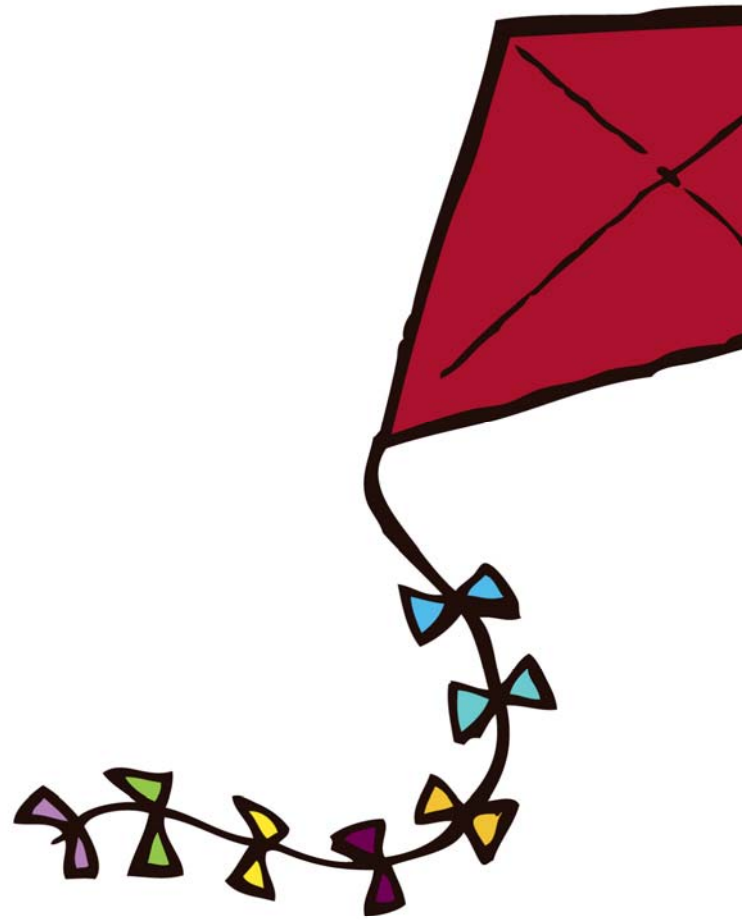


# QUALITY ACCOUNT 2009/2010



**Respect - Openness - Improvement -  
Excellence - Together**

## CONTENTS

<b>Part 1 Statement on Quality from the Chief Executive</b>		
		<b>Page</b>
	<b>Contents list</b>	2
<b>1.0</b>	<b>Introduction</b>	6
<b>2.0</b>	<b>Signed declaration</b>	7
<b>3.0</b>	<b>Stakeholder involvement</b>	8
<b>Part 2 Priorities for improvement and statements of assurance from the Trust Board</b>		
<b>4.0</b>	<b>Review of services 2009 – 2010</b>	10
<b>5.0</b>	<b>Priorities for improvement</b>	10
<b>Table 1</b>	Improvement indicator table	11
<b>6.0</b>	<b>Participation in Clinical audit</b>	15
	6.1 Bradford District Care Trust's audit programme	15
	6.2 National Audits and National Confidential Inquiries [NCI]	16
<b>Table 2</b>	NCI Audit table	17
<b>Table 3</b>	National Clinical Audit table	17
<b>Table 4</b>	Local Clinical Audit table	18
	6.3 Service user and carer involvement in audit	20
<b>7.0</b>	<b>Commissioning for Quality Improvements [CQUIN] audits</b>	20
	7.1 Commissioner requested audits	20
<b>8.0</b>	<b>Research and Innovation</b>	21
	8.1 Participation in clinical research	21
	8.2 Clinical staff team involvement in research based activity	22
	8.3 National quality improvement projects	22
<b>9.0</b>	<b>Use of CQUIN payment framework</b>	22
<b>10.0</b>	<b>What others say about the Trust</b>	23
	10.1 Care Quality Commission Registration status	23
	10.2 Periodic review	23
	10.3 Special reviews	24
<b>11.0</b>	<b>Data Quality</b>	24

## Part 3 Review of quality performance

<b>12.0</b>	<b>Indicators of Quality</b>	28
<b>Table 6</b>	Quality domain and priority indicators table	29
<b>13.0</b>	<b>Quality Achievements</b>	33
13.1	Leadership development across all Care Groups	33
13.2	Child and Adolescent Mental Health Services	33
13.3	Substance Misuse Services	33
13.4	Low Secure Service	34
13.5	Learning Disabilities Services	34
13.6	Older People's Mental Health Services	34
13.7	Adult Mental Health Services	35
13.8	Psychology Services	35
<b>14.0</b>	<b>Quality Improvement processes</b>	35
14.1	Service (Clinical) Governance systems	35
14.2	Internal Audit and Service Governance structures	36
14.3	Incident and Risk Management	37
14.4	NHS Litigation Authority (NHSLA) awards	38
14.5	Annual Health Check results	38
<b>Table 7</b>	Annual Health Check results table	38
14.6	Emergency planning work on Swine Flu	38
14.7	Safeguarding Children	38
14.8	Audit of Risk Management Systems	39
14.9	Infection control	39
14.10	Privacy and Dignity action plan	39
14.11	Patient Environment Action Team (PEAT) assessment	40
<b>Table 8</b>	Patient Environment Action Team results table	40
14.12	Equality, Diversity and Human Rights	40
14.13	Falls assessment	40
<b>15.0</b>	<b>Internal validation and assurance processes</b>	41
<b>16.0</b>	<b>Assessing and understanding this document</b>	41
<b>17.0</b>	<b>Commenting on this document</b>	41
<b>18.0</b>	<b>Ongoing engagement plan</b>	41
<b>Table 9</b>	Ongoing Engagement Plan Activities table	42

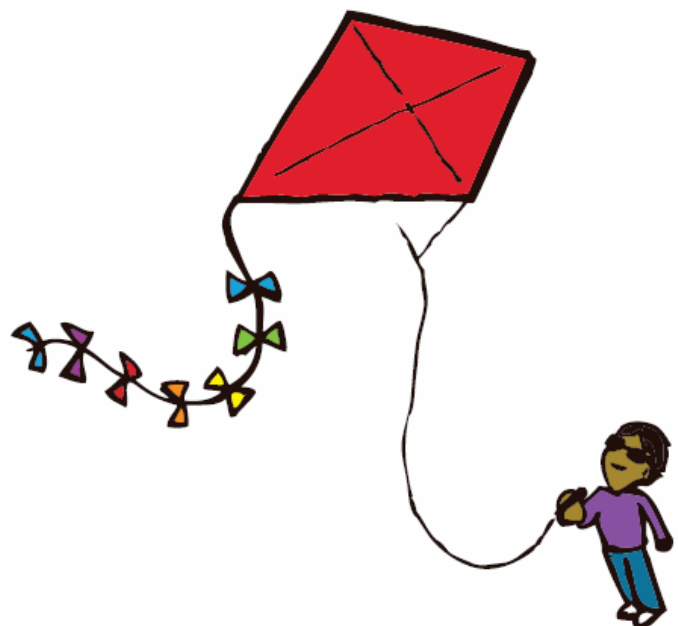
## Part 4 Appendices

<b>Appendix 1</b>	Statements from our partners	46
<b>Appendix 2</b>	Bradford District Care Trust's audit programme	50
<b>Appendix 3</b>	Glossary of Terms	54



# PART 1

## Statement on Quality from the Chief Executive



## 1.0 INTRODUCTION

Welcome to our Trust's 2009 – 2010 Quality Account. The Quality Account sets out our commitment to ongoing improvement in the quality of services that we deliver. It is a public document that we will publish annually to assure our commissioners, our service users, carers and the wider community of our developments in striving for quality in all that we do.

This last year has been a particularly busy one in which we feel we have made big steps towards improving and assuring quality of services for our service users and carers. We have developed a revised set of values for the organisation that reflect the ongoing commitment of the Trust Board and our staff to ensure that quality is central to our strategies and improvement plans.

These values are as follows:

### **Respect**

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

### **Openness**

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

### **Improvement**

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

### **Excellence**

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

### **Together**

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

The Trust has adopted a framework for quality based on the report 'High Quality Care for All' by Lord Darzi published in June 2008. Lord Darzi defines quality as being made up of three domains; safety, effectiveness and patient experience. The Trust is committed to increasing the standard of quality through improving the safety and effectiveness of our services and the experience of our service users and carers whilst using them.

We recognise that a fundamental process for ensuring quality is improved is to put service users and their carers central to the decisions that need to be made.

We have worked hard throughout the year to increase involvement of service users, carers and the community in the work and strategic decision making of the Trust. This is leading to real involvement within service development and audit, the impact of which will be evident over years to come.

We have made significant achievements in our work to improve safety with a positive audit of our risk management procedures, policy development processes and success with our preparations for the potential swine flu pandemic.

The effectiveness of the services continues to improve with various redesign processes in place to ensure services meet the needs of service users and carers. These include the changes made at Duchy Court following the gender specific Privacy and Dignity Audit, the development of new care pathways within Child and Adolescent Mental Health Services and the introduction of new Occupational Therapy Services within Adult Mental Health.

We are continuing to prioritise the experience of service users and carers through our service governance processes which ensure we routinely look at incidents, compliments and complaints, the intelligence gathered through Patient Advice and Liaison Service (PALS) and through our service user and carer involvement activities. The Trust continues to be a leader in the national NHS equality agenda through our status as an NHS Employers Positively Diverse Lead Site. We have developed mechanisms that ensure we understand how different communities experience and access our services.

