1. Purpose of this Report:

The purpose of this paper is to present the Quality Report to the Board for ratification / sign off; all Board members have had the opportunity to comment independently and the document was approved by the Quality & Safety Committee on 6 May 2016.

2. Summary of Key Points

It is of note that there is a requirement that the Quality Report is produced as a section of the Annual Report but that the Quality Report is also submitted to the Secretary of State via the NHS Choices website as a ‘stand-alone’ document.

The draft Quality Report was circulated to partners on the 14 April 2016 for the required 30 day consultation, in relation to this:

- Commentaries have been received from both Bradford and Airedale CCGs and are now included in the report
- Healthwatch have declined to comment due to the fact that they do not have the resource to do so (as was the case last year)
- Neither the Overview and Scrutiny Committee or the Health and Well-being Board have chosen to comment (nor have they commented in previous years)

Points to note in relation to content are as follows:

- Any text highlighted in grey relates to mandatory statements and cannot be altered as they are a statutory requirement
- Any text highlighted in yellow relates to information awaited from external bodies which will be added (if received) prior to publication.
- Any red text identifies issues that need to be addressed internally (addition of page numbers / signatures etc.) prior to final publication
• Trust branding will be applied by designers however a number of photos have been included at this stage

• Part 3 includes a small element of mandated content but is mainly the opportunity to share examples of good practice during 2015/16; this part has been developed through close working with the Council of Governors Task & Finish Group and operational services and includes performance against 2015 / 16 Quality Goals and confirmation of 2016 / 17 Quality Goals,

• The external auditor (KPMG) has conducted the routine review of the Quality Report to ensure compliance with guidance and has undertaken the required data testing; we await the outcome which will be added to the Quality Report on receipt.

3. Board Consideration

The Board is asked to consider whether Quality Report presents an accurate reflection of quality across Bradford District Care NHS Foundation Trust.

4. Financial Implications

Design costs and cost of producing paper copies of the Quality Report summary.

5. Legal Implications

There is a legal requirement to publish an annual Quality Report

6. Assurance

<table>
<thead>
<tr>
<th>Assurance provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Assurance Framework</td>
</tr>
<tr>
<td>CQC Themes (see below)</td>
</tr>
<tr>
<td>Monitor Risk Assessment Framework</td>
</tr>
<tr>
<td>Other (please specify): meets all aspects of the Monitor ‘Detailed requirements for Quality Reports’</td>
</tr>
</tbody>
</table>

7. Equality Impact Assessment

There are no impacts on equality evident in the Quality Report.
8. Previous Meetings/Committees Where the Report Has Been Considered:

- Audit Committee
- Quality & Safety Committee
- Remuneration Committee
- FB&I Committee
- Executive Management Team
- Directors Meeting
- Chair of Committee’s Meeting
- MH Legislation Committee

9. Risk Issues Identified for Discussion

None

10. Links to strategic drivers

<table>
<thead>
<tr>
<th>Patient Experience</th>
<th>Quality</th>
<th>Value for Money</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Quality Report has relevance to all strategic drivers.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

12. Recommendations

That the Board:
- Confirms that the Quality Report presents an accurate reflection of quality across Bradford District Care NHS Foundation Trust
- Ratifies the Quality Report content (pending any minor additions / amendments) in readiness for publication by 30th June 2016.
Bradford District Care Foundation Trust

Quality Report 2015/16

Photograph to be added in line with Annual Report cover sheet
Part 1: Statement on quality from Chief Executive

1. Introduction
2. Signed declaration

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

3. Priorities for improvement - 20015/16
4. Review of services
5. CQC registration
6. Participation in clinical audits
7. Research and innovation
8. Commissioning for Quality and Innovation (CQUIN) indicators 2015/16
9. Data quality
10. Sign up to Safety
11. Duty of Candour

Part 3: Review of Quality Performance

12. Introduction
13. How we have improved quality in our operational services
    - Acute and Community Health
    - Childrens Services
    - Community Health services
    - Specialist inpatient services, Dental and Admin

14. How we have improved quality trust wide
    - Friends and family Test
    - The 15 Steps Challenge
    - Safer staffing
    - Safeguarding
    - Infection Prevention
    - Agile working
    - Board Quality & Safety walkabouts

15. Performance against our quality goals 2015/16
16. Performance against mandated indicators 2015/16
17. Priorities for Quality improvement 2016/17
18. Commissioning for Quality and Innovation (CQUIN) indicators 2016/17

Statements received from our stakeholders

19. Stakeholder commentaries

Appendices

Appendix 1
Comprehensive list of services provided 2015/16
Appendix 2
Directors Statement
Appendix 3
Independent Auditor’s Report
Appendix 4
Glossary of terms
Appendix 4
Contact us
Part 1: Statement on Quality from the Chief Executive
Part 1: Statement on Quality from the Chief Executive

1. INTRODUCTION

I am pleased to introduce Bradford District Care NHS Foundation Trust’s (BDCFT) 2015/16 Quality Report which demonstrates our quality performance over the last year and sets out our commitment to continue to improve the quality of services that we deliver throughout 2016/17. The Quality Report is a public document that we publish every year to demonstrate our commitment to delivering excellent services.

We became a Foundation Trust on 1st May 2015 and have therefore had the opportunity to benefit from working closely with our Council of Governors to develop this year’s Quality Report. The Governors have supported the development of our quality goals for 2016/17 and have been instrumental in ensuring that this year’s report is more ‘user friendly’.

In 2016 we launched our 3 year Quality Strategy which provides an overview of our commitment and approach to driving forward continuous quality improvement underpinned by a principle of ‘pushing boundaries’ and not simply maintaining adequate, or even good, performance; this approach is supported by the challenging quality goals which we pursue on an annual basis.

Through our work with the Council of Governors we have expanded the number of stakeholders we engaged with this year in order to inform the quality goals for 2016/17.

In January 2016 the Care Quality Commission undertook a focussed inspection (a ‘follow up’ to our 2014 full inspection) and we are delighted to confirm that we have been awarded the rating of ‘good’ across all five of the CQC domains and a rating of good overall; this is a testament to the hard work and commitment of our staff in delivering high quality services. You will see more about this review in the body of the report.

In addition to our positive Care Quality Commission inspection outcome, we have continued to deliver against the quality priorities and goals that we committed to for 2015/16 in order to support our commitment to providing safe and effective services which result in a positive experience for patients and service users.

There are some areas in this Quality Report where we have achieved what we set out to do and others where we have not done so well; we continue to work hard to make improvements and to monitor and report on our progress in an open and honest way. We are particularly proud of the many improvements we have made to the quality of our services during 2015/16; you will see examples of our achievements in section 3 of the report.
We have an excellent record of involving service users, carers and their families in the business of the Trust. During 2015/16; the majority of responses have been positive, however where negative feedback has been received we have used this to learn from and to make improvements.

We look forward to working with our commissioners who have identified clear priorities for 2016/17, based on assessment of needs of the local population. We will develop quality services in partnership with commissioners to meet their objectives of improving health outcomes and reducing health inequalities.

I believe that, through our relentless focus on improving quality, we are now well on our way to achieving our vision of becoming one of the country’s leading providers of integrated community health services.

We commit to publish the Quality Account in June 2016 on our website www.bdct.nhs.uk.

2. DECLARATION

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

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

Add SL signature (once approved at May Trust Board)

Simon Large
Chief Executive, Bradford District Care NHS Foundation Trust
PART 2: Priorities for improvement and Statements of Assurance from the Trust Board
3. PRIORITIES FOR IMPROVEMENT

In our 2014 / 15 Quality Account we set out our priorities for improvement during 2015 / 16; these are summarised below and detailed information on how we performed against the Quality Goals is provided in Section 3c of this report.

Our Quality Priorities for 2015 / 16

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

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

Our Quality Goals for 2015 / 16

Safe

- Improve the rate of harm-free care, measured by a reduction in pressure ulcers and harmful falls.
- Reduce the risk of serious incidents by ensuring that people discharged from in-patient mental health services receive early follow-up, measured by an increase in the number of patients seen within three days of discharge.
- Encourage a culture of openness, transparency and continual improvement, measured by (i) an increase in the proportion of staff who would feel secure raising concerns about unsafe clinical practice and (ii) remaining in the top 20% of comparator Trusts for this measure in the NHS Staff Survey.

Personal

- Improve the number and quality of carers’ assessments, measured by an increase in (i) the number of carers offered an assessment and (ii) the number of documented assessments
- Improve integrated, community care for people at high risk of falls, measured by an audited increase in the quality of care plans.
- Ensure personalised packages of care are identified for mental health service users by improving clustering performance, measured by an increase in the proportion of service users with an ‘in-date’ cluster.

Effective

- Improved response for people with a mental health crisis, measured by a reduction in the number of people detained by police under Section 136 of the Mental Health Act.
- Address the physical health inequalities experienced by people with mental illness, measured by (i) introduction of a smoke-free policy across all in-patient environments and (ii) an increase in the number of inpatients and community EIP patients having a comprehensive cardio-metabolic risk assessment, with results recorded and shared with the patient and their GP.
- Encourage staff pride in the quality of services provided by the Trust, measured by (i) an increase in the proportion of staff who would recommend the Trust as a place to work or receive treatment and (ii) entering the top 20% of comparator Trusts for this measure in the NHS Staff Survey.
In our last Quality Account we also committed to reporting on a number of aspects in this report which our stakeholders felt were important; the list below provides an outline of such issues carried forward into this report and the section where the information is included;

- How the First Response service has made a difference (Section 3a)
- How we use service user and carer feedback to support improvement (Section 3a)
- Examples of how we have learned from best practice (Section 3a)
- How we have met the safer staffing requirements (Section 3b)

**Part 2b: Statements of Assurance from the Trust Board**

**4. REVIEW OF SERVICES**

During 2015/16 Bradford District Care NHS Foundation Trust provided 61 NHS services in the following areas:

- Mental Health services
- Learning Disability Services
- Community Services
- Dental Services

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

Bradford District Care NHS Foundation Trust has reviewed all the data available to it on the quality of care in all 61 of these services.

The income generated by the NHS services reviewed in 2015/16 represents 100% of the total income generated from the provision of NHS services by the Bradford District Care Trust for 2015/16.

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

**5. CARE QUALITY COMMISSION REGISTRATION STATUS**

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

The Care Quality Commission has not taken enforcement action against Bradford District Care Trust during 2015/16.

In June 2014 the CQC undertook a full inspection of BDCFT services conducted using the new Chief Inspector of Hospitals process.
All services provided by us (with the exception of substance misuse services and dental services which are inspected separately) were included in the inspection including all wards and a sample of each of the community services provided. Two ‘must do’ actions were identified by the CQC these related to:

a) further embedding the continuing care medical model and
b) making some improvements to our Health Based Places of Safety environments,

The Trust made the required improvements to address the two ‘must do’ actions areas during 2015 and also completed and signed off a range of actions relating to the ‘should do’ actions identified by the CQC.

Bradford District Care Trust has participated in one inspection undertaken by the CQC during 2015/16; this was a focussed inspection of our services undertaken in January 2016 as a ‘follow up’ to our previous full inspection which took place in June 2014 and was conducted using the new Chief Inspector of Hospitals process.

This focussed inspection consisted of visits to a number of our acute wards plus the two Health Based Places of Safety on each of our hospital sites. In addition a range of evidence relating to other services within the Trust (i.e. a number of those inspected in June 2014) was submitted to the CQC. The inspection focussed specifically on three of the five CQC domains; safe, effective and well led; we are delighted that the result of this inspection was a rating of good across all five domains (and overall) as depicted below.

