care records;
- refurbishment, maintenance and upkeep of the Trusts inpatient sites at the Lynfield Mount and Airedale Hospital sites;
- refurbishment of community premises; and
- other investments in information technology, medical equipment and cyclical programmes to ensure our compliance with relevant regulatory requirements.

Cash

The Trust planned and maintained a positive cash balance throughout the year with a balance of £17.301 million as at 31 March 2019. Cash balances have accumulated over a number of years, with increased cash balances resulting from the proceeds of asset sales, prior year surpluses and more recently, from national Sustainability Funding.

Introduction Financial governance – Treasury Management

As an Foundation Trust, we are 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.

Introduction Late Payment of Commercial Debts (Interest) Act

The Trust made no payments under the Late Payment of Commercial Debts (Interest) Act 1998 during 2018/19.

Valuation of assets

All property, plant and equipment assets are measured initially at cost, representing the costs that are directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to operate in the manner intended by management. Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- land and non-specialised buildings – market value for existing use; and
- specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Auditor remuneration

External Audit fees were £60,500 for the year to 31 March 2019 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 is yet to be confirmed.

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 2019.

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 Pages 48/49 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 2019 was as follows:

	Financial Year 2018/19	
	Number of Invoices	Value of Invoices £000's
Non NHS Creditors		
Total bills paid in the year	13,664	30,477
Total bills paid within target	12,548	29,184
Percentage of bills paid within target	91.83%	95.76%
NHS creditors		
Total bills paid in the year	1,697	8,532
Total bills paid within target	1,641	8,382
Percentage of bills paid within target	96.70%	98.24%

Overseas operations

The Trust does not have any overseas operations.

Going concern disclosure

Through the financial statements and financial performance indicators the Trust can demonstrate strong financial management and a clear understanding of its underlying financial position. The Trust's 2019/20 financial plan targets delivery of a deficit of not more than £2.998 million, which provides access to Provider Sustainability Funding (PSF) of £1.169 million and Financial Recovery Funding (FRF) of £1.829 million and delivers a composite break-even Control Total. Whilst non-recurrent support is welcome, the level of financial challenge remains considerable and requires a recovery focus reaching beyond 2019/20.

The Trust has established a Sustainability Programme Board chaired by the Chief Executive to ensure sufficient focus to recover the underlying financial position during 2019/20. 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 than 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 2019/20

The Trust faced an underlying recurrent pressure of £3.3 million during 2018/19 driven principally by inpatient and medical locum staffing pressures. This reflects a number of factors including having had to plan and deliver challenging Cost Improvement Plan (CIP) 'stretch' targets over a number of years, lack of any substantial investment in community and mental health services, demographic

changes, patient acuity, social care and acute pressures meaning more complex patients are being cared for in the community and council cuts impacting Public Health contracts. Even taking into account a helpful baseline Control Total and successful contract negotiations, the Trust needs to deliver in-year efficiencies of around 4% but have developed plans that will save 5.9% from April 2020.

The Trust faces possibly its most significant challenge financially moving into 2019/20 with three new and notable external issues impacting the Trust from 2019/20. These are:

- costs of the recent Agenda for Change pay deal, recurrent tariff funding for which is £1.99 million less than actual pay increases;
- the reduced cash envelope available and innovative service re-design necessary to deliver a new 0-19s contract commencing from August 2019/20, with the contract value £1.3 million lower in 2019/20 and falling a further £1.7 million from April 2020; and
- the revision of asset valuation guidance by the Royal Institution of Chartered Surveyors that have the effect of increasing capital charges from 2019/20.

The key residual 2019/20 plan uncertainties faced by the Trust are:

- the extent to which increased Employers' contributions for NHS Pensions (rising from 14.38% to 20.68%) are matched by recurrent national funding, particularly in relation to the Trust's two Public Health contracts for Children's services with local authorities in Bradford and Wakefield; and
- the financial implications of any actions that may be necessary as a consequence of the Care Quality Commission's inspection of the Trust in Spring 2019.

A Sustainability Programme Board will oversee the development of a financial recovery plan. Key drivers of the current underlying financial deficit include a material recurrent gap on the funding of pay inflation through tariff of £1.99 million, a service line deficit on Low Secure services, service cost pressures, the de-commissioning of Substance Misuse Services by the Council in Bradford, efficiencies needed due to unfunded inflationary pressures and a reduced contract sum for re-procured 0-19 Services in Bradford, and unfunded inflationary pressures for 0-19 Services in Wakefield.

CCG allocations linked to the Mental Health and Community Investment Standards have provided welcome potential to address the financial sustainability of a number of core services as well as to progress core plan requirements, with £1.99 million being identified to address underlying mental health and £0.8 million for community physical health service pressures.

Working in partnership to develop sustainable services

WY&HHCP was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs). It brings together all health and care organisations in six local places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

In November 2016, the STP published high level proposals to improve health, reduce care variation and restore and maintain financial balance. Since then the partnership has made significant progress to build capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our collective aims.

The partnership has already begun to make an impact in other important areas. The West Yorkshire and Harrogate Cancer Alliance Board is a national exemplar and has attracted £12.6 million in funding to transform cancer diagnostics. Mental health trusts have joined in a collaborative (including a committee in common) to strengthen collaborative working and facilitate joint decision making. The partnership has secured £31 million in transformation funding for A&E, cancer, mental health, learning disabilities and diabetes, and £38 million capital from the 2018 autumn budget for CAMHS, pathology, telemedicine, and digital imaging.

In May 2018, NHS England and NHS Improvement announced that the WY&HHCP would be one of four health and care systems to join the Integrated Care System Development Programme. This means the partnership can join the leading edge of health and care systems, gaining more influence and more control over the way we deliver services and support for the 2.6 million people living in our area.

The WY&HHCP has agreed a Memorandum of Understanding to formalise working arrangements and support the next stage of development of the partnership. The Memorandum of Understanding builds on the existing partnership arrangements to establish more robust mutual accountability. The WY&HHCP also maintains an ethos of the primacy of local 'place'. The Bradford District and Craven Health and Social Care system strategic vision is 'Happy, Healthy at home'.

As mentioned earlier, to improve population health through integrated health, care and support, we will help:

- deliver our Bradford District and Craven Health and Wellbeing Plan (sustainable services against a backdrop of increasing demand);
- achieve greater autonomy and control within community partnerships to develop and transform our community-based health, care and support services;
- share collective responsibility for the deployment and management of our resources to secure better outcomes for our population; and
- develop population health management capabilities to improve prevention and manage avoidable demand.

The local 'place' also faces an extremely challenging financial outlook, needing to deliver around £45 million savings on health budgets in 2019/20. This reflects the aligned contract assumptions of all health organisations. A number of key sustainability programmes are being prioritised to optimise whole systems benefits.

Cost Improvement Plans (CIPs) 2019/20

In 2019/20, the Trust's overall CIP requirement is £6.31 million, or 4.04% of planned expenditure (before efficiencies). The requirement is driven by national efficiency requirements on all NHS Commissioner contracts, local cost pressures, Public Health contract reductions and unfunded pay inflation.

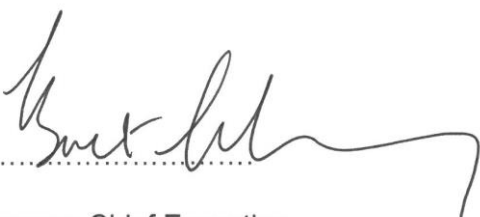
The Trust is targeting cost reductions around five Sustainability themes covering:

- **Virtual Organisation**; technology to increase automation, efficiency and productivity;
- **Business Growth**; new developments and innovation to grow income and contribution;
- **Commissioner Cost Recovery** with a focus on overhead efficiency, national benchmarks, Model Hospital and sustainable core service lines;

- **Optimise Our Workforce;** Early Years Tender service model, Agency Cost Reductions and Care Closer to Home Functional Medical Model; and
- **Reduce the cost of our Estate** via reduced footprints, Early Years hubs and costs.

Capital programme 2019/20

The Trust's £3.8 million capital programme for 2019/20 is funded by depreciation of £3.3 million supplemented by cash reserves of £0.5 million. Capital requests have been rigorously prioritised and risk-assessed to identify key service and business critical schemes. The capital plan includes £2.3 million estates schemes including emergency repairs, the implications from environmental risk assessments and fees to develop a Strategic Outline Case to redevelop the Lynfield Mount Hospital site. £1.4 million IM&T schemes will support transformation and service development.

Signed: 

Brent Kilmurray, Chief Executive
Date: 23 May 2019

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 retired from the role of Chief Executive on 29 April 2018 and Liz Romaniak, assumed the role of Interim Chief Executive until the arrival of Brent Kilmurray, the Trust's new Chief Executive 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 agreed goals;
- provide effective 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). 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	Remuneration	Nominations
Michael Smith	10/11			6/8			3/3	6/7
Rob Vincent	11/11	4/5		10/10		2/2	1/1	6/7
David Banks	10/11	5/5		9/10		2/2	3/3	6/7
Sue Butler	4/4	3/3	4/4			1/1		2/2
Zulfi Hussain	7/11	0/1	7/8		5/6		2/3	6/7
Gerry Armitage	10/11		7/8		2/2			6/7

Simon Lewis	4/5			2/3	1/2			4/5
Carole Panteli	4/4		2/2		1/2			3/4
Brent Kilmurray	7/7			4/6				
Nicola Lees	0/1			0/1				
Sandra Knight	11/11			10/10				
Andy McElligott	10/11		7/8		5/6			
Liz Romaniak	11/11	4/5		10/10		1/2		
Debra Gilderdale	10/11		7/8		3/6	0/1		
Paul Hogg	11/11	5/5	7/8			2/2		
Tim Rycroft	11/11							
Patrick Scott	2/2		1/2		1/1	1/1		
Neil Cook	3/3			2/2				

** one of these meetings was in private only (December 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

During September 2018, the Board procured an external evaluation of its leadership and governance using the well-led framework and completed its own self-evaluation against the eight well-led domains in preparation for the review. Deloitte LLP conducted the independent review which included a desktop

review of papers, a series of 1-2-1 Board interviews, focus groups with staff and Governors, telephone interviews with key external stakeholders and Board and Committee observations. The final report was discussed and approved at the Board meeting in February 2019. Recommendations with the report were grouped around five key areas:

- Board programme;
- Committee assurance;
- culture;
- approach to Quality Improvement; and
- systems leadership.

Individual Directors are taking forward these actions, working with Deputy Directors and teams as required. A number of actions have already been completed, including a move to bi-monthly public Board meeting in 2019/20, more frequent Board development sessions and a change in how papers are presented. The remaining actions are scheduled to be completed by the end of Quarter 2 in 2019/20.

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 shall review 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.

KPMG LLP are the Trust's external auditors. The Committee has reviewed the work and findings of the external auditor, its annual audit plan and fee. During 2018/19, the Audit Committee advised the Council of Governors on the process for procuring/appointing the external auditors through a competitive process. The Audit Chair and Director of Corporate Affairs supported a panel of Governors in discharging this statutory duty and the Council of Governors approved the Panel's recommendation to re-appoint KPMG for 3 years from April 2019 as the Trust's external auditors for a further term of office, effective from 1 April 2019.

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 2018/19.

Quality and Safety Committee (Chair: Sue Butler, then Gerry Armitage)

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. In addition to the regular papers presented in 2018/19, the Committee received additional assurance in other areas, including: volunteering on the Dementia Assessment Unit, a presentation on Medicines and Me, a deep dive into local ward audits, progress on criteria led discharge and issues around IMT connectivity and SystmOne. The Committee met eight times in 2018/19.

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 ten times during 2018/19.

Mental Health Legislation Committee (Chair: Zulfi Hussain, then Carole Panteli)

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. During the year the Committee focused its discussions on reports received on Mental Health Act visits by the CQC, the CQC action plan, reports from the Mental Health Legislation Forum and Associate Hospital Manager meetings, its performance dashboard and specific items such as a review of Community Treatment Orders and an update on blanket restrictions. The Committee met six times in 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 2018/19. The Committee had three key areas of work during 2018/19: to support the Governors to appoint two new Non-Executive Directors; to recruit to the post of Chief Operating Officer; and to commence the recruitment process for a new Chair, which would take place in 2019/20.

Charitable Funds Committee (Chair: 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 2018/19.

Division of responsibilities of Chair and Chief Executive

A clear statement outlining the division of responsibilities between the Chair and the Chief Executive was approved by the Board in September 2018. The Chair's objectives for 2018/19 were to ensure:

- the Board was focused on successful delivery and evolution of its business plans in the context of Integrated Care System (ICS) developments;
- that necessary improvements to governance were robust and embedded;
- the Board invested appropriate development time and attention to the challenges and opportunities in our operating environment and had a clear view of where time and energy should be invested;
- continued engagement of the Council of Governors in the work of the Trust and within the local health and care economy;
- the development of local, regional and national influence to support the Trust's work and ambitions; and
- the Board invested time in developing leadership effectiveness and succession plans.

The Chief Executive's objectives for 2018/19 were to:

- finalise the organisational strategy and publish with enabling programmes of work identified by January 2019;
- lead with the Directors and staff the production of a plan for 2019/20 that sets a sustainable course for the next five years;
- ensure that there is appropriate oversight, capacity and capability to enable the required service transformation during the period 2019/20 and beyond;
- work with Directors to implement the quality improvement plan;
- lead the Trust's contribution to the West Yorkshire and Harrogate ICS, including the Senior Leadership Executive and the Mental Health Collaborative; and
- play a leading role in the Bradford, Airedale, Wharfedale and Craven places-based Health and Care Partnerships.

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 15 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 2018/19, the Council of Governors met seven times (one of which was for a single item to discuss the appointment of the new Chief Executive, on 25 April 2018). The Chair has no other registered commitments.

The Non-Executive Directors present the performance report at Council of Governor meetings and provide updates regarding the work of the Board committees. This enables the Council of Governors

to fulfil their holding to account duties as they can 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:

- **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 or directly with a Director of the Trust;
- **Discussions held at the Annual Members Meeting:** Governors interacted with the members and the public via a Governor stand at the 2018 Annual Members Meeting. The stand also highlighted action taken by the Trust in response to comments made at the previous year's meeting;
- **Connecting with communities:** a number of Governors were involved in various engagement events with Eastern European communities (a roadshow of services at the Polish Community Centre, Bradford) and the Sikh community (a mental health awareness event to at the Guru Nanak Sikh Temple, Bradford); and
- **Quality Goals:** a number of Governors also met with Trust colleagues to consider the Quality Goals, ahead of the Council of Governors agreeing one goal for the External Auditor to review. The safe domain indicator was selected which related to where incidents met the threshold for duty of candour and whether the duty was being correctly applied.

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 Finance Business and Investment, Quality and Safety, Mental Health Legislation and Audit Committee meetings as observers where they are able to interact with Board members and observe the performance of Non-Executive Directors in holding the Executive Directors to account for the performance of the Board.

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 can 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 health and social care work of Appointed Governor, Barnardo's and the complaints processes in the Trust.

Governor Committees

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 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 four times in 2018/19 and recommended to the Council of Governors the appointment of two new Non-Executive Directors.

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. The Committee met once, in July 2018, to consider the in-year performance and future objectives of the Trust Chair and Non-Executive Directors and deferred a decision on remuneration due to guidance awaited from NHS Improvement.

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. The Group has met periodically to review the objectives within the strategy, which is due to a refresh in 2019/20.

Resolution 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 Meeting)	Remuneration Committee	Nominations Committee
Colin Perry (Lead Governor)	5/7		4/4
Sarah Jones	5/6	0/1	
Mahfooz Khan	1/7		
Sid Brown	6/6	1/1	
George Deane	6/7		
Kevin Russell	7/7		

Rupy Hayre	4/6		
Zahra Niazi	4/6		
Nicky Green (Deputy Lead Governor)	5/7	1/1	3/4
Nicholas Smith	2/7		
Ruth Omenyo	3/6		
Loretta Gooch	4/4		
Jason Smith	1/1		
Mehreen Akhtar	0/6	0/1	
Craig Berry	3/6	1/1	3/3
Pamela Shaw	2/6		
Jenny Moran-Whitehead	1/6		0/2
Jane Haigh	5/6		
Shirley Congdon	2/7		
Stephen Oversby	3/7	0/1	
Cllr Naveed Riaz	4/5		
Cllr Wendy Hull	0/5		
Cllr Aneela Ahmed	4/6		
Ishtiaq Ahmed	5/7		
Tina Butler	5/5		2/2
Ranjit Arora*	1/1		
Wafaa Nawaz*	1/1		
Hazel Chatwin*	1/1		
Ann West*	1/1		
Nigel Green*	1/1		
Noel Waterhouse*	1/1		
Debbie Cromack*	1/1		
Hayley Lomas*	0/1		
Amanda Martin-Richards*	0/1		
Liz Howes*	0/1		
Mike Gibbons*	0/1		
Sandra McIntosh*	0/1		

* Governors terms of office ended 30 April 2018

Board member attendance

The table below provides details about the number of Council of Governor meetings individual Directors attended during the financial year 2018/19.

Name	No of Council of Governor Meetings Attended (including the Annual Members Meeting)
Michael Smith (Chair)	7/7
David Banks	3/7
Zulfi Hussain	2/7
Gerry Armitage	2/7
Rob Vincent	1/7
Carole Panteli	1/2
Simon Lewis	0/2
Paul Hogg	6/7
Liz Romaniak	4/7
Andy McElligott	3/7
Brent Kilmurray	3/4

Sandra Knight	2/7
Tim Rycroft	1/7
Debra Gilderdale	0/7

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. The 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 363430.

Public and staff membership data

Public membership:

	Number of Members
Age (years):	
0-16	15
17-21	429
22+	8,615
Not stated	559
Total	9,618
Ethnicity:	
White	5,419
Mixed	220
Asian or Asian British	3,162
Black or Black British	458
Other	115
Not stated	244
Socio-economic groupings (working age population):	
AB	2,043

C1	2,588
C2	2,140
DE	2,809
Gender Analysis:	
Male	3,705
Female	5,790
Not stated	123

As at 31 March 2019

Representativeness by constituency areas:


Public Areas	Population	Minimum Number of Members	Current Membership	% of Total Membership (Rounded)	Number of Governors
Bradford East	116,368	20	1998	21	3
Bradford South	105,214	20	1279	13	3
Bradford West	120,541	20	2184	23	3
Shipley	97,152	20	1126	12	2
Keighley	98,756	20	1104	11	2
Craven	56,398	10	442	5	1
Rest of England	n/a	5	1485	15	1

As at 31 March 2019

Staff membership:

Area	Minimum Number of Members	Current Membership	% of Total Staff Membership	Number of Governors
Clinical	10	2288	73.5	3
Non-Clinical	20	824	26.5	2

As at 31 March 2019

Signed: 

Brent Kilmurray, Chief Executive
Date: 23 May 2019

Lead Governor, Colin Perry

The Lead Governor appointment carries a term of one year. Mr Colin Perry was appointed as Lead Governor for a further term at the Council of Governors meeting on 19 July 2018.

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

On 30 April 2018, a number of our Governors reached the end of their first term in office and on 1 May 2018, a number of new Governors were elected or appointed. I would like to start my report by thanking those Governors who retired for their hard work and commitment and for supporting the Trust to improve the quality of services it delivers through their valuable input and feedback. I would also like to thank those Governors that entered into a second term for continuing to offer their time and valuable insights at meetings and events. Lastly, I'm delighted that the newly elected/appointed Governors have hit the ground running and are making valuable contributions at meetings.

During the 2018/19 financial year, Governors contributed 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. Governors also attended an afternoon awayday meeting with the Board of Directors where they heard about key challenges facing the Trust and considered how they might support the Trust to overcome those challenges.

Additionally, the Governors agreed the appointment of the Trust's External Auditor following a thorough and fair selection process. Three Governors were members of the Selection Panel and believed their membership of the Panel resulted in an objective discussion about the four organisations that had tendered for the work. Each submission was scored against a set criteria and KPMG LLP (the Trust's existing External Auditors) achieved the highest overall score and was awarded the contract for a further period.

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.

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 Airedale General Hospital, Victoria Hall in Saltaire, Bradford City Football Club, the Polish Community Centre and through their individual networks. 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 Collaborative and have spoken about their role at Governor awareness sessions to encourage other FT members to nominate themselves for election.

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 safe domain indicator was selected which related to where incidents met the threshold for duty of candour and whether the duty was being correctly applied.

There has been no occasion during the year for the Council of Governors to contact either NHS Improvement or the CQC. I was involved in meeting the CQC with other Governors as part of a focus group during their recent inspection and also separately with Deloitte as part of the Board's own well-led review. On both occasions we received positive feedback about Governors' knowledge, commitment and engagement with the Trust.

In summary, it's been a busy year for the Council of Governors and I hope this report highlights how the Governors have been effectively carrying out their duties and how the Trust has benefitted from their input.

Looking towards 2019/20, we welcomed three new Public Governors to the Governing Council on 1 May 2019 and, at the time of writing this report, are currently in the process of approving the appointment of a new Chair to succeed Michael Smith.



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 32. 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.

During the year, the Committee approved 2 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.

Performance Review process

Executive Directors and the Chief Executive are remunerated on a spot salary in line with the benchmark evidence. No other external support or advice was sought by the Committee during 2018/19.

The Remuneration Committee will consider a report from the Chief Executive on the outcome of his 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 will also consider proposed objectives for the Directors and Chief Executive for 2019/20 and the Trust's approach to remuneration for the coming year reviewing available benchmark information to ensure pay remains competitive. 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 2018/19 was £4,295 to nine Directors and Non-Executive Directors (against a total of £3,317 in 2017/18 to eight Directors). The expenses paid to five Governors in the same financial year was £326 with 16 not claiming any expenses (against a total of £250 in 2017/18 to five Governors, with 20 not claiming any expenses). As at 31 March 2019, the Trust had 21 Governors and 6 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. NHS Improvement is now compiling comprehensive data across Trusts and their benchmark reports will be used in future.

Non-Executive Director remuneration

The expected guidance from NHS Improvement on Chair and Non-Executive allowances has not been issued for 2018/19. Similar Trusts have therefore been making their own decisions, mostly in line with uplifts for Very Senior Managers or the higher pay bands within other staff groups e.g. consultants. A recommendation is being developed for the Council of Governors' Remuneration Committee recommending a pay uplift of 1.65% based on the average uplift within our Trust for executive directors based on the nationally recommended sum for Very Senior Managers.

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 and has revised its policy in line with national guidance, which means awards made from 1 April 2018 are non-consolidated and non-pensionable and time limited. 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 two 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.

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. One re-appointment and two new appointments of a Non-Executive Director were agreed during 2018/19 as shown below:

Name	Job title	Appointment date
Brent Kilmurray	Chief Executive	20 August 2018
Patrick Scott	Chief Operations Officer	1 February 2019
Debra Gilderdale	Director of Nursing and Professions	1 February 2019
Simon Lewis	Non-Executive Director	19 November 2018
Carole Panteli	Non-Executive Director	3 December 2018
Zulfi Hussain	Non-Executive Director	1 March 2019 (second term)

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 48-50 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 2018/19.

Remuneration information

Details about the remuneration levels for 2018/19 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.

Name and Title	2018/19			
	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
G Armitage - Non Executive Director	10 - 15	0		10 - 15
S Butler - Non Executive Director (to 16th September 2018) (g)	5 - 10	0		5 - 10
S Lewis - Non Executive Director (from 19th November 2018) (h)	0 - 5	0		0 - 5
C Panteli - Non Executive Director (from 3rd December 2018) (i)	0 - 5	0		0 - 5
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 (to 29th April 2018) (a)	10 - 15	500	0	10 - 15
B Kilmurray - Chief Executive (from 20th August 2018) (b)	85 - 90	5500	932.5 - 935	1025 - 1030
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive (c)	130 - 135	0	5 - 7.5	135 - 140
S Knight - Director of Human Resources & Organisational Development	100 - 105	3800	0	105 - 110
P Hogg - Director of Corporate Affairs	90 - 95	100	45 - 47.5	135 - 140
A McElligott - Medical Director	135 - 140	2900	30 - 32.5	170 - 175
D Gilderdale - Director of Nursing & Professions (d)	115 - 120	200	0	115 - 120
T Rycroft - Chief Information Officer	80 - 85	0	65 - 67.5	150 - 155
P Scott - Chief Operating Officer (from 1st February 2019) (e)	15 - 20	1100	1165 - 1167.5	1180 - 1185
N Cook - Interim Director of Finance (from 17th May to 9th September 2018) (f)	45 - 50	0	0	45 - 50

Name and Title	2017/18			
	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
G 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	7900	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	3700	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	8200	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

NOTES:

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

** 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. P Scott and B Kilmurray were appointed during the financial year, therefore there are no previous years pension comparisons available.

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

(a) Nicola Lees retired as Chief Executive on 29 April 2018 and received her pension benefits from May 2018.

(b) Brent Kilmurray was appointed Chief Executive from 20 August 2018.

(c) Liz Romaniak was Acting Chief Executive from 24 April 2018 to 19 August 2018, and then reverted to her position of Director of Finance, Contracting & Facilities and Deputy Chief Executive from 20 August 2018.

(d) Debra Gilderdale was appointed as Director of Nursing & Professions from 1 February 2019, previously Director of Operations & Nursing.

(e) Patrick Scott was appointed Chief Operating Officer from 1 February 2019 which is a new Board level post.

(f) Neil Cook was Interim Director of Finance from 17 May to 9 September 2018.

(g) Sue Butler left her role as a Non Executive Director on 16 September 2018.

(h) Simon Lewis was appointed as a Non Executive Director from 19 November 2018.

(i) Carol Panteli was appointed as a Non Executive Director from 3 December 2018.

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.

