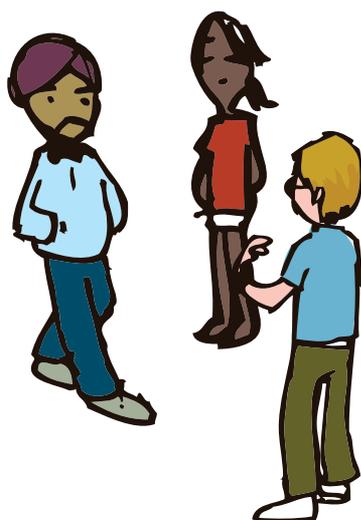
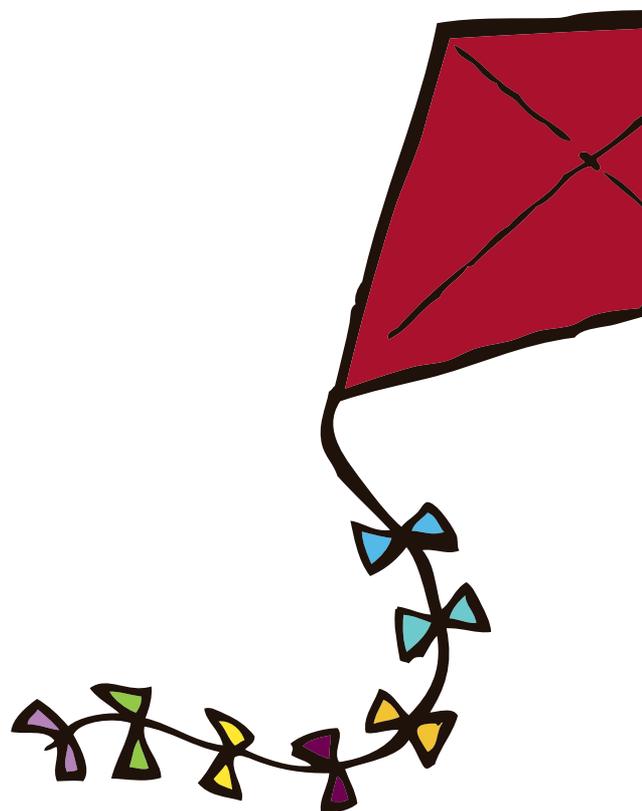


Quality Account

2009-2010

Executive Summary



Introduction by Chair and Chief Executive

Welcome to the Executive Summary of Bradford District Care Trust's Quality Account for 2009 – 2010.

We welcome the opportunity of producing our first annual report to the public about the quality of services we provide. The Department of Health guidelines require the Trust to use a Quality Account to help the public, patients/service users and others with an interest in our service to understand the following:

- What our organisation is doing well
- Where improvements in service quality are required
- What our shared priorities for improvement are for the coming year; and
- How we have involved service users, carers, staff and others with an interest in our organisation in choosing those priorities for improvement.

By adhering to the Department of Health guidelines for producing Quality Accounts the full Quality Accounts document is very detailed, therefore the Trust Board wanted to produce a summary of the document to make its content as accessible as possible. A copy of the full document is available at <http://www.bdct.nhs.uk/communications/news/publications/quality-account.php> together with a simpler easy read version.

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



Barry Seal
Chair



Simon Large
Chief Executive

These are:

- Respect
- Openness
- Improvement
- Excellence
- Together

It is our mission to be one of the country's leading integrated mental health and learning disability providers improving lives through delivery of high quality care in partnership across our diverse communities, available locally to meet individual needs and achieve excellence in service user experience.

As an organisation we always strive to include service users and carers in our work and we are delighted in how service users, carers, staff and other key stakeholders have worked together in agreeing the priorities for improvement and indicators of quality set out within the Quality Account. We are pleased that the Quality Account contains positive feedback regarding the effective involvement in its development process.



Review of Quality Performance

Throughout the year we have 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 experience of our service users when using them. Below are a number of service improvements, fuller details are contained within the Quality Account.

- **Leadership development across all care groups –**

We are improving the quality of leadership through initiatives like the Exciting Futures Programme. This 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.

- **Child & Adolescent Mental Health Services (CAMHS) –**

A review of CAMHS services using the lean methodology has taken place. 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 clients and improve client access across all CAMHS services.