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

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well led</th>
<th>OVERALL RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>GOOD</td>
</tr>
</tbody>
</table>

**Findings of the inspection**

In terms of the findings of the inspection, the following points are of note:

**Good practice**

The good practice identified by the CQC against the three domains inspected is worded as follows in their summary reports;

**Are services safe?**

- The trust had refurbished the environments of the health based places of safety at both sites. This meant they were fit for purpose and met the current Royal College of Psychiatrists (RCP) guidance.
- There were sufficient staff to ensure that patients received appropriate support.
- There was adequate medical cover during the day and out of hours on call arrangements were in place in order to access senior medical staff over 24 hours in place for both teams.
- Staff we spoke with knew how to report incidents and were able to describe what should be reported.
• Staff we spoke with told us they had good working relationships with the police who always communicated with them by telephone prior to bringing in a patient under section 136.

Are services responsive to people’s needs?

• Consultants had dedicated timeslots for when they attended the acute wards.
• Patients told us the availability of medical staff had improved.
• Staff told us the timetable in place meant they knew when consultants were available to review patients.
• Patients gave positive feedback about their care and treatment on the acute wards.
• Patients were supported by staff to make complaints.
• Information on how to complain was displayed on all of the wards.
• Evidence was available at ward level, which showed staff discussed discharge from the point of admission.
• There were systems in place to review patient’s progression through their episode of care.

Are services well-led?

• The trust had taken action which ensured both requirement notices issued following the comprehensive inspection in June 2014 were met.
• The trust had refurbished two HBPoS suites at the Airedale Centre for Mental Health and Lynfield Mount Hospital to ensure they now met RCP guidance.
• The trust had implemented a timetable on the acute wards to ensure medical staff attendance was consistent throughout the week. This meant patients needs were now being met in a timely manner.
• The trust had developed and completed action plans to address areas where recommendations were made following the comprehensive inspection in June 2014.
• This included review of audits carried out within the child and adolescent mental health service to review existing policies and develop a forward plan of policy reviews. Also, audits of section 17 leave documentation to ensure risk assessments were being completed prior to leave being taken from the low secure wards

Areas for improvement

No specific areas for improvement were identified by the CQC; the Trust is committed to maintaining and improving quality and will continue to conduct self-assessments to ensure that the requirements of the 5 CQC domains are met throughout 2016 / 17.

NB at the time of writing the CQC reports are in draft format – this section will be checked and amended if required following publication of final reports
6. PARTICIPATION IN CLINICAL AUDITS

BRADFORD DISTRICT CARE NHS FOUNDATION TRUST AUDIT PROGRAMME

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

Our audit activity for 2015/16 included:
1. National audits
2. CQUIN audits
3. Commissioner audits
4. Local audits

NATIONAL CLINICAL AUDITS

During 2015/16, data collection for 6 national clinical audits covered NHS services that BDCFT provides. During that period BDCFT participated in 100% of the national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that BDCFT was eligible to participate in during 2015/16 are as follows:

National Clinical Audits:
1. National Diabetes Footcare
2. Early Intervention in Psychosis
3. Sentinel Stroke (SSNAP) Organisational

Prescribing Observatory for Mental Health (POMH-UK)
4a. Prescribing for ADHD in children and adolescents
4b. Prescribing for ADHD in adults
5. Prescribing for Bipolar Disorder
6. Prescribing for Substance Misuse; alcohol detoxification

National confidential inquiries:
- Suicide and homicide by people with mental illness

Participation

The national clinical audits and national confidential enquiries that BDCFT participated in during 2015/16 are as follows:

National Clinical Audits:
1. National Diabetes Footcare
2. Early Intervention in Psychosis
3. Sentinel Stroke (SSNAP) Organisational
Prescribing Observatory for Mental Health (POMH-UK)

4a. Prescribing for ADHD in children and adolescents
4b. Prescribing for ADHD in adults
5. Prescribing for Bipolar Disorder
6. Prescribing for Substance Misuse; alcohol detoxification

National confidential inquiries:
- Suicide and homicide by people with mental illness

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

<table>
<thead>
<tr>
<th>Name of clinical audit</th>
<th>Number of cases submitted</th>
<th>% of required cases as specified in the guidance</th>
<th>Overall Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. National Diabetes Footcare</td>
<td>33 cases</td>
<td>Not applicable*</td>
<td>Awaiting results from Royal College of Psychiatry</td>
</tr>
<tr>
<td>2. Early Intervention in Psychosis</td>
<td>60 cases</td>
<td>Not applicable*</td>
<td>Awaiting results from Royal College of Psychiatry</td>
</tr>
<tr>
<td>3. Sentinel Stroke (Organisational)</td>
<td>Organisational audit therefore only one form submitted</td>
<td>Not applicable*</td>
<td>Not applicable as it was a review of service provision, not a clinical audit</td>
</tr>
<tr>
<td>4a. Prescribing for ADHD in children and adolescents</td>
<td>54 cases</td>
<td>Not applicable*</td>
<td>11%</td>
</tr>
<tr>
<td>4b. Prescribing for ADHD in adults</td>
<td>24 cases</td>
<td>Not applicable*</td>
<td>21%</td>
</tr>
<tr>
<td>5. Prescribing for Bipolar Disorder</td>
<td>102 cases</td>
<td>Not applicable*</td>
<td>Awaiting results from Royal College of Psychiatry</td>
</tr>
<tr>
<td>6. Prescribing for Substance Misuse; alcohol detoxification Re-audit</td>
<td>49 cases</td>
<td>Not applicable*</td>
<td>Awaiting results from Royal College of Psychiatry</td>
</tr>
</tbody>
</table>

* Not applicable: There was not a minimum requirement for the number of cases that should be submitted for the audit.
The reports for the following national clinical audits were reviewed by the provider in 2015/16 and BDCFT intends to take the following actions to improve the quality of healthcare provided.

<table>
<thead>
<tr>
<th>Audit title</th>
<th>Actions to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing for Substance Misuse; alcohol detoxification Baseline Audit</td>
<td>1. Specific e-learning now available for doctors which highlights the requirements for examination whilst the patient is undergoing detox.</td>
</tr>
<tr>
<td></td>
<td>2. Liaise with local liver specialists from the acute Trust regarding the relevance of gamma-glutamyl transferase (GGT) testing</td>
</tr>
<tr>
<td></td>
<td>3. Routine drug chart observations by pharmacy to ensure thiamine is prescribed parenterally</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>Date submitted</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQUIN 2a: Cardio Metabolic Assessment and Treatment for Patients with Psychosis. (Included both Inpatients and Early Intervention and Psychosis (EIP) patients.)</td>
<td>The Inpatient results were submitted to The Royal College of Psychiatrists in January 2016 and will be reported on by NHS England in April 2016.</td>
<td>BDCFT achieved compliance. 77%</td>
</tr>
<tr>
<td></td>
<td>The EIP part of the audit has been carried out locally and will be part of the Quarter 4 submission to the commissioners in April 2016.</td>
<td>BDCFT achieved compliance. 49%</td>
</tr>
<tr>
<td>nCQUIN 2b: Communication with General Practitioners</td>
<td>The audit was carried out locally and the results submitted to the commissioners in October 2015.</td>
<td>BDCFT achieved an overall compliance of 90%</td>
</tr>
</tbody>
</table>

CQUIN 2 was conducted and reviewed by the provider in 2015/16. BDCFT is taking the following actions to improve the quality of healthcare provided:
### Audit title | Actions to be taken
---|---
CQUIN 2a: Cardio Metabolic Assessment and Treatment for Patients with Psychosis & CQUIN 2b: Communication with General Practitioners | This CQUIN is being continued in 2016/17. The expected standards of compliance have been raised nationally and the audit is being rolled out to Community Mental Health Teams, in addition to Inpatient services and EIP.
A Mental Health / Physical Health Steering Group have been set up to review the processes and systems for the data capture around the Physical Health Checks and Interventions, in order to address issues raised in the 2015/16 audit.

### COMMISSIONER REQUESTED AUDITS

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

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>Date submitted</th>
<th>Results (Overall compliance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Programme Approach (CPA) CPA focuses on ensuring that patients with complex needs and / or multi agency involvement are managed appropriately through care planning.</td>
<td>Reports submitted in quarter 2 and quarter 4</td>
<td>Quarter 2: 73%  Quarter 4: 69%</td>
</tr>
<tr>
<td>Section 117 Aftercare Section 117 aftercare ensures that patients’ who have been detained in hospital under Sections 3, 37, 45a, 47 and 48 receive appropriate aftercare</td>
<td>Reports submitted in quarter 2 and quarter 4.</td>
<td>Quarter 2: 84%  Quarter 4: 86%</td>
</tr>
<tr>
<td>NICE Physical Health Checks A baseline physical health check should be carried out for patients initiated on antipsychotic medication. The results of the check should be communicated to the patients GP.</td>
<td>Reports submitted in quarter 2 and quarter 4.</td>
<td>Quarter 1: 79%  Quarter 3: 78%</td>
</tr>
<tr>
<td>District Nursing Care Plans Patients on the district nursing case load should have an individual completed care plan setting out the patients goals</td>
<td>Report submitted in quarter 4</td>
<td>Quarter 4: 77%</td>
</tr>
<tr>
<td>Documentation in CAMHS Substance Misuse Service</td>
<td>Report submitted in quarter 2</td>
<td>89%</td>
</tr>
</tbody>
</table>

The reports for two of the above commissioner audits were reviewed by the provider in 2015/16 and BDCFT took the following actions to improve the quality of healthcare provided.
<table>
<thead>
<tr>
<th>Audit title</th>
<th>Actions to be taken</th>
</tr>
</thead>
</table>
| Care Programme Approach (CPA)     | 1. Results and trends to be included in CPA Care Co-ordinator training as evidence of current practice.  
2. Presentation of results to each Locality Quality and Safety meeting who are each responsible for developing actions tailored to their specific locality needs.  
3. An update on agreed actions and progress will be reported to the Quality Safety Committee in April 2016. |
| Section 117 Aftercare             | 1. MHA and CPA training will continue to reinforce:  
   a) the importance of aligning Section 117 review with other key review triggers such as CPA  
   b) that the start date for Section 117 entitlement is recorded in all cases  
2. Operational managers to discuss the result at both operational and local quality and safety meetings.  
3. Operational managers to agree ways to improve completion rates across services. |

**LOCAL AUDITS**

**Internally Driven Projects (Local Clinical Audit)**

It is recognised that much of the clinical audit activity in NHS trusts will involve individual healthcare professionals and service managers evaluating aspects of care that they themselves have selected as being important to them and/or their team and this is classified as local clinical audit. Included in the tables below is a summary of the number of active local clinical audits and action plans arising from such during the period 01/04/2015 to 31/03/2016. This includes contract audits from previous years where action plans are still being implemented.

**Local Active Clinical Audits**

<table>
<thead>
<tr>
<th>Clinical Audit Status:</th>
<th>In Progress</th>
<th>Completed</th>
<th>Discontinued</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>24</td>
<td>35</td>
<td>11</td>
<td>70</td>
</tr>
</tbody>
</table>

**Action Plans Following Local Clinical Audits**

<table>
<thead>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0</td>
<td>2</td>
<td>13</td>
<td>35</td>
<td>0</td>
<td>50</td>
</tr>
</tbody>
</table>

The reports of 35 local clinical audits were reviewed by the provider in 2015/16 and BDCFT intends to take the following actions to improve the quality of healthcare provided:
<table>
<thead>
<tr>
<th>Audit title</th>
<th>Action to be taken</th>
</tr>
</thead>
</table>
| Quality of Carers Assessments                   | 1. Agree with the Local Authority (LA) a shared process for ensuring that both BDCFT and the LA are meeting their responsibilities in terms of carer assessment.  
2. Identify a BDCFT Carers Lead to oversee implementation, working with partners, carers and staff.                                                                                                                                                                                                                                                                              |
| Re-audit of Record Keeping in Dental Services   | 1. Whilst overall compliance was high, an action to ensure that all staff adhere to standards consistently was agreed.                                                                                                                                                                                                                                                                                              |
| Monitoring of Section 136 Assessments           | 1. Amendments to the Section 136 Referral Form to incorporate further required information                                                                                                                                                                                                                                                                                                                                                           |
| Safeguarding Adults                             | 1. In house refresher safeguarding training for front line staff and managers and training compliance reporting to highlighting staff that require training  
2. Specialist safeguarding advice service provided by the Safeguarding team                                                                                                                                                                                                                                                                                                        |

**SERVICE USER AND CARER INVOLVEMENT IN AUDIT**

Our Clinical Audit Department continues to support and develop service user and carer involvement in audit.