All pension related benefits in the table above are adjusted for inflation at the CPI rate of 3.0% in 2018/19 (1.0% in 2017/18).

Pension Benefits:

Name and title	Real increase in pension at pension age (Bands of £2,500) £000	Real increase in Pension Lump sum at pension age (Bands of £2,500) £000	Total accrued pension at pension age at 31 March 2019 (Bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2019 (Bands of £5,000) £000	Cash Equivalent Transfer Value at 01 April 2018 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2019 £000
N Lees - Chief Executive (to 29th April 2018) (a)							
B Kilmurray - Chief Executive (from 20th August 2018) (b)	40 - 42.5	97.5 - 100	40 - 45	95 - 100	0	724	724
L Romaniak - Director of Finance, Contracting & Facilities and Deputy Chief Executive	0 - 2.5	0	45 - 50	110 - 115	673	109	802
S Knight - Director of Human Resources & Organisational Development (c)	0 - 2.5	0 - 2.5	40 - 45	125 - 130	963	0	0
P Hogg - Director of Corporate Affairs	0 - 2.5	2.5 - 5	35 - 40	90 - 95	576	117	710
A McElligott - Medical Director	2.5 - 5	0 - 2.5	30 - 35	65 - 70	488	95	598
D Gilderdale - Director of Nursing & Professions	0	0	55 - 60	165 - 170	1,118	89	1,240
T Rycroft - Chief Information Officer	2.5 - 5	0	10 - 15	0	96	64	164
P Scott - Chief Operating Officer (from 1st February 2019) (d)	50 - 52.5	127.5 - 130	50 - 55	125 - 130	0	930	930
N Cook - Interim Director of Finance (from 17th May to 19th September 2018) (e)							

NOTES:

- (a) Nicola Lees retired as Chief Executive on 29 April 2018 and received her pension benefits from May 2018.
- (b) Brent Kilmurray was appointed Chief Executive from 20 August 2018, therefore there are no previous years pension comparisons available.
- (c) There is no Cash Equivalent Transfer Value as 31 March 2019 for Sandra Knight, as she has reached normal retirement age during the financial year.
- (d) Patrick Scott was appointed Chief Operating Officer from 1 February 2019, therefore there are no previous years pension comparisons available.
- (e) There is no pension liability relating to Neil Cook (at the beginning or end of the financial year), as this was a short fixed term contract.

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

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 3.0% has been used in accordance with NHS Business Services Authority guidance in 2018/19 (1.0% in 2017/18).

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 2018/19 was £150,000 - £155,000 (2017/18 £150,000 to £155,000). This was 5.1 times (2017/18 5.4 times) the median remuneration of the workforce which was £29,608 (2017/18 £27,639).

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 2018/19 one employee (2017/18 - none) received remuneration in excess of the highest paid director. Remuneration ranged from £17,460 to £155,358 (2017/18 £15,404 to £150,650). 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 2018/19, the highest paid director was the Chief Executive.

The median pay in 2018/19 included the impact of the national 3 year pay deal. This has resulted in an increase to the median pay.

	2018/19	2017/18
Mid Point of the banded remuneration of the highest paid director	152,074	150,650
Median Total Remuneration (£)	29,608	27,750
Ratio	5.1	5.4

Other remuneration information

The Trust is required to report on other remuneration related information. Exit packages for 2018/19 and 2017/18, and off payroll expenditure are shown in the note below. Expenditure on consultancy costs in 2018/19 was £389,971.

Exit packages 2018/19

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	1	1
£25,001 - £50,000	2	1	3
£50,001 - £100,000	1	0	1
£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	2	5
Total resource cost	£141,128	£50,000	£191,128

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

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 2018/19

	Agreements (number)	Total Value of Agreements
Exit payments following employment tribunals or court orders	2	£50,000
Total	2	£50,000

Exit packages: non-compulsory departure payments 2017/18

	Agreements (number)	Total Value of Agreements
Exit payments following employment tribunals or court orders	0	£0
Total	0	£0

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.

Off Payroll Engagements

In 2018/19, 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 2019, 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 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months; and
- For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019.

Signed: 

Brent Kilmurray, Chief Executive
Date: 23 May 2019

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. The Trust launched the Mary Seacole programme for staff who wish to develop their management and leadership skills and has undertaken a range of interventions to develop a more inclusive culture including training Bullying and Harassment Support Officers and rolling out the Sharing Perspectives workshops.

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.

The Trust continues to look at developing 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.

The Trust's staff survey showed some modest improvements on last year's results. The Trust had improved on 52 of the 79 performance questions that are comparable between 2017 and 2018 (66%). In addition there were modest improvements in all the questions identified last year as 'significantly worse' than average. Some areas had however deteriorated from the previous year.

The Trust Board has discussed the results and identified a number of actions to address issues including focusing on staff engagement, embedding the new vision and values of the Trust and adopting a standard approach to quality improvement to ensure staff are fully engaged in service changes and improving the quality of care.

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	2018/19 Total Number	2018/19 Permanent Number	2018/19 Other Number
Medical and dental	90	69	21
Ambulance staff	0		
Administration and estates	634	617	17
Healthcare assistants and other support staff	407	398	10
Nursing, midwifery and health visiting staff	1073	1049	24
Nursing, midwifery and health visiting learners	0		
Scientific, therapeutic and technical staff	417	398	19
Healthcare science staff	0		
Social care staff	0		
Agency and contract staff	0		
Bank staff	0		
Other	0		
Total average numbers	2621	2530	91
Number of employees (WTE) engaged on capital projects	0		

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

Category	Female	Male
Directors (voting members of the Board)	3	3
Other senior employees	48	20
Employees	2505	537
Total	2556	560

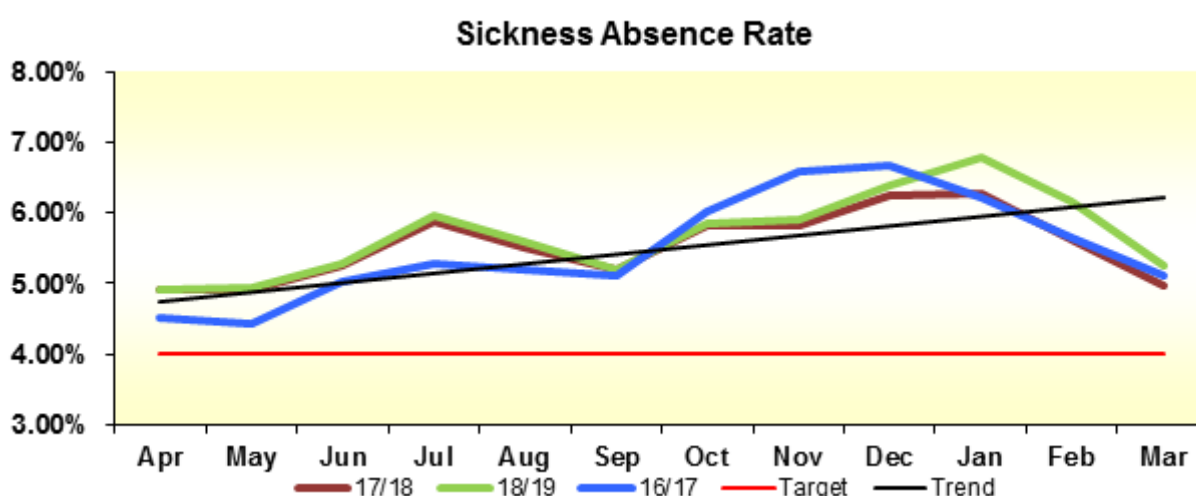
Workforce targets

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	2018/19 target	2018/19 performance	2017/18 performance	Trust Position
Mandatory training (excluding information governance compliance)	80%	93.52%	88.53%	Achieved target
Information Governance training	95%	89.05%	95.37%	Not achieved
Staff receiving appraisal	80%	82.63%	79.01%	Achieved target
Labour turnover	10%	12.24%	11.30%	Not achieved

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 2019, the Trust recorded a sickness level of 5.69%. Sickness absence has been discussed at Business Unit (now Care Group) performance meetings and support is provided to all staff through our Wellbeing@Work programme. 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 2017/18	Total number 2018/19
Total days Lost	31,452	32,069
Total staff years	2,533	2,575
Average working days lost	12	12

Staff policies and actions

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 the Maternity and Shared Paternity Leave and Parental Leave policy and the Supporting Attendance Policy to ensure they reflect current best practice and legislative requirements.

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 all the senior appointments that have taken place during 2018/19.

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.

New crowd sourcing technology is being used to support 'conversations' with staff about areas for improvement and what to start, stop or do differently. For example during 2018/19 crowd sourcing was used to help engage staff in the development of a new vision and values.

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 2018 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 (YASA), where staff nominate colleagues for their exceptional contribution towards providing high quality care. The breadth of award winning or shortlisted services (shown below) demonstrates that our staff continue to work collaboratively and innovatively, seeking to achieve improved outcomes for service users, patients and carers.

Short listed finalists or winners of external awards	Winners of internal awards
<p>Michelle Ryan – Dora Rylance Memorial Prize Clover Ward – NAPICU Quality Improvement Project of the Year award BDCT (patient experience) – Carers Trust Gold Star for Triangle of Care Bradford & Wakefield 0-19 services – UNICEF Baby Friendly re-accreditation Melanie Tanner and Rebecca Bentley – Queen's Nurse accolade David Gibson and Estates – RoSPA Gold Award Patricia Clapham, Healthcare Assistant – Cavell Star Award Ashbrook and Clover Wards – Yorks & Humber Academic Health Science Network Improvement Academy accreditation Infection Prevention team - #flufighter digital and social media campaign award Paul Drabble – National Association of Care Catering Regional Care Chef heats – highly commended Communications team – CIPR Pride Awards Regional Campaign of the Year. Rachel Archer, Occupational Therapist – OT of the month (Jan 19) Acute and Community Mental Health services – West Yorkshire 'volunteer team of the year' award BDCT – recognised for excellent sustainability reporting by NHS Improvement, the Sustainable Development Unit and Healthcare Financial Management Association</p>	<p>Louise Parker, District Nurse – Kate Granger, Compassion in Practice Trust award Rene Johnson, Community Staff Nurse – Mentor of the Year Trust award Lucy Vinter, Research and Development – Student of the Year Trust award Craven Community Mental Health – Excellence in Student Support Trust Award Ruth Wood, Occupational Therapist – Unsung Hero YASA Grainne Eloi – Working Together YASA Estates and Facilities – Non-Clinical Star/s YASA Palliative Care – Improving Patient Experience YASA Annette Whomack-Brown, Four Seasons Café – Quality and Innovation YASA</p>

Innovation and our iCare programme

Over the past 12 months our iCare programme – the opportunity for staff to make suggestions about improving services, reducing waste or bringing new ideas to the market – has continued to gain traction and recognition within the organisation. Ideas originally generated in 2017/18 such as the four Seasons café, Orthochoice (bespoke insoles for podiatry patients) and a resilience passport for young people are all making a significant impact, with the latter project recently recognised at the

National Children and Young People's Mental Health Awards. During 2018/19, we have seen over 30 new ideas identified from services including Early Intervention in Psychosis, Learning Disabilities, Speech and Language Therapy, Podiatry and Nursing Development teams. The evolution of the iCare model, where we have introduced iCare socials, a 24/7 digital suggestions box and regular iCare newsletters is helping staff to think more about the opportunities available. Our continued use of crowd sourcing to engage staff on major issues affecting the organization, linked to The Care Trust Way, will help position the Trust as innovative, forward looking employer.

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 2018/19 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 Unions – 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

Our new values underpin the Trust's commitment to actively 'listening' to all our stakeholders and most importantly our staff. A range of communication channels are used to gather staff views and more importantly, ensure two-way engagement, so that staff are actively involved in key developments and have direct communication routes to the senior leadership team.

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:

- **Chat2Brent:** staff can email the Chief Executive directly with any queries or concerns, using the 'Chat2Brent' email, or directly message on twitter; both contact routes are promoted to staff, for example in the Chief Executive's weekly staff blog;

- **Executive-led all-staff briefings:** these briefings are run on a quarterly basis and form part of existing team meetings, across a range of localities and services, and are an opportunity to brief staff on current Trust-wide issues and more importantly, give staff an opportunity to put their questions to the Executive Team;
- **Crowdsourcing:** staff engagement to support the development of our strategic framework, also providing valuable staff feedback on a number of other areas, which is informing how we approach key work programmes, for example priorities for corporate services. We are continuing to use crowdsourcing to ensure rapid two-way engagement at scale with staff, across our broad geographical footprint and services;
- **Schwartz rounds:** monthly opportunities for staff share and learn, in a confidential space, about each other's experiences of working in healthcare and the emotional impact this can have;
- **Freedom to Speak Up Guardian (FTSUG) and local champions:** staff are encouraged to contact the FTSUG where they have concerns and our and FTSUG and Deputy Guardian have dedicated time on a weekly basis to review cases, chase and update actions, receive feedback and liaise with services; and
- **Living our values awards:** in March 2019, we introduced a new, monthly staff recognition awards, allowing staff to nominate colleagues who have demonstrated exemplar behaviours aligned with our three new values. Chosen by the Chief Executive, the three winners are presented with a certificate by a member of the Board.

NHS Staff Survey 2018

Staff satisfaction and engagement are key to delivering high quality, values-based care and are directly associated with patient experience and outcomes. Staff 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 new vision and strategic objectives. The annual NHS Staff Survey is an important means of providing workforce assurance and highlighting areas for improvement actions.

Initial Trust results were received from provider Clever Together throughout December 2018 and January 2019, and the key findings were reported to the Board, Managers and Staff Partnership Forum by the end of January 2019, in the form of briefing notes and presentations. Infographics and spreadsheets showing divisional results were cascaded to Managers for team discussion and feedback during February 2019 (see below). National benchmarking and thematic results were received from the Co-ordination Centre in February and March 2019 and summarised in further briefing notes to Board, Managers and staff.

NHS Staff Survey 2018 Results

Thank you everyone who took part in the 2018 survey. Here are our Trust headline results. Please also continue to feedback views on your service results



Bradford District Care
NHS Foundation Trust

Our views

63% Would recommend the organisation for care or treatment

59% Would recommend the organisation as a place to work

72% Think care of patients is organisation's top priority

Our values

better lives, together



We Care

88% of staff feel trusted to do their job
75% receive the respect they feel they deserve from colleagues



We Listen

57% are asked for their opinion by their immediate manager
73% feel we act on concerns raised by patients/service users



We Deliver

79% feel their role makes a difference to patients/service users
76% feel able to make suggestions to improve the work of their team

Key Improvements and strengths

- Incidences of personal experience of **physical violence and discrimination** seem to have reduced since last year
- The quality and benefits of **appraisals** continues to improve and are better than the national average for similar Trusts
- The **staff engagement score** of 6.98 is a slight increase on last year's 6.90 & morale is improving in 5 out of 9 service groupings
- All the questions relating to **immediate managers** have improved scores

Key issues and how we are addressing them

- Whilst our **survey response rate** of 45% was the same as other similar Trusts, it was down from last year's rate of 54%...
...So we are planning further crowdsourcing and other methods to enable more staff to have their say on key topics
- The perception of **quality of care** scored slightly less than last year and than the national average for similar Trusts....
...Our new Vision and Values underlines our goal of the best quality care and we will be working with staff to embed
- The theme of **safety culture** scored slightly less than last year....
...Although our action on errors, near misses or incidents is very similar to the national average. We value improvement and excellence in this area and will continue to monitor

Managers have met with their staff teams and explored with them any key themes arising around areas for improvement and areas for celebration in their particular service; seeking to embed responses into existing improvement work rather than generate new action plans. Their responses are being fed back to Senior Leadership Group for coordination and ongoing monitoring. The final Trust-Wide results, analysis and actions have also been fed back to all staff via an infographic published on the Trust Intranet.

Summary of Performance

The response rate to the 2018 survey was 45% (2017 was 54%). Scores for each indicator together with that of the survey benchmarking group (combined mental health, learning disability and community trusts) are presented below:

	2018/19		2017/18		2016/17	
	BDCFT	Benchmark Group	BDCFT	Benchmark Group	BDCFT	Benchmark Group
Equality, diversity and inclusion	9.0	9.2	8.9	9.2	8.9	9.2
Health and wellbeing	6.0	6.1	5.8	6.1	5.8	6.2
Immediate managers	7.1	7.2	7.0	7.1	6.9	7.1
Morale	7.1	6.2	n/a	n/a	n/a	n/a
Quality of appraisals	5.7	5.5	5.5	5.4	5.4	5.4
Quality of care	7.2	7.4	7.2	7.4	7.3	7.5
Safe environment –	8.2	8.2	8.2	8.3	8.1	8.2

bullying and harassment						
Safe environment - violence	9.5	9.5	9.4	9.5	9.4	9.5
Safety culture	6.7	6.8	6.9	6.7	6.8	6.7
Staff engagement	6.9	7.0	6.8	7.0	6.9	7.0

Note: There are a number of differences in the benchmarked results compared to how they were prepared prior to the 2018 survey. Key Findings have been replaced by themes. The themes above cover ten areas of staff experience and are scored on a 0-10 scale, where a higher score is more positive than a lower score. The national coordination centre has provided historical and benchmarked comparisons where they are available.

The following table provides information about the four highest and lowest scores from our staff survey results for 2018 compared to the previous year. All scores below are those released by the national coordination centre and may vary slightly from the initial scores released by Clever Together, which had no national adjustment.

KEY:

*combined mental health, learning disability and community trusts

** Improvement since 2017

**Deterioration since 2017



	BDCFT 2017	BDCFT 2018	Benchmarking group average 2018*	Trust improvement/deterioration**
Response Rate				
	54%	45%	45%	
Staff Engagement Score				
	6.8	6.9	7.0	
Top 4 individual question scores				
Qu 12b: In the last 12 months, how many times have you personally experienced physical violence at work from managers	0.6%	0.2%	0.5%	
Qu 12a: In the last 12 months, how many times have you personally experienced physical violence at work from patients/service users, their relatives or other members of the public	16.6%	13%	13.4%	
Qu 19d: It (appraisal) left me feeling that my work is valued by my organisation	29.2%	34%	30.7%	
Qu 4g: There are enough staff at this organisation for me to do my job properly	29.8%	34.1%	32.3%	
Bottom 4 individual question scores				
Qu 12c: In the last 12 months, how many times have you personally experienced physical violence at work from other colleagues	2.1%	3.2%	1.1%	
Qu 11a: Does your organisation take positive action on health and wellbeing	41.4%	34.7%	30.9%	

Qu 13c: In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from other colleagues	14.5%	16.3%	16.3%	
Qu 17c: When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	73.5%	70.2%	70.2%	

Proposed areas of action

Despite some highs and lows of individual sub-question scores, on balance the Trust-average responses follow a similar pattern to both last year and the national average scores for 31 similar organisations. None of the thematic variances for either are classed as significant. Bearing in mind analysis of all the results, the Trust-wide response focuses on the following three theme areas, using crowdsourcing, embedding of new vision and values, quality improvement methodology, and an ongoing commitment to leadership visibility and timely feedback:

- staff engagement;
- quality of care; and
- safety culture

In addition, there will be a continued focus on implementing staff health and wellbeing and development of a culture that embraces inclusivity and diversity. Some of this work includes piloting a new on-line tool to support staff health and wellbeing; more tailored support for areas where the risk of musculoskeletal issues is higher; more 'champions' to support staff reporting bullying; and plans to introduce a more systematic approach to talent management – linked to appraisals – to support staff career development at every level. Progress and impact of both corporate and locality responses will be monitored by the Senior Leadership Group and an update to the Board in Autumn 2019, also being mindful of ongoing impacts arising from actions from the 2016 and 2017 results.

Equality and Diversity

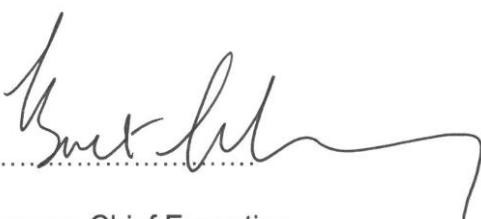
In 2016, we published our second set of Equality Objectives under the Specific Duties of the Equality Act 2010. These objectives built upon the first set published in 2012 and were agreed with staff and the local voluntary sector and shared with local NHS providers Bradford Teaching Hospitals NHS Foundation 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 2018/19 include developing a suite of management and leadership programmes aimed at supporting the implementation of the Equality, Diversity and Inclusion Workforce Strategy, reducing the Trusts Bonus Gender Pay Gap from 37% to 19%, reviewing parking across the Trust to improve access for disabled staff and service users and improving interpreting

quality and access for non-English speaking service users. In addition, the Workforce Race Equality Standard data has been analysed and an action plan developed to respond to the findings. The Trust is analysing data in preparation for publishing the Workforce Disability Equality Standard data in August 2019.

The Trust is working with Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust and the three local Clinical Commissioning Groups to involve communities, staff and partners in agreeing the new priorities for the 2020 Equality Objectives. This set will run from 2020 – 2024 and will be based on the NHS Long Term Plan and Equality Delivery System (3) priorities. Information about all of the Trust's equality work can be found online here <https://www.bdct.nhs.uk/about-us/key-information/equality-and-diversity/>

Signed: 

Brent Kilmurray, Chief Executive
Date: 23 May 2019

Staff Report Modern Slavery and Human Trafficking Act 2018/19 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 

Brent Kilmurray
Chief Executive

Date: 23 May 2019

Signed 

Michael Smith
Chair

Date: 23 May 2019

Statement of the Chief Executive's responsibilities as the Accounting Officer of Bradford District Care NHS Foundation Trust

The 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, total recognised gains and losses 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 and Social Care Group Accounting 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 and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis.

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 him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible 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.

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.....

Brent Kilmurray, Chief Executive

Date: 23 May 2019

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 2019 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. Between 1 April 2018 and 31 January 2019, the Medical Director had delegated responsibility for the overall coordination of risk management; from 1 February 2019, this became the responsibility of the Director of Nursing and Professional Standards (see table below).

The Trust implemented a new structure for operations and nursing from 1 February 2019. The responsibilities of the Director of Nursing and Operations post were split between two Executive Director posts (a Director of Nursing and Professional Standards, and a Chief Operating Officer). The table below summarises where Directors have had a lead for specific areas of risk during 2018/19:

Director lead role / risk areas	From 1 April 2018 to 31 January 2019	From 1 February 2019 onwards
Medical Director	Led on quality, clinical governance and risk management, patient safety, medicines management, safe standards of medical practice and compliance with Care Quality Commission standards and was the Trust's Caldicott Guardian.	Leads on quality and quality improvement; medicines management, safe standards of medical practice and is the Trust's Caldicott Guardian.
Director of Nursing & Operations	Led on effective application of risk management across clinical and operational services, including quality and leading on safeguarding and infection control and emergency planning.	
Director of Nursing & Professional Standards		Leads on clinical governance and risk management, patient safety, compliance with Care Quality Commission standards, safeguarding and infection control.
Chief Operating Officer		Leads on effective application of risk management across clinical and operational services, including quality and emergency planning.
Director of Finance, Contracting & 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.	
Director of HR & OD	Leads on workforce capacity, retention of staff and absence management and business development.	
Associate Director of Informatics	Leads on informatics and information governance risks and is the Trust's Senior Information Risk Owner (SIRO).	
Associate Director of Corporate Affairs	Leads on patient experience, involvement and communications risks and has oversight of the Board Assurance Framework.	

Directorate management teams review and manage 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 high quality risk training packages in place to support staff in this responsibility. Experienced 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 risk management course is also available to all staff as an e-learning package. 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 every three years.

The risk and control framework

The Trust's Risk Management Strategy was approved by the Board in April 2016; this sets out the strategic direction of the Trust, including its risk management tolerance, which is moderate, and includes risk attitude statements. This strategy is currently under review and will be presented to the Board in Quarter 1 (2019/20). The Board set and reviews the tolerance levels of risk which are 'live' on the Corporate Risk Register 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 as a useful concept and vehicle and being applied in services across the Trust and has continued with the routine practice of safety huddles being implemented across all our in-patient services. In addition, there are areas within community based settings that are using a form of safety huddles within their own service. 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 Medical Director on behalf of the Professional Council in September 2018. 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
- Quality and Safety Meetings
- Freedom to Speak Up cases
- Health and 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 routinely in their Quality and Safety meetings and/or local team meeting.

Risk registers are 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 a forum for risks to be identified, assessed, managed and mitigated at all levels.

Board Assurance Framework and Corporate Risk Register

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

The key risks to delivery of the Trust's strategic objectives identified in the BAF have remained relatively constant during the financial year, with the following changes recorded:

- Since April 2018, risk 1965 has been archived (this was a duplicate risk of 1980 and was archived on 9 July 2018).
- The risk score for risk 1976 increased in April 2018 (from 12 to 16), but was reduced in August 2018 (from 16 to 12) before being increased again in October 2018 (from 12 to 16).
- The risk score for risk 1986 increased in October 2018 (from 16 to 20).
- The lead Director for risk 1974 changed in June 2018 from the Director of Operations and Nursing to the Director of Corporate Affairs.
- The lead Director for risk 1978 changed in June 2018 from the Chief Executive at the time to the Interim Chief Executive and then back to the new Chief Executive in October 2018.
- The lead Director for risk 1979 changed in June 2018 from the Chief Executive at the time to the Interim Chief Executive and then to the Medical Director in October 2018.

The strategic risks in the BAF are as follows:

Board Assurance Framework	
Strategic Objective	Strategic Risks
Quality and Workforce	<ul style="list-style-type: none"> • 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 (Risk 1974). • 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 (Risk 1976).