With all of these positives it would be easy to ignore where we could do better. The Trust Board is committed to supporting and developing systems that give us the knowledge we need to set improvement priorities for quality. The Quality Account highlights some of the areas that we feel we need to continue improving. These include addressing the causes of incidents; improving the way we collect and use equality data and ensuring that our service users have good access to health checks and support in their housing and employment needs.

This Quality Account provides you with information about these areas, areas that we and our stakeholders feel need further improvement during 2010 and 2011.

The progress made on the indicators and improvement will be reported to the Trust Board every 6 month to ensure an ongoing prominence on quality.

The Trust Board are confident that this Quality Account presents an accurate reflection of quality across Bradford District Care Trust.

## **2.0 DECLARATION**

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



Signed: \_\_\_\_\_

Simon Large  
Chief Executive  
Bradford District Care Trust

### 3.0 STAKEHOLDER INVOLVEMENT

This Quality Account has been developed with involvement from our local stakeholders. We felt that it was important the document and our plans for progress in the quality agenda reflected priorities identified by our local community and health partners, service users, carers, commissioners and staff.

We held a stakeholder event in January 2010 which included experts from each of these stakeholder groups and involvement from the geographical areas that the Trust covers. Participants heard about examples of quality improvements and the areas that still need development within the Trust. There was then plenty of time to look at proposed indicators and priorities, discuss gaps and offer alternative views. This was then developed into a draft Quality Account.

In March 2010 the draft indicators and improvement priorities were presented back to stakeholders providing them with a further opportunity to comment and shape the final version of these.

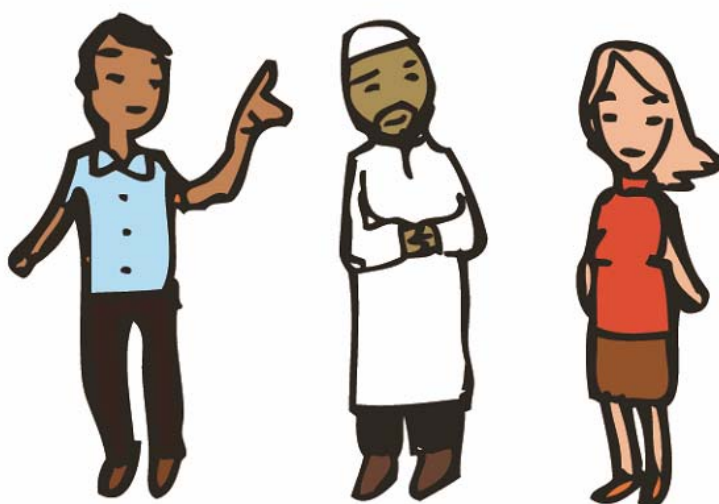
**Comment from Sara Firth Link/Liaison Project Lead from Bradford and Airedale Mental Health Advocacy Group (BAMHAG)**

Just want to feedback on and thank you for what I and other service users and carers thought of the Quality Accounts workshop. Having a debrief directly before the event was most helpful - and built momentum and confidence within the people attending - enabling them to share their views on what they felt to be quality accountability. "It also made us feel valued - the fact that you were prepared to spend time with us explaining what it actually was that you wanted from us". The feedback around the actual workshop was again a positive experience for most - and comments were passed by service users (and staff!) on the capabilities of the three presenters as being very clear and concise and - I quote "talked to all - on a level that everybody could understand".

Thanks and very well done - looking forward to the next one! I have also sent this forward to be recorded as a compliment as I thought your efforts should be recorded'.

## **PART 2**

# **Priorities for improvement and statements of assurance from the Trust Board**



## **4.0 REVIEW OF SERVICES 2009 – 2010**

During 2009 – 2010 Bradford District Care Trust provided six NHS services in the following specialties/areas:

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

The Trust Board and Service Governance Committee has reviewed all the data available to them on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2009 – 2010 represents 99% of the total income generated from the provision of NHS services by the Bradford District Care Trust for 2009 – 2010. The Trust Board has used the results of this review to develop a plan for improving the quality of the Trust's services.

There is a full review of our services in Part Three. This gives an overview of our achievements and progress status within the quality indicators that have been selected by us and our stakeholders.

## **5.0 PRIORITIES FOR IMPROVEMENT 2010 – 2011**

The Quality Account guidance specifies that we should pick between three to five improvement priorities to work on in the forthcoming year.

Working alongside our stakeholders, the Trust Board has selected the following priorities for improvement to the quality of our services over the next financial year.

- Improving the physical health care support for people within our Learning Disabilities, Adults and Older People's services
- Reducing and addressing the cause of some safety related incidents.
- Increasing the effective use of risk assessments as part of the Care Planning Process within Community Services.
- Improving support of carers.
- Improving the collection and use of equalities data so that we can plan services to meet the needs of our diverse population better.

Stakeholders have been involved in selecting these priorities through workshop events that presented quality achievements and gaps alongside a broad selection of quality indicators and data. They are summarised in the table below.

Table 1

Improvement Indicator	Current performance as at 31.3.2010	Agreed improvement target	Rationale for selection, key improvement initiatives and method for monitoring progress
<b>EFFECTIVENESS</b>			
<i>Physical Health Checks within Learning Disabilities, Adults and Older People's Services</i>			
Number of learning disability clients in residential, respite and nursing home beds with a Health Action Plan	70%	100%	<p><i>Rationale</i> We feel it is important that our service users can access support with all of their health needs whilst in our care. Our stakeholders have also identified this as a key priority for ongoing development over the forthcoming year.</p> <p><i>Key improvement initiatives:</i> The Trust will develop and implement a Physical Health Care Policy.</p> <p><i>Method for monitoring progress</i></p> <ul style="list-style-type: none"> <li>▪ % of clients receiving physical health check in Adult and Older People's wards reported annually within the Quality Account.</li> </ul> <p><i>Process for reporting progress:</i></p> <ul style="list-style-type: none"> <li>▪ Progress will be reported to the Trust Board at six monthly intervals and annually through the publication of the Quality Account.</li> </ul>
% of clients that receive physical health checks in Adult and Older People's wards	80%	100%	
<b>SAFETY</b>			
<i>Reducing and addressing the number of safety related incidents.</i>			
Level of Slips, Trips and Falls Trust wide  (All incidents involving patients)	1122	Reduction of 10%	<p><i>Rationale</i> Preventing slips, trips and falls whilst service users are in our care is vital to ensuring their safety and recovery. As such the Trust has agreed that close monitoring of these incidents and appropriate action plans to tackle hotspots will be put in place as part of the improvement work. The Trust has completed an audit of falls and developed a Falls Action Plan to reduce incidents.</p> <p><i>Key improvement initiatives</i> Implementation of the Falls Action Plan.</p> <ul style="list-style-type: none"> <li>▪ Monthly incident monitoring reports.</li> <li>▪ Annual monitoring of progress within the Quality Account.</li> </ul>

Improvement Indicator	Current performance as at 31.3.2010	Agreed improvement target	Rationale for selection, key improvement initiatives and method for monitoring progress
			<p><i>Process for reporting progress:</i> Progress will be reported to the Trust Board at six monthly intervals and annually through the Quality Account.</p>
<p>Number of reported incidents where service users detained under the Mental Health Act are absent without leave (Trust wide)</p>	<p>64</p>	<p>Reduction of 10%</p>	<p><i>Rationale</i> It was identified through our engagement process that this is an ongoing concern for staff and service users in relation to safety of service users. As a result we have committed to analysing incident numbers at Trust Board level on a regular basis as part of the Quality Account Improvement Work Programme.</p> <p><i>Key improvement initiatives:</i> Regular reporting of incidents to Care Group Service Governance Groups, inclusion of increased risk on Care Group Risk Register and system for escalating concern to the Trust Risk Register. A validation exercise to enhance recording and data accuracy.</p> <p>In addition to these reporting processes the Trust will implement the guidance set out in the National Mental Health Development Unit 'Strategies to Reduce Missing Patients' report.</p> <p><i>Method for monitoring progress:</i></p> <ul style="list-style-type: none"> <li>▪ Monthly incident monitoring reports</li> <li>▪ Annual monitoring of progress within the Quality Account.</li> </ul> <p><i>Process for reporting progress:</i> Progress will be reported to the Trust Board at six monthly intervals and annually through the Quality Account.</p>
<p><i>Increase the effective use of risk assessments as part of the Care Planning Process within Community Services.</i></p>			
<p>Incidence of documented Risk Assessment within Community Services</p>	<p>60%</p>	<p>100%</p>	<p><i>Rationale:</i> It was recognised at the stakeholder event that effective risk assessment has a positive impact on service users care. It was seen as a priority to increase the number of assessments undertaken.</p>

Improvement Indicator	Current performance as at 31.3.2010	Agreed improvement target	Rationale for selection, key improvement initiatives and method for monitoring progress
			<p><i>Key improvement initiatives:</i> Implementation of the 2009 Care Programme Approach (CPA) Policy and CPA Training.</p> <p>Following on from the audit of RiO the Care Group Action Plans will be implemented. The Clinical Standards for RiO will be implemented.</p> <p><i>Method for monitoring progress:</i></p> <ul style="list-style-type: none"> <li>▪ CPA Audit.</li> <li>▪ Annual monitoring of the indicator within the Quality Account.</li> </ul> <p><i>Process for reporting progress:</i> Progress will be reported to the Trust Board at six monthly intervals and annually through the Quality Account.</p>