**This includes:**

- Working with and supporting the Partners in Audit Network (PiAN); a service user and carer audit network.
- Delivering clinical audit training to service users and carers.
- Service user and carer representation at our Clinical Audit Steering Group.
- Service user/carer clinical audit / service evaluation activity led and carried out by the PiAN.

**7. RESEARCH AND INNOVATION**

Taking part in clinical research shows our commitment to improving the quality of care we offer. It also makes sure we are contributing to wider health improvements. Research helps our clinical staff stay at the cutting edge of treatment possibilities, which can lead to even better patient outcomes.

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

**RESEARCH GOVERNANCE**

We have made real improvements to how we look at applications and grant NHS permission to conduct research in our Trust. Over the last year we have granted NHS
permission to 16 commercial and non-commercial studies; 94% within the revised 15 day national target.

RECRUITMENT OF PEOPLE INTO RESEARCH

The number of patients receiving NHS services provided or sub-contracted by Bradford District Care Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 499.

We continue to broaden the scope of research projects we are involved in, recruiting to 29 projects in total. These have included clinical trials of interventions, genetic investigation of diseases and survey type studies.

STAFF INVOLVEMENT IN RESEARCH

Around 30 members of staff have registered as actively taking part in research projects as either investigators or local collaborators. A further 930 members of staff have taken part as research participants. The majority of these were for the Smoking and Mental Health Staff Survey that was used to inform the implementation of the Trust’s ‘Smoke-Free’ plan.

We have a teaching programme in place for staff from all professional backgrounds including the successful ‘Evidence to Practice’, course delivered in partnership with the library team.

PUBLIC PATIENT INVOLVEMENT (PPI) IN RESEARCH

Currently, we have three successful PPI work streams:

i) PPI Research Action Group (PPI RAG). This is a strategic group tasked with delivering the action plan in our PPI in Research Strategy http://www.bdct.nhs.uk/rd which was developed by a group of service users in 2013/14.

ii) DIAMONDS. This is a stakeholder group contributing to the development of new research into the treatment of diabetes in people with mental health problems http://www.diabetesppi.nihr.ac.uk/Invitation-for-Patients-and-Carers

iii) Young Persons Research Involvement Group – Young Dynamos their activity included evaluation of WRAP (Wellness Recovery Action Plan), supporting the development of a study for the University of York, promoting research at major trust events and contributions to the Trust Research Conference in May 2016.

RESEARCH COLLABORATIONS

We continue to develop research collaborations with a number of NHS and academic institutions. These include the Universities of Manchester, Bradford, York, Nottingham and Leeds, and the Bradford Institute for Health Research. These have already led to several collaborative grant applications and active research projects. We are a key partner in a major regional collaboration between the NHS and academic institutions called CLAHRC (Collaboration for Leadership in Applied Health Research and Care), leading work streams in the mental health co-morbidities theme.

We have continued to forge collaborations with other Trusts locally, and have arrangements in place with both Airedale NHS Foundation Trust and South West Yorkshire NHS Foundation Trust, and a local General Practice Research Cluster. These partners, along with local acute Trusts, are also part of the ‘Putting Research & Evidence into Practice’ conference described above.
RESEARCH GRANT APPLICATIONS

10 grant applications for national funding have been submitted over the last year, in which our staff have been either lead applicants or co-applicants. Currently five research grants have been secured by staff members.

PUBLICATIONS

In 2015 our staff were involved in 9 publications.

These were:

- An internet survey of psychiatrists who have a particular interest in cognitive behavioural therapy
- Dentists’ experience of treating avulsed permanent teeth
- Maternal and early life factors of tooth emergence patterns and number of teeth at 1 and 2 years of age.
- Adapted behavioural activation for the treatment of depression in Muslims
- Comparing carer wellbeing: implications for eating disorders
- The Journey effect: how travel affects the experiences of mental health inpatient service-users and their families
- Faith-adapted psychological therapies for depression and anxiety: systematic review and meta-analysis
- Retraining writing for functional purposes: a review of the writing therapy literature
- Normative Data for Email Writing by Native Speakers of British English Charles Bonnet syndrome and cognitive impairment: a systematic review.

Our work in clinical research shows our commitment to testing, and offering the latest medical treatments and techniques.

EXAMPLES OF LEARNING ACHIEVED

Our clinicians have developed research skills in most aspects of the research process, including assessing capacity and consent, trial design and outcomes measurement. They have also gained skills relevant to their clinical practice. For example:

- The STEPWISE (STructured lifestyle Education for People WIth Schizophrenia) project helped to develop skills in addressing obesity in patients with severe mental illness.
- The SCIMITAR (Smoking Cessation Intervention for severe Mental Ill Health Trial) has provided staff training in a smoking cessation programme for severe mental illness.
- COFI study (Comparing Policy Framework, Structure, Effectiveness And Cost-Effectiveness Of Functional And Integrated Systems Of Mental Health Care) offered a great opportunity to develop relationships on the adult in-patient wards, both with the staff and patients.
- The ‘Join Dementia Research’ campaign has raised public, staff and patient awareness of dementia research and the latest care.
- Person-Centred Care For Older People: Meaning And Measurement. We had a New PI and a New sub investigator (SI), who had not taken part in Trust research before.
- REQOL (Recovery of Quality of Life) we have seen had an increased response to the study from IAPT teams. This has also allowed us to learn more about the role of IAPTs and strengthened understanding of each other’s roles.
IMPACT ON SERVICES

Examples of studies impacting on service practice:

- The BME REQOL (Recovery of Quality of Life) study has helped to access minority ethnic groups to inform the cultural adaptation of the National PROM (Patient Reported Outcome Measures) this is to ascertain whether the questions are suitably translatable into Urdu and Polish,
- A number of recent studies (identified above) have increased the capacity and capability of depts. to address health comorbidities in severe mental health as part of their service provision.
- A recent staff smoking survey informed the implementation of the Trust’s ‘Smoke- Free’ plans.
- Participation in an international Group Schema Therapy trial continues to influence activity in the Intensive Treatment Centre.

8. COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) 2015/16

A CQUIN scheme is a locally agreed package of quality improvement goals and targets, to support improvements in the quality of services. A proportion of BDCFT income in 2015/16 was conditional on achieving quality improvement and quality goals agreed between BDCFT and any person they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. The total value of the 2015/16 CQUIN scheme to the Trust was £xx million, which was 2.5% of the value of services commissioned through the NHS Standard Contract.

Indicators within these schemes are based on local and national priorities, support new, improved patterns of care and address the three quality domains of quality:

- Patient safety
- Clinical effectiveness
- Patient experience

In 2015/16 there was one nationally mandated CQUIN which related to our services:

- Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness
  - Cardio Metabolic Assessment and treatment for patients with psychosis
  - Communication with General Practitioners

Benefits of these schemes include:

- Patients within our inpatient services and Early Intervention Psychosis teams receive physical health assessments as part of their care plan
- results shared with GP in a timely and consistent manner across all specialisms

We were successful in delivering XX% of the national targets

In addition to the three schemes above, we agreed a further five CQUIN schemes for mental health, learning disabilities and community services with our local Clinical
Commissioning Groups and a further four with NHS England which commissioned our low secure and health visiting services.

The Clinical Commissioning Group schemes were:

1. Urgent & emergency care – Care Home Liaison
   a. In-home liaison and education programme
   b. In-home liaison – Use and review of behavioural management plans.
2. Care planning – Falls assessment
3. Self-Care
   a. Staff training re: self-care
   b. Exacerbation self-care plans
4. Putting people at the centre of care
5. Integrated discharge co-ordination
   a. Community nursing services responses
   b. Implementation of ‘Early Supported Discharge’ in association with partner organisations

Benefits of these schemes included:

- An educational package for delirium and behaviours that challenge was produced and training delivered to 9 care homes. Care home staff are now able to work proactively with the care home liaison team to develop care plans which include contingency plans around avoiding unplanned admissions to hospital where appropriate.
- All patients who are assessed as high risk of falls have an appropriate assessment which includes signposting and referral on to other services providing person centred care.
- A pilot was undertaken, in partnership with Airedale NHS Foundation Trust, to review the effectiveness of the implementation of the self-care / exacerbation care plans for patients with long term conditions to prevent unnecessary hospital admission. The recommendations will be implemented in 2016/17.
- Joint working with Bradford Teaching NHS Foundation Trust and Airedale NHS Foundation Trust has supported earlier planned discharge when appropriate.
- We were successful in delivering XX% of the targets agreed with the CCG’s

The NHS England schemes were

1. Smoking Cessation (low secure)
2. Supporting Carer involvement (low secure)
3. Collaborative risk assessment (low secure)
4. Building Community Capacity (health visiting)

Benefits included:

- The Trust has implemented a No Smoking Policy and all inpatient service users have access to Nicotine Replacement Therapy and support to stop smoking.
- We have implemented a framework to ensure service users are encouraged to identify key and meaningful family members, and that they are involved in their care and recovery plan. This ensures that they are involved in the care planning of the service.
user, should they choose to be. It also includes carers feedback being included in improvements for service provision.

- All service users have collaborated in the development of their own risk assessment and safety plan (where the service user has agreed to participate).
- A number of the groups set up during 2014/15 have continued in 2015/16, with an additional 6 groups being implemented to provide advice to families within the local community with pre-school children. Attendance at the groups has been varied but on the whole they were well received.
- **We were successful in delivering XX% of the targets agreed with NHS England.**

### 9. DATA QUALITY

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

**We currently have three key electronic clinical record systems:**

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

**Improving Data Quality**

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

- Working towards integration of clinical systems.
- Provision of read only primary care record to mental health and dental services.
- All BDCT staff undertake annual Information Governance training which includes a focus on data quality, completeness and accuracy.
- Delivering ongoing training and information to staff about our clinical systems.
- Making sure we have strong processes in place to manage data quality within services.
- Seeking assurances from inside our organisation and from outside agencies on our ability to maintain high quality data.
- Improved automated reporting and alerts to support our clinicians to improve data quality.
- Continued working with clinical and administration teams to assist where data quality issues have been identified.
- Joint working with Commissioner to enhance data quality.

**NHS number and general medical practice code validity**

Bradford District Care Trust submitted records (obtained from RiO) during 2015/16 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:

- **98.8%** for admitted patient care (April 2015-December 2015)
- **99.9%** for outpatient care (April 2015-December 2015)
Bradford District Care Trust (community and dental services) did not submit records during 2015/16 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 99.8% for admitted patient care (April 2015-December 2015)
- 99.8% for outpatient care (April 2015-December 2015)

**Information governance toolkit**

In order to be compliant with the toolkit in 2015/16, a minimum score of 2 in all 45 criteria must be achieved. The trust achieved 11 requirements at level 2 and 33 at level 3; this is a sustained position on 14/15.

**Clinical Coding Error Rate**

Bradford District Care Trust’s services were not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission. As part of the Information Governance toolkit a diagnoses coding audit was undertaken (ICD10 coding audit). The 2015/16 audit resulted in a score on 100% on Primary Diagnoses and 98% on Secondary Diagnosis. This achievement was as a result of the implementation of an improvement plan.