	<ul style="list-style-type: none"> • If we fail to develop an innovative learning culture with staff then we may not exploit new opportunities that emerge.
Integration and Partnerships	<ul style="list-style-type: none"> • If partners (including BDCFT) fail to deliver a robust West Yorkshire and Harrogate Health and Care Partnership then there will not be the system-wide changes to meet the 'triple aim' (Risk 1978). • If partners (including BDCFT) fail to deliver a robust and sustainable Bradford Health and Care Partnership then there will not be the system-wide changes needed to meet the 'triple aim' (Risk 1979). • If partners (including BDCFT) fail to develop a robust and sustainable Airedale, Wharfedale and Craven Health and Care Partnership then there will not be the system-wide changes needed to meet the 'triple aim'.
Sustainability and Growth	<ul style="list-style-type: none"> • 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 (Risk 1986).

A revised BAF format will be produced for 2019/20 to reflect the Trust's new organisational strategy, its revised strategic goals and the learning which emerged from a Board Workshop about managing strategic risks, held on 26 March 2019.

The Trust Board reviewed the CRR and all significant risks on a quarterly basis during 2018/19. There have been between 10 and 12 corporate risks on the CRR during the year. Following discussion by the Board, eight risks were removed, one escalated from the service manager risk register and four new risks were added as summarised below:

Removed risks	
Risk 1820	Convincing commissioners we are capable of improving accessibility to local services. This was archived on 20 June 2018 as agreed at EMT.
Risk 1822	Financial efficiencies. This was archived in September 2018.
Risk 1824	Failure to set organisational self-interest aside. This was archived on 20 June 2018 as agreed at EMT.

Risk 1823	Failure to develop best practice services – closed on 20 December 2018.
Risk 1829	Transformation of the Trust's informatics function – closed on 18 December 2018.
Risk 1855	Class 3 cladding at ACMH – Closed on 29 November 2018.
Risk 1942	Future cyber-attacks. This was archived on 5 April 2018 following discussion at Informatics Board.
Risk 2038	Fire risk at Cemetery Road. This was closed on 13 June 2018.
New CRR risks/risks escalated to the CRR (live risks)	
Risk 2164	Sustained high number of serious incidents – risk escalated from service manager.
Risk 2102	Service user harm through ligature (score remained the same since added in-year).
Risk 2151	'No deal' Brexit risk (increased from 10 to 12).
Risk 2207	IT / Clinical systems affected by a cyber incident (score remained the same since added in-year).
Risk 2241	Consultant Psychiatrist vacancies in General Adult Psychiatry (score remained the same since added in-year).
Summary of other current/live risks on CRR	
Risk 1821	Failure to accurately forecast and fully mitigate in-year pressures (score remained the same all year).
Risk 1825	Demands on the Trust's community services (score remained the same all year).
Risk 1826	Case for investment in mental health (score remained the same all year).
Risk 1827	Expansion of existing services or securing new services (score remained the same all year).
Risk 1831	Recruitment, retention and engagement of a diverse workforce (increased from 8 to 12).
Risk 2042	SystemOne implementation (increased from 12 to 16).
Risk 2046	Breaches of information governance law (DPA / GDPR) resulting in significant financial penalties and / or reputational damage (decreased from 12 to 8).

A quality report for all logged risks is presented to SLG 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.

Workforce strategy and safer staffing

The Trust has an approved Workforce Strategy in place and different elements have been reviewed during 2018/19 by the Board and the Finance, Business and Investment Committee, with a focus on talent and workforce transformation, recruitment and retention, and leadership development. The key risk of recruiting to Consultant Psychiatrist vacancies in General Adult Psychiatry has been a particular concern raised at Committee. There is an ongoing requirement that all NHS organisations present a six-monthly report to Trust Board regarding nursing and midwifery staffing. The reports in May and November 2018 included an analysis of wider workforce plans to provide assurance that the standards required to deliver safe and effective care are being met.

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.

Register of interests

The Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

Sustainability

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its 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 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 February 2019. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

The Senior Leadership Group, comprising Directors, Deputy Directors and Heads of Professions was established in January 2019 to oversee strategy, business delivery and quality and performance issues, replacing Executive Management Team and Deputy Director meetings. In addition, a re-structure of operational services resulted in new Care Groups being established in February 2019, which together with Corporate Departments, are responsible for the delivery of their own financial and other performance targets, overseen by the relevant Executive Directors. The Trust's Performance Management Framework for 2016-18 remained extant during 2018/19 until the revised Framework for 2019-21 is submitted to Audit Committee in 2019.

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 2018/19 (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 the 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 2018/19 in April 2018 and received regular updates on progress of counter fraud work during the year. In May 2018, the Committee discussed and endorsed the 2017 Fraud Self-Review standards which presented an overall score of Green, with 19 standards reported as Green, four Amber and no Red ratings.

Data security

Data security within the Trust is actively managed on a day to day basis by the Trust's Cyber Security Team. Information governance and data security risks are monitored through the Information Governance Group (IGG) and assessed using the Data Security and Protection (DSP) Toolkit. The IGG membership comprises the CIO/SIRO* (Chair), Caldicott Guardian**, and lead information governance officers including the Head of Informatics and the Cyber Security Manager. The IGG meets every 2 months and reports quarterly to the Informatics Board. The Informatics Board oversees the strategic aspects of the Trust's IT and digital technology agenda. The Cyber Security Manager sends fortnightly reports directly to the Director of Informatics identifying events, actions and any security enhancements made to progress the security targets set by the Trust. Weekly CareCERT bulletins are reviewed and any risks identified and escalated appropriately, with immediate remediation work scheduled.

The Trust has become proactive in implementing new cyber defences over the last 15 months since the recovery from the WannaCry attack, taking a proactive approach to data security with the creation of a new dedicated Cyber Security Team. The Cyber Security team has implemented a series of new systems and new programmes of work to monitor the security of our IT environments and started to enhance the trust's data protection and infrastructure defence.

The security of our IT systems is continually monitored internally for existing systems and initial cyber security assessments of new systems are made prior to new implementation, at project initiation stage when possible. IT systems also undergo an external yearly audit. The team has also engaged in partnership with other trusts and other organisations in tackling system wide attacks, which had a positive outcome in the enhanced security of our system and better processes in taking reactive actions affecting regional/national systems.

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 DSP 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.

In order to be compliant with the DSP toolkit in 2018/19, all mandatory evidence must be met. There are 100 mandatory evidence items in total underneath 40 requirements. These requirements demonstrate that the Trust is working towards or meeting the National Data Guardian standards. The Trust submitted the final assessment on 28 March 2019 as Standards Met.

There was one case reported to the Information Commissioner's Office (ICO) and Department of Health (DH) in the year 2018/19. This related to an incident where a service user was able to listen to a staff

discussion due to being accidentally called back on a staff mobile phone, which breached confidentiality. Details are provided below in the required format:

Date of incident (month)	Nature of incident	Number affected	How patients were informed	Lesson learned
20 November 2018	Patient's partner was able to listen to a staff discussion due to being accidentally called back on staff mobile phone.	3	Team leader spoke to the patient and apologised.	a) Each worker to accept and own responsibility for their own actions and the consequences: upset and distress for carer/family. b) Senior management meeting with staff members involved to gain assurance that individual learning has taken place. Matter dealt with as a formal complaint against BDCFT.

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 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 Indicators and who recommend a Quality Goal to be reviewed by the external auditors; and
- review and comment from our key commissioners and stakeholders.

The Director of Nursing and Professions 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 work plan 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 work streams.

The Trust's last CQC inspection, published in February 2018, resulted in an overall rating of '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. The CQC inspection report contained 51 'must do's' which was collated into a CQC inspection report action plan, which has had been submitted to Board and the relevant its Committees for overview and scrutiny.

Since then the CQC has undertaken a further inspection of various core services during March 2019 and a well-led inspection in April 2019, and the Trust is awaiting publication of the report. The Trust received correspondence from the CQC (in the form of a Section 29a warning letter) on 28 March 2019 highlighting concerns about the quality of care for the regulated activities we provide for the assessment or treatment for persons detained under the Mental Health Act 1983, treatment of disease, disorder or injury. It also highlighted concerns over the systems and processes in place to assess, monitor and mitigate risks across these services. The Trust commenced a significant and immediate Executive-led response that mobilised clinical, operational and corporate staff to consider the findings and develop responses to ensure the safety and quality of our services. Progress will be monitored during 2019/20 by the Trust Board and its Committees.

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 2018/19. There were three limited assurance from the internal auditors: on governance arrangements relating to service level agreements between the Trust's My Wellbeing College service and third sector sub-contractors; Implementation of NICE Guidance; and managing IMT resources and assets through internal procedures for new starters, leavers and change processes. 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 2018/19);

- 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

I would highlight two specific areas in relation to significant issues of internal control:

- the CQC's correspondence highlighted concerns around Trust systems and processes following their recent inspection and this has a consequential impact on the External Auditor's Value for Money conclusion. Plans are now underway to address the issues that were highlighted to us; and
- capacity and connectivity challenges of the Trust's Wide Area Network and Health and Social Care Network, which provides IT infrastructure and support to clinical and non-clinical services. During 2018/19, the Board recognised that further investment was needed to improve connectivity and contracts were signed with two providers, with the technical rollout now expected to be completed later than previously expected (now by Quarter 2 of 2019/20).

I am satisfied that no other significant control issues have been identified for the period 2018/19.

Signed:



Brent Kilmurray, Chief Executive
Date: 23 May 2019

*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 2018/19

Bradford District Care NHS Foundation Trust



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Part 1: Statement on quality from the Chief Executive

1. Introduction



On behalf of the Board of Directors, I am pleased to introduce Bradford District Care NHS Foundation Trust's (BDCFT) Quality Report for 2018/19. The report outlines our quality performance over the last year and our commitment to delivering continuous quality improvements throughout 2019/20. The report demonstrates our continued focus on providing good quality services for the communities that we serve.

2018/19 has seen significant change within the Care Trust, including in the office of the CEO with Nicola Lees retiring in April 2019, Liz Romaniak's tenure as Interim Chief Executive and then my own appointment to the role from August 2018. Over the past year, we have also restructured, creating two new care groups, splitting the Operations and Nursing directorate and creating separate roles of Director of Nursing and Professions and Chief Operating Officer (which led to the welcome addition of Patrick Scott from February 2019). These changes, alongside the launch of Better Lives, Together, increase our focus on clinical leadership and quality governance and reaffirm our aspiration for best quality.

In 2018/19 we developed Better Lives, Together, our new vision, values and goals with the people who use our services, our communities and partners and our staff. The five-year strategy gives us a shared focus on what we will do to achieve our vision of 'connecting people to the best quality care, when and where they need it, and to be the best place to work'.

We have also implemented a new crowdsourcing platform whereby we have been able to have 'online' conversations with our staff. This was crucial to the development of our new organisation strategy and we will continue to use this as a means of engaging with our staff to improve our services.

We have introduced Schwartz Rounds for our staff. This is a confidential space which is open to all clinical and non-clinical members of staff; Schwartz Rounds have been proven to have a positive impact on stress reduction and empathy between colleagues and patients.

We recognise that service user, patient and carer involvement is central to improving our services. Our Patient Experience and Involvement team leads (drives involved in several) a number of initiatives to ensure we have representation at key forums including our Quality and Safety meetings, and on recruitment panels. In 2019/20 we

are developing a new involvement strategy which will reach out to the wider community. We are committed to supporting the carers of people who use our service and have been awarded a Triangle of Care gold star in recognition of this.

Our 2018/19 quality goals continue into 2019/20, with an emphasis on safe, effective and personal. We have made significant progress against our indicators in 2018/19, which is detailed on page 48. We recognise, though, that further work is required and we have included two new indicators on Mental Capacity and Medication.

The Trust has had national recognition in several areas, including: our eleventh consecutive Royal Society for the Prevention of Accidents award; exceeding the national average scores across all areas on our PLACE assessments, which look at key areas across our wards, including cleanliness, food and drink, buildings, privacy, dignity and wellbeing.

Following the publication of our last CQC report in February 2018, we have worked hard over the last year to make improvements in response to the areas raised, working with other Trusts and NHS Improvement as part of a 'Moving to Good' Programme, that shares best practice from other areas. This has also been key in developing our approach to Quality Improvement. Following agreement from the Board of Directors, we are now introducing a systematic approach continuous quality improvement. This work continues in 2019/20 to embed continued quality improvement across the Trust and with the appointment of a Chief Operating Officer and Quality improvement Lead, and working as a triumvirate, this will drive and strengthen the great work already undertaken in the Trust.

The CQC commenced their latest inspection in February 2019. The CQC report has not yet been published. We receive high-level feedback immediately after the inspections and these have reported some good practice across areas, but also highlighted where we need to make further significant improvements. This will be central to our continuous quality improvement work this year.

During 2018/19, we have continued to play our part at a West Yorkshire and Harrogate Health and Care Partnership level and across the Bradford and Craven partnerships. We are working collaboratively with commissioners and providers on a range of initiatives to improve patient outcomes and experience and deliver more efficient and effective care.

This report is a public document that we publish annually and we commit to publishing the Quality Account for 2018/19 in June 2019 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.

A handwritten signature in black ink, appearing to read 'Brent Kilmurray', written over a dotted line.

Brent Kilmurray
Chief Executive

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

3. Priorities for improvement

In our 2017/18 quality report we set out our priorities for improvement during 2018/19; 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 22)

Our quality priorities for 2018/19

- 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

Our quality goals for 2018/19

Quality goals were identified and link to priority areas for improvement highlighted in our CQC 2018 inspection. There is a bias, towards mental health services, in the key performance indicators which is reflective of the fact that the CQC report identifies many more areas for improvement within mental health services than within community physical health services. The three goals themselves, however, are clearly applicable to all trust services

Safe

- The trust will ensure that there is effective oversight of the use of restrictive interventions in inpatient services.
- 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.
- 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.

Effective

- 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
- 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

- 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.

Personal

- 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.
- The trust will ensure there is a systematic and standardized approach to quality improvement, and that staff are trained in the identified improvement methodology.
- 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

Part 2b: Statements of assurance from the Trust Board

4. Review of services

During 2018/19 Bradford District Care NHS Foundation Trust provided 56 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 56 of these services.

The income generated by the NHS services reviewed in 2018/19 represents 100% of the total income generated from the provision of NHS services by Bradford District Care NHS Foundation Trust for 2018/19. There is no change from 2017/18 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. Bradford District Care NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has not yet received the report into the 2019 inspection, therefore the table below provides the CQC ratings 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 Care Quality Commission has taken enforcement action against Bradford District Care NHS Foundation Trust during 2018/19. During the CQC core inspection 2019, the Trust received a Section 29a Warning Notice on 28 March 2019. This notified us of concerns about the quality of care for the Regulated Activities we provide for the Assessment or Treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury. Following receipt of the warning notice the Trust commenced a significant and immediate Executive-led response that mobilised clinical, operational and corporate staff to consider the findings and developing responses to ensure the safety and quality of our services.

During the week commencing 1st April we engaged around 100 clinical and corporate staff members in a 5-day Rapid Improvement Workshop. This utilised approaches from our newly introduced Quality Improvement System. We sought support from NHSI, local Trusts, social care representatives, and local CCG colleagues, to establish and progress workstreams focussed on area of concern. Measures were taken to address the concerns raised and actions are closely monitored by the Board.

6. Participation in clinical audits

BDCFT 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 2018/19 included:

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

6.1 National clinical audits

During 2018/19 eight national clinical audits covered NHS services that BDCFT provides. BDCFT participated in 100% of the national clinical audits. The national clinical audits that BDCFT was eligible to participate in, and did participate in, are as follows:

NHS Digital:

- a. National Diabetes Footcare (NDFA).

Royal College of Psychiatrists:

- b. National Clinical Audit of Anxiety and Depression (NCAAD)
- c. NCAAD Psychological Therapies Spotlight
- d. National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) Spotlight

National Prescribing Observatory for Mental Health (POMH-UK)

- i. Topic 18a Prescribing Clozapine
- e. Topic 6d Assessment of the side effects of Depot Antipsychotics
- k. Topic 7f Monitoring of patients prescribed lithium

National Benchmarking Network

- l. National Audit of Care at End of Life

The number of cases submitted for each national clinical audit listed above is included in the table below, along with the number of required cases for that clinical audit, if specified, and the overall percentage compliance if the results are currently available.

Name and type of clinical audit	Number of cases submitted	% of required cases submitted, as specified in the guidance	Overall percentage compliance
NDFA	Data collection still in progress. Data submission June 2019		Results not yet published
NCAAD	52 cases	100% <i>Sample sizes varied by Trust, depending on patients that met the eligibility criteria</i>	Results not yet published.
NCAAD Psychological Therapies Spotlight	103 cases	100% <i>Sample sizes varied by Trust, depending on patients that met the eligibility criteria</i>	Results not yet published.
NCAP EIP Spotlight	99 cases	100% <i>100 cases was the target but 1 BDCFT case was ineligible</i>	Results not yet published
POMH Topic 18a Prescribing Clozapine	63 cases	Not applicable*	81%
POMH Topic 16d Assessing the side effects of Depot Antipsychotics	130 cases	Not applicable*	Results not yet available. Due June 2019
POMH Topic 7f Monitoring of patients prescribed lithium	96 cases	Not applicable*	Results not yet available. Due September 2019
National Audit of Care at End of Life	BDCFT were only required to submit organizational data	Not applicable*	

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

Details regarding the actions taken/ to be taken can be found in Appendix 2 table 1. 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.

6.2 Commissioning for Quality and Innovation (CQUIN) clinical audits

During 2018/19 three national CQUIN clinical audits covered NHS services that BDCFT provides. BDCFT participated in 100% of the national CQUIN clinical audits. The national CQUIN clinical audits that BDCFT was eligible to participate in, and did participate in, are as follows:

- a. CQUIN 3 Improving Physical Healthcare to reduce premature mortality in people with serious mental illness (PSMI)
 - 3a: Cardio metabolic assessment and treatment for patients with psychosis (includes inpatients, community mental health teams (CMHT) and early intervention in psychosis (EIP) patients).
 - EIP BMI Outcome Indicator
 - EIP Smoking Cessation Outcome Indicator
 - 3b: Communication with general practitioners.
- b. CQUIN 5 Transitions out of Children and Young Peoples Mental Health Services (CYPMHS)
- c. CQUIN 10 Improving the Assessment of Wounds

The details for each CQUIN clinical audit listed above is included in the table below, along with the overall percentage compliance if the results are currently available.

Audit Title	Date submitted	Overall percentage compliance
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).	<p>The inpatient and CMHT part of the CQUIN were submitted on 15 March 2019 and will be reported on by NHS England (NHSE) in June 2019.</p> <p>The EIP part of the CQUIN was audited as part of the NCAP EIP Spotlight audit. The results were submitted to the Royal College of Psychiatrists(RCP) on 30 November</p>	<p>Inpatient result: Results not yet published by NHSE</p> <p>CMHT result: Results not yet published by NHSE</p> <p>EIP result: results not yet published by RCP</p>

	2018 and will be reported on by NHS England in June 2019.	
CQUIN 3b: Communication with general practitioners	The audit was carried out locally. The results were submitted to the commissioners in April 2019	BDCFT achieved an overall compliance of 93%
CQUIN 5: Transitions out of children and young people's mental health services	The audit was carried locally. The results were submitted to the commissioners in October 2018 and April 2019	Quarter 2: 87% Quarter 4: 82%
CQUIN 10: Improving the assessment of wounds	The audit was carried out locally. The results were submitted to the commissioners in October 2018 and April 2019	Quarter 2: 82% Quarter 4: 85%

Details regarding the actions taken/ to be taken can be found in Appendix 2 table 2.

6.3 Commissioner clinical audits

In addition to audits completed as part of the CQUIN initiative, the following four clinical audits were agreed with, and reported to, local clinical commissioning groups as a part of the quality monitoring process for the Trust. The contract clinical audits that BDCFT were required to participate in, and did participate in, are as follows:

- Care Programme Approach (CPA).
- Section 117.
- The National Institute for Health and Care Excellence (NICE) physical health checks for newly initiated antipsychotic patients.
- District Nursing Care Plans.

The details for each contract clinical audit listed above is included in the table below, along with the overall percentage compliance if the results are currently available.

Audit Title	Date submitted	Overall Percentage 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: 91% Quarter four: 94%
Section 117 aftercare	Reports submitted in	Quarter two: 97%

Section 117 aftercare ensures that patients who have been detained in hospital under Sections 3, 37, 45a, 47 and 48 receive appropriate aftercare.	quarter two and quarter four.	Quarter four: 98%
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: 93% Quarter three: 82%
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: 91%

Details regarding the actions taken/ to be taken can be found in Appendix 2 table 3.

6.4 Local clinical audit (internally driven projects)

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 01/04/2018 to 31/03/2019. 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	5	30	0	35

Action plans following local clinical audits

Action plan delivery status:	Action plan not required	Awaiting action plan	Ongoing	Implemented	Discontinued	Total
Total	2	4	9	26	0	41

Details regarding the actions taken/ to be taken can be found in Appendix 2 table 4.

6.5 National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) Studies

There were no NCEPOD studies applicable to BDCFT during 2018/19

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

6.6 National confidential inquiries (NCI)

BDCFT participated in national confidential inquiries regarding suicide and homicide by people with mental illness

7. Research and innovation

Recruitment of people into research

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.

Recruitment of people into research

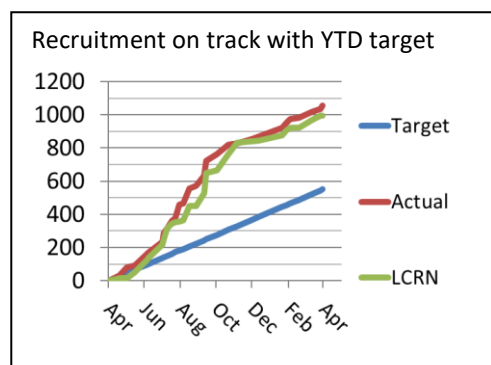
The number of patients receiving NHS services provided or sub-contracted by Bradford District Care NHS Foundation Trust in 2018-19 that were recruited during that period to participate in research approved by a research ethics committee was 1065, with 1054 recruited to NIHR portfolio studies.

Recruitment April 2018 - March 2019

	Patient	Carer	Staff	Total
Portfolio	822	56	176	1054
Non Portfolio	8	0	3	11
				1065

Once again, the work of the team had consistently outperformed the target set by the Comprehensive Research Network – Yorkshire & Humber (CRN-Y&H).

Study recruitment continues to come from all areas of the Trust (with the exception of Learning Disability), and we continue with a ratio of approx. 4:1 observational to interventional studies.



Research authorisation and governance

KPI	Actual		YTD Target	%	
NHS Permissions Time taken from submission of valid application to issue of approval letter	All Projects	21	21	100%	% projects having had approval granted within 40 days of submission of valid application
	Portfolio Only	19	19	100%	
Recruitment – time to target Time to first Recruit (FPFV) <i>Portfolio studies with recruitment target only</i>	18		18	100%	% projects having first patient recruitment in 30 days POST approval date

Governance performance continues to be exemplary, meeting CRN-Y&H benchmarks.

Publications

In 2018/19 our staff were involved in 12 publications. Details are available from the library at Lynfield Mount Hospital.

Public patient involvement (PPI) in research

We continue to have three successful PPI work streams:

- 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 two nominated two NIHR 'research ambassadors' working across the Trust and region (in collaboration with CRN-Y&H to promote research to potential participant audiences.
- 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.

Other Key Developments

- The Trust has completed its first year as lead NHS organisation for the DIAMONDS NIHR¹ Programme Grant award, working in collaboration with York University, and also continues in this role for the similar EMERALD grant funded study. These important programmes into co-morbidities with serious mental illness, involve 6 other institutions across the UK. As a result, the Trust will receive over £100k in Research Capability Funding, in order to further invest in the capacity to deliver NIHR Portfolio studies and grant applications.
- The Research and Wellbeing Research Facility has been largely completed, providing bespoke and dedicated facilities and resource for research activity. It comprises 2 rooms; one for clinical sampling and examination, and a second for interviews and meeting with study participants. We anticipate this contributing to the attraction of further studies to BDCFT.

8. Commissioning for quality and innovation (CQUIN) 2018/19

A proportion of BDCFT income in 2018/19 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 2018/19 CQUIN schemes to the Trust was £2.5 million, which was 2.5 per cent of the value of services commissioned through the NHS standard contract

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

In 2018/19 there were seven nationally mandated CQUIN indicators which related to our services. 2018/19 was the second year for all of them:

1. Improving staff health and wellbeing:

¹ National Institute for Health Research

- 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. 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.
6. Improving the assessment of wounds.
7. 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.
- An 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.

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. Adult Secure Mental Health Service Review (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.
- Improving the process of transition between services to improve the experience for the service user.
- Children who are less likely to receive vaccinations and immunisations identified, and supported to access the service.

At the time of publishing not all results have been received, our internal assessment is that we have achieved 93% overall. In 2017/18 we achieved £233k, 96% overall.

Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at <https://www.england.nhs.uk/publication/cquin-indicator-specification/>.

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:

- SystmOne (community services, mental health and learning disability services)
- PCMIS 9MY wellbeing College – IAPT services)
- R4 (salaried dental services)

Improving data quality

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

- Provision of read only primary care record to mental health and dental services.
- Moving towards standard patient information being available to clinicians across the locality (as appropriate and in accordance with information governance guidelines).
- All BDCFT staff 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 Commissioner to enhance data quality.

NHS number and general medical practice code validity

BDCFT (community and dental services) did not submit records during 2018/19 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:

- 99.3% for admitted patient care (April 18- Feb 19)
- 100% for outpatient care (April 18- Feb 19)

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

- 91.2% for admitted patient care (April 2019 to February 2019)
- 95.0% for outpatient care (April 2018 to February 2019)

BDCFT (community and dental services) did not submit records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data Security and Protection toolkit

In order to be compliant with the toolkit in 2018/19 all mandatory evidence must be met. There are 100 mandatory evidence items in total underneath 40 assertions. These assertions demonstrate that the Trust is working towards or meeting the National Data Guardian standards. The trust submitted the final assessment on 28/03/2019 as Standards Met.