- **Low Secure Services –**

The service has carried out a large workforce modernisation programme, called the Population Centric Project, which ensures staff profile and skill mix match the population both within and outside of the ward environment for now and the future.



Exciting Futures Team 'In touch with Art'.

- **Substance Misuse Services –**

The service has relocated to a more appropriate location offering enhanced privacy for service user consultation and treatment.

- **Learning Disability Services –**

There have been several external reviews showing improved Care Quality Commission ratings in residential and respite accommodation.

- **Older Peoples' Services –**

The team have improved service user experience on Duchy Court with the provision of specific male and female accommodation following the Privacy and Dignity audit.

- **Adult Service In Patient 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 the development to ensure that the needs of all communities are considered.



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. These are in the areas of Service Governance systems, Incident and Risk Management, Safeguarding Children and Vulnerable Adults, work on swine flu, Infection Control, Privacy and Dignity, Patient Environment Action Team Assessments, Falls Assessment and Equality, Diversity and Human Rights.

Indicators of Quality

The Quality Account guidance requires Trusts to identify at least three quality indicators for each of the quality domains of safety, effectiveness and patient experience. It is not a requirement to select

quality measures from a workforce perspective but we have 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 following table lists those indicators and the performance recorded over the last three years. We have summarised the rationale for selection of these individual indicators, a more comprehensive account of which is provided in the full Quality Account. The table also shows the national benchmark that we are working to, where one was available.

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 1

Quality Domain and Associated Indicators	Rationale for Selection	Performance 09-10 (as at)	08/09	07/08	Benchmark
SAFETY					
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 have selected to monitor our performance in addressing incidents of assault in inpatient services.	Moderate 9 (31 March 2010)	Moderate 8	Moderate 7	No national benchmark
		Major 3 (31 March 2010)	Major 1	Major 0	No national benchmark
		Catastrophic 0 (31 March 2010)	Catastrophic 0	Catastrophic 0	No national benchmark
% 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.	73% (annual result)	71%	56%	67%





Table 1 continued

Quality Domain and Associated Indicators	Rationale for Selection	Performance 09-10 (as at)	08/09	07/08	Benchmark
EFFECTIVENESS					
Adults in settled accommodation (Learning Disabilities)	Throughout the stakeholder engagement processes it was stressed that employment and housing access was a key indicator of wellbeing and should be included as a measure of care outcome.	80.8% (31 March 2010)	86.5%	Not collected	73.2%
Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation		25.2% (31 March 2010)	50.3%	Not collected	
Proportion of adults on Care Programme Approach receiving secondary mental health services in employment		2.8% (31 March 2010)	5.0%	Not collected	
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 and it was agreed that this would be an important measure of quality.	149 service users 10.9% (31 March 2010)	11.9%	9.8%	
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 and we feel that access to this support should be monitored.	92.6% (31 March 2010)	90.0%	Not collected	
PATIENT EXPERIENCE					
% 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 for quality identified through our stakeholder events.	64% (annual result)	73%	71%	69%
% Definitely have enough say in decisions about care and treatment (overall rating – Community Survey Quality Health report)		47% (annual result)	42%	38%	43%
% 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 therefore the work in the privacy and dignity action plan needs to be monitored as part of our quality work.	84% (annual result)	87.5%	86%	84%
% Have the number of someone from local mental health services to phone out of hours (Community Survey Quality Health report)	To maximise 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%