**High Quality Information**

We continue with our commitment to excellence of data quality standards. We have or plan to meet the requirements for the following datasets:

- Community information dataset
- Improving access to psychological therapies dataset
- Mental health services dataset (MHSDS)
- Children and young people’s health dataset
- National drug treatment monitoring system dataset

**10. SIGN UP TO SAFETY**

The Sign up to Safety Campaign (which BDCFT joined in September 2014) has provided us with an umbrella under which to sit four patient safety projects that make up the Safety Improvement Plan for 2014 to 2017.

Described below are the four areas that we are implementing (and will continue into 2016/17) and a summary of progress to date;

**Implementation of NICE Public Health Guidance (PH48) – Smoking cessation in secondary care: acute, maternity and mental health services.**

The smoke free environment was initiated in BDCFT on the 1st July 2015; there has been a gradual reduction in reported smoking related incidents in in-patient services, however, it is too early to conclude whether this is a sustainable trend and we will continue to monitor progress and support further reduction of incidents in 2016 / 17. There has been an increase in nicotine replacement products available and service users now have the full range of products
available. BDCFT has been contacted by several trusts for advice on smoke free implementation and we are assisting them with this.

**Safety measuring and monitoring**

Newer approaches to patient safety propose taking a more pro-active approach to prevent harm occurring rather than learning the lessons after harm has already taken place. The Measuring and Monitoring of Safety Framework is a novel strategy commissioned by the Health Foundation and designed by leading experts in the field of patient safety to support this move.

This project is working with three project teams, two acute inpatient wards and Child & Adolescent Mental Health Services. We have used the framework in wider forums as well for example, safety and risk workshops, staff training, and Doctor's caseload management.

Measured successes to date as a result of the project are a reduction in incidents on a ward, improvement in handover as a result of the introduction of safety huddles which raise staff awareness on safety issues relating to service users, staff and the environment. The approach has also freed up hours of staff time enabling them to provide more face to face care.

**Positive and Proactive Care**

This guidance aims to develop a culture across health and social care where physical interventions are only ever used as a last resort. The work to reduce the need for restrictive interventions is co-ordinated by a Positive and Pro-Active Steering Group which includes members from across all relevant areas of the Trust. One overall action plan is in place to address any gaps that have been identified and this is progressing well. The group also monitors any restrictive interventions used across the Trust as part of its business, identifying any trends or areas of high reporting and if necessary instigating further investigation.

**Pressure Ulcer prevention**

There is a range of work ongoing across the Trust to reduce the number of pressure ulcers; the Pressure Ulcer Prevention Steering Group meets monthly with the aim of overseeing all the work including:

- Development of a strategy for dealing with pressure ulcers in care homes, where multi agencies are involved.
- An overarching action plan for all pressure ulcers and specific plans for individual services as appropriate
- Identifying and sharing areas of good practice

**11. DUTY OF CANDOUR**

All NHS Trusts are required to comply with the legislation in relation to Duty of Candour; this means that service providers must be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

There are specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
The trust is proud of its culture which promotes and encourages candour, openness and honesty at all levels. The local Duty of Candour, Hearing the Concerns of Workers (whistle blowing) and Incident Reporting Procedures provide guidance for staff in terms of ensuring that they fulfil their duties and contribute to a culture of safety; where such reports are made, information is shared at all levels of the organisation (including Board level) to support organisational learning.

Our achievement has recently been recognised through the ‘Learning from Mistakes League’ launched by Monitor and the NHS Trust Development Authority in March 2016. This initiative ranks NHS trusts and foundation trusts on their openness and transparency utilising data which is drawn from the 2015 NHS staff survey and from the National Reporting and Learning System (NRLS).

This enables allocation of a rating based on:
- the fairness and effectiveness of procedures for reporting errors, near misses and incidents;
- staff confidence and security in reporting unsafe clinical practice
- the percentage of staff who feel able to contribute towards improvements at their trust.

BDCFT are ranked as one of only 18 providers across England that have been given a rating of ‘outstanding’ (the majority of providers being rated as ‘good’ or ‘gave cause for significant concern’) with an overall our position of 15th in a league table of 230 trusts.

This is another endorsement of the excellent work of all our staff and demonstrates that initiatives we have introduced across the organisation are making a difference and are being recognised by regulators and commissioners alike.
Part 3: Review of Quality Performance
12. INTRODUCTION

In this section of our quality report we are pleased to present you with the following information:

**How we have improved quality in our operational services**

During late 2015 / early 2016 we re-organised our operational services; this resulted in four distinct services being developed:

- Acute and Community Mental Health
- Children
- Community Health
- Specialist Inpatient, Dental And Administration

In section 13 we have provided some examples of the excellent work that has been undertaken to improve quality during 2015 / 16. The achievements are set out for each of the services and include types of information that our Council of Governors were keen to see, these are:

- Good practice / awards
- Transformational projects
- Working in partnership
- User and carer engagement
- Learning from experience

**How we have improved quality Trust wide**

We undertake a great deal of work which cuts across all services helping to make Trust wide improvements to quality. In section 14 we have given some examples of the work we have been doing during 2015 / 16.

**Performance against the Trust Quality Priorities and Quality Goals during 2015/16**

We have three quality priorities which are:

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

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

These quality priorities are underpinned by our quality goals to support quality improvement across a range of issues selected as being important by our stakeholders. In section 15 we report on how well we have performed against these goals during 2015 / 16.

**Priorities for Quality Improvement for 2016/17**

We have consulted widely on our Quality Goals for 2016 / 17; the detail of this consultation and the goals development as a result are presented in section 17.
13. HOW WE HAVE IMPROVED QUALITY IN OUR OPERATIONAL SERVICES

Acute and Community Mental Health

Good practice award

What we have done

The First Response Service was awarded the “Nursing in Mental Health” award by the Nursing Times. This service (new in 2015) has meant that it is easier for people in crisis to access help and support and we were delighted that the value of the service was recognised!

What difference has it made?

The First Response Service has meant that people in crisis have better access to the person they need and has taken some pressure off other emergency services (including the police and A&E). Receiving the award gives well-deserved recognition to the people working hard to make it such a unique and valuable service.

Further detail

First Response offers support 24 hours a day, seven days a week to people of all ages living in Bradford, Airedale, Wharfedale and Craven experiencing a mental health crisis, regardless if they have used services before; this approach is part of the Crisis Care Concordat (detailed later in this report).

Trained psychological therapists answer a dedicated telephone number and can provide callers with techniques on how to manage their situation. They can arrange for a face to face assessment by a First Responder; a mental health nurse or social worker, who will visit the caller at any time of the day or night, at any location.

First Response works closely with Bradford Council and can refer and signpost to other services in the area such as The Sanctuary, a calming safe place, provided by Mind and Sharing Voices, which provides practical and emotional support.

The service has made a significant difference to the local management of crisis care, in particular for the emergency services. Intervening early and signposting to the right services has reduced demand on the police, ambulance services and A&E departments.

The service was praised by the Minister for Community and Social Care, Alistair Burt MP who visited the team in August. He said: “I am very impressed with the First Response service available across the Bradford district. It is clear that partners are working together to ensure that everyone gets the crisis care they need in the right place, at the right time.”

The team received their award at the annual Nursing Times Awards in London in front of over 1,000 nursing professionals from across the country.

Jenni Middleton, editor of Nursing Times, said: “The nurses who have won this year – and those who are finalists – are smart, innovative and making real changes to the way that patients are cared for.”
Members of the First response team receive the Nursing Times Award ‘Nursing in Mental Health’

Transformational project / working in partnership; Crisis Care Concordat

What we have done

We have formed a working group (the Crisis Care Concordat) that meets regularly to discuss how to best deliver a good service to people who are in crisis. This working group includes a range of professionals (such as the First Response team and the police), who work together and make sure that staff are in the right place to help people quickly. As a result, Bradford now has a team which is specifically dedicated to making sure that people with a mental health crisis get the right treatment.

What difference has it made?

The working group is working together well and NHS Yorkshire & Humber is recommending to other organisations that they try to work in a similar way to us. The changes that the group have made have meant that individuals in crisis see the right person quickly and get the right treatment sooner.

One service user said “Prior to having access to first response I used to ring the Samaritans. Though useful to off load to, First Response is far more understanding of mental illness and the ability to refer forwards”.
Further detail

The Crisis Care Concordat (CCC) is a national approach which was developed in 2014 following a declared intention by a number of national agencies to work together to improve crisis services for people with a mental health problem. The local Crisis Care Concordat working group is a multi-agency partnership that had been meeting regularly to provide an overview and forum for local agencies to discuss how to develop crisis services in Bradford and Airedale/Craven.

Locally the agencies involved in crisis support have worked together to identify the problems and challenges they have experienced in providing crisis support for people in Bradford and Airedale and how best to resolve these. Part of the development of the CCC has been joint working between Bradford District Care Foundation Trust, City of Bradford Metropolitan District Council, West Yorkshire Police and other agencies. An honest debate about these problems and the consequences for service users and agencies, and a commitment to work together to improve the situation is seeing promising results.

There is a great deal of enthusiasm and energy surrounding this project by all agencies and individuals involved. NHS Yorkshire and Humber has just given us feedback that they feel Bradford and Airedale has one of the more advanced CCC partnerships in the region and they are recommending our approach to other areas.

We have reorganised the Bradford mental health services dedicated to people presenting in mental health crisis. These are now in one management group - the Acute Care Locality. The service operates a ‘stepped approach’ to care, providing the least restrictive treatment required.

BDCFT is working with local partners to develop a modern evidence based crisis model for mental health that provides easy access 24/7. Health and social care mental health services intervene earlier to prevent escalation and direct people to a broad range of appropriate provision; including social, private and third sector.

The following diagram illustrates the relationships between the various teams / agencies:
User and carer engagement

What we have done

Following a review of the complaints and compliments within community mental health services, a number of engagement events with service users and carers were initiated. South and West Community Mental Health Team together with the Early Intervention Service held the first involvement event at a Voluntary Service Building in Bradford Centre; this event was attended by 31 people; 12 staff members and 19 service users.

The agenda of the event included two presentations from Grainne Eloi (Service Manager) and Alison Harrison from the Patient Advice and Liaison service who explained the reason for the event and presented the themes from complaints, compliments and concerns. Working groups then discussed the information provided and from there identified what works well in community mental health services and what needs further development.

What difference has it made?

This event was very successful and provided excellent opportunities to share information and ideas and generate collaborative working amongst staff, service users and carers. One of the changes made as a result is that each community service in adult mental health, older peoples’ mental health and Learning Disabilities now has an identified champion to continue to progress the collaborative work between service users, carers and staff in the teams.

Learning from experience

What we have done

We encourage service users and carers to comment on their experience within mental health services so that we can commend or improve our services. A carer told us about a particular experience within in patient services that started with a poor experience on arrival to the hospital; the inpatient service manager met with the carer to discuss the issues and several improvements were identified. These included improving the way we meet and greet service users and carers on arrival and improving the way security services engage with people.

What difference has it made?

As a result of the feedback, services are now looking at engaging volunteers to meet and greet visitors and guide them around the hospital to help make their experience more welcoming and comfortable.

CQC Community Mental Health Survey Results 2015

How the survey works

The Community Mental Health Survey is a mandatory annual survey of patient experience conducted by the Care Quality Commission (CQC). These findings are based on people’s experience of our services during September to November 2014; the results are made available to us in 2015.
What we do well

BDCFT results in the survey improved in 2015 and our overall experience score was rated at 7.3 an improvement on last year from 7.0; the top performing Trust in 2015 scored 7.4.