Clinical coding error rate

BDCFT services were not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

10. Learning from deaths

During 2018/19, 228 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 1	Quarter 2	Quarter 3	Quarter 4
Number of patients who have died	47	46	65	70

By 31.03.19, 47 case record reviews and investigations have been carried out in relation to 47 of the deaths included in the table above. In no cases was a death was 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 1	Quarter 2	Quarter 3	Quarter 4
Number of deaths for which a case record review or an investigation was carried out	11	11	10	15

There were no deaths 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 1	Quarter 2	Quarter 3	Quarter 4
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'	0	0	0	0
Number of patients who have died	47	46	65	70
%	0%	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 follow:

- It was found that routine appointment times in the Community Mental Health Team for consultants was over 18 weeks. The group liaised with other mental

health trusts to see if this is similar in other trusts and the outcome was that this is not uncommon.

- A review was taken of a patient who died and was on Clozapine. 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.
- Pharmacy staff attended the MDCR Group to discuss the Clozapine Pathway. Clozapine causes heart failure. The pathway has improved Bowel monitoring, plasma monitoring, ECG check and Pharmacy are facilitating that on the ward with the patients. This seems to be very successful, staff are more aware of Clozapine. It has gone to SystmOne. The written pathway was approved by Medicine Management group on 18th January 2019 .
- The Trust found that the Care Programme Approach (CPA) Policy is clear for information is required when we send people out of area but it is not clear for patients coming into our area and recognised this as a gap. The CPA policy has been amended to make the policy clear for staff on what information to request when accepting out of area patients.

Assessment of the impact of the actions during 2018/19

Perhaps the most important impact continues to be raising of awareness, amongst Trust staff, of the importance of reporting deaths through our incident reporting system as a potential learning opportunity.

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.

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

After a review of our operational structure a new structure has been implemented during 2018/19. The new structure provides clear distinction between operations and professional / clinical governance.

As you can see in the list of services that we provide on page 61 we provide quite a range of services. In order to manage this more effectively we moved from having four business units, to two Care Groups:

- Adult and Childrens community services
- Mental health services

We have provided a selection of examples of the excellent work that has been undertaken to improve quality to reflect the broad range of services we provide.

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, and we have included some examples from page 35.

During 2019/20 we will be introducing a new Quality Improvement methodology, Kaizen- The Care Trust way. Whilst Kaizen isn't a new methodology it is a new way of working for us at BDCFT. It is recognised as a very effective way to standardise process and eliminate waste. Kaizen refers to activities that continuously improve all functions and involve all employees from the CEO to the assembly line workers. You can read more about this on page 43.

Performance against the Trust quality priorities and quality goals during 2018/19

We have three quality priorities which are:

- We will continually improve the safety of our services
- We will achieve excellent outcomes for people who use our services
- We will develop responsive services through the involvement of service users, carers and staff

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. On page 48 we report on how well we have performed against these goals during 2018/19.

Priorities for quality improvement for 2019/20

Even though the quality goals that were agreed for 2018/19 were for two years they have still been reviewed to ensure they are still our priorities going forward.

Whilst the goals will remain the same for 2019/20, two new measures have been introduced and they will continue to be reported each quarter to Quality and Safety Committee, more details page 55.

12.How we have improved quality in our operational services

Adults and Childrens Community Care Group

During the Summer holidays, the Community Dental Service launched the innovative 'Big Bradford Brushathon' oral health campaign across the Bradford and Airedale district. The campaign aimed to work in collaboration with key partners. Promoting tooth brushing and healthy eating within deprived areas of Bradford and Airedale contributing to improving the general health and wellbeing of children and families.

The collaborative approach incorporated support from Children's Centres, Action for Children Alliance, Better Start, Salvation Army, Bevan House and Local Authority representatives to deliver the campaign across the district. This inclusive approach



enabled the Brushathon to have a wide reach across all settings. The initiative was planned to ensure that vulnerable people within the community who may find it difficult to engage with mainstream dental health services would also be able to access the event.

The interpreting and translation agency Enable2 supported the event, providing oral health resources in partnership with the Community Dental Service. The resources were key to the event, which included toothbrushes, toothpaste and promotional resources to ensure the initiative reached a wide coverage across the district. Colgate kindly donated toothbrushes and toothpaste to support the oral

health campaign.

The key focus of the campaign was to reach as many groups and individuals as possible. Adults, parents and children residing in deprived areas within the Bradford and Airedale district were invited to join in. The focus was for oral health improvement staff to facilitate a toothbrush exchange with both parents and children. This was advertised using promotional posters sent to all key partners and social media was used as a platform to advertise dates and locations.

Adults, parents and children were encouraged to bring in their old toothbrushes, take part in the fun Brushathon activity. On completion of the activity new toothbrushes were provided, supported by expert oral health advice. If attendees did not have a toothbrush to exchange, they were still provided with a toothbrush and supportive advice.



The Big Bradford Brushathon was very successfully delivered across 53 settings, providing oral health advice and resources to over 2,600 people within the district.

Working in Partnership - Speech and Language Therapy

What have we done?

The service set up a 'Communication Champion's Hub' in 2018 for staff working within schools that commission speech and language therapy. Speech and Language Therapists offer support to schools and staff to deliver speech and language interventions and strategies to achieve the best outcomes for children. We recognised an opportunity for school staff to meet and support each other and formed the network in response to this. The Hub is a forum facilitated by a Speech and Language Therapist where school staff meet, develop knowledge and share good practice. The Hub was set up in response to the excellent work and practice carried out in schools by individuals who work day in and day out to support and develop the speech, language and communication needs of children in our commissioned schools. They are our communication champions!

What difference has it made?

Staff from schools are recognised for their wonderful contribution and innovation in supporting children in schools. Staff have been pleased to have a forum to share ideas and good practice. The forum has

*'Seeing and hearing
what others do has been
valuable'*

*'I have been able to
take away the
practical ideas and
tips shared'*

provided a platform for communication champions to share their excellent work and practical ideas with each other as well as taking away the most up to date information on relevant topics such as the importance of early language intervention and developing a child's vocabulary. The hubs that

have run so far have been very well attended and managed to bring together individuals from over 20 schools in the area.

*'I have found
networking and
meeting others really
useful'*

Speech and Language Therapy Service

CommunicationWorks



Development and Investment in Staffing - District Nursing

What have we done.

As part of our workforce planning and commitment to leadership during 2017 the Adult Physical Health Management team were successful in obtaining further investment into the District Nursing workforce. The investment in the structure was to allow for further development within the service to ensure leadership and clinical decision making was consistent across the Community Partnership model. From September 2018 the recruitment process was completed and the Community Team Leader model implemented. Each community partnership across Bradford and Airedale CCG areas has a designated District Nurse in this leadership position.

What difference has it made?



The implementation of this leadership role and function is allowing District Nursing to deliver a responsive and well led service within the Community Partnerships model. We are more able to deliver higher quality and safer service consistently across the district to our patients. The Community Team leader has a responsibility to engage and be part of the leadership teams within Community Partnerships thus ensuring District Nursing is represented and remains at the forefront of caring for patients in the community. The successful leadership role plays an active part in every element of managing this service from recruitment and retention to service development and risk management

Service User and Carer Engagement/Involvement - Podiatry

What have we done?

There is a Podiatry Patient Involvement Group that meets 3 times a year. The group is key in Podiatry service developments and provides invaluable, robust feedback and opinion in relation to all aspects of the Podiatry Service, from Health Promotion material to developments in service delivery. They also receives regular updates from the specialisms within Podiatry: Biomechanics, Diabetes etc. and are also kept up to date on BDCFT updates.

What difference has it made?

The group have become integral to Podiatry services and provide a valuable insight into what our service users think and feel about the services we provide, supporting us to make considered service developments and keeping patients / service users at the heart of what we do. Some of the group members have also become involved at a Trust wide level which is a positive endorsement for involvement.

Our Services in Wakefield

From April 2017 the Care Trust has delivered 0-19 Services, which includes health visiting and school nursing services, in Wakefield. We were successful in winning the contract, which was part of a tendering process undertaken by City of Wakefield Metropolitan District Council in 2016/17.

The Wakefield 0-19 service have ensured on going development of the service to support families across the district of Wakefield. Notable projects include:

- Best Start in Life to assess and enhance communication for young children
- Enhanced Dental Health Support
- Coping with Crying
- Healthy Young person drop-ins

Best Start in Life

Wakefield were approached as one of five NHS trusts nationally to work with Best Start in Life, regarding a two phased project to assess and support language development. Working together with the Department for Education, (DFE), Public Health England, (PHE) and Newcastle university to develop, pilot and evaluate an early language assessment tool, and resources to support action by Health Visitors and early years practitioners to identify and support children with early speech, language and communication needs. Our health visitors and nursery nurses use an assessment tool, the Ages and Stages Questionnaire (ASQ), to assess communication in children between the ages of two to two and a half. The aims of the study are firstly to train health visitors in further communication skills across the country, and then secondly as one of the five trusts involved Wakefield will help to develop a new tool to work alongside the ASQ with speech and language therapists and parental and user involvement.

User Involvement

Service user involvement will be achieved through the establishment of two Patient and Public Consultation Groups in each of the five sites, for practitioners (Health Visitors/Early Years Practitioners/Speech and Language therapists (SLTs)) and one for parents/carers. The lead health visitor for the project has identified a user group in the local pilot area, to work with and inform the project.

What difference will this make?

Once complete, this project will see a new tool rolled out across health visiting and speech and language therapy nationally to support the identification, and assessment of children with communication difficulties. It is hoped that this improves the language gap for young children particularly the gap that is evident on commencing nursery provision.

Enhanced Dental Health Support and Partnership working

Public health consultants across Wakefield approached the 0-19 service to ask if we would work with them to develop an enhanced oral health programme to support young children across the district of Wakefield.

Tooth decay is the most common oral disease that affects children and young people in England, yet it is largely preventable. Tooth decay is linked to deprivation and children living in deprived communities generally have poorer oral health than those children living in wealthier communities.

Tooth decay is the most common cause of admission to hospital among 0-19year olds in Wakefield.

Dental treatment under general anaesthesia is expensive for the NHS and presents a small but real risk of life threatening complications for children.

Aims of the project

To deliver oral health improvement support to families with young children who have a high risk of dental decay by providing individualised support and easing access to primary dental practices in order to enable preventative treatment and care.

This project will help achieve better children's oral health by:

- Improving awareness of the impact of poor oral hygiene, sugary food and drinks on the oral health of children;
- Supporting parents to attend dental appointments regularly with their young children;
- Teaching children to brush their teeth from an early age;
- Improving oral hygiene and exposure to fluoride; and
- Improving oral health and self-care skills at home.

What difference will this make?

This project will:

- Reduce the proportion of children aged 5 years with tooth decay as measured by the biannual dental health survey;
- Reduce the number of hospital admissions of children caused by poor oral health
- Reduce the number of extractions of teeth in children due to dental caries.

Commissioners have funded an increase in staffing across the nursery nursing service to support this enhanced oral health support. We have recruited two new nursery nurses who commence in post April 2019. The whole of the nursery nursing workforce will be trained to provide this extra support, and regular activity monitored via key performance indicators.

Coping with Crying

Serious incidents across Wakefield identified that the partnership should identify more ways to support families with young children regarding support around crying. Commissioners have funded the roll out of the NSPCC 'coping with crying' video, for it to be added to the laptops of all health visitors. This will enhance the mandated visits already provided across the service, as health visitors will be able to talk through information shared within the video to support families. This is a visual aide which will be shown at the antenatal visit. We are piloting the use of the MP4 access on behalf of the NSPCC, and this will be rolled out across all health visitors.

What difference will this make?

The continued mandated contacts face to face in the family home and use of the Coping with Crying film should support families, and provide advice and guidance at difficult times, offering advice and preventing injury.

Healthy young person clinic and school drop-in's

Each mainstream secondary school within the Wakefield District now host a school nursing service drop-in and Healthy Young Person (HYP) clinic provision. This is undertaken on a weekly basis and is run by a registered nurse.

The drop-in part of the service is to allow a confidential arena for young people to attend to gain advice and support regards any concerns/issues they have in relation to the emotional or physical health and wellbeing.

The HYP clinic is to allow for schools to refer young people to our service for advice and support as above. It also allows for referrals into the service from such as multi-agency professionals or parents and A&E attendance follow-ups to be seen by their



allocated school nurse practitioner, receive a health needs assessment and plan for future intervention as required.

These have become a very popular provision within all schools and are very well attended.

What difference will this make?

Children and young people across Wakefield have access to individual confidential support, offering advice to support their needs.

Mental Health Care Group

We Are Thornton – Creating Caring Cultures – Low secure services

What we have done

To commence our Creating Caring Cultures work on Thornton Ward we had a team development day.

The day was a combination of active learning and agreeing a 'Shared Purpose' for Thornton and some outdoors team building exercises.

We had discussions around values and beliefs identifying common themes and what was important to us in the workplace. This allowed us to create a 'Shared Purpose' using key words to describe what we all wanted for the Thornton community. Over the following week the provisional work was taken back to the ward and service users participated in completing the task, suggesting changes to language and agreeing the final product.



The Creating Caring Cultures ethos also looks at 'how we do things around here' and gives permission to do things differently, be creative and not stick with what is seen as the 'norm'.

This allowed staff to be autonomous, adventurous and collaborative, working with service users on creating a safe and therapeutic environment.

What difference has it made

The culture on Thornton Ward has completely changed and this has been noticeable



to visitors, staff and service users. Staff and Service users are often collaboratively engaged in activities, celebrations and evaluation of the care, environment and relationships on the ward. Facilitative leadership has led to staff feeling empowered to take ideas forward, initiate meaningful engagement and create a better place to be. It is now the norm to be creative, involve service users in decision making and enable service users to take a lead in many of the activities. They have taken real ownership with the support of staff and report that their

time on the ward is much improved.

I like all the staff and the way they treat me. I think it's more like people who are on the outside the way they speak to me and it doesn't feel like

Feedback has been positive and gives all on the ward the motivation to continue and maintain this new way of being.

Feedback from Quality Walkabout

Visited Thornton ward today (walkabout) with David Banks – what a great team. I was overwhelmed by the sense of team cohesion and support and how they clearly put service users first. Terrific 'We are Thornton'!!

Further detail

This work has been undertaken as part of the Inspire Improvement Programme with the Foundation of Nursing Studies. It has been presented at a conference in London for Ward Managers and will also be taken to a Conference in Copenhagen later in the year.

The team on Thornton Ward have been shortlisted for a You're a Star Award and are very proud of the difference they have made to patient experience and staff well being at work.

Joint Working - Dementia Assessment Unit (DAU)

What we have done

Our Dementia Assessment Unit (DAU) has worked jointly and intensely with the palliative care service for the past year as part of supporting people until end of life care and dementia. This has involved having the palliative care team and DAU team working together to support all end of life pathway. The palliative care team are very much part of.

What difference has it made?

The DAU staff now feel more confident about supporting patients at the end of life pathway.

A direct contact has been implemented with the palliative team 24 hours a day. If required, the palliative care consultant is contacted for advice and support. This example of working together has provided reassurance to patients relatives and carers and symptom relief for patients

New service launched for children and young people – Freedom Team



What have we done

A new children and young people's community eating disorders service, the Freedom Team, was launched during national Eating Disorder Awareness Week, 25 February – 3 March 2019.

The Freedom Team offers support to young people, under 18 years of age, and their families living in Bradford, Airedale, Wharfedale or Craven. The service, based in Keighley, is available Monday to Friday 9am – 5pm.

The Care Trust has launched the new service to help young people to get the help and support they need to tackle an eating disorder. The new service is based on the expertise of an already well-established team, which includes Dr Nicky Dawson, Freedom Team Consultant Child and Adolescent Psychiatrist.

Dr Dawson said: "Early diagnosis and treatment is vital. By helping young people when the problem first arises we aim to significantly reduce problems before they become more challenging or remain with young people into adulthood."

The effects of an eating disorder can be devastating for both the young person and their family, causing in some instances serious long-term and even life-threatening health problems. Eating disorders are mental health conditions that rarely get better on their own; the sooner an individual seeks help, the more likely they are to make a full recovery. Talking about the condition and seeking help can often be difficult for young people suffering from the disorder.

Twenty-two year old Hazel welcomed the launch of the new service run by BDCFT; as she knows what it is like to struggle with an eating disorder, having suffered from anorexia before her family encouraged her to get help. Over two years later Hazel is using her own experience to encourage other young people to get help.

Hazel said: "I suffered from anorexia between the ages of 15 and 20. I always felt fat and hated my body. I also found myself looking on social media platforms at other people who were really thin. I'd see them as looking anorexic, but I couldn't see that I looked really thin. So, then I thought the weighing scales were wrong and not giving an accurate weight".

Anorexia is a very serious condition that can be life threatening, with mortality rates higher than all other mental health conditions combined.

Hazel has tackled the issue and come through the other side and has a bright future ahead of her. On overcoming the eating disorder, Hazel said: “I feel very proud. I feel like I got really good care from the service and have benefitted from it so much. I think I would have been lost without it”.

To find out more about support available through the Freedom Team visit the website at: www.bdct.nhs.uk/services/freedom-team/.

Holistic approach and partnership working to tackling high volume service users in Accident & Emergency Departments

What have we done

Since April 2017 we have been working jointly with staff in A&E Bradford Royal Infirmary and Airedale General Hospital to look at the patients with mental illness that frequently attend their accident and emergency departments. At each of the hospitals we identified those patients who in the previous year had the highest number of attendances. This ranged from 18 to 102.

A multi-disciplinary group was set up with representatives from each of the A&E departments, the care Trust, social services, police, paramedics and voluntary sector to review each case individually, looking at both their medical and psychiatric history.

Care plans were put in place to meet, the often complex, needs of the patient and over a period of 12 months their attendances to A&E reduced.

What difference has it made?

The care plans included:

- Signposting to follow on care, eg Intensive Home Treatment Team
- Care Act assessment for social care needs which caused underlying issues, eg. housing , access to benefits etc
- Signposted to new safer spaces in voluntary sector, during hours 10am to 1am, where they can access 1:1 peer support in times of crisis

The impact of this was a reduction in attendances at both Bradford Royal Infirmary and Airedale General Hospital, see tables below

	2017/18	2018/19
Bradford Royal Infirmary A&E	23% reduction	12% reduction
Airedale General Hospital A&E	43% reduction	56% reduction

Joint working with Cellar Project to provide new Telehealth service – Wellbeing College

What have we done

My Wellbeing College and The Cellar Trust have partnered up to extend their support and launch an innovative Telehealth service offering support to people in the Bradford, Airedale, Wharfedale and Craven Communities.

My Wellbeing College, part of Bradford District Care NHS Foundation Trust, provides support for anxiety, low mood and panic, by guiding users through a 12-week self-help workbook. The Cellar Trust, a mental health charity based in Shipley, supports people with mental health problems to move forward in their recovery and live independent, fulfilling lives. The two organisations have come together to offer their joint expertise for the new service.

The service offers evening and weekend support over the telephone, with experienced wellbeing coaches on hand to give guidance and help to those in need. Appointments are being offered by peer support workers based at The Cellar Trust, in joint partnership with MyWellbeing College.

Avril Barker, Lead Wellbeing Coach for the Telehealth service at My Wellbeing College said: “We recognise for those people who may work full time Monday to Friday or would struggle to travel to appointments need a different way of receiving support. Which is why it’s great that both The Cellar Trust and My Wellbeing College have joined forces to offer telephone appointments. As well as daytime appointments we offer appointments for people on Wednesday, Thursday and Friday evenings, as well as all day Saturday. We have eight peer support workers in the team, all with different backgrounds, from telephone counsellors to social workers. We are able to offer appointments in both Urdu and Punjabi, as well as English. Being peer support workers, we all have lived experience of dealing with life’s ups and downs, so can relate to how people might be thinking, behaving and feeling.”

The MyWellbeing College already offers a range of opportunities to help people combat life’s ups and downs, from online courses that people can complete in the comfort of their own home, to getting out and meeting new people at group courses. Guided self-help workbooks are the latest development for the service.

To access the service, or guided self-help telephone appointments, you can register online at www.bmywellbeingcollege.nhs.uk or give the enrolment team a call on 0300 555 5551. For further information please visit www.bmywellbeingcollege.nhs.uk.

The My Wellbeing College is open to anyone over the age of 16 who is registered with a GP in Bradford, Wharfedale, Airedale or Craven.

13. How we have improved Quality Trust-wide

Patient-Led Assessment of the Care Environment (PLACE) 2018-19

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). The assessments review:

- 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% of the team being 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 2018/19 assessments included:

- refurbishment of the WCs in The Four Seasons Café;
- further improvements to external wayfinding signage for Service Users travelling to LMH by bus;
- environment improvements to LMH acute wards including redecoration and art work affixing to walls;
- reconfiguration of the path by the Library to improve access routes to LMH reception;
- recovering of the furniture in the 136 Suite with wipe-clean fabric to meet Infection Prevention guidance; and
- site to be re-tarmacked in areas with pot hole damage; repainting of the zebra crossing outside Moorlands View.

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-May 2018; the Care Trust scored above the national average in all areas of the PLACE assessment.

	National average	BDCFT overall	Lynfield Mount Hospital Site	Airedale Centre for Mental Health
Cleanliness	98.47%	98.95%	98.68%	99.71%
Food (Overall)	90.17%	98.79%	98.91%	98.43%
Organisation Food	89.97%	95.69%	95.69%	95.69%
Ward Food	90.52%	99.72%	99.62%	100.00%
Privacy, Dignity & Wellbeing	84.16%	96.80%	96.32%	98.18%
Condition, Appearance and Maintenance	94.33%	98.75%	98.58%	99.23%
Dementia Friendly Facilities	78.89%	88.71%	87.43%	92.46%
Disability	84.19%	94.14%	93.97%	94.64%



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. The Trust has had one case of *clostridium difficile* cases. 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 2019 the Trust had the greatest level of flu immunisation levels amongst all NHS mental health trusts, and for the sixth 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 2018/19 was 85 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.



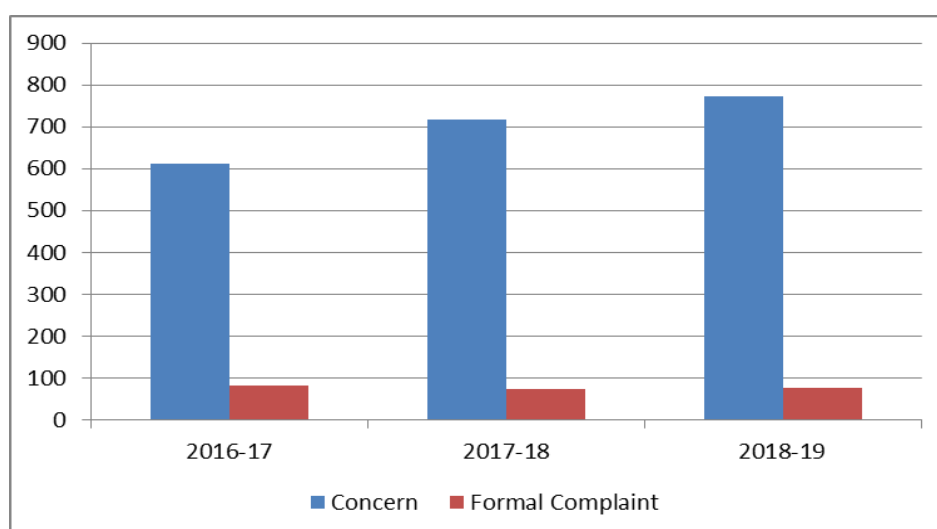
Complaints and compliments

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 2018/19 the service assisted patients/ families with the local resolution of 774 concerns. This is an increase on the previous year. During 2018/19, 77 formal complaints were received, which is an increase on the previous year. The table below shows the high number of cases that are locally resolved.

Number of case received 2016/17 to 2018/19:



2017/18 – 2018-19 top categories of formal complaints:

Category	2017-18	2018-19	Category	2017-18	2018-19
Information	28	26	Risk Assessment	6	8
Attitude Of Staff	14	29	Diagnosis Problems	7	4
Lack Of Support	20	17	Mental Health Act (Inc S17 Leave)	5	6
Customer Services	21	14	Breach Of Confidentiality By Staff	5	5
Medication	13	15	Waiting For Appointment/visit		8
Waiting For Appointment/Length Of Waiting List	16	1	Medical Care (Doctor)	1	6
Discharge Arrangements	7	9	Safety & Security	2	5
Nursing Care	6	8	Failure to Follow Procedures	2	3

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 an increase in complaints about staff attitude, which has been highlighted to service areas where themes are noted. Complaints about waiting for appointment/waiting times have decreased which has been addressed through the recruitment of staff into those teams/areas. Themes are highlighted to Business Units throughout the year when issues arise.

Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO)

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.