## PATIENT EXPERIENCE

### *Improve support of carers.*

<p>% of carers offered a carers assessment n.b. Low Secure Services are not included.</p>	<p>30%</p>	<p>63%</p>	<p><i>Rationale:</i> We and our stakeholders recognise the positive impact that involving carers in service users care can have. It was seen as very important to include a focus on supporting carers to be involved.</p> <p><i>Key improvement initiatives:</i> The Trust wide Service User and Carer Involvement Group and Involving You Strategy Action Plan will promote the use of carers assessments with care planning. An audit will take place and Care Groups will develop action plans.</p> <p>CPA training delivered to raise awareness of requirement to offer assessments.</p> <p><i>Method for monitoring progress:</i></p> <ul style="list-style-type: none"> <li>▪ Monitoring the percentage of assessments carried out annually within the Quality Account.</li> </ul> <p>Establishing indicators as part of the Involving You Strategy to monitor the percentage of assessments carried out annually within the Quality Account.</p>
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Improvement Indicator	Current performance as at 31.3.2010	Agreed improvement target	Rationale for selection, key improvement initiatives and method for monitoring progress
			<p><i>Process for reporting progress:</i> Progress will be reported to the Trust Board at six monthly intervals and annually through the Quality Account.</p>
<i>Improve the collection and use of equalities data.</i>			
% of service user record with completed religion / belief	Unavailable	100%	<p><i>Rationale:</i> We believe that in order to be sure that we are providing good quality care that is accessible by all we need to have data available that helps to compare outcomes between equality groups and that we use to plan service changes based on that data.</p>
<p>% of service user record with a completed record of a persons disability</p> <p>Note: this has previously been recorded with narrow disability categories</p>	1.5 %	<p>The improvement target is to ensure comprehensive data collection facility in place within RiO</p>	<p>The starting point is improving the accuracy of that data. This was a theme supported throughout the feedback received from stakeholders. As such we want to monitor how many service user records have equality information completed. This will give us the confidence to use Trust wide data to develop our services, ensuring they meet the needs of those people accessing them.</p> <p><i>Key improvement initiatives:</i> Provision of data to service governance groups for use within their strategies and plans. Monitoring of plans and impact through Equality and Human Rights Review Panel.</p>
<p>% of service user record with a completed ethnic group</p> <p>Note: 'completed ethnic group' is a record with a valid entry. Empty field, 'not known' and 'not stated' are invalid and so are not counted within this %.</p>	93.3%	100%	<p>Revision of the Ethnicity Data Policy to include all strands and associated training.</p> <p><i>Method for monitoring process:</i></p> <ul style="list-style-type: none"> <li>▪ Quarterly reports from RiO fed into Service Governance system.</li> <li>▪ Annual progress monitoring within the Quality Account.</li> </ul> <p><i>Process for reporting progress:</i> Progress will be reported to the Trust Board at six monthly intervals and annually through the Quality Account.</p>

Please note these figures were collected on the dates listed above and as a result of time delay in paper based systems e.g. incident reporting, may be slightly under the final 'to date' figures. Improvement Targets are long term initiatives that have been selected by our stakeholders and staff. The Trust will work towards the targets over the coming years of the Quality Account. Progress will be reported within the Account on an annual basis.

Emphasis will be given to building capacity and capability of staff across all areas to deliver these improvements in quality. Bradford District Care Trust's vision as a successful Foundation Trust is:

*“To be one of the country’s leading integrated mental health and learning disability providers. We will improve lives through delivery of high quality care in partnership across our diverse communities, available locally to meet individual needs and achieving excellence in user experience”.*

This process has started during 2009 with the development of the Trust's new values and leadership competencies, documented within section one. These further place service users and carers at the centre of all that we do. A dissemination programme is underway to ensure that all staff share and work by these organisational values.

One of the Trust's Strategic Objectives, taken from the Integrated Business Plan 'Towards 2015' is to deliver outstanding value and quality. In order to ensure our workforce is well placed to deliver these objectives we will:

- Develop and maintain clinical leadership and participation at all levels of service design, evaluation and review;
- Develop professional leadership across all care teams to enhance care practice and the up-take of effective interventions;
- Enhanced clinical and professional leadership will encourage a culture of self assessment and enquiry and safety through the alert of issues via professional accountability lines; and
- Develop incident management and reporting systems to provide real time service user based data to front line staff integrated into the service users electronic care record.

A quality improvement plan will be developed for each of the improvement priorities identified above. This will be monitored on a six monthly basis by the Trust Board.

## **6.0 PARTICIPATION IN CLINICAL AUDITS**

### **6.1 Bradford District Care Trust's audit programme**

The Trust undertakes a full programme of audit on clinical and social care performance which is reported to the Trust Board via the Service Governance Committee. We are committed to audit as we believe that it enables clinicians, managers, service users, carers, the community and commissioners to understand and demonstrate how we are delivering high quality care in line with recommended standards. It also provides data to enable quality improvements to be made where there are quality gaps.

The Bradford District Care Trust audit programme (appendix 2) includes the following:

- National audits;
- Commissioning for Quality and Innovation (CQUIN) audits;
- Commissioner requested audits;
- Local audits.

## 6.2 National Audits and National Confidential Inquiries (NCI)

During 2009 – 2010, four national clinical audits and one national confidential inquiry covered NHS services that Bradford District Care Trust provides

During that period Bradford District Care Trust participated in 100% of national clinical audits and 100% of national confidential inquiries which it was eligible to participate in.

The national clinical audits and national confidential inquiries that Bradford District Care Trust was **eligible** to participate in during 2009 – 2010 are as follows:

### **National Audits:**

- National Audit of Falls and Bone Health for Older People
- National Audit of Continence Care
- National Audit of Prescribing Topics in Mental Health services

The roll out of the full National Audit for Psychological Therapies for Anxiety and Depression has not yet commenced; Bradford District Care Trust is in the process of confirming whether we wish to participate.

### **National Confidential Inquiries;**

- Suicide & homicide by people with mental illness

The national clinical audits and national confidential inquiries that Bradford District Care Trust **participated** in during 2009 – 2010 are as follows:

### **National Audits:**

- National Audit of Falls and Bone Health for Older People
- National Audit of Continence Care (ongoing)
- National Audit of Prescribing Topics in Mental Health services (ongoing)

### **National Confidential Inquiries;**

- Suicide & homicide by people with mental illness

The national clinical audits and national confidential inquiries that Bradford District Care Trust participated in, and for which data collection was completed during 2009 – 2010 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that enquiry.

**Table 2**

<b>Name of audit/enquiry</b>	<b>Number of cases submitted</b>	<b>% of registered cases as specified in the enquiry guidance</b>
National Audit of Falls and Bone Health for Older People	There was no requirement to submit specific cases as this was an organisational audit	Not applicable
National Audit of Continence Care	Ongoing	Audit is currently ongoing
National Confidential Inquiry into Suicide & Homicide by People with Mental Illness	The NCI's to date this year have requested initial data on 543 individuals	100% initial data submitted
	The NCI issued 18 questionnaires in response to the initial data	13 of the 18 required (72%) have been submitted, the other 5 (18%) are more recent requests and are being progressed.

The reports of two national clinical audits were reviewed in 2009 – 2010 and Bradford District Care Trust intends to take the following actions to improve the quality of healthcare provided:

**Table 3**

<b>Name of audit</b>	<b>Actions to be taken</b>
Schizophrenia	<ol style="list-style-type: none"> <li>1. Ensure appropriate information re illness is available in appropriate languages and media</li> <li>2. Conduct audit of medical checks amongst this patient group</li> <li>3. Determine the level of training and how that is used to do family work</li> <li>4. Address limited availability of Cognitive Behavioral Therapy for those with schizophrenia</li> </ol>
National Audit of Falls and Bone Health for Older People (organisational)	<ol style="list-style-type: none"> <li>1. Training for all inpatient staff in the implementation of the Falls Risk Assessment Tool (FRAT) and the Falls Risk Assessment Framework (FRAF) tools</li> <li>2. Education of staff with regard to Slips Trips and Falls Policy</li> <li>3. Flyer to be designed and sent out to all areas in the Trust</li> <li>4. Assessment of osteoporosis risk or risk of fracture for those with history</li> <li>5. To ensure provision of walking aids within stipulated time (to be agreed)</li> <li>6. To develop slips trips and falls policy for clinical and environmental use</li> </ol>

The reports of 12 local clinical audits were reviewed during 2009 – 2010, this includes audits conducted as a Commissioning for Quality and Innovation (CQUINs) requirement or at the request of commissioners. Bradford District Care Trust intends to take the following actions to improve the quality of health care provided:

**Table 4**

<b>Audit title</b>	<b>Improvements identified</b>
Clinical Supervision in Child and Adolescent Mental Health Services (CAMHS)	<ol style="list-style-type: none"> <li>1. Professional leads in CAMHS to form working party around supervision, in particular to clarify issues around clinical supervision and case load management and the documentation process in supervision.</li> <li>2. General CAMHS training on supervision to be carried out.</li> </ol>
Mental Health Records (Medical)	<ol style="list-style-type: none"> <li>1. Draw up guidance for completion of Mental Health Act Medical Reports.</li> <li>2. Guidance to be attached to request for doctors report.</li> <li>3. Re-audit at least one month following implementation of guidance</li> </ol>
Outpatient Survey (City Community Mental Health Team)	<ol style="list-style-type: none"> <li>1. Look at different on line survey systems to assess cost-effectiveness.</li> <li>2. Install chosen system into clinic.</li> <li>3. Communication of findings and outcome, with the recommendation of rolling system out into other areas.</li> <li>4. Communicate the purpose of the system to staff teams.</li> <li>5. Develop system of monitoring and disseminating results of feedback</li> <li>6. Doctors use results to reflect on practice</li> </ol>
Patient Environment Action Team Assessment	<p>Service to patients:</p> <ol style="list-style-type: none"> <li>1. To offer a service to suit needs of patients, consider relocating payphones, reviewing policy of no mobiles</li> <li>2. Accessibility (e.g. Argo bath) of the bathrooms/ shower rooms</li> <li>3. Providing suitable picture for main entrance</li> </ol> <p>Privacy and dignity:</p> <ol style="list-style-type: none"> <li>1. Patient confidentiality issues to be addressed regarding; white boards, patient notes on desk area and repositioning of close circuit television monitors</li> <li>2. Spatial reconfiguration of ward areas, consider removing sensor lighting from bedrooms and replace film on window for privacy</li> </ol> <p>Resources/ Maintenance and safety:</p> <ol style="list-style-type: none"> <li>1. General Maintenance, repairs/ replacement of old/missing items particularly where safety issues are involved</li> <li>2. Refurbishment of bathrooms</li> </ol>
Person Centred Planning in Learning Disabilities Service	<ol style="list-style-type: none"> <li>1. Person Centred Planning approach continues to be used throughout the Care Group and recent records audits have shown that reviews for service users are taking place in the required timescales with few exceptions.</li> <li>2. As Day Services transition from the older models to newer, more person centred activities, external companies are working with those services to design better models of service and using true person centred approaches.</li> <li>3. As this work continues to progress the original action plan needs to be revisited via the Operational Management Group in Learning Disabilities.</li> </ol>