We are reported to be in the highest 20% of Trusts nationally; some examples of where we excelled are:

- Involving people in treatment rated highest in England
- Crisis care rated the best in the UK
- Experience of our health and social care workers rated the best in UK

Other areas of high performance where we have significantly improved on our performance from last year’s survey include receiving help or advice with finding support in:

- Financial matters
- Accommodation
- Finding peer support and local activities.

Where we need to make improvements

There are other areas where we did not score as well, although we are rated as below average in these areas, our performance has improved from previous years however this improvement needs to continue. The three main areas for improvement are outlined below along with the actions we are taking to improve our performance:

Medicines management

Improvement is needed in the number of service users who feel involved in the decision making around medicines management. There is a medicine management policy in place with the expectation that all staff act in accordance with it and are personally accountable for doing so. Patient information leaflets are available from pharmacy and further information available from websites. The trust will further develop patient information cards that include details of where people can access information about their medication.

Knowing who to contact in a crisis

Since February 2015, the Trust has implemented the First Response Service which is open to any member of the public for self-referral. Community Mental Health Teams (CMHT) have been asked to ensure that all service users are given the first response service crisis card and to document this in care plans; this will be monitored.

Understanding who is in charge of care during change

Transfer of care and discharge policies, along with the CPA policy have been implemented and should always be followed; we will be ensuring staff are aware of this and will be monitoring how well staff follow these policies.

The full CQC report can be found here:

MH15_cqc_comment.v1.2.pdf
Good practice award

What we have done

One of our Health Visitors, Hille Halonen has worked hard to develop attachment and bonding resources for Eastern European families. In 2015, Hille was awarded the “Mary Seacole Development Award” for this work and she continues to do more research in this area as part of her further studies.

What difference has this made?

Hille’s work has supported Eastern European families to be able to form positive attachments and bond with their families. Hille has also been able to share her work, and share her good practice internationally, and has gone on to present her work at events in London and New York.

Hillie Halonen receiving the Mary Seacole Development award

Further detail

As part of this service development several focus groups have been undertaken with health visitors and parents to determine if the resource materials were useful and whether these could be continued to be used in working with families. As the booklets were visual it supported health visitors in their discussion surrounding attachment and bonding with Eastern European families. Focus groups were held locally with health professionals and involved working with Eastern European fathers to gain feedback on their involvement and use of the resource material.

In August, Hille attended the international conference on attachment and bonding in New York where she was one of the guest presenters of a workshop. This involved presenting a poster and video of her research which evaluated excellently and attracted a great deal of interest from eminent psychologists in the field of perinatal mental health.

Hille has continued to work further on this area of work including attending an event in London, with key speakers from the Department of Health and Institute of Health Visiting.
Transformational project; Developing a Children’s Directorate

What we have done

In October 2015, Children’s Services became a separate directorate which means that there is a team which is completely dedicated to children’s services (like Health Visiting and School Nursing). This team focuses on making sure that services to children are the best that they can be and that the service can change quickly and positively, if and when new or different services for children are needed.

What difference has this made?

Having a dedicated team means that there is a whole group of professionals focussing on what children and their families need from the Trust. This team has also started working with other organisations, like schools and early years providers because even more can be achieved by working together.

Further detail

The establishment of the Children’s Directorate was based on the need for stronger leadership across children’s services with a dedicated management team to review and redesign a 0-19 pathway and to ensure that the services were in a strong position to respond to any future procurement processes. During this period of time there has been a focus on the redesigning of services for Health Visiting, School Nursing and Family Nurse Partnership. This has involved understanding the key drivers that impact on children’s services, the learning from the current reviews that are underway within these services and the opportunity to consider with commissioners a new proposed delivery model.

Partnership working; Integrated Care Pathway

What we have done

We have worked together with other key professionals to agree an “integrated care pathway” for children and their families up to five years old. This has meant that GPs and Maternity services (amongst others) have designed a better way of working together to make sure that the needs of the child and their family are the focus of the service.

What difference has this made?

The new way of working together means that professionals, children and their families know who they can expect to support them at different stages of the child’s development. Also, a joint training program has been agreed, which means that staff from across the relevant organisations will have the skills and knowledge to deliver the best service possible.

Further detail

Development of the pathway has involved working collaboratively with a number of key partners (e.g. the Local Authority, GPs, Maternity Services and Early Years partnership) building on the ethos of a team based around the child, young person and family.

The pathway supports the provision of services for children and their families up to the age of 5 years in line with the Healthy Child Programme (a government programme looking at health from conception to 19 years). Health Visitors are the leads in the delivery and coordination of the pathway but assist in the co-ordination of care working closely with children centres to
develop a shared understanding of the child’s development and ensuring that information is shared in an appropriate way. Within the Integrated Care Pathway there are clearly defined roles and responsibilities for every practitioner.

This has made it easier not just for practitioners but families as to who they can expect to deliver the intervention and support at a key point of their child’s development. As part of the integrated care pathway there is an agreed joint training programme to ensure that we have a skilled workforce to enable delivery of a fit for purpose service across the district. All the training programmes agreed have either evidence or science based to ensure consistency of key messages by the practitioners from various disciplines.

Further work has continued to support the integrated pathway with the introduction of a nationally recognised questionnaire to support practitioners to assess the child’s development and maternal interaction. This has been co-ordinated by Health Visitors and Nursery Nurses working closely with children centres to reduced duplication of information and the sharing of agreed development goals.

**User and carer engagement**

**What we have done**

We have asked for feedback from children and young people because we want to use this feedback to make sure that we give service-users what they need, when they need it. As well as sending a number of questionnaires to people, we hosted an event for young people called “Your Future, Your Health” at Bradford City Football Ground. Many young people attended and talked about how they wanted services to be delivered to them.

**What difference has this made?**

We received some really positive feedback and were able to share this with the staff who are working hard to support children, young people and their families. We also have a better understanding of what young people want and are keeping this at the forefront of our minds when we make decisions about our services.

**Further detail**

Within Bradford District Care Foundation Trust the Friends and Family Test is used to gather feedback from children and young people who are service users. Hearing the voice of the child and their carers is of vital importance when delivering high quality and safe services to children, young people and families. Therefore the newly formed Children’s Directorate places a significant amount of emphasis on the feedback obtained.

Services within the Children’s Directorate gather feedback using a variety of Friends and Family Test methods which include paper questionnaire forms, electronic feedback via a handheld device as well as the iWant GreatCare App. Examples of comments received;

“The children were treated with respect and made sure they were fully involved in everything. She was also clear and informative throughout”

“We received lots of good advice and support which has helped immensely with the turn around of my son’s attitude as well as mine towards him.”
Since October 2015, the children’s directorate has developed strong partnerships with educational providers, the Local Authority, early year’s and secondary care providers to ensure that children’s services continue to be developed and adapted jointly, with children and young people at the centre of everything we do.

Young People participating at our Your Future, Your Health event

Learning from experience

What we have done

We are really keen to find out as much as possible about how best to support children, young people and their families. As part of this, we asked parents what they thought about our recent immunisation campaign and although they gave us positive feedback about the information leaflets and presentations within the schools, they also said that they would have liked more / different information about side effects and risks before they gave their consent.

What difference has this made?

From the feedback that we have received, we have changed the information we provide to parents so that the concerns that they raised have been fully addressed. This has resulted in a better parent and carer information leaflet which addresses previous concerns; we hope that people will be keen to give us more feedback in the future, because they have seen that their opinion really does matter to us.
6 Health Visiting Fellows

What we have done

Within health visiting we have enabled six health visitors to become Institute of Health Visiting (IHV) fellows, the fellows are taking a lead on the development work on the national 6 high impact areas:

- Transition to parenthood and early weeks
- Maternal Mental Health
- Breastfeeding
- Healthy weight, healthy nutrition
- Managing minor illness and reducing accidents
- Health, wellbeing and development of the child age 2

What difference has this made?

The IHV fellows have hosted a learning forum in which all HV’s attended and the IHV institute, celebrating the work that has been undertaken in regards to supporting the early years strategy work with public health, the development of the integrated care pathway and work on perinatal mental health. The fellows continue to work on the 6 high impact areas and are attending meetings nationally in regards to perinatal mental health and minor illness and ailments to develop pathways.

Further detail

As part of the fellowship all the health visitors have undertaken an development programme on leadership and political awareness this has enabled them to work with public health, secondary care colleagues. Better Start Bradford and GP’s, to promote health visiting as a profession.
Community Health Services

Good practice award; palliative care team

What we have done

In 2015, our Palliative Care Team won the prestigious British Medical Journal award for “Palliative Care Team of the Year”. The service supports people at the end of their lives and they have worked closely with other Palliative Care Teams in the area to deliver the best possible service to people with life-limiting conditions. As examples of their innovative ways of working, they have developed electronic systems to record people’s care wishes and introduced a 24-hour telephone advice line, called Goldline.

What difference has this made?

The forward-thinking changes made by the teams has meant that people receive a better quality service at the end of their lives. Receiving the award has given the team some much deserved external recognition and gives them further opportunity to share their good practice with others.

Further detail

Bradford and Airedale District palliative care providers have been working in collaboration for the last two decades during which they have delivered innovative care and support for those who face challenging times when approaching the latter stages of their life.

The BMJ Awards are described as the “UKs premier medical awards programme” - this year’s awards ceremony took place at Westminster Park Plaza Hotel in London on Wednesday 6 May 2015.
Transformational project; the Primary Care Wellbeing Project

What we have done

We worked with local GPs and identified patients who have long-term conditions; we have used good team work (including a Psychiatrist, Psychologist and OT) to try to improve the way their condition was managed. The aim was to make sure that patients felt better and had a more flexible service and also to reduce the need for them to see their GPs or be admitted to hospital.

What difference has it made?

The work we have done showed that we could deliver a better quality of service by working in this way. The pilot also showed that the people involved had less need to use other services (like GPs or hospitals), making better use of scarce resources and provided evidence that working together, in new ways, can really improve the outcomes for people we support.

Further detail

We have focussed on working with a target patient group who are high users of GP and other services who present with Medically Unexplained Symptoms (MUS) and/or long term conditions that are chronic. The project aims to reduce costs by reducing the use of primary and secondary services.

The Primary Care Wellbeing Project is an innovative pilot project funded on a non-recurrent basis by Airedale, Wharfedale & Craven CCG and Bradford District CCG. It is delivered in partnership by Bradford District Foundation Care Trust and three GP practices, one in AWC and two in Bradford District. Evaluation is provided jointly by Leeds University working with the Commissioning Support Unit.

The primary aims for patients are increased satisfaction, improved disease management, more effective pain management, improved mood and decreased hospitalisation. The primary aim for GP’s is increased satisfaction in providing more effective care for these patients. The project aims to reduce costs by reducing the use of primary and secondary services.

The service is delivered in primary care settings by a Team including Psychiatrist, Clinical Psychologist, Occupational Therapist / Cognitive Behavioural Therapist and Physiotherapist. Each GP Practice was asked to identify the top ten patients meeting the criteria of high usage and MUS. The GP carries out a detailed file review prior to assessment and formulation by the multi-disciplinary team. Alternative management plans are established, including interventions delivered directly by the Primary Care Wellbeing Team as well as GP’s and other professionals who may be involved.

The impact for patients is scored using established Patient Related Outcome Measures (PROMS) and Patient Related Experience Measures (PREMS). At the same time financial costs and savings are monitored.

The results of the scores identifies;

- Clinical Effectiveness
  - The clinical outcomes data suggest that health-related quality of life remained low for the cohort though depression and somatic symptoms had improved at the eight month follow up. Anxiety severity remained at a moderate level.
  - Clinicians rated the overall value of the referral to the PCWBS as high. Over half of the patients were rated as showing improvement in relation to the primary goal and the
**Patient experience**

- Patients rated the PCWBS as ‘excellent’ or ‘good’ and indicated that they felt they had time to talk and they felt listened to by the team. Minimal improvements were suggested to address some practical issues and patients were highly likely to recommend the PCWBS to friends and family.