There has been an increase in cases referred to the PHSO and them requesting files for assessment. (2 Complaints had been referred in 2017/18.) A large proportion of these were closed at assessment stage. To date one complaint that has been fully investigated has been upheld. As at 31 March 2019 the current status is as follows:

2018/19 data	
Referred in 2018/19	9
Closed - Upheld	1
Closed – Partially Upheld	0
Closed – Not Upheld	3*
Intention to investigate/under investigation	0
Closed at Assessment stage	6
Total	10*

*one closed case was referred to PHSO in 2017/18

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 706 received this year. Examples of some of the compliments we have received during 2018/19 are as follows:

"Excellent service and care by the health visiting team. Great advice given as always. Always kind and friendly." **Health Visiting West (Gateway)**

"To everyone at Wilsden Medical Centre, all doctors, nurses, receptionists & district nurses and & anyone we have missed out. We are just writing to say a very big THANK YOU for all the care you gave my father and also our late mother over the last 35 years since they moved to Wilsden. You are all amazing & we are very grateful for all the time and visits you made to the care home over the years. Thank you once again." **(DN Wilsden Team)**

"I wanted to write and express my very sincere thanks to the whole of the team on Ashbrook ward, for the care and concern I have received during my recent stay on the ward .I don't think I could have received better care anywhere thank you all .I am doing ok at home. I still have a job to go back to (amazingly enough) and they are going to do me a phased return when I am ready. You all do a marvellous job in difficult circumstances." **(LMH Ward: Ashbrook)**

A Family stated they are happy with the care their father receives on the DAU. Said overall *"it is excellent and that he could not receive better care anywhere else"*. **(Dementia Assessment Unit)**

"Thank you for all your help, you have been fantastic, gentle calm and patient. I was nervous about opening up and even calling but you have been really helpful, and reassuring helping me start to get some help. Thank you so much". **MyWellbeing College Enrolment Team**

Patient experience including friends and family test

Patient experience feedback

The Trust has continued to use the patient and carer feedback system introduced in April 2017 which provides additional valuable information to inform service improvements. There have been improvements in the types of analysis it can provide, and it continues to develop. It also provides a system to gather the friends and family test (FFT) which is a national requirement for all NHS services. This opportunity to provide brief feedback is available to all patients, service users and/or their carers, with options currently to use paper-based or tablet type devices to participate. The core question asks if the user would (or would not) recommend our services to their friends and/ or family. Responses are scored out of five; five equates to “extremely likely” and one indicates they would be “extremely unlikely” to recommend the service.

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 and are available as an optional follow-on to completing the core FFT questions. They include:

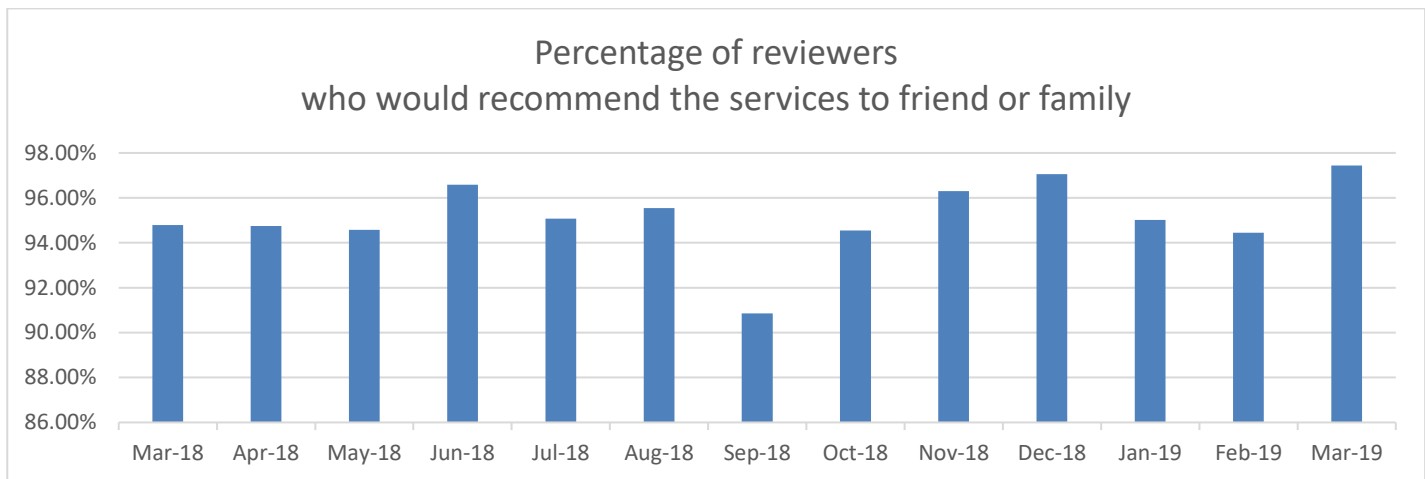
- Were you treated with dignity and respect?
- Were you involved as much as you would have liked in your care?
- Were you provided with sufficient information about your care?
- Did our staff treat you with kindness and compassion?
- Information about waiting times and appointments.
- Was the environment welcoming?

Although FFT is anonymous, the age, gender, ethnicity and any illness or disability of the respondent is collected, 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.

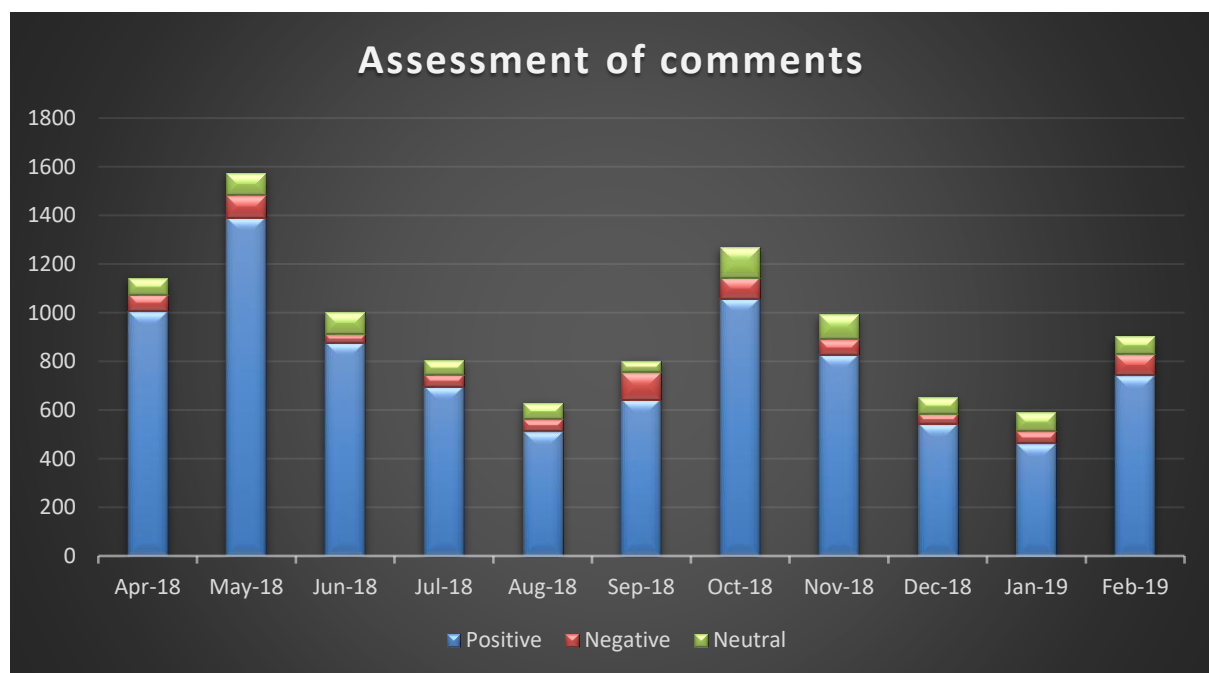
The FFT is currently going through a national review process and some changes to what is required, and when, will come into force in 2019-20; other internal changes to improve access to this feedback route, and the quality of data obtained through it, are being considered at present.

What the results are telling us

During 2018/19 there have been approximately 5540 (to end of Feb 2019) individual pieces of feedback received; a summary of the overall percentage score for the Trust by month is shown in the table below. On average over 94.9 per cent of reviewers would recommend the service to a friend or family member if they needed similar care or treatment. Most comments received indicate that the patient or carer would recommend the service to friends and family.



Comments from reviewers are assessed to determine if they are positive, negative or neutral. The table below shows a summary of this for the Trust overall, by month.



Here is an example of feedback about the Health Visitors in Wakefield in response to the question “what was good about your care?”

The amount of time and advice given. I felt much more confident on the challenges to come after today's visit.

And when addressing the same question one of the reviewers of Community Dental provided this feedback:

Nicola's welcoming gentle approach, she was sensitive to what I could take the chair & cushion really helped my back and the dental assistants were all very pleasant. I had 5 fillings and cleaning and polishing. Before I came I was apprehensive as I had osteoporosis & osteoarthritis in my back, also rhinitis but Nicola really took these into account and I was able to cope, I'm really grateful to her

However not all comments are positive; here is one example of a negative comment when a user of the District nursing service was asked "What could be improved",

Knowing when the DN would call, having to stay in all day to be here. Even knowing am or pm would be fantastic.

All feedback received which has a negative response or a score of 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' feedback on actions taken in response to comments is updated three-monthly on the Trust website.

Board quality and safety walkabouts

Aim 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; and
- Discuss issues relating to staff engagement locally and corporately.

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 2018/19 there were 19 walkabouts undertaken.

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. The issues, learning and actions from walkabouts are reported in the monthly Quality and Safety report to the Senior Leadership Group and bi-annually updates are presented to the Quality and Safety Committee.

Below are some examples of actions taken in response to issues raised;

- A task and finish group has been implemented to explore closer working relationships with School Nurses and CAMHs
- Mental health awareness training now delivered every 6 months to staff on the Acute Assessment Unit at Airedale General
- Booking onto mandatory training is now available 6 months in advance to help staff ensure they stay compliant

Changes for 2019/20

Our walkabouts were established in 2010 and we have taken the decision to refresh the process for 2019/20. Every other month all the members of the trust board will undertake walkabouts at the same time, covering a particular service area. We feel this will enable us to undertake more reviews within the year and the results will be recorded centrally, enabling a more systematic approach to monitor the issues raised and any actions required.

Raising concerns within the Trust

Staff are actively encouraged to raise any concerns they may have via a number of different ways. We have a dedicated freedom to speak up guardian (FTSU) who is supported by FTSU champions to promote and process of raising concerns and to make staff feel safe in doing so. Staff are able to raise concerns internally :

- Speak to their line manager, or another manager within the service
- Discuss their concerns with a member of staff from HR
- Email Brent, our chief executive on Chat2brent@bdct.nhs.uk
- Speak directly with the Trust Freedom to Speak Guardian
- Contact a Freedom to Speak Up (FTSU) Champion
- There is an online report staff can complete, anonymously if they prefer

Concerns can be raised in person, by phone or in writing. Staff are also made aware of how they can report concerns externally if they feel unable to raise them within the Trusts existing networks.

Quality Improvement System

The NHS is facing significant financial and operational pressures, with services struggling to maintain standards of care. Now, more than ever, local and national NHS leaders need to focus on improving quality and delivering better-value care. All NHS organisations should be focused on continually improving quality of care for people using their services. This includes improving the safety, effectiveness and experience of care.

Quality Improvement – the use of methods and tools to continuously improve quality of care and outcomes for patients – should be at the heart of local plans for redesigning NHS services. NHS leaders have a vital role to play in making this happen – leadership and management practices have a significant impact on quality. Studies have shown that board commitment to Quality Improvement is linked to higher-quality care, underlining the leadership role of boards in this area.

Improving quality and reducing costs are sometimes seen as conflicting aims when they are in fact often two sides of the same coin. There are many opportunities in the NHS to deliver better outcomes at lower cost (improving value), for example by reducing unwarranted variations in care and addressing overuse, misuse and underuse of treatment. There are many examples across the NHS showing that even relatively small-scale quality improvement initiatives can lead to significant benefits for patients and staff, while also delivering better value.

The potential benefit is even greater if quality improvement techniques are applied consistently and systematically across organisations and systems. However, this is not currently the case. To deliver the changes that are needed to sustain and improve

care, the NHS needs to move from pockets of innovation and isolated examples of good practice to system-wide improvement.

The preceding four paragraphs are the key messages from a recent report, jointly authored by the Kings Fund and the Health Foundation, “Making the case for quality improvement: lessons for NHS boards and leaders”.

In 2018 the Trust Board formally committed to the adoption of a Quality Improvement System, based on Lean methodology adapted for a healthcare environment. The primary benefits are as follows:

- Adopting a single approach and toolkit for improvement work that can be rolled out across the Trust.
- Using the methodology to enable the rapid deployment of our strategic priorities, engaging staff at the earliest opportunity and providing opportunities for close communications, a clear focus on actions and an ability to hold to account and receive assurance (this will compliment crowd sourcing).
- An ability to use the methodology for large scale and very local (even personal) improvement work
- A framework for encouraging staff to put forward improvement ideas and develop them using the tools and report back (complementing iCare)
- An ability for the Trust to target the elimination of waste in key areas and realise efficiency, productivity and ultimately quality and cost benefits.

The introduction of a new QI system is not something that can be learnt from a book or just by attempting to copy what has been done elsewhere; such an approach will fail (and has been the root cause of unsustainable QI initiatives in other trusts). Healthcare organizations which have successfully changed their culture and fostered an environment of continuous improvement have done so by engaging external expertise. Examples of the specific support provided by external experts include (i) bespoke training in the methodology to specific groups of staff including senior leaders, doctors, process owners and admin staff, (ii) setting up a Kaizen Promotion Office (or equivalent), (iii) mapping critical value streams, (iv) helping to improve Board awareness, (v) developing the staff compact.

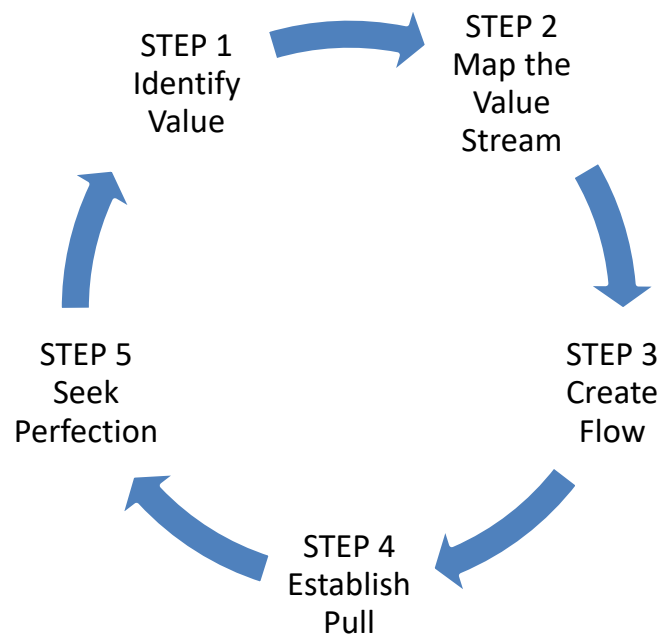
The Trust has therefore engaged Tees, Esk and Wear Valleys Foundation Trust (TEWV) as its high quality external support partner due to their proven track record in the NHS.

Clearly the level of support required will reduce over time until the trust is able to sustain the new approach on its own but evidence from similar-sized organisations suggests that it would be reasonable to assume two full years of external support before flying solo.

The Trust has also had early discussions with the Kings Fund regarding some support and the opportunity to engage them in a longitudinal evaluation of our implementation of the QIS.

The Trust has begun to establish a Kaizen Promotion Office to support the roll out of the Quality Improvement System. We will train significant numbers of staff to lead and implement the new methodology.

In time, and in anticipation of the kind of efficiencies achieved elsewhere, the QI system should easily deliver a significant return on the initial investment, driving continuous and meaningful improvements in quality at the same time.



14. Performance against our quality goals for 2018/19

For each of the three quality domains we monitored our performance against three indicators / measures. Each measure / indicator had an executive director lead and an operational services lead. Progress was reported on a quarterly basis to Quality and Safety Committee.

Priorities and goals

Safe

Quality Goal – We will continually improve the safety of our services

Indicator / measure 1 - The trust will ensure that there is effective oversight of the use of restrictive interventions in inpatient services.

Actions taken – Guidance for the use of bathrooms have been updated to assure that any restrictions are on an individual assessment basis.

The Search Policy has been amended to ensure it is compliant with CQC guidance on restrictive practice. PICU and Low secure seclusion suites were refurbished to enhance environment and to ensure optimal compliance with the guidance for seclusion units. The policy has been reviewed and amended to ensure it is line with MHA Code of Practice. Restrictive Practices are reported via the Daily Lean Management report outs. Safety huddles inform all staff of restrictive practices being used and any concerns are escalated to the service manager and care group.

Daily checks of physical observations or visual checks are recorded for rapid tranquilisation with incidents escalated as part of Daily Lean Management.

The Rapid tranquilisation booklet has been revised to include all elements and policy updated. A Positive and Proactive Group has been established to have oversight of Restrictive Practices and these will be monitored by the Mental Health Legislation Committee.

Indicator / measure 2 - 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.

Actions taken – Training on Duty of Candour was delivered to 33 Trust staff in February 2018. Slides informing staff of what Duty of Candour is are on the Serious Incident Connect Page. E-Comms to all staff is planned in July 2018. From 01 May 2018, The Trust commenced a Weekly Duty of Candour meeting which is chaired by the Medical Director and is attended by the Director of Nursing, Deputy Director of Nursing, Head of Nursing Mental Health, Patient Safety Lead and Service Manager for LD and OPMH. This group reviews all moderate and above incidents to review if they should be responded to as a Duty of Candour incident. If the incident meets the threshold for Duty of Candour the group ensures that the Trust applies the duty of

regulation. A Duty of Candour week took place in November 2019 whereby a video and poster were disseminated to staff. Duty of Candour processes were subject to an Internal Audit which provided significant assurance.

Indicator / measure 3 – 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.

Actions taken – The Ligature Safety Group (LSG) meets on a monthly basis. The group monitors completion of actions from ligature assessments and escalates to HSG and QSC in the event of significant exceptions.

The LSG now has nominated representatives from all inpatient business units and from community mental health services. All ligature risk assessments are currently being reviewed by trio of operational, estates and advisory services. This has introduced a quality assurance process and visual aids. This is in line with the newly revised Trust Policy and evidence based practice.

A electronic process is in place for the management of Fire Risk assessments, and these are monitored via the Fire Safety Officer.

Effective

Quality Goal - We will strive to achieve excellent outcomes across all our services

Indicator / measure 1 - 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

Actions taken - A number of pieces of work have been undertaken across the Trust to improve compliance with training. All mandatory and role specific training is monitored through Senior Leadership Group with improvements made across all areas of training. The Trust increased capacity to deliver mandatory training across the Trust and this is monitored locally by services and discussed weekly at the senior Leadership Group. Recent audit results provide significant assurance that training compliance is monitored monthly and actions to address under performance are detailed in the Integrated Performance Board Report. Training has been undertaken on the new rapid tranquilisation booklet for all ward managers, ANP's with a train the trainer approach developed to support the training rollout. All completed training is recorded on ESR. Training has been undertaken on the introduction on a new Situation, Background, Assessment, responsiveness and Decision Tool to ensure that all staff receiving admissions are aware of the clinical risks of patients they are receiving and risk to others. This has been rolled out to all ward managers, CMHT team leaders, Adult Mental Health Practitioners, IHTT, FRS and Bed Manager.

The Ligature Safety Group (LSG) meets on a monthly basis. The group monitors completion of actions from ligature assessments and escalates to HSG and QSC in the event of significant exceptions.

The LSG now has nominated representatives from all inpatient business units and from community mental health services. All ligature risk assessments are currently being reviewed by trio of operational, estates and advisory services. This has introduced a quality assurance process and visual aids. This is in line with the newly revised Trust Policy and evidence based practice. A electronic process is in place for the management of Fire Risk assessments, and these are monitored via the Fire Safety Officer.

Indicator / measure 2- 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

Actions taken - A database was developed to monitor supervision. There have been difficulties with this database and its effectiveness. The Trust has agreed to record supervision on ESR (staff database) which will enable the Trust to have robust oversight of compliance. In the interim, teams have been asked to ensure they are monitoring compliance locally through their quality and safety meetings.

The trust will continue to closely monitor supervision and compliance.

Indicator / measure 3 - 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

Actions taken - The Daily Lean Management process support the local ward checks. These are monitored through Report outs daily and a monthly external ward level audit. Escalation of issues is a dynamic process whereby key issues are resolved and a problem solving approach taken.

Whilst the Trust has made significant improvements in using audits to improve care, there is further work ongoing to embed audit processes as part of the leadership cell, to provide a system of checking and assurance across services.

Personal

Quality Goal - We will make our services more responsive by involving service users, carers and staff

Indicator / measure 1- 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.

Actions taken - Service Managers, Clinical Managers and Advanced Nurse Practitioners offer clinical consultation and advice regarding the development of care plans and risk assessments with ward staff. These take place on a weekly basis on each ward supporting staff in reviewing care plans and risk assessment to guide learning and improve quality. Weekly ward level audit processes have been established to ensure compliance and standardisation.

With the onset of the new clinical system (SystemOne), a new care plan has been devised in collaboration with service user; this care plan identifies service user involvement in creating a collaborative care plan. Recent audits have highlighted high compliance against this indicator.

Indicator / measure 2- The trust will ensure there is a systematic and standardized approach to quality improvement, and that staff are trained in the identified improvement methodology.

Actions taken - The Trust is preparing the foundations for an organisation-wide quality improvement approach and plans are underway to implement Kaizen Programme Office (KPO). This approach is working successfully in other NHS Trusts.

The Trust aims to be self-sustaining by 2021, in the ongoing development and delivery of QI & Coaching activities. The Trust's lead for KPO commenced in post 23 April 2019. Quality Improvement approach is being led by the Chief Operating Officer.

Indicator / measure 3- 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

Actions taken - By the end of April 2018 the importance of reading rights had been reinforced to all staff and the Mental Health Act advisor had issued a reminder to all nursing staff regarding procedures of Section 132 rights. SYSTMONE makes provision for the recording of Section 132 reading of Rights for all episodes of detention (all section rights history can be recorded). This will be tested as part of ensuring that the use of the MHA and MCA are audited effectively. The MHA Team will sample files from across all wards and where place of safety has been used, to examine for example: compliance with reading of rights, consent to treatment, capacity and review of treatment.

15. Performance against our mandated indicators for 2018/19

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 2017/18	BDCFT 2018/19
% of patients on Care Programme Approach who were followed up within 7 days after discharge	NHS Improvement target 95%	96.7%	96.8%
<i>Highest scoring Trust</i>	England Average 95.8%	100%	100%
<i>Lowest scoring Trust</i>		68.8%	83.5%
% of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper	NHS Improvement target 95%	100%	98.2%
<i>Highest scoring Trust</i>	England Average 98.1%	100%	100%
<i>Lowest scoring Trust</i>		88.7%	88.2%
% of staff who would recommend the trust as a provider of care to their family or friends.	National Average for combined Mental Health, Learning Disability and Community Trusts 67%	65%	63%
<i>Highest scoring Trust (Combined mental health / learning disabilities and community)</i>		75%	79%
<i>Lowest scoring Trust (Combined mental health / learning disabilities and community)</i>		55%	57%
“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	All MH Organisations 0.57	0.46	0.39

the trust and the number and percentage of such patient safety incidents that resulted in severe harm or death. (Oct 17– Mar18)			
<i>Best score</i>		0.04	0.04
<i>Worst score</i>		2.30	2.90

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 by;

- Each care group receives monthly performance and quality reports, which are scrutinized each month at the Senior Leadership Group, 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%	96.0%	97.2%	98.0%	97.4%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	53%	61.8%	33.7%	54.2%	79.7%
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% 75%	Annual audit undertaken by Royal College of Psychiatry. Results to be published June 2019			
Improving access to psychological therapies (IAPT) – proportion of people completing treatment who move to recovery	50%	49.3%	46.2%	49.8%	57.7%*
Improving access to psychological therapies (IAPT) – % of people waiting 6 weeks or less to begin treatment	75%	98.2%	98.7%	98.1%	97.9%*
Improving access to psychological therapies (IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	99.5%	99.5%	99.2%	100%*
Admissions to adult facilities of patients under 16 years old	n/a	2	0	2	0
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area	41 per Quarter	61	4	40	96

*this is January and February 2019 data only. March 2019 data not available at the time of publishing

16.Priorities for quality improvement for 2019/20

The priorities for 2019/20 were reviewed by the Quality and Safety Committee in May 2019. It was agreed that the goals still reflect the objectives of the Care Trust. A decision was made to retire two of the measures and be replaced by two new ones, see the table below. This is a continuation of the comprehensive consultative process that was undertake last year with staff, members 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”
The trust will ensure that the restrictive practices policy is followed and that there is effective oversight of the use of restrictive interventions in inpatient services.	The trust will ensure that: <ul style="list-style-type: none"> 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 	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.
NEW - Medicines are stored safely according to legislative requirements; and dispensed, prescribed and administered safely to ensure the best possible (patient) outcomes from their use.	The trust will ensure that: <ul style="list-style-type: none"> a. There is effective oversight of compliance rates for staff supervision b. Staff supervision compliance rates are at, or above, target across all teams 	The trust will ensure there is a systematic and standardised approach to quality improvement, and that staff are trained in the identified improvement methodology.
The trust will ensure that all premises used to treat patients have up-to-date health and safety risk assessments in place including fire risk assessments.	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.	NEW - The Trust will ensure that the assessment, planning and the delivery of care is personal and carried out in accordance with the Mental Capacity Act 2005.

17.CQUINS 2019/20

CQUIN schemes for 2019/20 were published by NHSE in March 2019, of these seven have been included in our contracts in agreement with our commissioners.