<p>Pressure Sores Prevalence (Commissioning for Quality and Innovation)</p>	<ol style="list-style-type: none"> <li>1. All patients admitted to hospital should have a Waterlow score to identify the potential risk of developing a pressure sore</li> <li>2. Ensure that Waterlow Risk Assessment Tool is included in the RiO system.</li> <li>3. Disseminate the results that demonstrate patients are receiving excellent nursing care in respect of pressure sore management.</li> </ol>
<p>Professional/ Clinical Supervision Audit</p>	<ol style="list-style-type: none"> <li>1. Develop a range of training around supervision both for staff without a professional qualification plus supervisees and supervisors</li> <li>2. Develop a supervision contract, record sheet and form for staff to evaluate the experience of supervision to be available from the 'forms online' section of Bradford District Care Trust intranet</li> <li>3. Invite representatives from care groups and professions to be part of a supervision steering group</li> <li>4. Develop good practice guidance to be handed out at induction</li> </ol>
<p>Re-Audit of Inpatient Drug Charts</p>	<ol style="list-style-type: none"> <li>1. Continue to provide copies of the audit tool to doctors at induction to highlight the criteria that are assessed in the area</li> <li>2. To share key points of non-compliance more widely with ward managers, pharmacists, nursing staff as well as medical staff</li> <li>3. Audit Airedale's drug charts when the new inpatient chart is introduced in all areas</li> </ol>
<p>Re-Audit of Prescription of Anxiolytics and Night Sedatives</p>	<ol style="list-style-type: none"> <li>1. Bigger box required on the drug charts to include indications, time limits and route of administration</li> <li>2. Need for 'as and when needed' (PRN) medication and time limits to be reviewed on a weekly basis</li> <li>3. To do further audit into the cases identified as non-compliant to establish whether there was documented reasons for this</li> <li>4. Identify patients admitted on anxiolytics and night sedatives</li> <li>5. To limit amounts dispensed on discharge in accordance with guidance</li> <li>6. Consider benzodiazepine prescribing in the Community teams as a future audit topic</li> </ol>
<p>Care Quality Commission requirements after an inspection at Weaver Court</p>	<p>A full and thorough action plan was developed and has been monitored and improvements agreed via the Care Quality Commission. These included:</p> <ul style="list-style-type: none"> <li>• Improved record keeping / care plans;</li> <li>• Improved environment;</li> <li>• Staff training;</li> <li>• Staffing levels.</li> </ul>
<p>Data Quality of Discharge Planners</p>	<ol style="list-style-type: none"> <li>1. Ensure discharge summary documents are developed which include all information required (consider combining the discharge planner and discharge summary).</li> </ol>

	<ol style="list-style-type: none"> <li>2. Ensure that the proposed documentation can be mirrored in the Trust RiO system.</li> <li>3. Have the final documentation formally agreed within the Trust.</li> <li>4. Roll out the use of the approved documentation.</li> </ol>
Electro Convulsive Therapy Accreditation Service (ECTAS) audit	<p>This is a three year process; the Trust is certified by ECTAS to provide Electro Convulsive Therapy. Actions:</p> <ol style="list-style-type: none"> <li>1. The Electro Convulsive Therapy nurse will continue to regularly monitor documentation at Airedale to ensure it is correct.</li> <li>2. Bradford District Care Trust will participate in the next review which takes place in late 2010</li> </ol>

*For the full list of local audits see appendix 2.*

### **6.3 Service user and carer involvement in audit**

The Audit Department, Service User & Carer Involvement Project Officer and Service Governance Facilitators are working together to continue to support and develop service user and carer involvement in audit.

Activity to date includes:

- development of a service user and carer audit network;
- workshop resulting in an audit tool being developed on 'Reading of rights when detained under the Mental Health Act';
- delivery of audit awareness training to service users and carers.

A conference/workshop, particularly aimed at service users and carers, is to be held in April 2010 to further develop this work,

## **7.0 COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) AUDITS**

To date there has been a requirement to complete 2 audits identified within the CQUINS schedule; Bradford District Care Trust has met these requirements and submitted data accordingly. These audits were:

- Nutritional screening;
- Pressure sores prevalence.

### **7.1 Commissioner requested audits**

The following audits have been agreed with and reported to commissioners as a part of the quality monitoring process for the Trust:

- Care Programme Approach;
- Discharge Planning;
- Use of night sedatives;
- Advocacy in Learning Disability Services;
- Delivering Single Sex Accommodation (Patient Experience Survey).

## **8.0 RESEARCH AND INNOVATION**

### **8.1 Participation in clinical research**

We believe that research is a key driver for improving quality care. During 2009 the Trust launched a Research and Development Strategy to increase its participation in research and create an organisational framework for involvement in research activity. All psychotherapy staff have research activities included in their job description and are encouraged to undertake further training including research based training.

The number of patients receiving NHS services provided or sub-contracted by Bradford District Care Trust in April 2009 to March 2010, that were recruited during that period to participate in research approved by a NHS Research Ethics Committee was 106.

Studies adopted onto the National Institute for Health Research (NIHR) Portfolio reported 70 participants recruited, representing an increase from the 60 recruited in 2008 – 9. These projects are required to report monthly, increasing the validity of this data for this reporting period.

In 2009 – 10 Bradford District Care Trust was involved in conducting 18 clinical research studies, including seven NIHR adopted studies. This compares favourably with the 18 clinical studies and six NIHR Portfolio studies conducted during 2008 – 9.

In addition one service evaluation project is currently active within the Trust, and eight members of staff have participated in Consortium/Partner organisation training courses, including eight service users or carers from local groups. The Trust, in collaboration with its Consortium Partners, has supported the development of a training programme aimed at increasing the ability for participation from the Trust's service users and carers, as well as staff. This programme, Research In Action (REACT) has been accredited by a local partner University at undergraduate level, providing an excellent opportunity for personal development for its students.

The Trust was an active partner in the development of the hosting of a lead clinician and Clinical Studies Officer for the Mental Health Research Network (MHRN) within the West Yorkshire region. These posts have facilitated an important link with the MHRN hub in Newcastle, and provided access and support to Trust staff wishing to engage with MHRN supported studies. Whilst in its infancy, this development provides a significant opportunity to increase the level of NIHR portfolio activity within the Trust, previously outside this network's activity.

As we move into a more challenging financial climate, research and innovation will become even more important in identifying the new ways of understanding, preventing, diagnosing and treating disease that are essential if we are to increase the quality and productivity of services into the future.

## **8.2 Clinical staff team involvement in research based activities**

The Trusts clinical staff are involved in various different research based activities that support service and quality development. A few examples of this activity are listed for information.

- A member of staff in Older People's Services is writing a paper on cultural historical shifts in neurotic reactions, comparing World War One Shell Shock with Post Traumatic Stress Disorder.
- A clinician is part supervising in a Sheffield University Doctorate called Trust Time. The work looks at the meaning given to psychotic symptoms in an Asian Muslim service user sample.
- Qualitative single case study research and clinical studies have been undertaken with close supervision by external specialists of individual cases. This has included using research papers to review areas of clinical work.
- The Art Therapist is currently studying a high level research based specialist foundation course in psychoanalytic psychotherapy, in addition to teaching within University level education.
- A Trust clinical psychologist is involved in providing and recruiting to the international study of a manualised psychodynamic treatment for first episode psychosis.
- Data is being collected using Clinical Outcomes in Routine Evaluation (CORE) questionnaires to inform the forthcoming evaluation of psychotherapy service.
- Extensive research has been undertaken within the Eastern European community to establish what need there is for a well being café for Eastern European people.
- A member of Trust staff gave an invited lecture in June 2009 at the Royal College of Physicians & British Geriatric Society Care Homes Conference, London; 'Educating care home staff about delirium: the Trojan horse to improve quality of care'

## **8.3 National quality improvement projects**

The Trust is participating in national quality improvement programmes managed by the Royal College of Psychiatrists Centre for Quality Improvement. The following are the projects we are engaged with:

- Service accreditation programme – working age adult wards
- Service quality improvement networks for multi agency CAMHS

## **9.0 USE OF THE COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) PAYMENT FRAMEWORK**

The CQUIN Framework supports the cultural shift towards making quality the organising principle of NHS services. As a result its activities should compliment the indicators and improvement priorities of the Quality Account. A proportion of Bradford District Care Trust's contracted income in 2009 – 2010 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2009 – 2010 and for the following 12 month period are available on request from the Bradford District Care Trust Performance Team, New Mill, Victoria Road, Saltaire, Bradford, West Yorkshire, BD18 3LD.