### Partnership working; Community based intravenous and continuous subcutaneous therapies

**What we have done**

We have continued to work closely with Airedale NHS Foundation Trust to be able to administer intravenous and subcutaneous medication in people’s homes. Previously people often needed to be in hospital to have these treatments and being able to offer this service to people at homes is much better for the individual, and means hospital beds can be used for those who really need it.

**What difference has it made?**

Most importantly by being able to deliver this service, people have avoided hospital admission and been able to stay in their own homes. Also, we have again shown that we can work together with a range of colleagues to solve complex but important problems for the good of the communities we serve.

**Further detail**

From the initial ‘concept’ to the delivery of care, staff from Airedale NHS Foundation Trust and Bradford District Foundation Care Trust have worked jointly to develop supporting policies and procedures, understand the needs aside of these pathways, develop training and processes for obtaining competencies and for monitoring activity and the impact.

Contributors to this work have included service and pharmacy leads from across both trusts, acute care colleagues, business support and of course the clinicians who are providing the care. An example of the mutually beneficial relationship is the provision of associated training from Airedale Hospital to BDCFT community staff free of charge on the proviso that the implementation of the pathway will have a positive impact on reducing hospital bed use.

### User and carer engagement

**What we have done**

Our “Quality and Patient Safety” group hosted two Service-User and Carer involvement events to tell people about the services offered by the trust and some of the good work we are doing. The events were really well attended and included some invaluable discussions; we were able to hear people’s views about a range of subjects.

**What difference has it made?**

At our March 2015 event, attendees suggested that the next event could have a broader range of services present, we took this into account and at our second event Sept 2015 service users
had the opportunity to visit a wide range of service specific stalls. Feedback on this approach was that people felt they had more opportunity to meet and talk with staff from each service. Both staff and service users/carers valued the opportunity to learn about other services and commented on the useful information provided on the stalls. Being able to meet and talk was highlighted several times, enabling attendees to gain useful contacts and getting to know other teams and services.

Sharing information about the trust with Service-Users has enabled more people to gain understanding about services that they didn’t previously know about. Attendees told us what is working well, what we can do better and how we can involve Service Users and Carers better. Understanding key issues from a Service-User and Carer perspective means that this is at the forefront of our minds when decisions about services are being made.

Self Care; Commissioning for Quality & Improvement (CQUIN)

What we have done

Self-care is about empowering people to be more involved in preventing and managing any ill-health and promoting good health in general. In 2015, staff from the Trust worked together to develop an “exacerbation care plan” and professionals then worked with individual patients to agree what actions they can take if their condition gets worse at any time. The team have also developed training materials to help all Trust staff to encourage self-care whenever possible.

What difference has this made?

The new care plan means that there is an agreed way to document the actions someone can take to manage their own health. This works towards empowering people to be even more involved in decisions about their care. The new training resources mean that this good practice can be extended further across the organisation and now benefit even more people. A random sample of exacerbation care plans was audited by our Commissioners; the feedback was generally very positive and the Commissioners were pleased to see evidence that the care plans had been developed in conjunction with the patient.

Further detail

Self-care as a concept and priority for the health economy must become embedded in the practice of clinical staff within all settings through patient/carer inclusion in care planning discussions and decisions. This represents a change in the culture of how services, teams and individuals currently work. To support this change suitable staff training is required, along with the development of exacerbation self-care plans for patients with long term conditions to prevent unnecessary hospital admissions.

In order to identify suitable training an options appraisal has been undertaken resulting in 2 methods of training being piloted by Community Matron staff. The first is an e-learning package and the second is face to face health behaviour change training.

In collaboration with ANHSFT colleagues, BDCFT have developed an exacerbation self-care plan which is available in the electronic clinical record system. From October 2015 Community Matrons in BDCFT and Advanced Nurse Practitioners/Specialist Nurses in ANHSFT have been implementing this care plan. It is completed in conjunction with the patient/carer and is designed to empower people by setting out what actions they can take to manage their condition/s in the event of an exacerbation and when/how they should access additional support. Once completed, the exacerbation self-care plan is saved within the patient’s
electronic record and is available to view by any professional with access to that patient's electronic record. A printed version can also be left with the patient/carer.

**Learning from experience; Speech and Language Therapy Service – bilingual service**

**What we have done**

Having previously seen the benefits of a range of resources to be able to meet the needs of Bradford’s “newer communities,” our Speech and Language Service has developed this even further in 2015. Many people within Bradford speak a range of different languages and our service now has resources in Russian, Latvian and Arabic (amongst many others).

**What difference has this made?**

These developments mean that the Speech and Language service are able to assess and work with individuals in the language that is most effective for them. What is more, the team have also developed further training modules about all aspects of working with bilingual families.

**Further detail**

Many of our clients speak a Community Language as their home/first language and it is imperative that each client can be assessed and supported in their home language as well as English as appropriate. To date the service has produced assessments to screen comprehension and speech in Russian, Latvian, Czech, Slovak, Polish, Mirpuri, Urdu, Sylheti and Arabic.

We have also increased our range of therapy resources in European languages to support clients with speech sound difficulty as well as having set up specialists clinics to both assess and deliver therapy to bilingual families.

Assessment procedures in Roma/Romany languages are being developed with the help of Service Users, Carers and Interpreters which has proven a wonderful opportunity to learn and understand the Roma language. We are delighted to have recently completed our first Roma speech sound screening assessment.

The team will be rolling out further training to our staff in the New Year in all aspects working with bilingual families through newly updated in-service training modules.
Good practice awards; Dementia Assessment Unit; commended in Health Business Awards

What we have done

Our new Dementia Unit opened in 2015 and won a national gold award from the Dementia Services Development Centre (DSDC) at Stirling University, the unit also received a Commended Award at the Health Business Awards in December 2015. These are great achievements that show how well the service is able to meet the needs of people with dementia. The design of the building was heavily influenced by families, carers and staff and provides a calmer, more person-centred environment for those with Dementia.

Bradford District Care NHS Foundation Trust has for its state-of-the-art dementia assessment unit (DAU) at Lynfield Mount Hospital.

The facility has been given the highest accolade, for its high-quality dementia friendly design that has been created with input from local carers, families and staff.

What difference has this made?

The high-quality and Dementia specific specification of the new unit means that we are even better able to meet the needs of people with dementia using our services. Receiving the award is an external accolade and recognition that the building really is an example of excellence within NHS facilities.

Further detail

The Trust worked with architect firm DLA Freeman White to design a state-of-the-art refurbishment for the ward. DLA identified the Dementia Services Development Centre (DSDC) at The University of Stirling as the leading research institution in this field. Advice was sought from the DSDC on the very latest theoretical and practical research in order to inform the design.

At every stage and for every aspect of the design, carers, families and staff were consulted, from floor plan layout, room features, colours schemes, artwork through to the new name of the unit itself – the Dementia Assessment Unit.

The new unit opened in August 2015 and has attracted praise from carers, families, medical staff, ward staff, commissioners, and local authority councillors for its spacious, carefully thought through design and most importantly, improved experience for patients.

As people age their mobility, sight, memory, cognitive functions and hearing can gradually deteriorate. This process is often exacerbated in those suffering from dementia. Research at DSDC has worked to understand how these impairments are affected by the building environment and aims to mitigate these effects in order to reduce distress, confusion and anxiety and create a calmer environment that better supports day-to-day living.

Allison Bingham, Deputy Director of Specialist Inpatient Services at Bradford District Care NHS Foundation Trust said: “We’re delighted to get the gold award for the Care Trust’s Dementia Assessment Unit. The facility has been developed with close consultation and involvement of patients’, families and carers. The design and layout of rooms is really
important for people with dementia, with a focus on reminiscence, to promote meaningful interaction with the environment. We have taken great care to make the unit as welcoming as possible for patients, with many familiar features which they will be able to recognise from their home environment. The DSDC gold award recognises that we have designed a high quality, dementia friendly environment for individuals that enables our specialist team to provide tailored care and support.”

This mural of Bolton Abbey, is one of many within the unit, created by Dan Savage through discussions with service users and carers to identify significant landmarks across the district

Transformational project; redesign of administration services

What we have done

In 2014 we changed the way the “administration” departments were structured by placing our administration staff into five hubs or bases which are managed centrally. During 2015 / 16 we have made further improvements making sure that they work closely with a specific clinical team whilst ensuring the same standards are met across all of the hubs. As the changes were taking place we made sure that we responded to any concerns and teething problems and the feedback is now positive with lots of compliments.

What difference has this made?

We now have a more efficient service with the same standards and consistent practice across all five hubs, this means the admin teams can deliver a better support service to each clinical
area, and most importantly, to individual patients. This means that administrative staff deal with the admin tasks leaving clinical staff to focus on their clinical work.

**Working in partnership**

**What we have done**

Our Dental Services have worked closely with local mosques to promote tooth brushing, particularly aimed at South Asian children under the age of six. By working together with community groups to promote good mouth care it is more likely that children will make positive choices about caring for their own teeth.

**What difference has this made?**

If children develop positive habits about caring for their teeth this decreases dental disease, and improves general health, in the future. Working together has established a positive way to promote means by which children and others can take positive steps to prevent poor health.

**Further detail**

It is well documented that young children in Bradford have some of the poorest oral health both regionally and nationally. Children living in the most deprived areas of Bradford and Airedale have almost twice as much dental disease compared to those from the least deprived. It has also been found that South Asian children have higher levels of dental disease than their White peers.

The Salaried Dental Service was commissioned to deliver a dental programme to specifically target the South Asian population. The programme was developed with support from Mosque teachers and a representative from the Council of Mosques in the production of an evidence based dental resource linked to the teachings of the Quran.

A review of the programme identified that the programme needed to be more streamlined, and an age appropriate toothbrush training package was developed within Mosques and Madrassas. The new resource was produced specifically focusing on evidence-based information and interventions linked to tooth brushing with fluoride toothpaste.

Through investigations a gap was identified within Islamic schools both primary and secondary. The numbers of locally independent schools are increasing within Bradford and Airedale and to capitalise on this growth it was decided to extend existing curriculum linked educational resources within these settings.
Smoke free organisation

What we have done

In July 2015 the Trust became a smoke free organisation for staff, service-users and visitors because we believe that we have a responsibility to promote healthy life-style choices for everyone we work with. We anticipated that any change like this might be difficult initially so prior to implementing the new policy much work was done to minimise any possible early adverse effects for staff and Service-Users.

What difference has this made?

As a smoke free organisation we are supporting people to make positive long-term choices regarding their behaviour and believe that this is contributing to improving the physical and mental health of everyone we work with.

Further detail

On 1st of July 2015, BDCFT launched the smoke free trust policy and procedures and became a smoke free organisation. Becoming smoke free is a positive step and reinforces the Trust's position as a health promoting organisation with a responsibility for the mental and physical health of all its service users, staff and visitors. The policy complies with Smoke-free legislation (Health Act, 2006) and The National Institute for Health and Clinical Excellence (NICE) Guidelines for Smoking Cessation.

Since the launch of the smoke free policy service users have not been permitted to smoke in any sites or grounds of BDCFT, including service users that are both detained and informal users of inpatient services. Staff have been educated and given support with implementing the policy, and guidance was produced and delivered across services. The guidance and support introduced included:

- Assessment of smoking status and care plan requirement for inpatients who smoke and need support
- Smoking cessation advice and education
- Prescription of nicotine replacement therapy (NRT).
- Clear guidance on restricted items in inpatient settings (e.g. cigarette lighters, matches)

User and carer engagement; Service User Panel Peer Evaluation Review (SUPPER) events

What we have done

We held two Service-User Panel Peer Evaluation Review (SUPPER) events in 2015; these events had a carnival theme including activities such as a quiz, a raffle and a treasure hunt. The events were to tell people about developments within the Trust, promote involvement and to understand how people experience the services we offer. During these events we received some feedback which enables us to make some positive changes to the way that we do things.

