



Quality Account

Executive Summary

2012/13



Introduction by Chief Executive

Welcome to the Executive Summary of Bradford District Care Trust's Quality Account for 2012/13.

The Trust's Quality Account for 2012/2013 sets out our commitment to ongoing improvement in the quality of services that we deliver. The Quality Account is a public document that we will publish annually to assure our commissioners, service users, carers and the wider community of our developments in striving for quality in all that we do.

By following the guidelines produced by the Department of Health the full Quality Account is very detailed, therefore the Trust Board wanted to produce a summary of the document to make its contents as accessible as possible. A copy of the full document is available at: www.bdct.nhs.uk/QA_2012-13.pdf

The Trust champions the importance of excellence in service quality and provides assurance that standards of care are met efficiently, safely and in a way that results in a positive experience for patients. The three elements of quality: patient safety, effectiveness and patient experience. They are at the heart of the service design and quality governance work within the Trust.

The Trust is committed to a zero-harm culture. We achieve this by listening to our clinical staff and service users and supporting their ideas for improving services. We act openly and honestly with service users, carers, staff and the public and publish our performance, so that we are accountable for the quality of services we provide.

You will see that there are some areas in this Quality Account, where we did not achieve all that we set out to do. The Trust will continue to work hard to achieve our commitments to you; to monitor and report our progress and be honest and open about where we can improve.

The Trust has a good track record of responding to and learning from external reports, and within the last year we have reviewed and responded to;

- Francis Report
- Winterbourne View Report
- Savile Report

In the light of the Francis report, we will be refreshing the 2013/14 Quality Account. In particular we will be looking at six important themes from the Francis report:

- Organisational Culture
- Risk & Incident Management
- Workforce
- Patient & Public Engagement
- Complaints
- Quality Assurance

We recognise that a fundamental process for making sure 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.



A handwritten signature in black ink that reads "Simon Large".

Simon Large
Chief Executive

Review of Quality Performance 2012/13

At a stakeholder event in April 2012 we developed the following key priorities for improvement for 2012/13;

- **Implementation of NHS Safety Thermometer harm measurement instrument** – This was a new nationally mandated requirement that cuts across in-patient and community services to collect data on patient harm.
- **Satisfaction surveys** – 2011/12 was the first year this type of measurement was implemented. We have continued in 2012/13, and have increased the number of services where they are undertaken.
- **Disability recording** – This indicator has been identified as a priority by stakeholders as part of the Trust's Equality Objectives. Improving the collection and use of equalities data allows us to plan services to meet the needs of our diverse population.

Alongside these priorities we also agreed to:

- **Make** some indicators better by including national benchmarks and stretch targets within the three quality domains.
- **Replace** some of the 2011/12 indicators to allow new indicators for 2012/13. Based on feedback from our stakeholders we will replace some priorities that have either always been met or are repeated in other performance information available to the public.
- **Develop** some new and extended priorities for 2012/13.
- **Include** priorities that show real improvements to service users and their families.

Quality Improvement – Processes

In addition to the service improvements / priorities identified above there have been improvements made to 'back office' functions and processes to ensure quality of services are delivered throughout the Trust.

In summary for 2012/13 we devised 35 indicators. Service Governance Committee received an update on progress every quarter and Trust Board received a summary update each month. In addition, as part of the nationally required guidance for 2012/13 a further five mandated Quality Account indicators were applied to Bradford District Care Trust.

The following tables list those indicators, a more comprehensive account of which is provided in the full Quality Account (p27).



Nationally Mandated Indicators

Mandated Indicators	Agreed improvement target / Benchmark	As per Health and Social Care Information Centre (HSCIC)	Current BDCT data 2012/13	
% of patients on Care Programme Approach who were followed up within 7 days after discharge	95% Monitor target	92.5%	98.8% 163/165 patients	✓
Highest scoring Trust		100%		
Lowest scoring Trust		0%		
% of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper	95% Monitor target	99.5%	100% 199/199 patients	✓
Highest scoring Trust		100%		
Lowest scoring Trust		90.7%		
% of staff who would recommend the Trust as a provider of care to their family or friends	60% National Average	66% 304 staff	62% 297 staff	✓
Highest scoring Trust		83%		
Lowest scoring Trust		43%		
"Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker	86.64% National Average	88.38%	88.38%	✓
Highest scoring Trust		91.8%		
Lowest scoring Trust		82.6%		
The number and rate of patient safety incidents reported within the trust and the number and percentage of such patient safety incidents that resulted in severe harm or death.	Severe: 0.8% Death: 0.8% <i>All MH Organisations</i>	Severe: 0.4% 6 incidents Death: 0.2% 3 incidents	Oct 2012 – Mar 2013 <i>not yet published</i>	✓
Highest scoring Trust – Severe incidents		0% 0 incidents		
Highest scoring Trust – Death		0% 0 incidents		
Lowest scoring Trust – Severe incidents		8.9% 316 incidents		
Lowest scoring Trust – Death		4.3% 23 incidents		