## **10.0 WHAT OTHERS SAY ABOUT THE TRUST**

### **10.1 Care Quality Commission (CQC) Registration status**

All NHS Trusts were required to formally register with the Care Quality Commission in January 2009 against a set of requirements on infection control and Health Care Acquired Infection (HCAI). Bradford District Care Trust was registered 'without conditions' (the best possible outcome) and has continued to implement a number of actions to further develop the systems in place during 2009 – 10.

Bradford District Care Trust is required to register with the Care Quality Commission and its current registration status is 'registration without conditions'.

### **10.2 Periodic review**

Bradford District Care Trust is subject to periodic reviews by the Care Quality Commission and the last review date was 2008 – 2009. The Care Quality Commission's assessment of the Trust following the review was:

- Use of resources score: Good (previously Fair)
- Quality of services score: Good (previously Good)

The Trust declared non compliance with Core Standard C5a; National Institute for Clinical Excellence (NICE) guidance. The Trust also completed a self assessment against the Green Light Tool Kit (about access to mental health services for people with learning disabilities) which identified that there were areas for improvement.

Bradford District Care Trust intends to take the following action to address the points made in the Care Quality Commission's assessment:

- Action plans have been developed to improve performance in these areas.

The Trust has made the following progress by 31<sup>st</sup> March 2010 in taking such action:

- In relation to National Institute Clinical Excellence guidance, the action plan has now been implemented and the Trust has confirmed compliance with the requirements.
- Work on implementing the Green Light Tool Kit has progressed and a policy has now been ratified for this area of work. There will be a training programme available for staff delivering both Adult Mental Health and Learning Disability Services.

### 10.3 Special reviews

Bradford District Care Trust had participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2009 – 2010:

How we meet the physical health needs of those with mental health needs and learning disabilities.

The review has looked at how physical healthcare has been provided for those people who use our services, as follows:

- how we have supported people to access health and screening checks in general practice;
- the care and monitoring given in relation to nutrition and hydration, medication management and appropriate responses to crises;
- how we have communicated with service users and carers.

The Trust intends to take action to address the conclusions or requirements reported by the Care Quality Commission once the review findings are complete in August 2010.

The Trust has made the following progress by 31<sup>st</sup> March 2010 in taking such action:

- the indicator has been included with this Quality Account to ensure Board level commitment to ongoing quality improvement.

### 11.0 DATA QUALITY

The Trust is committed to ensuring that the data we are using to measure our performance is accurate and used comprehensively across the Trust.

The following are markers that the Quality Account guidance has specified we outline within our account as a record of the progress we are making in relation to data quality.

Bradford District Care Trust submitted records during 2009 – 2010 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 patient's valid NHS number was:

- 89% for admitted patient care.
- 95.2% for out patient care.

The percentage of records in the published data which included the patients valid General Medical Practice Code was:

- 99.9% for admitted patient care;
- 99.9% for outpatient care.

Bradford District Care Trust's score for 2009 – 2010 for Information and Quality Records Management, assessed using the Information Governance Toolkit, was 71%.

The Trust was not subject to the Payment by Results clinical coding audit during 2009 – 2010 by the Audit Commission.

Data quality is dependent on the quality of data held in the Trust's electronic record system, RIO. This system went live during May 2009 and data quality procedures were reviewed and updated as part of the implementation.

The Trust is committed to breaking down data into equality strand groups. Ensuring that equality data is captured and used as an improvement priority for 2010 – 2011 and will be reported on within the 2010 – 2011 Quality Account.

All systems users are trained in the importance of data quality. Data quality ultimately rests with the quality of inputting by system users. Completion of the third measure is the responsibility of the Information Governance Team and is assured each year by a planned approach which assesses indicators individually, agrees necessary improvements with the relevant Trust staff and monitors implementation through the year.



# PART 3

## Review of quality performance



## **12.0 Bradford District Care Trust's indicators of quality**

The Quality Account guidance requires Trusts to identify at least three quality indicators for each of the quality domains; safety, effectiveness and patient experience. It is not a requirement to select quality measures from a workforce perspective but the Trust has decided to add in a further domain to ensure we are looking at this important indicator of quality service delivery.

Along with our stakeholders we have selected 17 indicators to report on to demonstrate how we are doing in relation to the quality of services. The table below lists those indicators, why they have been chosen and the performance recorded over the last few years and this year. Where one was available it also shows the national benchmark that we are working to.

We have developed this section to give a balance between celebrating the successes we have achieved and the areas that we feel we have room for improvement through the development of quality improvement plans.

Table 6

	QUALITY DOMAIN AND ASSOCIATED INDICATORS	RATIONALE FOR SELECTION	PERFORMANCE			
			09-10 (as at)	08/09	07/08	BENCHMARK
<b>SAFETY</b>						
1.	Proportion of all in patients who have experienced physical aggression.  (defined as assault)	The Trust has been commended for its recording and analysis of incidents. We continue to be committed to this and as such have selected to monitor our performance in addressing incidents of assault in inpatient services. We will address this through monitoring of incidents through the Service Governance Network.	Moderate 9 (31.3. 2010)	Moderate 8	Moderate 7	No national benchmark
			Major 3 (31.3. 2010)	Major 1	Major 0	No national benchmark
			Catastrophic 0 (31.3. 2010)	Catastrophic 0	Catastrophic 0	No national benchmark
2.	% Purposes of any new medications explained (Community Survey Quality Health report)	It is vitally important that service users have the purposes of any new medications explained to them so that it can be used safely. We and our stakeholders also feel that it is a good measure of service user involvement in their own care. We will address this through our Care Programme Approach training and implementation programme.	73% (annual result)	71%	56%	67%
<b>EFFECTIVENESS</b>						
3.	Adults in settled accommodation (Learning Disabilities)	Throughout the stakeholder engagement processes that we coordinated it was stressed by many that employment and housing access was a key indicator of wellbeing for service users and as such should be included within the quality account as a measure of care outcome.  The Trust is delivering activity that contributes to improving performance through the Learning Disability Transition Programme, through housing support	80.8% (31.3. 2010)	86.5%	Not collected	73.2%
4.	Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation		25.2% (31.3. 2010)	50.3%	Not collected	
5.	Proportion of adults on Care Programme Approach receiving secondary mental health services in employment		2.8% (31.3. 2010)	5.0%	Not collected	

	QUALITY DOMAIN AND ASSOCIATED INDICATORS	RATIONALE FOR SELECTION	PERFORMANCE			
			09-10 (as at)	08/09	07/08	BENCHMARK
		workers within our services and through redesign of day services to support people in and into work. There is also additional work ongoing to recruit more service users into Bradford District Care Trust roles to support people with mental health issues in employment directly.				
6.	Number of service users readmitted to inpatient care within 28 day period	Readmission was also identified as a key measure of effectiveness of care throughout the stakeholder engagement process. It was agreed that this would be an important measure of quality. We will address this through effective use of Care Programme Approach, discharge planning and occupational therapy.	<b>149 service users 10.9% (31.3. 2010)</b>	<b>11.9%</b>	<b>9.8%</b>	
7.	Number of admissions to acute wards that were gate kept by Crisis Resolution / Intensive Home Treatment teams	The Crisis Resolution and Home Treatment Teams were seen by stakeholders as an important stage in the Care Pathway of service users. We feel that access to the support of these teams should be monitored as it can impact on the likelihood and experience of service users accessing Trust acute provision. We will address this by endeavouring to develop new and enhance existing Crisis Resolution / Intensive Home Treatment teams.	<b>92.6% (31.3. 2010)</b>	<b>90.0%</b>	<b>Not collected</b>	
<b>PATIENT EXPERIENCE</b>						
8.	% Patients given enough time to discuss their condition and treatment (score from Community Survey Quality Health report)	Service users feeling involved and informed in all aspects of their care was a high priority indicator for quality identified through our stakeholder events.	<b>64 % (annual result)</b>	<b>73%</b>	<b>71%</b>	<b>69%</b>

	QUALITY DOMAIN AND ASSOCIATED INDICATORS	RATIONALE FOR SELECTION	PERFORMANCE			
			09-10 (as at)	08/09	07/08	BENCHMARK
9.	% Definitely have enough say in decisions about care and treatment (overall rating – Community Survey Quality Health report)	It is also an ongoing theme throughout our Involving You Strategy involvement activities.  We aim to monitor our progress in meeting and surpassing the national benchmark.	47% (annual result)	42%	38%	43%
10.	% Patients treated with respect and dignity (from Community Survey Quality Health report)	The Trust aims to be a leader in equality, diversity and human rights and as such the work that we are undertaking through the privacy and dignity action plan needs to be monitored as part of our quality work.	84% (annual result)	87.5%	86%	84%
11.	% Have the number of someone from local mental health services to phone out of hours (Community Survey Quality Health report)	The Trust is working hard to ensure maximum service user access to out of hours support through redesigns and developments in our services. We have included this indicator so that we can monitor the progress of this work.	42% (annual result)	48%	51%	47%
<b>WORKFORCE</b>						
12.	The extent to which the Trust values my work (NHS Staff Survey)	During 2009 the Trust developed a new set of values, a set of leadership competencies and a training programme to further develop our workforce. These indicators, although not required within the quality account, will help to measure the Trusts implementation and impact of those and other complimentary developments. Our stakeholders agreed that this was a priority.	37% (annual result)	38%	35%	34%
13.	My immediate manager helps me to find a good work life balance (NHS Staff Survey)		63% (annual result)	66%	61%	61%
14.	Staff believing the Trust provides equal opportunities for career progression or promotion (NHS Staff Survey)		90% (annual result)	82%	60%	88%
15.	% of staff with up to date mandatory training – Fire Training		It is integral to the quality of our services that our workforce is up to date with training that we have identified as	75.6% (31.3. 2010)	45.6%	Not Collected