What difference has this made?

Feedback from the SUPPER events has been used to gain further understanding about what is important to Service-Users and their Carers. A number of the priorities identified have been
included with the Quality Goals for 2016, which means they are an integral part of the organisations goals for the coming year (and likely beyond).

**Further detail**

The acute and specialist mental health in-patient services held two such events, one in Airedale and one in Bradford. The events had three key objectives:

- **Feedback;** to collect patient experiences and feedback, and to inform attendees about how feedback is used to shape services.
- **Involvement;** to promote service user/family/carer and FT member involvement.
- **Information;** to keep people informed about developments that have taken place within the trust over the past 12 months.

In terms of feedback, ideas for developing services included suggestions about extending activities offered to service-users and ensure staffing levels are appropriate. Feedback about care and treatment included a mixed bag of reviews, with some very positive comments about excellent levels of support and help with recovery, but also some feedback requesting greater communication and involvement with service-user families and carers. This feedback has been shared with staff within the services.

**Learning from experience; Involving you – Time to Talk/ Time to change**

**What we have done**

Bracken ward and the two Acute Adult wards at the Airedale Centre for Mental Health held an event on the Moors suite to encourage people to talk about mental illness with a view to reducing the stigma related to it. This allowed service users, carers, families and professionals to come together in an informal setting where there were discussions around their personal experiences. This included positive and negative experiences and difficulties faced daily with living with mental illness or supporting a relative with a mental illness.

Coffee and cakes were provided and service users from all three wards were actively encouraged to engage with the event through preparing the area, baking the cakes and planning how the morning should proceed.

Comments boards were available to collect positive and negative comments so that these could be collated and used to enhance service user experience. Feedback from service users, family and carers was positive and stated that they enjoyed the event.

**What difference has this made?**

Having an open event such as this allowed us to start breaking down barriers of mental illness by taking the time to talk, listen and share experiences. Service users from all walks of life had the opportunity to be included and to share their experiences in their own words, to answer other people’s questions and to share ideas for the future.

This event also promoted social inclusion and promoted mental health in a positive light by using the experiences of people who live with this illness day in and day out and that of their carers / relatives who provide invaluable support.
Further detail

Mental illness is still surrounded by prejudice, ignorance and fear. The attitudes people have towards people with mental health problems mean it is harder for them to work, make friends and in short, live a normal life.

The day was a major success as patients from all 3 wards were able to socialise, talk and contribute. This enhanced their experience of being in hospital by encouraging them to make new acquaintances, to engage in conversations with others beyond the ward staff and to feel included.

Staff in attendance included consultant psychiatrists, nursing staff, occupational therapists, psychologists, health care support workers, junior doctors, operational managers and housekeeping staff.
14. HOW WE HAVE IMPROVED QUALITY TRUST WIDE

Quality Governance; monitoring the quality of our services

What is Quality Governance?

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

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

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

Quality Governance in BCFT

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

BDCFT undertakes an annual self-assessment against the elements of the Monitor well-led framework and (as with all FTs) will be formally assessed by an external organisation every three years (2018). The self-assessment is conducted via a ‘Forward to Excellence’ session which ensures that the Board and senior management team are fully engaged in the assessment process. This approach ensures wider ownership and understanding of the assessment and associated plan hence supporting the embedding of the well led framework requirements.

Any areas for development identified through this assessment are included in the Quality Governance Improvement Plan which is monitored routinely by the Quality and Safety Committee which is charged with seeking assurance that actions are implemented and leading to improvements.

In addition to the self-assessment outlined above, the Trust has undertaken a number of approaches to governing the quality of services during 2015 / 16 including the following:

- Full external review of the functioning of the Quality & Safety Committee
- Self-assessment against the Care Quality Commission 5 themes of Safe, Caring, Responsive, Effective, Well Led
- Further roll out of the Board Quality and Safety walkabout process
- Refresh and re-launch of the 15 Steps Challenge approach
- Implementation of the Sign up to Safety Campaign
- Quality Impact Assessment of all transformational projects and cost improvement plans

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

**How the test works**

The Friends and Family Test is a national initiative and was launched in the Trust on 18th November 2014. The survey is offered to all service users or their carers and asks if the user would (or would not) recommend our services to their friends and or family. The responses are scored out of 5, where a score of 5 equates to “extremely likely” and a score of 1 represents a view of the service user that they would be “extremely unlikely” to recommend the service.

Supplemental questions are also asked, primarily these are:
- Were you treated with dignity and respect?
- Were you involved as much as you would have liked in your care?
- Were you provided with sufficient information about your care?
- Did our staff treat you with kindness and compassion?

Users are also asked if they felt safe.

Although FFT is anonymous, the age, gender, ethnicity and any illness or disability of the respondent is collected along with the name of the team where the service was provided.

**What the results are telling us**

Since the Trust started recording FFT there have been approximately 8,500 pieces of feedback received which show an average recommendation score of 4.5 out of 5, 93% of reviewers would recommend the service to a friend or family. Approximately 94% of all free text comments received have been positive.

The Chart 1 below shows the score out of 5 for the core question (would you recommend our service), the number of responses and in chart 2 the percentage of people...
How we use the results

Should a reviewer “not recommend” the service an alert is sent to the appropriate service manager, and where the review contains reasons for not recommending the manager will see what can be done to resolve any issues.

FFT feedback remains consistently positive however there are around 6% of comments which are less favourable; the breakdown of FFT feedback is as follows:

<table>
<thead>
<tr>
<th>Would you recommend to friends and family</th>
<th>Number of reviews with this score</th>
<th>Percentage of all reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely unlikely</td>
<td>20</td>
<td>0.24%</td>
</tr>
<tr>
<td>Unlikely</td>
<td>32</td>
<td>0.39%</td>
</tr>
<tr>
<td>Neutral</td>
<td>159</td>
<td>1.89%</td>
</tr>
<tr>
<td>Likely</td>
<td>1360</td>
<td>16.16%</td>
</tr>
<tr>
<td>Extremely likely</td>
<td>6855</td>
<td>81.33%</td>
</tr>
</tbody>
</table>

The most common negative themes are:
- Environment 20% e.g. “there are no facilities to dispose of products at the continence clinic”
- Appointment or waiting time 16% e.g. “I had a long wait for an appointment”
- Service provision 12% e.g. “My doctor didn’t give me the advice I needed”

Themes identified from the comments made in the campervan feedback included:
- “It’s difficult to access services through Single Point of Access”
- “Carers need more recognition”
- “Need interactive communication with young people”

Negative comments are shared with service managers (and for FFT responses are left on the IWGC website so that people have the opportunity to contact us to discuss actions). Patient experience reviews are undertaken every 6 months with service managers to discuss any themes or trends which require action and provide assurance that actions have been completed.
Bradford District Care NHS Foundation Trust wins recognition in national awards.

The Trust’s Patient Experience and Involvement Team have were shortlisted as finalists in a national awards scheme about the way patient and staff feedback is used to improve healthcare services. Whilst the team did not win the award, being a finalist provided positive recognition of the work the team have been undertaking over the last year.

The 15 Steps Challenge

What is a 15 Steps Challenge?

The 15 Steps Quality Challenge describes how a small team explores what service users are experiencing by undertaking visits to the service areas, telephone consultations with service users or home visits. Visits are conducted monthly and the team differs for each visit but includes service users / carers, staff and Staff Governors. The purpose of the visit is to identify both good practice and areas for improvement with a particular focus on quality, safety and service user experience.

What the visits are telling us

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

- Good signage which helps patients / service users to locate the service
- Useful information on display
- Welcoming reception areas and staff
- Professional, efficient and competent staff
- Evidence of staff using the “hello my name is” approach
- Clinic rooms clean and welcoming
How we use the results to make improvements

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

- Staff photo boards updated to support service user in being aware of staff names
- Activities boards being routinely updated so that service users are aware of activities available on the ward
- Visiting times have been changed and made clearer with access to the Visitors Centre for visits; signs have also been put up on the ward to reflect these changes.
- A notice board has been dedicated to include all information with regards to how to make complaints/compliments. Staff attempt to deal with complaints locally and resolve these with Service Users in the first instance.

Examples of signage within inpatient services

Safer Staffing

Defining the ‘Safer Staffing’ initiative

It is a national requirement for Trusts to monitor staffing levels on wards; this means that a Trust can determine whether the skill mix and number of staff available is at, above or below the recommend levels of staff.

Although there is no requirement to monitor staff levels for community based services (such as Health Visiting, Early Intervention in Psychosis and Community Mental Health Teams) we choose to monitor the relationship between the number of staff and the number of service users seen. Some ratios used are based upon national initiatives and recommendations, whereas others are based upon local levels.

How do we use the information?

This information is reported to Trust Board on a monthly basis and to NHS England. At six monthly intervals more detailed analysis is provided to the Trust’s Board which considers relationships between staff levels, sickness levels, vacancy and use of agency staff, incidents and patient numbers.

The Trust has agreed, as have a number of other Yorkshire based Trusts, to work with University of Leeds to share ward based staffing data to help with research into relationships between staff levels, patient numbers and incidents. There is no national ‘safer staffing’ tool for mental health wards and this work is being undertaken with a view to creating such a tool.
Based on the information provided in safer staffing returns we have been able to look at and re-consider the mix of teams within areas to ensure a more even distribution of workloads, have triangulated information with other data such as sickness and staff turnover, complaints, incidents and service user reviews and have developed new ratios to replace those which were not truly indicative of local needs. The safer staffing information has also helped to provide a greater insight into staff used to support patients who have required additional support.

**Safeguarding**

**Defining Safeguarding**

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

**How our safeguarding systems work**

Our safeguarding adults and children’s teams work closely with operational services and we have a number of approaches in place to support staff in meeting their duties and learning from others, these include:

- The Safeguarding Forum which meets on a 6-8 weekly basis. Learning and action plans from safeguarding children serious incidents, are fed back into both the Safeguarding & Serious Incident Forums and lessons learned disseminated to staff through training, supervision and newsletters.
- Safeguarding children and safeguarding adults training routinely delivered to our staff including at induction
- A Best Practice safeguarding children group chaired by the safeguarding team meets on a quarterly basis different professional groups working with children and their families to come together in order to generate better informed practice and learn from experience both within the Trust and wider.

**Safeguarding week**

October 2015 saw the most successful yet multi-agency Safeguarding Week, this year’s theme being ‘It’s Everyone’s Business’. This annual event included over 60 different events being held across the Bradford & Airedale District. Staff from BDCFT’s Safeguarding, Dental and Community services contributed significantly to sharing learning and good practice during the week. Practitioners from the Trust were invited to showcase their innovative practice and commitment to multi-agency working.

In-house events included Advancing Patient Safety, Child Sexual Exploitation, Female Genital Mutilation, Hamzah Khan Story Boxes, Working in the Margins (Children with Disability & Complex Health needs) Domestic Abuse and Adult Self –Neglect; a wide variety of topics which were both thought provoking and informative. Visitors to the Looked After Children and Young People’s services included local magistrates who were keen to hear about the teams work with young people.

An innovative adult self-neglect workshop was led by the Trust’s lead practitioner and members of Safeguarding Adults Board’s training sub group. The participants from BDCFT
and other organisations were invited to learn from research and make proposals about the content of future local guidance.

Evaluations from the learning events have been excellent with staff commenting on a ‘Fantastic Forum for professionals to reflect and learn’.