Source: Health and Social Care Information Centre (HSCIC)

Local Quality Indicators

Quality Domain - Clinical Effectiveness	Agreed improvement target / Benchmark	2012/13	
% clients that receive physical health checks in Adult and Older People's wards	97% Target	86%	✘
Well child pathway compliance – % compliance with expected core contacts	70% Target	76.8 %	✓
Well child pathway compliance – % compliance with expected quality of core contacts	70% Target	74.2%	✓
Low Secure Service – examine effectiveness of therapeutic interventions (via annual snapshot audit of the outcomes of recovery interventions utilised by the service)	80% Target	82%	✓
Step Forward Centre (In-patient Rehabilitation) – examine effectiveness of therapeutic interventions (via annual snapshot audit of the outcomes of recovery interventions utilised by the service)	50% Target	58%	✓
Psychological Services – examine effectiveness of therapeutic interventions (via annual snapshot audit of the outcomes of recovery interventions utilised by the service)	50% Target	64%	✓
The number of people dying in their preferred place of death	75% Target	83% 499/603 patients	✓

Quality Domain - Patient Safety	Agreed improvement target / Benchmark	2012/13	
Level of Slips, Trips and Falls Trust wide (indicator expanded to incorporate all services not just in-patients) <i>10% improvement expected on 2011/12 target of 909</i>	Less than 818 incidents	400	✓
Falls – Number of patients aged 65 and over on the District Nursing caseload who had attended A&E following a fall, who were reassessed using a multifactorial risk assessment at 3 months	85% Target	86%	✓
Purposes of any new medications explained (Community Survey Quality Health report 2012)	93% Benchmark	95%	✓
Pressure ulcers – Number of patients on the District Nursing Caseload who have a grade 2 pressure ulcer or above who have an individualised plan of care to prevent or treat pressure ulcers	95% Target	100% 349/349 patients	✓
Pressure ulcers – Number of patients on the District Nursing Caseload who have a grade 2 pressure ulcer or above who have an initial structured risk assessment	95% Target	95.42% 333/349 patients	✓
Incidence of documented Risk Assessment within Mental Health Community Services	97% Target	93.9%	✘
<i>New</i> – Implementation of the NHS Safety Thermometer harm measurement instrument	<i>To successfully implement and achieve CQUIN milestones</i>	100% submission	✓

Local Quality Indicators continued

Quality Domain - Patient Experience	Agreed improvement target / Benchmark	2012/13	
% of carers offered a carers assessment n.b. Low Secure Services are not included.	63%	42.6%	✗
% service user record with completed religion / belief – RIO	95%	59.3%	✗
% service user record with completed religion / belief – SystmOne	25%	25.8%	✓
% service user record with a completed record of a person's disability – RIO	25%	5.8%	✗
% service user record with a completed record of a person's disability – SystmOne	25%	8.3%	✗
% service user record with a completed ethnic group – RIO	95%	93.4%	✗
% service user record with a completed ethnic group – SystmOne	95%	81.9%	✗
% patients given enough time to discuss their condition and treatment (score from Community Survey Quality Health report 2012)	93% Benchmark	95%	✓
% patients treated with respect and dignity (from Community Survey Quality Health report 2012)	98% Benchmark	98%	✓
% have the number of someone from local mental health services to phone out of hours (Community Survey Quality Health report 2012)	53% Benchmark	45%	✗
Dental services – % child patients rating their experience of the dental service as excellent or satisfied	90% Target	98% Satisfied	😊
Children's services – % satisfaction with Health Visiting services	90% Target	97% Satisfied	😊
Children's services – % satisfaction with School Nursing services	90% Target	94% Satisfied	😊
District Nursing – % satisfaction with District Nursing services	90% Target	97% Satisfied	😊
% satisfaction with Speech & Language Services	90% Target	100% Satisfied	😊
% satisfaction with Podiatry Services	90% Target	100% Satisfied	😊