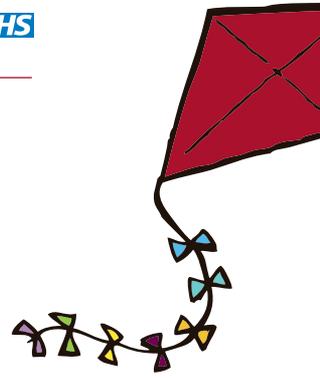


Table 1 continued

Quality Domain and Associated Indicators	Rationale for Selection	Performance 09-10 (as at)	08/09	07/08	Benchmark
WORKFORCE					
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. Although not required within the quality account, our stakeholders agreed these indicators will help to measure the impact of these and other developments.	37% (Annual result)	38%	35%	34%
My immediate manager helps me to find a good work life balance (NHS Staff Survey)		63% (Annual result)	66%	61%	61%
Staff believing the Trust provides equal opportunities for career progression or promotion (NHS Staff Survey)		90% (Annual result)	82%	60%	88%
% of staff with up to date mandatory training – Fire Training	It was viewed by our stakeholders that it is integral to the quality of our services that our workforce is up to date with training.	75.6%	45.6%	Not Collected	National target 100%
% of staff with up to date mandatory training – Other Mandatory Training		61.2% (31 March 2010)	27.2%	Not Collected	No national target / benchmark
% of staff with an in date appraisal	Appraisal is a key mechanism for engaging with staff and although the Trust is above the national average in carrying out these, we and our stakeholders feel the effective delivery of staff appraisal contributes to overall quality of services.	92.1% (31 March 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.





Priorities for Improvement 2010 – 2011

The Department of Health's 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 has selected the following five priorities for targeted improvement to the quality of our services over the next 12 months.

- Improving the physical healthcare support for people within our Learning Disabilities, Adults and Older People's services

Sport 4 Health project seeing services across Bradford working together to promote health and well-being for people with mental health problems.

- 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

Further details in relation to these improvement indicators, the current performance and agreed improvement targets are shown in the table overleaf. The rationale for selection, key improvement initiatives and methods for monitoring progress are outlined in the full Quality Account.



Table 2

Improvement Indicator	Current Performance as at 31.3.2010	Agreed Improvement Target
Effectiveness		
<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%
% of clients that receive physical health checks in Adult and Older People's wards	80%	100%
Safety		
<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%
Number of reported incidents where service users detained under the Mental Health Act are absent without leave (Trust wide)	64	Reduction of 10%
<i>Increase the effective use of risk assessments as part of the Care Planning Process within Community Services.</i>		
Incidence of documented Risk Assessment within Community Services	60%	100%
Patient Experience		
<i>Improve support of carers</i>		
% of carers offered a carers assessment n.b. Low Secure Services are not included	30%	63%
<i>Improve the collection and use of equalities data</i>		
% of service user record with completed religion / belief	Unavailable	100%
% of service user record with a completed record of a person's disability Note: this has previously been recorded with narrow disability categories	1.5 %	The improvement target is to ensure comprehensive data collection facility in place within RiO
% of service user record with a completed ethnic group. 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 %	93.3%	100%

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.





Participation in Clinical Audits

The Trust undertakes a full programme of audit on clinical and social care performance which is reported to the Trust Board by the Service Governance Committee. We are committed to this programme 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 Quality Account provides details of our involvement in the following:

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

The Trusts 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

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. The Trust works in collaboration with the West Yorkshire Comprehensive Local Research Network and the Quality Account provides a break down of our research involvement.

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, this includes breaking down data into equality strand groups.

Registration Status

The Trust is required to register with the Care Quality Commission and its current registration status is “registration without conditions” (the best possible outcome).

Additionally the Trust is required to register against a set of requirements on infection control and healthcare acquired infection. The Trust was registered again “without conditions” and has continued to implement a number of actions to further develop the systems in place during 2009/10.

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 3

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



Statements from our Partners

As part of the assurance system for the Quality Account we are required to ask our Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trust to make a comment on our Quality Account. We were delighted to receive supportive comments from these organisations as to the content of our Quality Account and to note their positive comments regarding our engagement process. Their full comments can be found within the Quality Account.



Partnership projects such as the Jewels aim to improve physical health of people who use our services.

Moving Forward

We are delighted to publish our Quality Account for 2009/10 as this provides a platform for us to celebrate the areas the organisation has excelled at whilst also recognising the areas requiring improvement.

We are grateful for the way in which our stakeholders have worked with us in identifying these improvement targets and will strive to make progress in all these areas to ensure that we are delivering high quality care across all our services. Progress in relation to the priorities for improvement and quality indicators will be reported and reviewed routinely at Service Governance Committee, a formal sub group of Trust Board and we will continue to ensure that stakeholders are involved in reviewing and commenting on our progress.



Michael Smith our Vice Chair at one of our 'Involving You' events which encourages feedback to help improve our services.

The full Quality Account and 'easy read' version can be downloaded from <http://www.bdct.nhs.uk/communications/news/publications/quality-account.php>



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Your opinions are valuable to us. If you have any views about our Quality Account Executive Summary please contact us at the above address.