	QUALITY DOMAIN AND ASSOCIATED INDICATORS	RATIONALE FOR SELECTION	PERFORMANCE			
			09-10 (as at)	08/09	07/08	BENCHMARK
16.	% of staff with up to date mandatory training – Other Mandatory Training	essential to delivering effective services. To ensure this link is made we have included monitoring of take up of mandatory training across the organisation. A new TALENT system is in development to ensure the right staff access the right training for quality care.	61.2% (31.3. 2010)	27.2%	Not Collected	No national target / benchmark
17.	% of staff with an in date appraisal	Appraisal is a key mechanism for engaging with staff to hear about the hopes, aspirations, challenges and concerns they have in relation to their current and future role in the Trust. Although the Trust is above the national average in carrying out staff appraisals we and our stakeholders feel their effective delivery contributes to quality of services and as such we have included the indicator within the quality account.	92.1% (31.3. 2010)	80.5%	74.6%	70% (2008 National average for Mental Health/ Learning Disability Trusts)

*Please note that these figures were collected on the dates listed above and as a result of time delay in paper based systems e.g. incident reporting, may be slightly under the final 'to date' figures.*

## **13.0 QUALITY ACHIEVEMENTS**

Throughout the year the Trust has worked hard to make continuous improvements in the quality of our services. We have done this by establishing rigorous processes and systems that monitor the information we collect about our services. This knowledge is then used to drive up standards in the safety and effectiveness of our services and in the experiences of our service users when using them.

A number of service improvements in response to the reviews undertaken have been achieved in the last year, these can be summarised as follows:

### **13.1 Leadership Development across all Care Groups**

We are improving the quality of leadership through initiatives like the Exciting Futures programme. The programme supports the further development of leadership competencies and links staff with service users and carers in the delivery of a range of community projects. The programme's first cohorts of staff are due to complete later this year and the impact of this will be evaluated.

### **13.2 Child and Adolescent Mental Health Services (CAMHS)**

#### *Service Efficiency*

A review of CAMHS services using the Lean methodology has taken place (see glossary at appendix 3 for definition). The outcomes of the review will;

- result in an improved skill mix;
- distribute resources more equitably across the service;
- provide greater flexibility to meet the needs of the clients;
- improve client access across all CAMHS services;
- ensure consistency of caseload throughout the care group.

#### *Care Pathways*

The team has identified age appropriate care gaps in the service resulting in a bid being developed to create a young persons inpatient facility

#### *Improved Care Pathway*

The team has participated in a research and development project looking at eating disorders and community based care pathways at Leeds University.

### **13.3 Substance Misuse Services**

The service has relocated to a more appropriate location offering enhanced privacy for service user consultation and treatment. The team have completed an alcohol project which has included a number of audits that will be used to evidence the need for further resources. An alcohol worker has been recruited to be based in the medical assessment unit at Bradford Royal Infirmary. This is a key post working in partnership to ensure that service users are receiving the right treatment for any addictions they may have.

## 13.4 Low Secure Services

Through external review work has been undertaken to ensure compliance with National Low Secure standards. All but one of the categories received a green rating demonstrating how the service is using resources to the best effect for service users. Action plans have been developed to further improve practices and procedures across the service.

The service has carried out a large population centric project which ensures staff profile and skills mix match the population both within and outside of the ward environment for now and the future. Modern matron post has been recruited to for both inpatient and community which allows all staff to access specialised Low Secure expertise and knowledge quickly.

Environmental work has been undertaken to improve Ilkley Ward to enhance service users stay.

## 13.5 Learning Disability Services

### *Workforce Profile*

A workforce and recruitment plan has been developed to build the workforce to match future Learning Disability services.

### *Improved skills base*

A modern matron post has been recruited to for both inpatient and community which allows all staff to access specialised Learning Disability expertise and knowledge quickly.

### *External Review*

There have been several external reviews showing Improved Care Quality Commission ratings in residential and respite accommodation; Weaver Court and Whiteoaks.

Following a comprehensive review of Learning Disability Services which was undertaken in 2007/8 resulting in a whole system approach to reprovision of Learning Disabilities Services in line with National Policy, a number of action plans have been drawn up to transfer services to a more appropriate model of service provision.

## 13.6 Older People's Services

### *Inpatient Care*

The team have improved patient experience on Duchy Court with the provision of gender specific accommodation following the Privacy and Dignity Audit.

### *Service User Involvement*

A service user involvement group has been established and is improving involvement and influence over the care groups' governance agenda. There has also been an increase in the number of service users involved in recruiting new staff to the service.

### **13.7 Adult Mental Health Services**

In inpatient care the Adult Mental Health Team has developed a new model for an Occupational Therapy Service with extended 12 hour/7 day access for service users. The model will provide service users with activities as part of their care following a comprehensive and holistic assessment of their individual needs. The service has been equality impact assessed at the start of development to ensure that the needs of all communities are considered.

The service has also developed in partnership with staff and service users a redesigned respite service that is built upon socially inclusive practice and principles.

There is a reconfiguration of the Adult Mental Health Inpatient Service resulting in more dedicated consultancy time. There have also been increased staffing levels to improve level of one to one time available to clients.

### **13.8 Psychology Services**

The Psychology and Psychological Therapy Services team has developed pathways to improve access.

## **14.0 QUALITY IMPROVEMENT – PROCESSES**

In addition to these service improvements there have been a number of improvements to the supportive processes that the Trust operates to ensure quality of services.

### **14.1 Service (Clinical) Governance systems**

The Service (Clinical) Governance systems in place within the Trust provides a platform for continuous review of service quality.

The Service Governance framework is utilised to inform the agenda at all levels within the Trust to ensure that the key elements of governance are addressed and continuously improved. These key elements are identified as follows:

- Service user / carer involvement
- Equality & Diversity
- Care planning systems
- Incidents reviews and enquiries
- Staff development
- Safeguarding adults and children
- Complaints
- Audit
- NICE guidance
- Risk register

Relevant data and information is provided to services (for example incident data) which they then use to identify areas for improvement.

Each Care Group reports to the Service Governance Committee twice a year on the processes implemented and progress made in relation to Service Governance. Examples of improvements made have been documented earlier in the service review section.

A high level monthly performance report is submitted to the Trust Board each month. The performance report follows the Balance Scorecard methodology (see glossary at appendix 3 for definition) and provides assurance in the following areas:

- National priorities as set by the Care Quality Commission;
- Contractual targets agreed with both NHS Bradford and the Local Authority;
- Clinical Quality Indicators (CQUIN) Targets.

Where performance in these areas is below target, the relative service area will provide an exception report which will outline their action plan to redress activity and provide a trajectory against achievement of the target.

In addition, a detailed Care Group performance report is produced monthly which includes a comprehensive range of performance indicators. These indicators show performance in the following areas:

- Service specific Care Quality Commission (CQC) targets;
- Finance;
- Workforce;
- Activity;
- Efficiency;
- Patient Safety;
- Patient Experience;
- Service effectiveness and data reliability.

Where data shows that performance against target is not being maintained, Care Groups have to provide an action plan to mitigate against current performance.

## **14.2 Internal audit of Service Governance structures**

During 2009 an internal audit into the way Service Governance is conducted both corporately and in Care Groups was undertaken. This audit led to the agreement of a set of actions, the majority of which have now been implemented.

One outcome of this audit was an improved approach to ensuring that action plans are developed, implemented and monitored to support improvements to services as a result of complaints.

A further improvement was the introduction of a Trust wide template for all action plans which includes:

- the identification of evidence to show how the requirements have been met

- identification of how service users and carers have been involved in the action planning / implementation process.

### **14.3 Incident and risk management**

The National Patient Safety Agency (NPSA) defines high levels of incident reporting as a positive sign of an open reporting culture and a safer organisation. Bradford District Care Trust has been congratulated by the NPSA for being one of the highest reporting Mental Health Trusts in the country.

Representatives from the Trust have spoken at national learning events to share the good practice implemented within Bradford District Care Trust.

The number of patient safety incidents (as a total percentage of all incidents) has decreased over the last 2 years and this shows that approaches being used in the Trust are contributing to improving patient safety.

Monthly incident reports are provided to each team and quarterly reports to each Care Group. These reports provide an invaluable opportunity for staff to look at incident trends and the reasons behind them so that the information can be used to make changes which lead to improved and safer care and support.

Safety Learning Forums are held quarterly and are attended by staff across the Trust providing an opportunity to learn from each other. Specific topics relating to incident reduction have been:

- Learning from Serious Untoward Incidents;
- Learning from the top three incident types in each Care Group;
- Sessions in the Coroners Court facilitated by the Coroner.

Serious Untoward Incident assurance meetings are in place, at these meetings Directors receive assurance from Care Group Managers in relation to the progress being made to implement any actions which are agreed as a result of a Serious Untoward Incident. This allows the Trust to ensure that, where a Serious Untoward Incident has occurred, the learning from that incident results in improvements being made to minimize the risk of the same incident occurring again.

The Strategic Risk Management Group meets on a monthly basis and allows the opportunity to discuss and review risks at a range of levels across the Trust. A particular role of this group is to oversee the development and implementation of Risk Registers which are now in place within teams across the Trust and are able to feed into the Care Group or service Risk Register and ultimately the Bradford District Care Trust Corporate Risk Register. This approach ensures that, where necessary, risks identified in any part of the organisation may be escalated to the Trust Board.

#### 14.4 NHS Litigation Authority (NHSLA) awards

In December 2009, we were re-assessed against the NHS Litigation Authority standards. These standards require Trusts to have in place a set of policies which meet certain standards and then to show that these policies have been implemented and monitored to ensure that care and support is delivered in line with policies.