Workforce – Indicators

	Agreed improvement target / Benchmark	2012/13	
The extent to which the Trust values my work (NHS Staff Survey)	42% National average	45%	✓
Staff believing the Trust provides equal opportunities for career progression or promotion (NHS Staff Survey)	90% National average	90%	✓
% of staff with up to date mandatory training – Fire Training	80% Target	85.48%	✓
% of staff with up to date mandatory training – Other Mandatory Training	80% Target	79.76%	✗
% of staff with an in date appraisal	80% Target	82.44%	✓



Priorities for Improvement 2013/14

In February 2013 we held a Quality Account workshop to look at priorities and quality initiatives for 2013/14 which are included in this document.

A range of key partners were invited including;



The purpose of the workshop was to:

- Provide an update on improvements from the Quality Account for 2012/13
- Update on any changes to guidance / requirements to the current process
- Talk with key partners about the improvements that were most important to them in the future.

Identified Priorities 2013/14

Following robust discussion and challenge the following priorities were identified for the Quality Account 2013/14.

Patient Safety Priorities

- Minimising harm
- Assessing and documenting risk
- Proactive not reactive
- Learning from incidents

Clinical Effectiveness Priorities

- Personalised care, meeting personal need
- Friends and family test
- One care plan, accessible by the right people at the right time

Patient Experience Priorities

- Capturing real-time feedback from patients, using it to improve services
- Use of stories not numbers
- Evidence how we listen and learn
- Voice and empowerment

Indicators have been identified to monitor and evidence the quality improvements and they will be incorporated into our reporting framework for 2013/14. The quality account indicators will be monitored at each Service Governance Committee.

Statements of Assurance from the Trust Board

Participation in Clinical Audits

The Trust undertakes a full programme of clinical audit which is reported to our Board through a decision making group (Service Governance Committee).

We believe that a good audit programme supports clinicians, managers, service users, carers, the community and commissioners to understand how we are doing in line with recommended quality standards. It also provides information we can use to improve quality if any gaps are found.

Our audit activity for 2012/13 included:

- National audits
- Commissioner audits
- Local audits

The Trust's Audit Department along with our Involvement Team are working together to continue to support and develop effective service user and carer involvement in audit activity.

Clinical Research

Over the past year, our continued investment in research, together with West Yorkshire Comprehensive Local Research Network (WY CLRN) funding, has resulted in real progress in achieving the goals of our research strategy. The aim is to develop our ability and reputation to deliver excellent applied health research, with the potential to improve the health and well-being of the people we serve.

We have made real improvements to how we look at applications and grant NHS permission to conduct research in our Trust. Working with the Bradford Institute of Health Research (BIHR) and using new systems from the National Institute of Health Research (NIHR), the time taken from receiving a completed application to granting permission has reduced from 47 days in 2011/12 to 31 days 2012/13.

Data Quality

We are committed to making sure that the data we are using to measure our performance is accurate and used comprehensively across the Trust. Improving our data quality remains key in order to effectively monitor and report on our performance.

Registration Status

We are required to register with the Care Quality Commission and its current registration status is fully registered.

Statements from our Partners

As part of the assurance system for the Quality Account we are required to ask our Local Healthwatch, Overview and Scrutiny Committees and Commissioning Care Groups to make a comment on our Quality Account. We are delighted to receive supportive comments from these organisations as to the content of our Quality Account. Their full comments can be found within the Quality Account.

Moving Forward

We were delighted to publish our full Quality Account for 2012 – 2013 as this provides a platform for us to celebrate the areas the organisation has excelled at whilst recognising the areas requiring improvement.

Ongoing stakeholder involvement is planned looking forward to 2014 and beyond. If you wish to be involved keep a look out on our website for details of events.

The full Quality Account can be downloaded www.bdct.nhs.uk/QA_2012-13.pdf



Translation Information:

Ta publikacja jest dostępna również w innych językach obecnych w naszej społeczności. Prosimy o kontakt pod poniższym adresem, telefonem bądź adresem email.

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