1. CCG2 – Achieving an 80% uptake of flu vaccinations by frontline clinical staff
 - Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of the NHS
2. CCG3 – Screening and brief advice for tobacco and alcohol use in inpatient settings
 - Screening and brief advice is expected to result in 170,000 tobacco users and 60,000 at risk alcohol users receiving brief advice, a key component of their path to cessation.
3. CCG4 – Achieving 80% of adult mental health patients receiving a follow-up within 72 hours of discharge
 - 72 hour follow up is a key part of the work to support the Suicide prevention agenda within the Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health 2018 found that the highest number of deaths occurred on day 3 post discharge.
4. CCG5 – Improving the quality and breadth of data submitted to the Mental Health Service Dataset
 - Accurate data is a key enabler for improvement in Mental Health services and is underpinned by the Long Term Plan.
5. CCG6 – Achieving 65% of referrals finishing a course of treatment which had paired scores recorded in the specified Anxiety Disorder Specific Measure.
 - The use of specific anxiety disorder measures will reduce inappropriate early discharge and safeguard patients against serious clinical problems being missed
6. PSS4 – Healthy weight in adult secure mental health services
 - Developing a service environment and a systems approach to healthy lifestyles that takes into account the complexities and the particular needs of patients is likely to make it easier for patients to achieve and maintain healthy weight during admission and beyond.
7. Improving awareness and uptake of screening and immunisation services in targeted groups
 - To increase and support access to screening and immunisation programmes to those who do not readily take up this offer or who do not attend appointments.

1.5% of our contract income is conditional on achieving the quality improvements and quality goals identified in each of the CQUINs. Further details of the agreed goals for 2019/20 are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>.

18.Stakeholder commentaries



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Bradford District Care Foundation Trust Quality Report 2018/19

On behalf of NHS Bradford District and Craven CCGs, I welcome the opportunity to feedback to Bradford District Care NHS Foundation Trust (BDCFT) on its Quality Report for 2018/19.

The NHS recently marked its 70th Anniversary; this is a key time to reflect upon achievements across partnerships and look forward to new ways of working, which crucially harnesses the power of people and communities. The Trust has been a key partner in delivering ongoing care and improvements to the population of Bradford District and Craven and has demonstrated a continued commitment to place quality improvement at the very heart of the organisation, from floor to board.

I would like to start by offering my congratulations to the Trust on their key achievements during 2018/19 which include:

- The Community Dental Service “Big Bradford Brushathon” promoting tooth brushing and healthy eating.
- The Speech and Language Team “Community Champions Hub” for school staff to share knowledge and best practice.
- The “Creating Caring Culture” on Thornton ward, encouraging collaborative working between staff and service users to encourage creativity.
- The creation of ‘The Freedom Team’, a new child and young people’s community eating disorders service enabling early diagnosis and treatment.
- The development of the innovative Telehealth service ‘My Wellbeing College’ in partnership with the Cellar Trust.

BDCFT has committed to working as one system to integrate care locally and is a key member of the Airedale, Wharfedale and Craven and Bradford Health Care Partnership Boards and actively supports local community partnerships. Your collaboration in health initiatives that strengthen the way we work as a broader system will provide a solid future for our system. I am pleased to see that real demonstrable progress has been made towards utilising the opportunities a shared system will bring involving other partners which includes the leadership of your staff and the alignment of your services such, as the District Nursing Team, in 12 of the 13 Community Partnerships. You are also currently working with the emerging primary care networks.

The quality strategy for 2018/19 set goals in the priority areas of improving patient safety, improving effectiveness and meeting personal need.

The report includes a review of last year’s priorities and I note the quality improvements which include:

CCGs working together

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

- Effective oversight of the use of restrictive interventions; an oversight group has been established, seclusion areas have been refurbished, restrictive practices are reviewed daily and the rapid tranquilisation booklet has been revised.
- Establishment of a ligature safety group.
- Trust wide adoption of a single Quality Improvement System which although in the early stages, will drive continuous and meaningful improvements in quality and efficiencies at pace and at scale.
- Development and implementation of a new operational structure to include two Care groups which provides clear distinctions between operations and professional/clinical governance.

During 2018/19 BDCFT participated in a number of national and local clinical audits enabling comparisons to be made with other organisations and to make year on year improvements to the quality and safety of healthcare provided. I particularly note how the clinical audit team continues to support and develop service user and carer involvement in audit. However, I also note that the results of some of the audits demonstrate areas where further improvements are needed and I acknowledge the Trusts actions to achieve further improvements.

The Trust received a recent Care Quality Commission (CQC) unannounced and well-led inspection in March 2019. It is disappointing to hear that during the CQC core inspection, the CQC served a Warning Notice and enforcement action against the Trusts Mental Health services following concerns about the quality of care for persons detained under the Mental Health Act 1983. I am pleased to note that the Trust commenced a significant and immediate executive-led response which mobilised clinical, operational and corporate staff to consider the CQC findings and to develop responses to ensure the safety and quality of your services. I welcome this positive approach and look forward to seeing the forthcoming outcomes from the work streams. I particularly welcome your proactive engagement and transparency with the CCGs on this issue and understand that staff from the CCGs have been providing you with some support.

The Trust has identified 3 priority areas in 2019/20 which some are a continuation of last year's priorities. These include:

- **Safe** – We will continually improve the safety of our services through:
 - Effective oversight of the use of restrictive interventions in inpatient services
 - Effective health and safety governance and risk assessments across all premises
 - Medication safety across the Trust (a new priority area for 2019/20)
- **Effective** - We will continually strive to achieve excellent outcomes across all of our services through:
 - Role specific training for all staff and compliance monitoring
 - Effective and timely staff supervisions across the Trust
 - Clear and effective approach to audit and governance arrangements to monitor compliance
- **Personal** - We will make our services more responsive by involving service users, carers and staff through:

- Ensuring 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.
- Ensuring that there is a systematic and standardised approach to quality improvement.
- Ensuring that staff support patients to understand their rights, (under section 132 of the Mental Health Act), at regular intervals.

I acknowledge the priority areas and note the focus towards mental health services which have been identified as in most need of improvement. I would however welcome a balance of priorities across the range of services the Trust provides including community nursing in future accounts. I welcome the Trust's plans to review and revise measures to continually monitor progress and I look forward to further improvements in these areas.

In line with the national picture, the CCGs' welcome the Trusts ongoing commitment to workforce planning and development to retain, develop and recruit a skilled workforce. Most noteworthy is the investment in staffing and leadership in the District Nurse Team through the implementation of the Community Team Leader model, ensuring consistent clinical decision making and leadership are consistent across Teams. However, it is disappointing to note that there has been a decrease in the number of staff who would recommend the Trust as a provider of care to their family or friends but I acknowledge that through sustainable leadership, staff wellbeing strategies and the actions you have planned, that these will bring some further stability to the staff teams and patient outcomes over the coming year.

I can confirm that the Trust's statements of assurance have been completed demonstrating achievements against essential standards.

I commend the Trust's ongoing commitment to improve the quality and safety of the care that our communities receive. I look forward to continuing to work with you and other partners across the health and social system.

Finally I confirm that I believe this report to be a fair and accurate representation of BDCFT's achievements and commitments to improve the safety and quality of care of their services.



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

Appendix 1 – list of services provided

- 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 Co-existing Alcohol and Drug Misuse and Mental Health
- 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 Adult Continence service
- 15 Criminal Justice Liaison service
- 16 Dental Epidemiology (Kirklees, Calderdale, Wakefield)
- 17 Dental unscheduled care
- 18 Early intervention in psychosis
- 19 End of Life Education & Facilitation service
- 20 Falls exercise classes
- 21 Family nurse partnership
- 22 First Response service
- 23 Health Trainers service (ceased 31/12/18)
- 24 Health visiting
- 25 Homeless and new arrivals team
- 26 Housing for health
- 27 Improving access to psychological therapies (IAPT) for adults
- 28 Individual placement and support
- 29 Intensive home treatment
- 30 Learning disabilities - Assessment and Treatment Unit
- 31 Learning disabilities - Health Facilitation and Community Matron service
- 32 Learning disabilities - intensive support team
- 33 Learning disabilities - specialist therapies clinical liaison team
- 34 Little Minds Matter
- 35 Looked-after children's health team
- 36 Low secure mental health service for adults - community team
- 37 Nursing support team (ceased 30/06/18)
- 38 Older people's mental health - Acute Inpatient services
- 39 Older people's mental health - community mental health teams
- 40 Oral health improvement
- 41 Palliative Care – Palliative Care Team; Palliative Care Support Teams & Fast Track; End of life Facilitator; End of Life Care Education Facilitation Service
- 42 Podiatry – core and specialist

- 43 Primary Care Wellbeing service
- 44 Psychiatric intensive care unit
- 45 Psychiatric Rehabilitation services
- 46 Psychological Therapies - Specialist service
- 47 Public Health School Aged Influenza Immunisation Service
- 48 School nursing
- 49 Skills, training and employment pathways
- 50 Speech and language therapy
- 51 Strategic Breastfeeding service
- 52 Tissue viability
- 53 Youth offending team: health team
- 54 5 – 19 Years Vaccination and Immunisation service (Bradford)
- 55 5 – 19 Years Vaccination and Immunisation service (Wakefield)
- 56 0 – 19 Children's Public Health service (Wakefield)

Appendix 2 – Clinical Audit actions taken / to be taken

The reports for the following clinical audits were reviewed by the provider in 2018/19 and BDCFT is taking the following actions to improve the quality of healthcare provided

Table 1 - National Audits

Audit title	Actions taken/to be taken
POMH Topic 16b Rapid Tranquillisation (RT)	<p>The results of the audit were much improved since the baseline audit in 2016/17 but it was felt that some action was still required, particularly around the monitoring of patients following an episode of acutely disturbed behaviour. The audit results have been shared widely; at the Medical Staff Audit Group (MSAG), the Drugs and Therapeutic Group (DTG) and the Ward Standardisation meeting. The internal procedure for the 'Pharmacological Management of Acutely Disturbed, Aggressive and Violent Behaviour', which includes details around the use of both Oral Medication and Rapid Tranquillisation, was updated in accordance with the audit criteria, shared with a selection of clinical staff for comment and then finalised and circulated to all doctors, prescribers, pharmacists, inpatient nursing staff and clinical and service managers. A training package has been developed which will be used to train all ward staff with the required processes around administering RT medication and subsequent physical health monitoring. This training will be delivered by the Chief Pharmacist, with the support of the Advanced Nurse Practitioners and the Ward Managers. The Positive and Proactive Template is now live on SystmOne and is for staff to use to capture monitoring requirements of RT, including the debrief between the relevant clinical staff. The physical observation forms have been amended to more accurately capture observations within the required timeframes. This is being re-audited locally during May 2019.</p>
National Parkinsons	<p>This was an audit of patients with idiopathic Parkinson's that were seen by the Speech and Language Therapy (SLT) team. The audit results showed that BDCFT provides a high-quality Speech and Language service for clients with a Parkinson's diagnosis. There were two areas identified for improvement. Firstly, around ensuring patients are having a holistic assessment covering all parameters. The service is confident that this is carried out however it is not always fully documented in the patient record. A system template was drafted, and the results of the audit were discussed with the SLT team to gain feedback from staff about the audit results and share the proposed template. The template allows staff to cover all aspects of the assessment, in line with the</p>

national audit criteria, and is now live on SystmOne for staff to refer to and complete during assessments. Secondly, audio voice recording equipment, to be used at initial assessment, is now available in the therapy rooms and the therapists have received training on how to conduct a voice recording. This audit is being repeated in early 2019-20.

Table 2 - CQUIN Audits

Audit title	Actions to be taken
CQUIN 5: Transitions out of children and young people's mental health services	<p>The results of the quarter two audit demonstrated some excellent practice, with a high level of joint agency transition planning, however the sample size of the audit was extremely small as only three young people were transitioned from CAHMS to Adult Mental Health Services during the audit period. The audit showed that the required evidence for the audit criteria was found in various places on SystmOne and was therefore not easy to locate in one specific area. A transition template has been developed and implemented to guide staff through the transition journey requirements and to ensure all the relevant information is captured in one specific place within the clinical record. The local CAMHS Transition Policy has been updated to ensure it captures all the CQUIN requirements, which includes the process for both transitions and discharges. A CQUIN 5 Working Group continue to meet monthly. There is representation from each of the CAMHS Team Managers at these meetings who are responsible for cascading information to all staff within the CAMHS service. Outstanding actions going forward are around finalising a standardised template for all staff to use when communicating information to GPs. This is not a national CQUIN in 2019-20 but is likely to be audited locally.</p>
CQUIN 3b Communication with general practitioners	<p>CQUIN 3 focuses on improving physical healthcare to reduce premature mortality in people with severe mental illness. Indicator B acts as an incentive for healthcare providers to ensure that a comprehensive discharge summary is shared with the patients GP following discharge from an inpatient ward. The audit showed an increase of over 50% since the previous years audit. Each of the audit criteria individually scored between 81% and 100% however the CQUIN only allows a case to be classed as compliant when every element of the CQUIN is met. Although e-discharges were always populated, they were not inclusive of all the required information and were not always shared with the GP in a timely manner. A SystmOne Working Group has been re-configured and one of the workstreams is to look at some of the inconsistencies in information that is populated within the e-discharge. The audit project lead is looking into some of the audit cases to understand the reasons why some of the e-discharges were not routinely sent</p>

to the GP within 48 hours. This will then be used to inform actions going forward and will be fed into the SystmOne Working Group.

Table 3 - Commissioner Audits

Audit title	Actions to be taken
Section 117	<p>The compliance against Section 117 audit criteria remains very high however there were some documentation issues noted during data collection for the quarter 2 audit which appeared to be largely due to the move from RiO to SystmOne. The evidence of patients' aftercare needs being documented and reviewed was not always found in the care planning section of SystmOne, it was often found within the 'tabbed journal' and/or 'discharge documentation' sections. This is being addressed with staff through CPA training, which is now a mandatory requirement for all staff due to a recommendation following the 2017 CQC inspection. This audit looked at patients recently discharged from inpatient care however it has since been agreed by the Mental Health Legislation Committee (MHLC) that it would be beneficial to audit patients that have been on the Section 117 register for a longer period, to determine whether aftercare requirements continue to be considered when the patient has been living in the community for a longer period of time. This audit is currently underway and will be reported to commissioners and MHLC in due course. The Local Authority and CCG have carried out some external scrutiny of the Section 117 register, looking at the accuracy of the register. A report will be available in due course and BDCFT will identify any learning and action from this.</p>
NICE physical health checks for newly initiated antipsychotic patients	<p>The results of the audit demonstrated a continued high compliance in ensuring a physical health check was carried out 28 days prior to/following initiation of a new antipsychotic. The focus going forward is around ensuring a full and complete physical health check is carried out, incorporating all the required tests. The Antipsychotic Shared Care and Physical Health Monitoring Guidelines have been updated, to provide clarity to staff around the exact physical health requirements, as the requirements for some blood tests vary depending on the antipsychotic. The guideline has also incorporated the parameters for normal and abnormal results to ensure the guidance is in line with the national mental health physical health CQUIN so that staff are consistently clear and measured against when an intervention is/is not required. A detailed look at a smaller number of cases have been audited to reflect on the patient journey in more depth and understand the reasons for an incomplete full physical health check. Compliance around communicating physical health results to the patients GP dropped a little for this audit, particularly for patients that were initiated during an inpatient admission. This has been raised via the CQUIN 3 Working Group and it has been discussed that the reduction in communication of physical health results to the GP following discharge from inpatient care is partly related to some issues with the clinical system. A SystmOne Working Group is being reconfigured to look</p>

at some of the problems within SystmOne and the communication of physical health results will be part of this working groups agenda. This group are also going to look at the synchronicity of recording information in the same place on SystmOne as the audit highlighted that physical health information is not consistently recorded in the same place within the clinical record.

Table 4 - Local Audits

Audit title	Action to be taken
Learning Disabilities (LD) Antipsychotic Medication Review	<p>This audit was initiated due to the national 3-year STOMP project (2016-19) to reduce the use of inappropriate psychotropic drug prescribing to people with learning disabilities. The audit focused on the prescribing of antipsychotics, as these can often be prescribed for behavioural issues rather than a diagnosed mental health disorder. The reviews for this type of medication can be known to be infrequent, meaning that people can be on the medications for very long periods, which clearly has an impact on physical health and overall quality of life. The audit looked at whether a clear rationale for prescribing this medication was documented, if the medication was being reviewed on a yearly basis and whether physical health results were carried out pre-initiation and on a yearly basis. Medication reviews were consistently carried out but the completion of appropriate physical health checks was variable. The name of the psychiatrist responsible for the patient's care was collected as part of the audit and the results were therefore shared with each of them for learning purposes. A Physical Health Wellbeing Clinic has been set up specifically for LD patients so that the psychiatrists can refer to these clinics. The practitioner working in the clinic arranges for the physical health check to be carried out at the place most convenient for the patients; numerous reasonable adjustments can be made i.e. home visits, longer appointments and desensitisation work – all of which mean the physical health investigations are more likely to be successful. This audit is in the process of being re-audited.</p>
Section 17 Leave in Low Secure Services	<p>This audit was carried out purely on the Low Secure wards and the results were mostly positive. The areas for learning and improvement related to the involvement of the family/carer in the decision to grant leave and developing how staff document the benefit/value of the leave when a patient returns to the ward. Following a rapid improvement event involving clinical leads, operational leads and clinical staff from across both inpatient and community areas, some changes in practice have been implemented, one of which includes revisions to the application of Section 17 leave. The Section 17 leave template has been revised to ensure more accurate recording of leave information. E-cigarettes are now available for newly admitted patients which</p>

should reduce the amount of leave that is requested. Section 17 leave is to be re-audited in May 2019 but this will be carried out across all wards to gain a wider understanding of whether Section 17 leave standards are being adhered to.

Appendix 3 - 2018/19 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 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19
- 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 2018 to 31st March 2019
 - Papers relating to quality reported to the board over the period April 2018 to 31st March 2019
 - Feedback from commissioners dated 13.05.19
 - Feedback from governors dated 11.04.19
 - The trust's complaints report published under regulation 18 of the Local Authority Social services and NHS Complaints regulations 2009, dated 02.05.19
 - The national patient survey dated 2018
 - The national staff survey 2018
 - The Head of Internal Audit's annual opinion of the trust's control environment dated 21.05.19
 - CQC inspection report dated 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 in robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

Signed 

Brent Kilmurray
Chief Executive

Date: 23 May 2019

Signed 

Michael Smith
Chair

Date: 23 May 2019

Appendix 4 Independent Auditors Report



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 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority 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.
- inappropriate out-of-area placements for adult mental health services.

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 2018/19* ('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 Guidance.

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 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the latest national patient survey;
- the latest national staff survey;
- Care Quality Commission Inspection, dated February 2018;
- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 21 May 2019; 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 2019, 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 2019:

- 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 indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
Leeds
24 May 2019

Appendix 5: 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 (CQC)

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 be used to improve services.

Healthwatch

An independent consumer champion for both health and social care that replaced LINK from 1 April 2013.

Kaizen

Kaizen refers to activities that continuously improve all functions and involve all employees from the Chief Executive to front line staff.

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 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.

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.

STEIS strategic executive information system

The national NHS reporting framework for reporting serious incidents.

SystemOne

The Trust's clinical information system for community and mental health 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
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Shipley
BD18 3LD

Check out our website

Do you know to know more about the services that we provide? Visit us at www.bdct.nhs.uk

This quality report can be found on NHS Choices website at www.nhs.uk

By publishing the report with NHS Choices, Bradford District Care NHS Foundation Trust complies with the quality report 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: FT@bdct.nhs.uk

Sustainability Report

Environmental sustainability

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 three pillars of Sustainability: Environmental, Social and Economic.

In 2019, the Trust was awarded a certificate of excellent sustainability reporting. This certificate awarded by NHS Improvement, the Sustainable Development Unit and HFMA demonstrates our commitment to environmental, social and financial sustainability.



Carbon reduction and energy efficiency

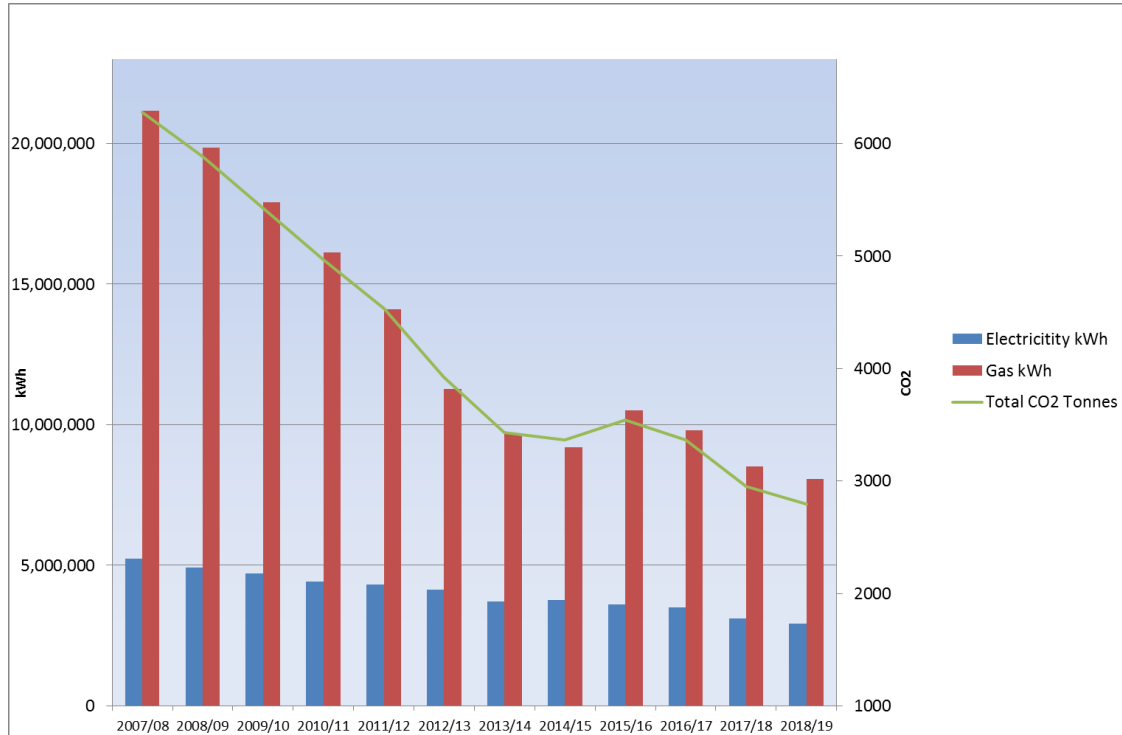
Under the Climate Change Act 2008 the UK has a statutory target to reduce carbon emissions by 80% by 2050 compared to 2007/08. As the largest UK employer, the NHS has an important role in developing actions that will help to achieve this target. Each NHS organisation has been tasked to identify actions 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 40% less electricity and 59% less gas than in 2007/08. We are also emitting 3,326 fewer tonnes of carbon dioxide per year, a 56% reduction in our historic baseline emissions, as shown in the consumption table and trend chart below.

Other activities improving our environmental performance in the last year include:

- installation of solar panels at Lynfield Mount Hospital;
- 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



YEAR	Electricity			Gas			Total CO ² Tonnes	CO2 Reduction from Base Year
	kWh	Conversion Factor	CO ₂ Tonnes	kWh	Conversion Factor	CO ₂ Tonnes		
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%
2018/19	2934888	0.445	1306	8070653	0.184	1485	2791	56%

Consultant commissions in 2018/19 included:

- **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 are

being used to develop a multi-year scheme to replace out of date equipment and upgrade systems to maximise controls and efficiency. We aim to start the works in 2019/20.

- **Solar PV Installation**

Following the review of all Trust owned buildings suitability for solar PV, we chose to install panels on two buildings at Lynfield Mount Hospital. Both installations were successful in receiving payment for the electricity generated (Feed in Tariffs to the National Grid) enabling the payback of the panels to be reduced and bring revenue into the Trust. We will seek to explore options available to install more solar panels on suitable Trust buildings.

- **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 performance at four of our poorer performing sites. The recommendations in these reports will be put forward for funding.

- **Bike Friendly Business**

The Trust has been recognised as a CityConnect Bike Friendly Business with an initial bronze award for our efforts to actively encourage travel by bike through the provision of cycle facilities, changing facilities and showers. The initial bronze award is for cycling facilities provided at New Mill but Estates and Facilities are seeking further bike friendly business accreditation for other facilities across the estate. To go that extra mile we successfully applied for grant funding to purchase 2 Ebikes, bike equipment and training with an aim of achieving the silver award in 2019/20.

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 and there is a financial budget to invest in to save schemes to support the success of KPIs being met.

Beyond energy use our Sustainable Development Management Plan has identified improvements in the last year in areas including:

- Food Services are working with Procurement reviewing 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. A strategy for environmentally responsible use of plastic cups and service ware has been implemented and is under continuous review. The service is currently transitioning away from plastic plates and cups to Vegware products.

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 DEC's (over 1,000m² 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 commissioning consultants to identifying energy efficiency opportunities.

The Trust also has six properties over 500m² floor area, requiring DEC's every 10 years. These were completed in 2012. All of these properties already have performance ratings better than 100 (grade D). From July 2015, properties over 250m² also require DEC's every 10 years. The Trust has two buildings in this category, and both have performance ratings better than 100 (Grade D).

Environmental 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 contract for both gas and electric has been extended to 2023 to take advantage of the market.

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 2019 we are looking to extend our water contract via the Inenco People for Places Supplies Framework and continue to be supplied by Wave (formerly Anglian Water) for another year.

Environmental 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 is 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.

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 significantly our CO₂ foot print.

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. However, due to improvements in food waste recycling in the waste sector the service is currently evaluating the recycling service offered by Re-food (a contractor used by Airedale NHS Foundation Trust and other local NHS Trust to recycle their food waste).

The Food department has started to reduce our plastic waste output by the use of plant-based sandwich/fruit containers which look identical to normal plastics but are compostable. This product range is called VegWare. We are working with AGH Solutions to evaluate the roll out of Vegware products across the trust as standard purchase lines.