Bradford District Care Trust was assessed for Level 1 of the standards which measures that the appropriate policies are in place. Bradford District Care Trust exceeded the required pass mark for this assessment scoring 99%; the Trust is now putting a plan in place to progress to meeting the NHS Litigation Authority Level 2 requirements.

#### 14.5 Annual Health Check results

Bradford District Care Trust (like all NHS Trusts) receives an Annual Health Check score from the Care Quality Commission. This includes assessment of how well we meet the Standards for Better Health, our performance against a set of targets and our financial performance.

The Trust has seen a steady improvement in results over the last three years as follows:

*Table 7*

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

#### 14.6 Emergency planning work on Swine Flu

During the Swine Flu Pandemic the Trust has been active in all the relevant multi agency forums and has shared pandemic plans with partner agencies through the NHS Bradford and Airedale. This is demonstrating the Trusts ability to respond to and manage an emergency situation.

The Trust has managed a successful vaccination programme for staff (which is crucial in helping to ensure front line services can continue to be delivered) Bradford District Care Trust has had the highest uptake to date of all Mental Health Trusts in our region.

#### 14.7 Safeguarding children

A number of specific improvements have been made in relation to safeguarding children. These include the National Patient Safety Agency issued a Rapid Response Report, 'Preventing Harm to Children from Parents with Mental Health Needs' with an expectation that all required actions would be implemented by the 27<sup>th</sup> November 2009. Bradford District Care Trust has been able to confirm that these requirements are all met including issues such as:

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

During 2009 the Care Quality Commission required Trusts to make a public declaration on how they are meeting their duties in relation to Safeguarding Children. Bradford District Care Trust is able to confirm that the declaration has been published on the Trust web site. An action plan has been developed to address any identified areas for improvement.

A Safeguarding Children Audit Strategy has been written and was approved by the Trust's Clinical and Social Care Audit Steering Group in October 2009. This strategy outlines a series of audits (single and multi-agency) for completion by Bradford District Care Trust.

#### **14.8 Audit of Risk Management systems**

West Yorkshire Audit Commission audited the Trust this year. The purpose of the audit was to assess the effectiveness of the risk management systems in place across the organisation. The internal audit report they produced stated that we had made significant progress since the previous review. The risk register system was found to have been rolled out in all but a small number of departments.

#### **14.9 Infection control**

All NHS Trusts were required to formally register with the Care Quality Commission in January 2009 against a set of requirements on infection control and Health Care Acquired Infection (HCAI). Bradford District Care Trust was registered 'without conditions' (the best possible outcome) and has continued to implement a number of actions to further develop the systems in place during 2009 – 10.

#### **14.10 Privacy and Dignity Action Plan**

We have developed a robust action plan to ensure that key issues of privacy and dignity can be met including the requirements for single sex accommodation. The plan relates to all in-patient areas and progress is being monitored by the Primary Care Trust and is also reported to the Strategic Health Authority.

Examples of the types of issues included are as follows:

- removing mixed sex accommodation;
- privacy of bathing facilities;
- provision of appropriate clothing;
- development of en suite facilities;
- training for staff on privacy and dignity issues;
- separate environments for male and female service users.

Bradford District Care Trust meets the requirements set out in the plan on all wards with the exception of one, on this ward additional plans are in place to ensure the requirements can be met.

#### 14.11 Patient Environment Action Team (PEAT) assessments

All NHS Trusts are required to undertake PEAT assessments which use a team of assessors (including service users) to assess issues around the environment, the quality of food and privacy and dignity.

The performance for Bradford District Care Trust over the last 3 years is as follows:

**Table 8**

<b>Year</b>	<b>Environment</b>	<b>Food</b>	<b>Privacy &amp; Dignity</b>
2009	4 x good	4 x excellent	1 x excellent 3 x good
2008	1 x excellent 3 x good	4 x excellent	Not measured
2007	4 x good 1 x acceptable	3 x excellent 2 x good	Not measured

#### 14.12 Equality, Diversity and Human Rights

Bradford, Airedale and Craven are unique and diverse communities each with different populations and characteristics. As such equality, diversity and human rights are integral to maximising and ensuring quality of service to all members of those communities.

In 2009 the Trust was once again named as an NHS Employers Positively Diverse lead site. This means that Bradford District Care Trust is one of 20 leaders in embedding equality into all that we do nationally. This is reflected in the Trust's newly revised values and across our strategies.

#### 14.13 Falls Assessment

Slips, trips and falls are recognised as being a common cause of major injuries. However, simple cost effective measures can reduce the risk of these incidents occurring. Bradford District Care Trust is committed to addressing and reducing slips trips and falls. The Trust has established a policy to ensure staff are appropriately conducting workplace assessments in relation to slips, trips and falls and advice sought from the health and safety manager if applicable. The Falls Risk Assessment Tool (FRAT) and Falls Risk Assessment Form (FRAF) are used to do this. Trust physiotherapists meet regularly to discuss slip, trip and fall prevention. The project has contributed to the national bone health audit work.

## **15.0 INTERNAL VALIDATION AND ASSURANCE PROCESSES**

The Trust is committed to getting the most from our Quality Account. As part of the Commissioning for Quality and Innovation framework Healthy Ambitions peer assessment process we intend throughout the year to develop a peer assessment relationship with another similar Trust for benchmarking purposes.

## **16.0 ACCESSING AND UNDERSTANDING THIS DOCUMENT**

If you need help in accessing this document in different formats or you would like to talk it through with someone at the Trust with the support of an interpreter then please contact the Equality and Diversity Team on 01274 228298.

This document, an executive summary and easy read version are available on the website at:

<http://www.bdct.nhs.uk/communications/news/publications/quality-account.php>

Alternatively they can be obtained from the Communications Team on:

Telephone: 01274 228300

Email: [communications@bdct.nhs.uk](mailto:communications@bdct.nhs.uk)

## **17.0 COMMENTING ON THIS DOCUMENT AND INFLUENCING WHAT GOES INTO NEXT YEARS QUALITY ACCOUNT**

Bradford District Care Trust is committed to ensuring this Quality Account is a true reflection and representation of the quality offered throughout our services.

As a result if you have any comments about the information covered or not covered within the account or if you would like to be involved in the development of next years document you can contact the Executive Director for Business Development and Compliance at Bradford District Care Trust, New Mill, Victoria Road, Saltaire, Bradford West Yorkshire, BD18 3LD, 01274 228300.

## **18.0 ONGOING ENGAGEMENT PLAN**

This Quality Account gives an annual report of how Bradford District Care Trust is doing in relation to the quality of our services. The work to highlight problems and improve quality continues all year round and as a result we have developed a plan for ensuring stakeholders have the opportunity to comment and influence quality throughout the year.

Some of the key activities and forums are listed at table 9 below.

**Table 9**

<b>Activity</b>	<b>Regularity / date</b>	<b>Target Group</b>	<b>Contact details for more information</b>
Involving You Service User and Carer Groups which cover all services	Often monthly dependant on the Care Group.	Service users and carers across the Trust's services	Involvement Team 01274 363486
Carers in Action	Monthly	Carers supporting service users within Adult Mental Health Services	Involvement Team 01274 363486
Equality and Human Rights Review Panel	Monthly – checks progress on quality issues for different equality protected groups.	Service users, carers, staff and community partners.	Equality and Diversity Team 01274 228158
Foundation Trust Events	Throughout the year	Foundation Trust members	Membership Manager 01274 363552
Annual General Meeting	Annually	Service users, carers, staff and community and public sector partners.	Trust Secretary 01274 228308
Ongoing community events	Ongoing	Service users, carers, staff and community partners.	Equality and Diversity Team 01274 228158

# PART 4

## Appendices





# APPENDIX 1

## Statements from our partners



## STATEMENTS FROM OUR PARTNERS

As part of the assurance system for the Quality Account we have asked our Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trust to make a comment on our Quality Account. The following are their responses.

### **NHS Bradford and Airedale comments on Bradford District Care Trust Quality Accounts**

NHS Bradford and Airedale is the lead Commissioner for Bradford District Care Trust (BDCT) and we are pleased to be able to review and comment on the 2009/2010 BDCT Quality Accounts.

NHS Bradford and Airedale believe that the national introduction of Quality Accounts will support the long term sustainability of NHS organisations to continually deliver quality improvements and high quality services to all users of NHS services.

As lead Commissioner we acknowledge the continued steps that BDCT have taken towards improving and assuring the quality of services for local service users and carers. BDCT have made significant progress over the past 12 months in putting quality at the heart of the services that it provides and we are especially pleased that BDCT have:

- Developed their Research Strategy
- Been named as an NHS Employers Positively Diverse lead site
- Confirmed compliance with the National Institute Excellence Core Standard
- Completed the Green Light toolkit self assessment
- Continued to encourage a high level of reporting and analysis on incidents

During 2009/2010 NHS Bradford and Airedale has been included in the review of the priority areas for improvement that are detailed in the Accounts and the continued focus that BDCT has placed on these priorities has led to real improvements in the services that are delivered.

BDCT have demonstrated their commitment to evaluating and improving their services through their Clinical Audit and Research programme. NHS Bradford and Airedale have been closely involved in a number of local audits through the CQUIN scheme and would like to thank all of the BDCT staff that have been involved in these high quality reports.

NHS Bradford and Airedale fully support the priority areas and future initiatives that have been developed for 2010/2011, some of which include:

- Improving the physical health care support for people within Learning Disabilities
- Improving support for carers
- Improving the collection and use of equalities data

Many of the areas that have been highlighted are also part of the regional CQUIN scheme, we also believe that these priorities are representative of the services that BDCT deliver.

NHS Bradford and Airedale would like to thank BDCT for the proactive and inclusive approach they have taken in the development of their 2009/2010 Quality Accounts.

**Bradford Local Involvement Network (LINK)  
(statement also provided on behalf of North Yorkshire LINK)**

Bradford LINK welcomes the Bradford District Care Trust 2009/2010 Quality Accounts. These accounts give comprehensive coverage of the Trust's services and we can see no significant omissions of concern. We look forward to future liaison over progress and will be responding over the coming months to the issues we have raised.

**Bradford Local Authority Overview and Scrutiny Committee**

No comments were received from Bradford Local Authority Overview and Scrutiny Committee.

**North Yorkshire County Council Scrutiny of Health Committee**

The Committee feels that the Trust's Quality Account is representative and comprehensive in terms of the services provided and there are no significant omissions. The Committee supports the priorities for improvement and the structured way in which assurance will be provided.

The Committee does, however, feel that in complying with the guidance on the structure and content of Quality Accounts, the document is not easy to follow. The Trust's idea for an Executive Summary is whole heartedly supported.

Finally, against a background of the good working relationship that exists between the Trust and the Committee, if you feel we can help the Trust to implement measures set out in its Quality Account, please do not hesitate to contact me.



# APPENDIX 2

## Bradford District Care Trust Audit Programme



## Bradford District Care Trust Audit Programme

Audit ID	Date Registered	Audit Title
<b>ADULT MENTAL HEALTH</b>		
07/08-0124	17/06/2008	National Audit of NICE guidelines in Schizophrenia 07/08
08/09-0141	05/08/2008	Outpatient Survey (City CMHT)
08/09-0159	28/11/2008	Data Quality of Discharge Planners
08/09-0168	30/01/2009	CRHT as Gatekeepers Re-audit
09/10-0193	16/07/2009	Investigations required prior to instigate antipsychotics
09/10-0197	11/08/2009	Communication of Discharge Medication to primary care
09/10-0198	16/09/2009	Benzodiazepine Use in the Community
09/10-0213	17/12/2009	Risk Assessment Audit - RiO
09/10-0214	17/12/2009	Risk Assessment Audit - Paper documentation
09/10-0215	17/12/2009	Section 136 Audit
09/10-0216	07/01/2010	Electro Convulsive Therapy
09/10-0221	18/01/2010	Audit of Mental Health Act recommendations
09/10-0223	22/01/2010	Data Quality of core assessment in adult CMHT
09/10-0226	03/02/2010	New referral response time
<b>CHILD AND ADOLESCENT MENTAL HEALTH</b>		
08/09-0165	01/01/2009	Use of Family Therapy patients with Anorexia Nervosa
09/10-0182	01/05/2009	Clinical Supervision received in CAMHS
09/10-0207	06/11/2009	Safe and Appropriate Care for Young People on AMH Wards
09/10-0229	24/02/2010	Carer satisfaction survey in CAMHS
<b>FACILITIES AND INFORMATICS</b>		
09/10-0194	05/08/2009	Cleanliness Audit
09/10-0203	29/09/2009	Patient Environment Action Team Assessment
<b>LEARNING DISABILITIES</b>		
08/09-0154	19/11/2008	Clinical Psychology Service-LD
08/09-0170	13/01/2009	Person Centered Planning in LD
09/10-0185	04/06/2009	CQC requirements after an inspection at Weaver Court
09/10-0191	14/07/2009	CQC requirements in all large residential care homes
09/10-0200	22/09/2009	Admissions and discharges at the LD A&T Unit (Q1/09)
09/10-0217	08/01/2010	Medication systems in residential care services
09/10-0218	08/01/2010	Periodic Service Review of LD Day Services
09/10-0227	24/02/2010	Service User Satisfaction Questionnaire – Wakefield Road
09/10-0228	24/02/2010	Carer Satisfaction Questionnaire – Wakefield Road

<b>Audit ID</b>	<b>Date Registered</b>	<b>Audit Title</b>
<b>LOW SECURE</b>		
08/09-0162	16/12/2008	Psychological Services; A service evaluation
09/10-0195	07/08/2009	Junior Doctors Management of Blood Glucose Results
09/10-0202	22/09/2009	Audit of Service User and Carer Information
09/10-0220	18/01/2010	Audit on NICE compliance of Lipid Modification
<b>OLDER PEOPLE'S MENTAL HEALTH</b>		
08/09-0152	18/11/2008	National Audit of Falls and Bone Health for Older People
08/09-0158	28/11/2008	Slips, Trips and Falls
09/10-0183	15/05/2009	Pressure Sores Prevalence (CQUIN)
09/10-0186	15/06/2009	Prescribing of Drugs for the treatment of Alzheimers
09/10-0230	24/02/2010	Standard of Discharge Summaries
09/10-0231	10/03/2010	Assessing Trainee Doctors satisfaction
<b>SOCIAL CARE AND INCLUSION</b>		
09/10-0205	03/09/2009	Social Care and Inclusion- referrals
<b>SUBSTANCE MISUSE</b>		
08/09-0163	23/12/2008	Planned Care Plan
08/09-0164	29/12/2008	Medical Alcohol Detoxification (Parenteral B Vitamins)
08/09-0173	13/02/2009	Prescribing (Drug and Alcohol and PCT)
09/10-0190	08/07/2009	Airedale Community D& A Team Service User Survey
<b>TRUSTWIDE</b>		
07/08-0079	07/01/2007	Professional/ Clinical Supervision Audit
08/09-0136	01/07/2008	DVLA/GMC guidelines on driving/psychiatric disorders
08/09-0145	12/09/2008	Mental Health Records (Medical)
08/09-0169	01/01/2009	Record Keeping
09/10-0184	15/05/2009	Nutritional Screening
09/10-0187	15/06/2009	Re-Audit of Prescription of Anxiolytics and Night Sedatives
09/10-0189	09/06/2009	Supervision Audit for Occupational Therapists
09/10-0192	16/07/2009	Re-Audit of Inpatient Drug Charts
09/10-0196	01/03/2009	Care Programme Approach Peer Audit
09/10-0199	18/09/2009	Consent to Treatment Audit
09/10-0201	22/09/2009	NPSA Records Audit (Getting the Basics Right)
09/10-0204	05/10/2009	Timing of Physical Examinations and Consultant Reviews
09/10-0206	06/10/2009	Re-audit of Service User and Carer Participation
09/10-0188	15/06/2009	National Audit of Continence Care
09/10-0219	01/12/2009	Privacy and Dignity (Same Sex Accommodation)
09/10-0222	10/01/2010	Mental Health Rights
09/10-0224	29/01/2010	NPSA Preventing Harm to Children from parents with MH Leeds
09/10-0225	29/01/2010	Joint working : Children's Social Care



# APPENDIX 3

## Glossary of Terms



## Glossary of Terms

### **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.

### **Balanced Scorecards methodology**

Balanced Scorecards is a strategic planning and management system that is used extensively in business and industry, government, and non-profit organisations worldwide to align business activities to the vision and strategy of the organisation, improve internal and external communications, and monitor organisation performance against strategic goals. It provides a framework that not only provides performance measurements, but helps planners identify what should be done and measured.

### **Care Quality Commission**

The Care Quality Commission or (CQC) is the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. The organisation aims to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. The CQC seeks to protect the interests of people whose rights are restricted under the Mental Health Act.

### **Commissioner**

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Primary care trusts are the key organisations responsible for commissioning healthcare services for their area. 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.

Visit: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091443](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443)

### **Equality Data**

Data that relates to a persons; age, disability, gender, race, religion or belief, sexual orientation or trans status.

### **LEAN methodology**

Lean is an improvement approach designed to improve flow and eliminate waste that was developed by Toyota and is now used and accepted across the NHS. Lean is about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change.

### **Modern Matron**

Modern Matrons are strong clinical leader with clear authority at ward level. They are easily identifiable to patients and have the authority and the support they need to make sure the fundamentals of care are right.

## **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 Account**

A Quality Account 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 Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

## **RiO**

The Bradford District Care Trust's clinical information system.

## **Service Governance Committee**

The overall aim of the Committee is to monitor, review and report to the Trust Board the adequacy of the Trust's processes in the areas of clinical and social care governance and where appropriate, facilitate and support efficient and effective systems.

The Service Governance Committee's key objectives are to monitor, review and report to the Trust Board giving advice on service governance and risk management issues, developing service governance strategies systems and processes, developing a risk awareness culture and positive approach to investigating and learning from adverse events and ensuring the Trust is effectively organised to meet the requirements of external inspectorate bodies.

## **Settled Accommodation**

Settled accommodation refers to secure, medium to long term accommodation. The principle characteristic is that the occupier has security of tenure/residence in their usual accommodation in the medium to long term, or is part of a household whose head holds such security or tenure/residence.

Non-settled accommodation refers to accommodation arrangements that are precarious, or where the person has no or low security of tenure/residence in their usual accommodation and so may be required to leave at very short notice.

## **Stakeholders**

A person, group or organisation, who affects or can be affected by an organisation's actions

## **Standards for Better Health**

The standards describe the level of quality that health care organisations, including NHS Foundation Trusts, and private and voluntary providers of NHS care, will be expected to meet in terms of safety; clinical and cost effectiveness; governance; patient focus; accessible and responsive care; care environment and amenities; and public health. In each of these domains the individual standards fall into two categories:

- *core standards*: which bring together and rationalise existing requirements for the health service, setting out the minimum level of service patients and service users have a right to expect; and
- *developmental standards* – which signal the direction of travel and provide a framework for NHS bodies to plan the delivery of services which continue to improve in line with increasing patient expectations.