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.

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 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. Previous analysis showed that financial mechanisms can sometimes make data gathering challenging but there are multiple opportunities to be developed to tackle emissions hotspots for improvement. We aim to continue to work with procurement to look at improving data accuracy and emissions.

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 Emissions Trading Scheme (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) BDS 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 reports identify a combination of life expired equipment needing replacement and tactical system improvements to provide additional controls and monitoring. The BMS will be progressively improved 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. All DEC's will be reviewed in August 2019 and an action plan with priorities will be developed.

3) Environmental Management System ISO 14001:2015

ISO 14000 is a family of standards related to environmental management that exists to help organisations minimise how their operations negatively affect the environment; comply with applicable laws, regulations, and other environmentally oriented requirements; and continually improve in the above. The Trust is looking to review existing business practices against this standard and environmental legislative compliance. The first stage will be to carry out a gap analysis against the clauses of the standard and to develop an Environmental Legal Register. We are looking to use a legal update service, to support developing a legal register specific to the Trust, summarising how the legislation is applicable to enable us to evaluate against compliance.

4) Awareness Raising

A new Energy and Environmental Manager has been appointed which provides a good opportunity to re-energise existing networks such as Energy Champions, Waste Champions and the Bike User Group and to re-establish groups such as the Sustainable Working/Focus Group. There will be environmental events, revision of the information on Trust webpages both internal and external, development of an E-environmental Module for all staff and awareness raising campaigns.

Social and economic sustainability

Sustainable Development Management Plan (SDMP)

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 2018/19, the Trust reviewed the SDMP which has been approved at Board level. 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.

Bradford District Care NHS Foundation Trust

Annual accounts for the year ended 31 March 2019

Foreword to the accounts

Bradford District Care NHS Foundation Trust

These accounts, for the year ended 31 March 2019, 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 Brent Kilmurray
Job title Chief Executive
Date 23 May 2019

Statement of Comprehensive Income

		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	3	137,308	132,607
Other operating income	4	10,084	10,040
Operating expenses	5,7	(143,328)	(137,520)
Operating surplus/(deficit) from continuing operations		4,064	5,126
Finance income	10	138	43
Finance expenses	11	(106)	(120)
PDC dividends payable		(1,265)	(1,272)
Net finance costs		(1,233)	(1,349)
Other gains / (losses)	12	-	192
Surplus for the year before impairments accounted for through statement of comprehensive income		2,831	3,970
Impairments charged to statement of comprehensive income	6	(1,014)	872
Surplus / (deficit) for the year*		1,817	4,842
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(1,244)	(79)
Revaluations		-	1,612
Total comprehensive income / (expense) for the period		573	6,375

For the financial year 2018/19 the Trust generated a surplus of £2.831m before adjusting for £1.014m in respect of impairments of non-current assets charged to expenditure. Further details in respect of impairments can be found in note 8 and in note 19 relating to asset disposal impairments.

Trust performance is assessed against a Control Total of £1.381m surplus, comprising a planned Trust surplus of £0.388m to access planned national Provider Sustainability Funding (PSF) of £0.993m. Trust performance excluding PSF and impairments charged to the statement of comprehensive income is a surplus of £0.392m; or £4k more than planned. The Trust secured £0.993m planned PSF and received £1.446m unplanned bonus and incentive PSF distributed nationally at year end; or £2.439m in aggregate, giving a surplus of £2.831m [£1.450m more than planned].

* Control Total Performance	2018/19
	£000
Trust Surplus before PSF - Performance against Trust Control Total	392
PSF income	2,439
Trust Surplus after PSF - Performance against Trust Control Total	2,831
Less impairments	(1,014)
Surplus / (deficit) for the year	1,817

Statement of Financial Position

		31 March 2019	31 March 2018
	Note	£000	£000
Non-current assets			
Intangible assets	13	724	475
Property, plant and equipment	14	50,308	51,702
Total non-current assets		51,032	52,177
Current assets			
Inventories	17	9	3
Receivables	18	6,254	5,948
Non-current assets held for sale / assets in disposal groups	19	349	-
Cash and cash equivalents	20	17,301	15,109
Total current assets		23,913	21,060
Current liabilities			
Trade and other payables	21	(9,349)	(7,677)
Borrowings	22	(308)	(293)
Provisions	23	(89)	(387)
Total current liabilities		(9,746)	(8,357)
Total assets less current liabilities		65,199	64,881
Non-current liabilities			
Borrowings	22	(1,856)	(2,164)
Provisions	23	(533)	(554)
Total non-current liabilities		(2,389)	(2,718)
Total assets employed		62,809	62,162
Financed by			
Public dividend capital		34,653	34,579
Revaluation reserve		11,899	13,150
Other reserves		10,196	10,196
Income and expenditure reserve		6,061	4,237
Total taxpayers' equity		62,809	62,162

The notes on pages 8 to 43 form part of these accounts.

(please note that the page numbers referred to above, relate to those within the audited accounts submission document and not the page numbers within the annual report)

Signed



Name Brent Kilmurray
Job title Chief Executive
Date 23 May 2019

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 Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluatio n reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 - brought forward	34,579	13,150	10,196	4,237	62,162
Surplus/(deficit) for the year	-	-	-	1,817	1,817
Impairments	-	(1,244)	-	-	(1,244)
Transfer to retained earnings on disposal of assets	-	(7)	-	7	-
Public dividend capital received	74	-	-	-	74
Taxpayers' equity at 31 March 2019	34,653	11,899	10,196	6,061	62,809

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluatio n 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
Prior period adjustment	-	-	-	-	-
Taxpayers' equity at 1 April 2017 - restated	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 Cash Flows

		2018/19	2017/18
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		3,050	5,998
Non-cash income and expense:			
Depreciation and amortisation	5	2,886	2,695
Net impairments	6	1,014	(872)
(Increase) / decrease in receivables and other assets		(210)	(536)
(Increase) / decrease in inventories		(6)	3
Increase / (decrease) in payables and other liabilities		1,702	(2,285)
Increase / (decrease) in provisions		(319)	235
		-	-
Net cash generated from / (used in) operating activities		8,118	5,238
Cash flows from investing activities			
Interest received		138	43
Purchase of intangible assets		(294)	(356)
Purchase of property, plant, equipment and investment property		(4,083)	(3,468)
Sales of property, plant, equipment and investment property		-	810
Net cash generated from / (used in) investing activities		(4,239)	(2,971)
Cash flows from financing activities			
Public dividend capital received		74	-
Capital element of PFI, LIFT and other service concession payments		(294)	(279)
Interest paid on PFI, LIFT and other service concession obligations		(106)	(120)
PDC dividend (paid) / refunded		(1,361)	(1,288)
Net cash generated from / (used in) financing activities		(1,687)	(1,687)
Increase / (decrease) in cash and cash equivalents		2,192	580
Cash and cash equivalents at 1 April - brought forward		15,109	14,529
Cash and cash equivalents at 31 March	20	17,301	15,109

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 2018/19 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 the 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 following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

An assessment has been made in respect of the application of IFRS 15 to specific contracts that significantly affect the determination of amount or timing of revenue recognised as required by paragraphs 123 to 126 of the standard, where not already disclosed within the accounting policy for revenue from contracts with customers. It has been assessed that due to the nature of the contracts (block) and that the performance of the contract is not in question (merely due to a timing of payments) that there is no change to the recognition of revenue in the accounts.

Note 1.2.1 Sources of estimation uncertainty

There are no assumptions included in respect of the future and other major sources of estimation uncertainty in respect of revenue recognition that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

There are no significant or material estimations included in the following accounts in determining the satisfaction of performance obligations where they are satisfied over time.

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 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The timing of the satisfaction of performance obligations relates to the typical timing of payment (i.e. credit terms) and the effect is that due to the nature of the block contract arrangement with commissioners, there is no impact to revenue recognition under IFRS 15.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of an episode of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, even where a patient care episode may be incomplete.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, and has completed the NHS2 form to confirm there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4.1 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.2 Other income

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 the Secretary of State for Health, 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 scheme is accounted for as though it is a defined contribution scheme.

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 of 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 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.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale. Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 14.

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 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' cease 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 abandoned 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 useful 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, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

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 lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	3	77
Plant & machinery	5	20
Transport equipment	7	7
Information technology	2	5
Furniture & fittings	1	7

Finance-leased assets (including land) are depreciated over the shorter of the useful 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 and 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 or 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 lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Information technology	5	5

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 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO₂ emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO₂ it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO₂ emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO₂ emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

Note 1.12 Financial assets and financial liabilities

Note 1.12.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

Note 1.12.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

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.

Financial assets are classified as subsequently measured at amortised cost through income and expenditure.

Financial liabilities are classified as subsequently measured at amortised cost through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.12.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 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 1.13.1 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 as an item of property plant and equipment.

The annual rental charge 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 1.14 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 23.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 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 1.16 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 1.17 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 1.18 Corporation tax

The Trust is not within the scope of Corporation Tax.

Note 1.19 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 1.20 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 1.21 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 1.22 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 1.23 Brexit

During the year, the Board has been updated in public session on the national expectations on Trusts related to the United Kingdom leaving the European Union. The Trust has complied with all relevant national requirements. The Board has reviewed the potential risks, and has concluded that this is not a significant strategic risk for the organisation given the matters being dealt with directly by NHS central bodies and HM Government.

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.25 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 14 Regulatory Deferral Accounts	Not EU-endorsed.*
	Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
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 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.
HM Treasury accepts that the following are fundamental differences within the DHSC group leading to some agreed departures from the FReM.	
Companies Act 2006 disclosures on directors' benefits and remuneration	The information on directors' other benefits required by section 413 of the Companies Act 2006 (set out in paragraphs 5.71 to 5.72 of the GAM) must be disclosed in a note to the accounts, separate from the directors' remuneration report.
	The requirements for the directors' remuneration report are to be presented separately as part of the annual report, as guided by the ARM.
	The table in Chapter 2 Annex 1 in the GAM lists the parts of the Companies Act that apply and where guidance can be found in the ARM.

* The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed as it is unlikely to be adopted by many EU countries.

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

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

Note 3.1 Income from patient care activities (by nature)

	2018/19 £000	2017/18 £000
Mental health services		
Cost and volume contract income	6,057	6,178
Block contract income	70,812	69,242
Community services		
Community services income from CCGs and NHS England	37,471	34,806
Income from other sources (e.g. local authorities)	21,299	22,381
All services		
Agenda for Change pay award central funding *	1,669	-
Total income from activities	137,308	132,607

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19 £000	2017/18 £000
NHS England	11,153	11,047
Clinical commissioning groups	101,738	96,131
Department of Health and Social Care *	1,669	-
Other NHS providers	510	806
Local authorities	21,129	23,659
Non NHS: other	1,109	964
Total income from activities	137,308	132,607
Of which:		
Related to continuing operations	137,308	132,607

* Income from the Department of Health and Social Care relates to central funding of the Agenda for Change pay award in 2018/19. From 2019/20 additional funding has been provided through a national tariff uplift.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

The Trust had no directly chargeable overseas visitors in the financial year 2018/19.

Note 4 Other operating income

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Research and development (contract) **	865	587
Education and training (excluding notional apprenticeship levy income)***	2,161	2,766
Non-patient care services to other bodies	3,165	2,782

Provider sustainability / sustainability and transformation fund income (PSF / STF)	2,439	2,735
Other income	1,355	1,160

Other non-contract operating income

Education and training - notional income from apprenticeship fund	99	10
Total other operating income	10,084	10,040

Of which:

Related to continuing operations	10,084	10,040
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** The Research & development department has been successful in securing a new contract for the DIAMONDS project, associated expenditure relating to the project is shown in note 5 of the Operating expenses.

*** The decrease in the Education and training income reflects the reduction in the numbers of student nurse and junior doctor placements that the Trust secured in 2018/19.

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:

	2018/19	2017/18
	£000	£000
Income from services designated as commissioner requested services	99,488	93,992
Income from services not designated as commissioner requested services	47,904	48,654
Total	147,392	142,646

Note 4.2 Profits and losses on disposal of property, plant and equipment

The Trust has not disposed of any property, plant or equipment in 2018/19.

Note 5 Operating expenses

	2018/19	2017/18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,626	1,700
Purchase of healthcare from non-NHS and non-DHSC bodies	962	1,055
Staff and executive directors costs *	113,536	107,171
Remuneration of non-executive directors	118	114
Supplies and services - clinical (excluding drugs costs) **	5,584	4,927
Supplies and services - general	1,260	1,542
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,505	1,647
Inventories written down	(6)	3
Consultancy costs ***	390	237
Establishment	3,975	4,012
Premises ****	7,151	8,272
Transport (including patient travel)	155	234
Depreciation on property, plant and equipment	2,841	2,695
Amortisation on intangible assets	45	-

Net impairments	1,014	(872)
Movement in credit loss allowance: all other receivables and investments	26	(3)
Change in provisions discount rate(s)	(20)	(14)
Audit fees payable to the external auditor		
audit services- statutory audit	59	59
other auditor remuneration (external auditor only)	14	14
Taxation advisory services (VAT)	13	46
Internal audit costs	107	108
Clinical negligence	234	179
Legal fees	266	247
Insurance	272	288
Research and development *****	1,028	652
Education and training *****	763	553
Education and training - notional expenditure from apprenticeship fund	99	10
Rentals under operating leases	640	591
Redundancy	-	346
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	353	518
Hospitality	8	11
Losses, ex gratia & special payments *****	122	20
Other	202	286
Total	144,342	136,648

Of which:

Related to continuing operations	144,342	136,648
Related to discontinued operations	-	-

* 2018/19 was the first year of the NHS nationally negotiated 3 year pay deal for Agenda for Change staff, the additional costs for the Trust amounted to £3.4m for pay uplift and incremental increases. Social security and NHS pension contributions have also increased as a result of the NHS 3 year pay deal.

The Trust received investment from Clinical Commissioning Group Commissioners of approximately £2m in 2018/19 this included funding for additional staffing to progress national priorities in Mental Health.

** The responsibility for the purchase of wound care products transferred to the Trust on the 1st April 2018 from the local CCGs.

*** Consultancy costs in 2018/19 include bid writing support following the re-procurement by Bradford Metropolitan District Council of the Public Health contract for Children's services. The Trust also engaged external support to undertake an independent review against the Well-led CQC domain.

**** The Trust incurred one-off costs in 2017/18 to mobilise a new Wakefield Children's Services contract; fire watch costs for Airedale Centre for Mental Health and the settlement of outstanding legacy account queries with NHS Property Services and Community Health Partnerships. In 2018/19 the Trust reduced premises costs through schemes to further rationalise the estate and for more cost effective printing.

***** Additional research grants have been secured in 2018/19; associated income is shown in note 4 of operating income.

***** During 2018/19 the Trust agreed to implement a formal Quality Improvement System based on the Virginia Mason Production System. This has already involved a number of staff receiving bespoke training in the methodology and will continue to be rolled out in 2019/20.

***** Losses, ex gratia & special payments include £81k for window repairs at Lynfield Mount Hospital following an act of vandalism. An insurance reimbursement of £66k is included within other operating income.

Note 5.1 Other auditor remuneration

	2018/19 £000	2017/18 £000
Other auditor remuneration paid to the external auditor:		
1. Audit-related assurance services	14	14
Total	14	14

£14k in 2018/19 'Audit-related assurance services' relates to the audit of the Quality Accounts.

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2017/18: £1m).

Note 6 Impairment of assets

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,014	(872)
Total net impairments charged to operating surplus / deficit	1,014	(872)
Impairments charged to the revaluation reserve	1,244	79
Total net impairments	2,258	(793)

As referenced in accounting policy note 1.7, 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 2018/19 revaluation exercise described above. There were no reversals of impairments.

Property, Plant & Equipment	Impairments	Total
<u>Buildings excluding dwellings:</u>	£000	£000
Airedale Centre for Mental Health	(602)	(602)
Lynfield Mount Hospital - Whole site	(1,495)	(1,495)
New Mill, Saltaire	(44)	(44)
Hillbrook, Keighley	(103)	(103)
25/27 Henry Street, Keighley	(3)	(3)
Waddiloves Hospital	(6)	(6)
Somerset House	(1)	(1)
Ingrow Centre, Keighley (Asset Held for Sale)	(4)	(4)
Total	(2,258)	(2,258)

Note 7 Employee benefits

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	86,183	82,779
Social security costs	8,309	7,925
Apprenticeship levy	416	397
Employer's contributions to NHS pensions	11,026	10,661
Temporary staff (including agency)	8,648	6,700
Total gross staff costs	114,582	108,462
Of which		
Costs capitalised as part of assets	549	470

The Trust salaries and wages costs includes £397k relating to permanent staff who are on secondment to other external organisations. In 2017/18 the Trust salaries and wages costs included £234k relating to permanent staff on secondment.

Temporary staff costs increased during the year by £1.9m, comprising £0.6m bank and £1.4m agency staffing. Agency cost pressures included £0.95m inpatient staffing and £0.3m medical locum cost pressures experienced by the Trust linked to staff turnover and vacancy / sickness absence cover and service user acuity necessitating additional e.g. one to one, support or observations. The Trust secured investment in inpatient cost pressures from 2019/20.

The Apprenticeship Levy of £416k relates to the 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 2018/19 there were 3 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £107k (£293k in 2017/18).

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 for Health 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 FRoM 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Auto-enrolment / National Employment Savings Trust (NEST) Pension Scheme

From July 2013, the Trust 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 2019, the Trust made contributions totalling £20,965 into the NEST fund (Contributions of £9,974 were made for the full year of 2017/18).

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.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	640	591
Total	640	591
	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	415	514
- later than one year and not later than five years;	391	588
Total	806	1,102

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19 £000	2017/18 £000
Interest on bank accounts	138	43
Total finance income	138	43

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19 £000	2017/18 £000
Interest expense:		
Main finance costs on PFI and LIFT schemes obligations	106	120
Total interest expense	106	120

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The Trust incurred no interest or other payments relating to the late payment of commercial debts in either 2017/18 or 2018/19.

Note 12 Other gains / (losses)

	2018/19 £000	2017/18 £000
Gains on disposal of assets *	-	192
Total gains / (losses) on disposal of assets	-	192

* The £192k gain in 2017/18 relates to the disposal of Stoney Ridge in November 2017.

Note 13 Intangible assets - 2018/19

	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	-	475	475
Additions	294	-	294
Reclassification	475	(475)	-
Valuation / gross cost at 31 March 2019	769	-	769
Amortisation at 1 April 2018 - brought forward	-	-	-
Provided during the year	45	-	45
Amortisation at 31 March 2019	45	-	45
Net book value at 31 March 2019	724	-	724
Net book value at 1 April 2018	-	475	475

Note 13.1 Intangible assets - 2017/18

	Intangible assets under construction	Total
	£000	£000
Valuation / gross cost at 1 April 2017 - restated	119	119
Additions	356	356
Valuation / gross cost at 31 March 2018	475	475
Net book value at 31 March 2018	475	475
Net book value at 1 April 2017	119	119

Note 14 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	7,967	40,645	1,353	289	14,901	870	66,025
Additions	-	1,870	374	-	1,032	778	4,054
Impairments	-	(2,258)	-	-	-	-	(2,258)
Revaluations	-	(1,041)	-	-	-	-	(1,041)
Transfers to / from assets held for sale	(70)	(279)	-	-	-	-	(349)
Valuation/gross cost at 31 March 2019	7,897	38,937	1,727	289	15,933	1,648	66,431
Accumulated depreciation at 1 April 2018 - brought forward	-	1,041	792	278	11,776	436	14,323
Provided during the year	-	1,095	100	5	1,382	259	2,841
Revaluations	-	(1,041)	-	-	-	-	(1,041)
Accumulated depreciation at 31 March 2019	-	1,095	892	283	13,158	695	16,123
Net book value at 31 March 2019	7,897	37,842	835	6	2,775	953	50,308
Net book value at 1 April 2018	7,967	39,604	561	11	3,125	434	51,702

Note 14.1 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	7,267	37,423	1,219	289	14,040	418	60,656
Valuation / gross cost at 1 April 2017 - restated	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 - as previously stated	-	-	701	274	10,241	412	11,628
Accumulated depreciation at 1 April 2017 - restated	-	-	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 financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net Book Value at 31 March 2019							
Owned - purchased	6,972	35,214	835	6	2,775	953	46,755
On-SoFP PFI contracts and other service concession arrangements	925	2,628	-	-	-	-	3,553
Net Book Value total at 31 March 2019	7,897	37,842	835	6	2,775	953	50,308

Note 14.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £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
Net Book Value total at 31 March 2018	7,967	39,604	561	11	3,125	434	51,702

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 and 2018/19.

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 2018/19 provided asset valuations effective as at 31st March 2019. Key impacts arising from the revaluation are summarised in the following table and generate a net aggregate decrease of £2.258m; of which £1.014m was charged to the Statement of Comprehensive Income and £1.244m to the Revaluation Reserve.

	TOTAL	Charged to Statement of Comprehensive Income	Charged to Revaluation Reserve
Asset Revaluation Exercise	March 2019	March 2019	March 2019
	£000	£000	£000
Airedale Centre for Mental Health	(602)	-	(602)
Lynfield Mount Hospital - Forensic/LD Unit	(419)	(419)	-
Lynfield Mount Hospital - Ashbrook & Maplebeck Wards	(251)	(251)	-
Lynfield Mount Hospital - Step Forward Centre	(210)	(19)	(191)
Lynfield Mount Hospital - Daisy Hill House	(169)	-	(169)
Lynfield Mount Hospital - Main Building	(114)	-	(114)
Lynfield Mount Hospital - Oakburn Ward	(104)	(104)	-
Hillbrook, Keighley	(103)	-	(103)
Lynfield Mount Hospital - Clover Ward	(84)	(84)	-
Lynfield Mount Hospital - External Works	(66)	(45)	(21)
New Mill, Saltaire	(44)	(44)	
Lynfield Mount Hospital - Osprey House	(31)	-	(31)
Others	(61)	(48)	(13)
TOTAL (Impairment) / Valuation Increase	<u>(2,258)</u>	<u>(1,014)</u>	<u>(1,244)</u>

Comprising:

Impairment charged to I&E	(1,014)
Impairment to Revaluation Reserve	<u>(1,244)</u>
TOTAL (Impairment) / Valuation Increase	<u>(2,258)</u>

Note 16.1 Revaluation Reserve

The Trust's Revaluation Reserve decreased by £1.251m during 2018/19, mainly due to the effects of the March 2019 asset revaluation exercise. The effect of these changes is shown in the table below.

	£000
Revaluation Reserve 01/04/2018	13,150
Asset Revaluation 31/03/19 - Impairments	(1,244)
Transfer to I&E Reserve - Revaluation Reserve for fully depreciated asset	<u>(7)</u>
Revaluation Reserve 31/03/2019	<u>11,899</u>

Note 17 Inventories

	31 March 2019 £000	31 March 2018 £000
Energy	<u>9</u>	<u>3</u>
Total inventories	<u>9</u>	<u>3</u>

Inventories recognised in expenses for the year were £9k (2017/18: £3k). The increased inventory reflects the increase level of fuel stock held at 31st March 2019. The unit rate is unchanged.

Note 18 Trade receivables and other receivables

	31 March 2019	31 March 2018
	£000	£000
Current		
Contract receivables*	4,467	-
Contract assets*	-	-
Trade receivables*		1,238
Accrued income*		2,841
Allowance for other impaired receivables	(76)	(50)
Prepayments (non-PFI)	1,114	1,379
PDC dividend receivable	184	88
VAT receivable	511	397
Other receivables	54	56
Total current trade and other receivables	6,254	5,948
Of which receivables from NHS and DHSC group bodies:		
Current	3,623	3,747

* Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 18.1 Allowances for credit losses - 2018/19

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 April 2018 - brought forward	-	50
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	-	(0)
New allowances arising	-	26
Allowances as at 31 March 2019	-	76

Note 18.2 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables
	£000
Allowances as at 1 April 2017 - as previously stated	53
Prior period adjustments	-
Allowances as at 1 April 2017 - restated	53
Decrease in provision	(3)
Allowances as at 31 March 2018	50

Note 19 Non-current assets held for sale and assets in disposal groups

	2018/19 £000	2017/18 £000
Net Book Value of non-current assets for sale and assets in disposal groups at 1 April	-	400
Assets classified as available for sale in the year *	349	-
Assets sold in year	-	(606)
Reversal of impairment of assets held for sale	-	206
Net Book Value of non-current assets for sale and assets in disposal groups at 31 March	349	-

* The Trust had one asset (the Ingrow Centre in Keighley) classified as held for sale on 31 March 2019. The Ingrow Centre accommodated Community Mental Health Services prior to their relocation to Meridian House during 2018/19, leaving the building vacant. The building is over 100 years old and no longer meets the requirements of the Trust in providing healthcare. The sale process will commence in accordance with Health Building Note 00-08: EstateCode, with completion targeted during 2019/20. At 31st March 2019, the Net Book Value (NBV) of the Ingrow Centre is £349k.

Note 20 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.

	2018/19 £000	2017/18 £000
At 1 April	15,109	14,529
Net change in year	2,192	580
At 31 March	17,301	15,109
Broken down into:		
Cash at commercial banks and in hand	54	52
Cash with the Government Banking Service	17,247	15,057
Total cash and cash equivalents as in Statement of Financial Position	17,301	15,109
Total cash and cash equivalents as in Statement of Cash Flows	17,301	15,109

Note 20.1 Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. The values shown below have been excluded from the Trust cash and cash equivalents figure reported in the accounts.

	31 March 2019 £000	31 March 2018 £000
Bank balances	37	33
Total third party assets	37	33

Note 21 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	3,119	1,472
Capital payables	74	103
Accruals	2,082	2,444
Receipts in advance (including payments on account)	45	44
Social security costs	1,290	1,152
Other taxes payable	967	826
Other payables	1,772	1,636
Total current trade and other payables	9,349	7,677
Of which payables from NHS and DHSC group bodies:		
Current	1,780	785

The movement in current trade payables from NHS and DHSC group bodies, mainly reflects in year queries with the charges from NHS Property Services and Community Health Partnership.

Note 22 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	308	293
Total current borrowings	308	293
Non-current		
Obligations under PFI, LIFT or other service concession contracts	1,856	2,164
Total non-current borrowings	1,856	2,164

Note 22.1 Reconciliation of liabilities arising from financing activities

	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	2,457	2,457
Cash movements:		
Financing cash flows - payments and receipts of principal	(294)	(294)
Financing cash flows - payments of interest	(106)	(106)
Non-cash movements:		
Application of effective interest rate	106	106
Other changes	1	1
Carrying value at 31 March 2019	2,164	2,164

Note 23 Provisions for liabilities and charges analysis

	Pensions: injury benefits *	Legal claims **	Redundancy ***	Total
	£000	£000	£000	£000
At 1 April 2018	591	66	284	941
Change in the discount rate	(20)	-	-	(20)
Arising during the year	38	17	-	55
Utilised during the year	(38)	(32)	(173)	(243)
Reversed unused	-	-	(111)	(111)
At 31 March 2019	571	51	0	622
Expected timing of cash flows:				
- not later than one year;	38	51	-	89
- later than one year and not later than five years;	152	-	-	152
- later than five years.	381	0	0	381
Total	571	51	0	622

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions. Injury Benefits provisions of £571k (previous year £591k) reflects an estimated liability for 4 individuals based on information provided by the NHS Pensions Agency.

The discount rate used in the calculation of the above provisions changed during 2018/19, from 0.10% as at March 2018 to 0.29% as at March 2019.

** Provisions for legal claims shown above include employer's liability claims managed on the Trust's behalf by NHS Resolution equivalent to £51k (previous year £66k).

*** Redundancy provisions utilised during 2018/19 related to the new service model for the Employee Health and Wellbeing Service. Redundancy provisions were not required for the de-commissioning of Bradford Metropolitan District Council services during 2018/19. There are no new redundancy provisions required for 2018/19.

Note 23.1 Clinical negligence liabilities

At 31 March 2019, £1,041k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bradford District Care NHS Foundation Trust (31 March 2018: £1,356k).

Note 24 Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	(46)	(52)
Gross value of contingent liabilities	(46)	(52)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(46)	(52)
Net value of contingent assets	-	-

The £46k NHS Resolution (formerly NHSLA) contingent liability shown above is the calculated member liability for third party insurance claims.

Note 25 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	74	103
Total	74	103

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 the Secretary of State for Health 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.

The Horton Park lease had been in operation since 2000/01 and was for a period of 25 years until 2025/26. 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 £3,553k. 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 2019 £000	31 March 2018 £000
Gross PFI, LIFT or other service concession liabilities	2,496	2,895
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.	500	899
Finance charges allocated to future periods	(332)	(438)
Net PFI, LIFT or other service concession arrangement obligation	2,164	2,457
- not later than one year;	308	293

- later than one year and not later than five years;	1,379	1,320
- later than five years.	477	844
	2,164	2,457

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 2019	31 March 2018
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	4,701	6,419
Of which liabilities are due:		
- not later than one year;	753	917
- later than one year and not later than five years;	3,008	3,668
- later than five years.	940	1,834
	4,701	6,419

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/19	2017/18
	£000	£000
Unitary payment payable to service concession operator	753	917
Consisting of:		
- Interest charge	106	120
- Repayment of finance lease liability	294	279
- Service element and other charges to operating expenditure	353	518
Total amount paid to service concession operator	753	917

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.

With the exception of £62k received to support NHS Wi-Fi and £12k received PDC for pharmacy licences, 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

IFRS 9 Financial Instruments applies retrospectively from 1 April 2018 without the restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2019 under IFRS 9		
Trade and other receivables excluding non financial assets	4,445	4,445
Cash and cash equivalents at bank and in hand	17,301	17,301
Total at 31 March 2019	21,746	21,746

Loans and receivables	Total book value
----------------------------------	---------------------------------

	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39		
Trade and other receivables excluding non financial assets	4,135	4,135
Other investments / financial assets	-	-
Cash and cash equivalents at bank and in hand	15,109	15,109
Total at 31 March 2018	19,244	19,244

Note 28.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments applies retrospectively from 1 April 2018 without the restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Obligations under PFI, LIFT and other service concession contracts	2,164	2,164
Trade and other payables excluding non financial liabilities	5,578	5,578
Provisions under contract	52	52
Total at 31 March 2019	7,794	7,794

	Other financial liabilities £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
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

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 2019 £000	31 March 2018 £000
In one year or less	5,938	6,051
In more than one year but not more than two years	323	345
In more than two years but not more than five years	1,056	1,123
In more than five years	477	1,250
Total	7,794	8,769

Note 29 Losses and special payments

	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses*	2	-	3	-
Stores losses and damage to property	1	81	-	-
Total losses	3	81	3	-
Special payments				
Compensation under court order or legally binding arbitration award	4	12	5	18
Ex-gratia payments	32	29	11	2
Total special payments	36	41	16	20
Total losses and special payments	39	122	19	20
Compensation payments received **		66		-

* The two cases relating to cash losses for 2018/19 had a value of £90. The three cases relating to cash losses in 2017/18 had a value of £238.

** In 2018/19 the Trust received an insurance settlement of £66k following an act of vandalism that caused extensive damage to windows at Lynfield Mount Hospital.

Note 30 Initial application of IFRS 9

IFRS 9 Financial Instruments, as interpreted and adapted by the GAM, has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to the classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. On 1 April 2018 the Trust had no borrowings or trade payables affected by this standard.

Reassessment of allowances for credit losses under the expected loss model has not resulted in a change in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has not impacted on the classification of receivables for the Trust.

Note 31 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers, as interpreted and adapted by the GAM, has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The impact of IFRS 15 implementation has had no material impact on the Trust.

Note 32 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 £12,882 in 2018/19 was levied on the charity for services provided by the Trust.

	Receivables	Payables
	31 March	31 March
	2019	2019
	£000	£000
Airedale, Wharfedale and Craven CCG	129	-
Bradford City CCG	139	-
Bradford Districts CCG	674	226
NHS England	1,883	35
Health Education England	-	60
Airedale NHS Foundation Trust	49	153
Bradford Teaching Hospitals NHS Foundation Trust	207	304
Bradford Metropolitan District Council	683	18
Wakefield Council	84	16
NHS Resolution	-	-
Bradford District Care NHS Foundation Trust Charitable Funds		-
Total	3,848	812

	Income	Expenditure
	2018/19	2018/19
	£000	£000
Airedale, Wharfedale and Craven CCG	22,157	-
Bradford City CCG	19,821	-
Bradford Districts CCG	59,366	268
NHS England	13,622	4
Health Education England	2,550	5
Airedale NHS Foundation Trust	327	1,837
Bradford Teaching Hospitals NHS Foundation Trust	1,018	2,818
Bradford Metropolitan District Council	14,365	42

Wakefield Council	7,148	24
NHS Resolution	-	443
Bradford District Care NHS Foundation Trust Charitable Funds	13	-
Total	140,387	5,441

Note 33 Prior period adjustments

There are no prior period adjustments.

Note 34 Events after the reporting date

Following their re-procurement by Bradford Metropolitan District Council, the Trust was awarded a Public Health Contract to provide 0-19 and Oral Health Services in February 2019; services already provided by the Trust. The contract is valued at £34.3m over a minimum term of 3 years and 8 months [with an option to extend for up to two additional years valued at £18.4m]. The new contract commences on 1st August 2019, and reduces by £3m over the next two financial years; £1.3m in 2019/20 and a further £1.7m in 2020/21. The impact of delivering [or withdrawing from] the new contract were considered by the Trust Board and have been incorporated in the Trust's 2019/20 Operational and Financial plans. As a result of close monitoring of turnover during 2018/19 and active recruitment by other local providers the Trust does not anticipate staff redundancies as the new service model is implemented, therefore no provision has been included in these financial statements.

Auditor's Statement



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 2019 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and 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 2019 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 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

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: £2m (2018:£2m)
financial statements as a whole 1.5% (2018: 1.5%) of total income from operations

Risks of material misstatement		vs 2017/18
Recurring risk	Valuation of land and buildings	◀▶
New risk	Revenue recognition	▲
New risk	Fraudulent expenditure recognition	▲

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. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows:

	The risk	Our response
Valuation of land and buildings (£45.7m million; 2018: £47.6m) <i>Refer to page 9 and 10 (Audit Committee Report), note 1.7 (accounting policy) and note 16 (financial disclosures)</i>	<p>Subjective valuation:</p> <p>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).</p> <p>There is significant judgement 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.</p> <p>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.</p> <p>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.</p> <p>The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.</p>	<p>Our procedures included:</p> <p>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;</p> <p>Benchmarking assumptions: We compared the price index used by the valuer to that within available market data;</p> <p>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.</p> <p>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</p> <p>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;</p> <p>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;</p> <p>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; and</p> <p>Assessing transparency: We have assessed whether the accounting disclosures for the revaluation and impairments to land and buildings comply with the requirements of the Department of Health and Social Care's Group Accounting Manual 2018/19.</p>

2. Key audit matters: our assessment of risks of material misstatement (cont.)

	The risk	Our response
<p>NHS and Non-NHS revenue recognition</p> <p>(£122.9 million; 2018: £116.5m)</p> <p><i>Refer to page 11 and 12 (Audit Committee Report), notes 1.4 (accounting policy) and notes 3 and 4 (financial disclosures)</i></p>	<p>Effect of irregularities:</p> <p>Professional standards require us to make a rebuttable presumption that the fraud risk from income recognition is a significant audit risk.</p> <p>We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial covenants, rather than broader share based management concerns.</p> <p>We have classified block contract income and other operating income as a significant risk to respond to this requirement.</p> <p>There is limited incentive and opportunity for the manipulation of income from block contracts as they are agreed at the start of the year. However, the nature and size of this figure is significant.</p> <p>There is greater scope for manipulation of revenue recognition in non-routine or contracted service provision. Revenue from these sources is forecasted to be above our materiality level and therefore we did not deem it appropriate to rebut the risk in relation to this income stream.</p>	<p>Our procedures included:</p> <p>Test of detail: We used our new Revenue Approach Builder during audit planning to determine our approach to the audit of the Trust's revenue for 2018/19. From this a number of tests were identified which included:</p> <p>Test of detail: We reviewed the information provided by the Trust as part of the 2018/19 Agreement of Balances exercise to ensure it was consistent with the information in the accounts. Where there were significant mismatches with commissioners we sought explanations from the Trust, ensured it was supported by appropriate documentation and evidence and traced adjustments to the Trust's accounts. Where there were significant unresolved differences these were reported in our year end report to those charged with governance.</p> <p>Test of detail: We compared the actual income for the Trust's most significant commissioners against the contracts agreed at the start of the year and confirmed that income was received to the Trust Bank account.</p> <p>Test of detail: We agreed the receipt and recognition of Provider Sustainability Fund monies to correspondence from NHS Improvement.</p> <p>Test of detail: We agreed any accrued or deferred income balances to supporting documentation to confirm they are accounted for correctly.</p>

2. Key audit matters: our assessment of risks of material misstatement (cont.)

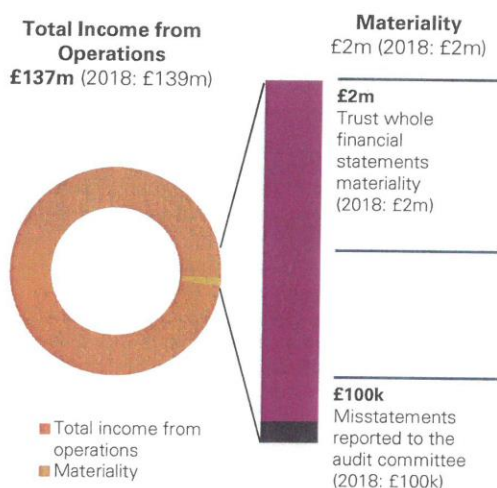
	The risk	Our response
<p>Fraudulent expenditure recognition</p> <p>(£144.3 million; 2018: £136.6m)</p> <p><i>Refer to page 14(Audit Committee Report), notes 1.5-1.6 (accounting policy) and note 5 (financial disclosures)</i></p>	<p>Effect of irregularities</p> <p>In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets. As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so the auditor has regard to this when planning and performing our audit procedures.</p>	<p>Our procedures included:</p> <p>Our sector experience: We assessed the pressure upon the Trust to achieve a particular year-end outturn position and whether it is normal for expenditure to exceed income for the year;</p> <p>Control design and operation: We considered the extent to which budgetary controls have been in operation throughout the year and have been found to operate effectively;</p> <p>Control design and operation: We considered the application of appropriate segregation of duties between those responsible for monitoring budgets and those preparing the financial statements which helps to prevent fraudulent manipulation of expenditure;</p> <p>Test of detail: For a sample of expenditure items we tested that they had been accounted for in the correct financial year by reference to underlying records of when the related goods and services had been received; and</p> <p>Test of detail: For a sample of high risk journals we have ensured that there is appropriate segregation of duties between the preparer and reviewer of the journal.</p>

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £2 million (2017/18: £2 million), determined with reference to a benchmark of total operating income (of which it represents approximately 1.5%, PY 1.5%). 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 million (2017/18: £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

The Accounting Officer has prepared the financial statements on the going concern basis as they have not 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. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.1.2 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's 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, and we did not identify going concern as a key audit matter.

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 2018/19.

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 2018/19, 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.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement of the 'Accounting Officer's responsibilities' the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are 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; 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

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.

Our conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources is qualified

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.

Qualified conclusion

Subject to the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects Bradford District Care NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2019.

Basis for qualified conclusion

The Trust has received correspondence from CQC dated 27 March 2019. This notified the Trust about the quality of care for the Regulated Activities its provides for the Assessment/ Treatment for persons detained under the Mental Health Act 1983 (Treatment of disease, disorder or injury).

This specifically identified concerns regarding the effectiveness of Trust's systems and processes to enable them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users in receiving these services.

In respect of the regulated activities referred to above, this is evidence of weaknesses in the Trust's arrangements for ensuring it took properly informed decisions and deployed resources to achieve planned sustainable outcomes, including working with partners, for the year ended 31 March 2019.

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 overleaf together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
Financial Resilience	<p>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.</p>	<p>Our work included:</p> <p>Reviewing the core assumptions in the Trust's Annual Plan submission;</p> <p>Considering the extent to which recurrent cost improvement schemes were achieved in 2018/19 and identified for 2019/20; and</p> <p>Reviewing the number of material contracts with commissioners that have been agreed for 2019/20 and the supporting risk analysis as reported to the Board.</p> <p>Our findings on this risk area:</p> <p>We concluded that the Trust had adequate arrangements for securing sustainable resource deployment.</p>
External inspection - CQC Report	<p>Given the February 2018 CQC inspection outcome of 'Requires Improvement' there is a risk that the Trust does not have proper arrangements in place to secure economic, efficient and effective use of resources.</p>	<p>Our work included:</p> <p>Reviewing the progress made against the CQC inspection report action plan which was approved by the Trust Board in March 2018.</p> <p>Confirming that the action plan is continuing to be monitored at each meeting of the Quality and Safety Committee/Mental Health Legislation Committees with quarterly submission to Trust Board in 2018/19.</p> <p>Reviewing the key correspondence received by the Trust from CQC, specifically the correspondence dated 27 March 2019.</p> <p>Our findings on this risk area:</p> <p>Whilst the Trust were initially reporting progress against their 2018 CQC inspection report action plan in year, the receipt of the Correspondence in March 2019 specifically identified concerns regarding the effectiveness of Trust's systems and processes to enable them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users in receiving these services.</p> <p>In respect of the regulated activities referred to above, this is evidence of weaknesses in the Trust's arrangements for ensuring it took properly informed decisions and deployed resources to achieve planned sustainable outcomes, including working with partners, for the year ended 31 March 2019.</p> <p>We do however note the Trust has responded to the identification of these issues by taking urgent and significant actions to address the issues raised by CQC.</p>

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

24 May 2019

Appendix 1: Information about Board of Directors

Name	Position	Date of interest	Interests	Comments
Michael Smith	Chairman	-	None	-
Robert Vincent	Non-Executive Director	2012 March 2018	Director of New Ing Consultants Director of Dartmouth Residential Chair of Kirklees Cultural Education Partnership Electoral Commissioner	Provides support to local authorities. Owns a freehold in London. Network developing creative arts. Oversees elections and political party finances.
David Banks	Non-Executive Director	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
Dr Zulfiqar Hussain	Non-Executive Director	Jan 2005 Feb 2012 May 2014 tbc	Director of Global Promise Director of Zani Ltd t/a Deera Restaurant Director of Pavillion Café Bar Patron of St Gemma's Hospice	Charity promoting partnerships with disadvantaged and hard to reach groups Cancer charity
Professor Gerry Armitage	Non-Executive Director	2017	Bradford and Airedale Healthwatch Board Member and Advisor	
Carole Panteli	Non-Executive Director	2019	UCS Consultants Ltd	Fundraising consultancy
Simon Lewis	Non-Executive Director	2019	Non-Executive Director of the West Riding County Football Association. Chair and/or member of the England Boxing Disciplinary Panel.	As a practising barrister, Mr Lewis is instructed from time to time to act for (or against) clients who may contract for or otherwise have connections relating to NHS services (e.g. various local

			Independent statutory Case Examiner at the General Optical Council. Barrister	authorities, government departments or ministers, NHS trusts, businesses, charities, etc).
Brent Kilmurray	Chief Executive	20 August 2018	Director of Putney North Limited	Family business not in health or social care and does not undertake any business with the NHS
Dr Andy McElligott	Medical Director	-	None	-
Debra Gilderdale	Director of Operations and Nursing	-	None	-
Sandra Knight	Director of Human Resources & OD	-	None	-
Liz Romaniak	Deputy Chief Executive/Director of Finance, Contracting & Facilities	-	None	-
Patrick Scott	Chief Operating Officer	-	None	-
Paul Hogg	Associate Director of Corporate Affairs	December 2016 to 2020 31 July 2018	Lay Trustee, Leeds Beckett Students' Union Chair, Leeds Beckett Students' Union	Leeds Beckett Students' Union is a registered charity and a company limited by guarantee.
Tim Rycroft	Associate Director of Informatics / Chief Information Officer	-	None	-
Sarah Jones	Special Advisor to the Board (SPAD)	Jan 2019	Director – Full Circle Funerals Ltd Director – SJ18 Ltd (property company) Director – Toekomst Ltd (investment company) Director – Bolsover Ltd (investment company)	

Appendix 2: Information about Council of Governors

Appointed Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
<p>Cllr Aneela Ahmed, City of Bradford Metropolitan District Council</p> <p>Term of Office: 1/5/18 – 31/3/21</p>	May 2018	Member of the Labour Party	<p>Emergency Medical Despatcher for Yorkshire Ambulance Service</p> <p>Deputy Chair of the Health and Social Care Overview and Scrutiny Committee and Dementia Champion, Bradford Council</p> <p>Fostering Panel member, Bradford Council</p> <p>Member of the Joint Health and Social Care and Children's Services Overview and Scrutiny Committee, Bradford Council</p> <p>Spouse is a Director of Shoebox Retail Ltd</p> <p>Sister and brother-in laws are Healthcare Assistants at the Trust</p>	
<p>Cllr Naveed Riaz City of Bradford Metropolitan District Council</p> <p>Term of office: 11/6/2018 – 31/3/2021</p>	June 2018	Member of the Conservative Party		

<p>Shirley Congdon, University of Bradford</p> <p>Term of Office: 1/5/2018 – 31/3/2021</p>	May 2018	None	<p>Governor of University Academy College, Keighley</p> <p>NCUK Panel Member</p> <p>Governor of New College Pontefract</p> <p>Governor of Children's Trust</p>	A University Consortium
<p>Stephen Oversby, Barnardo's</p> <p>Term of Office: 1/5/2018 – 31/3/2021</p>	May 2018	None	Director, Barnardos.	Registered charity
<p>Ishtiaq Ahmed, Sharing Voices</p> <p>Term of office: 1/5/18 – 31/3/2021</p>	May 2018	None	Manager, Sharing Voices	Charity providing support for people from BME backgrounds that are experiencing mental health problems.
<p>Cllr Wendy Hull Craven District Council</p> <p>Term of office: 29/5/2018 – 31/3/2021</p>	June 2018	Member of the Conservative Party	None	
<p>Ranjit Arora, Bradford Assembly</p> <p>Term of office: 18/7/2016 – 25/6/2018</p>	July 2016	Member of Labour Party	None	
<p>Tina Butler, Bradford Assembly</p> <p>26/6/2018 – 31/3/2021</p>	September 2018		<p>Chief Executive, Relate</p> <p>VTK Investigations Ltd</p>	<p>Charity providing relationship advice and support</p> <p>Spouse is the MD for this organisation</p>

Bradford East Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Rupy Hayre Term of office: 1/5/2018 – 31/3/2021	May 2018	None	Director, BRH Consultancy Director, Kab Vape Solutions Ltd Director, Parc Marketing	Legal Company, provides human resources and legal advice to GP's in the Bradford district. Supplies e-cigarettes Marketing Company
Kevin Russell Term of office: 1/5/18 – 31/3/2021	May 2018	Member of the Labour Party	Volunteer Community Health Champion, Champions Show the Way	A service provided by the Trust.
Zahra Niazi Term of office: 1/5/18 – 31/3/2021	July 2018	None	Programme Lead for the Integration and Cohesion Programme for BDMC	Funded by MHCLG – test and learn programme

Bradford South Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
George Deane Term of office: 1/5/18 – 31/3/2021	May 2018	None	Chair, Black Health Forum Daughter works at the Trust.	A voluntary organisation which aims to reduce health inequalities.
Jason Smith Term of office: 1/5/18 – 17/7/2018 (resigned 17 July 2018)	May 2018	Member of the UKIP Party	Director, Trancefixt Director, Queensbury Community Programme Ltd Parish Councillor, Clayton Parish Council Cancer Support Yorkshire Volunteer	Hypnotherapists Charity

Bradford West Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Colin Perry Term of office: 1/5/18 – 31/3/2021	May 2018	None	Trustee, Bradford and Airedale Mental Health Advocacy Group Volunteer at Manorlands Hospice	A user-led mental health service. Charity
Mahfooz Khan Term of office: 1/5/18 – 31/3/2021	May 2018	Member of the Labour Party	Client Liaison Officer, Legal Marketing Services	A private company that deals with claims relating to industrial deafness.
Ruth Omenyo Term of office: 1/5/18 – 31/3/2021	May 2018	None	Histologist/Post Life Cellular Pathologist Trainee, LabCorp-Covance	Global clinical research organisation

Craven Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Loretta Gooch Term of office: 1/5/18 – 31/3/2021 (resigned 8 November 2018)	May 2018	None	Three Valleys Hospital (Elysium)	Daughter is a Director

Keighley Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Nicholas Smith Term of office:	May 2018	None	Member/Volunteer, Missing Peace Wellbeing and Support (Nick's partner Emma is Treasurer)	Community group which provides mental health support and Wellness Recovery

1/5/18 – 31/3/2021			Member of Programme Management Board, Approved Mental Health Professional Group, Bradford University	Action Planning support.
Nicky Green Term of office: 1/11/2016 – 31/3/2019	May 2018	None	Trustee, Bradford Bereavement Support. Helpline Volunteer, Vetlife.	Bereavement counselling service. Charity that provides emotional, financial and mental health support to the veterinary community.

Rest of England Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Vacancy				

Shipley Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
Sidney Brown Term of office: 1/5/18 – 31/3/2021	May 2018	None	Member of BAMHAG PPG Member, Bradford Members of Yorkshire and Humber Patient Safety Translational Research Centre Member of 38 Degrees Member of the CARE 75+ cohort study led by Bradford Teaching Hospitals FT Member of Yorkshire Quality and Safety Research Group	A campaigning group

<p>Sarah Jones</p> <p>Term of office: 1/5/18 – 31/3/2021 (resigned 31 December 2018)</p>	May 2018	None	<p>Director, SJ18</p> <p>Director, Toekomst UK</p> <p>Director, Full Circle Funerals</p> <p>Yorkshire Centre for Eating Disorders</p>	<p>Property investment company</p> <p>Financial and non-financial investment company</p> <p>Mrs Jones' spouse (Mr Rhys Jones) is the Clinical Lead and Consultant Psychologist for the Centre.</p>
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Staff Constituency

Name	Date of interest	Registered Political Party Membership	Interests	Comments
<p>Jane Haigh, Clinical Staff</p> <p>Term of office: 1/5/18 – 31/3/2021</p>	May 2018	None	Haigh Solicitors	Mrs Haigh's spouse (Mr Nick Haigh) is a Director
<p>Pamela Shaw, Clinical Staff</p> <p>Term of office: 1/5/18 – 31/3/2021</p>	May 2018	None	None	
<p>Mehreen Akhtar, Clinical Staff</p> <p>Term of office: 1/5/18 – 31/3/2021 (resigned 3 March 2019)</p>	May 2018	None	None	
<p>Craig Berry, Non-Clinical Staff</p> <p>Term of office: 1/5/18 – 31/3/2021</p>	May 2018	None	None	

Jenny Moran-Whitehead, Non-Clinical	March 2017	None	None	
Term of office: 1/11/2016 – 31/3/2019 (resigned 24 January 2019)				

Appendix 3: Feedback on 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

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Trust Headquarters
New Mill
Victoria Road
Saltaire
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www.bdct.nhs.uk

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.