**Infection Prevention**

**Effective infection prevention**

There have been no incidents of meticillin-resistant staphylococcus aureus (MRSA), methicillin-susceptible staphylococcus aureus (MSSA) or Clostridium-difficile during the year and the Infection Control Team continues to work across all areas of the services promoting and educating in infection prevention techniques, processes and procedures.

**Flu immunisation**

For the year ending April 2015 the Trust had the greatest level of ‘flu immunisation levels amongst all NHS Mental Health trusts, and for the third year running the Trust has the greatest uptake for both community and Mental Health services. The Trust and Department of Health target for take up of ‘flu immunisation by front line staff is set at 75%. The take-up for 2015/16 is 77.3% with a number of teams having achieved 100%; a good uptake means that we are able to minimise staff sickness as a result of flu.
Agile Working

About the agile working project

This project aims to enable staff to work in an agile way to enhance the way services are delivered; we are now in the second year of a five year programme; during the last 2 years, 1750 staff have been provided with laptops and mobile technology and given training and support to work in an agile way.

What difference is the project making?

Our staff use mobile devices and technologies that enable them to enter information straight into our clinical systems. Records can be made immediately wherever the staff are working; we have already seen a reduction in travel time and mileage travelled as staff are no longer required to return to the same work base; the time saved increases the time staff are able to spend with patients.

Future work

There is more to be done to enhance how we deliver services as a result of agile working, whilst we have a good infrastructure in place, including wireless access, we will continue to make best use of available modern technologies and prepare for ever improving technology opportunities.

The key aims and benefits of the project are still to be fully realised and are dependent on some projects where technology implementations enable this; we will continue to roll out our agile project throughout 2016/17.

Board Quality & Safety Walkabouts

Aims of a Quality and Safety Walkabout

The aim of the Quality and Safety Walkabouts is to:
- increase the awareness of quality and safety issues amongst all clinicians;
- make sure safety remains a priority for senior leaders;
- increase understanding of service user safety concepts such as incident reporting and risk registers;
- act on information that identifies areas for improvement; and
- build relationships with frontline staff.

How the walkabout is conducted

Board members (a pairing of a Non-Executive Director and Executive Director) visit services with the primary objective of talking to groups of staff about quality and safety issues.

Prior to the visit the selected team receive information as follows:
- an information poster to be displayed to inform staff of the visit
- the walkabout leaflet giving facts about the walkabout

Nearer to the visit the following information and statistics are shared with the relevant visiting Board members and the team:
- Risk Register information
- Staffing information
Open and honest discussion takes place and it is important that all present at the walkabout are heard with the focus remaining on quality and safety.

**How we use the results**

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

A full annual review of learning and trends was provided to the Quality & Safety Committee in March 2016, examples of issues identified and addressed were:

- Availability of staff to provide cover at short notice
- Improvements to the transport available to the Assessment & Treatment Unit & Low Secure Service
- Improvements to décor / environments
- Additional IT training for clinical teams to support agile working
- Streamlined process to ensure appropriate attendance of school nurses at safeguarding meeting (previously duplication occurring)
- Improvements to signage & notice boards ensuring appropriate information is available

**Complaints and Compliments**

**Our approach**

Following the review of the Trust’s complaints process in 2014, a number of changes were implemented during 2015/16 to improve the complaints process. The changes implemented are:

- Training for managers was delivered throughout the year to promote local resolution
- Face to face meetings with managers were promoted as a means of resolving complaints locally in conjunction with service users and carers. The feedback from people who have met with managers to discuss their concerns and agree an outcome has overall been positive
- The Patient Advice and Liaison Service and Complaints department merged and became Patient Advice and Complaints. This service now provides one point of contact (a case handler) for somebody raising a concern and improved consistency in managing these across the organisation
- A survey has been implemented to gain feedback from staff who are involved in the complaints process. This is regularly reviewed to enable the department to consider changes on how to improve the investigation process to support learning from complaints.
How we learn from complaints

Patient Advice and Complaints staff have worked with colleagues across our services to improve the management of actions plans arising from complaints and sharing learning. The following has taken place in 2015/16:

- Clinical and safety learning forums on learning from complaints, serious incidents and claims;
- Monthly reports are produced which include complaints, Friends and Family Test and serious incidents data to highlight any early themes and trends to enable managers to take prompt improvement actions;
- Quarterly reports are produced to identify themes across all services. These are discussed with Deputy Directors/Heads of Service in the Serious Incident and Complaints Forum and disseminated through quality and safety groups to share learning more widely across the organisation;
- A newsletter highlighting learning from complaints and serious incidents is produced and disseminated via e-comms to staff;
- Acute in-patient services have developed a newsletter in which they share the learning from complaints and SI’s across the in-patient areas. This ensures the learning reaches all areas and staff.

Improvements in response to complaints

Three examples improvements we have made as a result of learning from complaints are:

- In response to a formal complaint the Memory Assessment Treatment clinic has developed a leaflet to ensure patients are aware on how to change their appointment and letters which follow after their appointment.
- A carer raised concerns about the observation of a patient who had been transferred to an acute hospital, specifically around the observing nurses role and communication with carers. The Clinical Manager will review the Trust Observation Policy to ensure a shared care plan is developed for both physical and mental health needs when someone is admitted to a General Hospital ward, and identifying clear roles and responsibilities.
- A complaint was raised about a Community Mental Health Team not informing the patient about a cancelled appointment, Team Leaders will review how patients are notified with cancelled appointments and how work absences from staff are reported to avoid another recurrence.

Empathy, good communication and good customer care are crucial to the delivery of a high quality service. When something goes wrong people also remember their experiences with staff and as such many complaints, when categorised, relate to attitude of staff (perceived or otherwise).

The Trust monitors complaints on a monthly basis via the Trust Dashboard and the triangulated report with Complaints/SI's/FFT data. Information is analysed and where there are 'hot spots' or in areas, these are addressed via the Head Of Service. An example of this was a number of concerns were raised about the attitude of staff for in-patient services and this was highlighted through complaints. The Head of Service arranged for bespoke customer care training for in-patient staff which resulted in a decrease in complaint for that area.

On a wider level the Trust has undertaken a number of actions. The Trust has supported and rolled out programmes such as Care Makers and Barbara’s Story to promote the 6c’s across all staff in the organisation and work continues through the Nursing Development Team to
ensure momentum is maintained. Additionally the ‘Hello, my name is’ campaign has been promoted and encouraged throughout team and an event was held which Dr Kate Granger attended to share her experiences.

In response to concerns raised about how people have been treated, a leaflet has been developed with staff and service users. This leaflet describes how staff are expected to behave. The Patient Advice and Complaints Department have commenced training on complaints handling across teams. Customer Care and examples of complaints are used in this training

It is noted that, whilst the figures are high for complaints about attitude of staff, these have decreased by 4% compared to the previous year.

**Compliments our services have received**

Work promoted by the team to ensure the collection and reporting of compliments has resulted in an increase in compliments being received (649). Examples of some of the written compliments we have received during 2015/16 are as follows:

"thank you for all your help, your hugs and your support. You’ve been there when I needed you and held my hand and shown me the way through the darkness"

“Thank you for always being so kind and helpful to me. It’s only because of the very great care I have received from Psychiatrist and CPNs and some luck that I have survived. Before receiving treatment I was lost and alone, couldn't cope and was crying. I just want to thank you for taking great care of me.”

"....a very big thankyou to all involved in the care of my partner. We very much appreciate all the kindness and care you showed to XX and me both at the hospice and at home. You do such a fantastic job in delivery of care and in maintaining dignity right to the very last”

"Thank you for your help and support in progressing X's speech. He has continued to make small steps forward and we continue to practise. Wishing you good luck in your work and hoping you can help many more people. Thank you"

“thank you for your time and patience in explaining things to be about my sister. I just wanted to tell you that it is and has been very much appreciated...”

"We are wanting to highly commend Podiatrist X. My mother is the patient- she is 88 years old and visits X once a quarter. This has done wonders in maintaining her mobility. Any new problems which arise are dealt with professionally and competently. X herself is just a joy to visit - cheerful, positive, very informative offering choice and options as appropriate. I am sure that caring for the feet of older people brings many challenges. We both agree that X deals with these with great good humour and professionalism. A truly excellent health professional to whom we give a five star rating"

"Would like to say a massive thank you to all concerned in my dental treatment. From start to finish I was made to feel relaxed and comfortable. I can't thank them enough. If I ever need more dental treatment I will ask to go there again. Overall fantastic could not have asked for more!"

"thank you for all your care and support, it's more appreciated than you all probably think"
"the best things about having a family nurse were; the home visits which made the service feel more personal and confidential. I liked the activity ‘Emotional Refuelling’ which is a method that shows young mothers how to refuel after caring for a baby all day to sustain the happy emotions rather than becoming tired, run down and in some cases depressed.....I wanted a different future for my son than the one I experienced and I am proud to say I am working towards that. However I doubt, in my view, that any of this would've become a reality without my family nurse"

Complaints and compliments data

The chart below shows the number of compliments, concerns and complaints received.

The following chart shows the breakdown of complaints by category; pie chart reflecting 15/16 data to be inserted.

### Serious Incidents

**Our approach**

The Trust has a robust system in place for reporting incidents and identifying those that are serious; these are reported to a central body in line with the NHS Serious Incident Framework.
All serious incidents use a robust, recognised approach to investigation known as the Root Cause Analysis process.

**Learning from Serious Incidents**

Investigators share the findings of serious incident investigations to individuals and teams through Quality and Safety Groups to ensure all levels of leadership are engaged and committed to the learning process. The inclusion of GP’s and other organisations in the process has improved the wider sharing of lessons learned.

Clinical and Safety Learning Forums are held to share the learning from serious incidents; these are open to all staff across the organisation; the serious incident team also deliver training and learning through Translating Research into Practice sessions which are held regularly.

The Serious Incident Team and the Patient Advice and Complaints Team work closely together and provide monthly and quarterly information on themes and trends identified in serious incident investigations. This enables any themes/trends to be identified and addressed quickly.

One of the Serious Incident Investigators leads on clinical risk training; any local themes and trends are included in the training and updated on a regular basis. This adds to the continuous learning cycle within the organisation and also facilitates the learning of local trends and promotion of national research.

Our Serious Incident and Complaints Forum is held on a bi-monthly basis and ensures that action plans developed in response to incidents and complaints are properly implemented by the responsible services to lead to improvement and to minimise further incidents occurring in the future.

Examples of improvements made as a result of learning from Serious Incidents are:

A common theme was that Patients and their families/carers did not always have a crisis plan which informed them of who they can contact out of hours; Crisis Cards are now in place across the organisation for all patients (where appropriate) giving contact details of the First Response Service.

Investigations found that it was not clear when an entry in a patient’s record had been retrospectively; this needed to be addressed as it is important to know the chronological order of entries made as this reflects when particular support / interventions were provided. In response, changes have been made to the electronic records system to ensure that any retrospective entries are highlighted to the reader of the records.

**Patient-Led Assessment of the Care Environment (PLACE)**

Bradford District Care NHS Foundation Trust has received high scores from patients for the third year running in the system that assesses the quality of the hospital environment.

The results for 2015 show the Care Trust has scored above the national average in four areas of the PLACE (patient-led assessments of the care environment) assessment.
11 assessors, made up of service users, relatives, carers, and patient advocates, carried out assessments between March - May 2015. They gave scores and comments on all areas of the care environment at Lynfield Mount Hospital, Daisy Hill House, Airedale Centre for Mental Health and Ward 24 at Airedale Hospital.

The annual assessment looks at cleanliness, the quality and availability of food and drink, how well the building meets the needs of the people who use it, including signage and car parking facilities and how well the environment protects people’s privacy and dignity.

For the first time PLACE assessors also considered how dementia friendly the patient environment is. This focused on flooring, decor and signage, but also included such things as availability of handrails and appropriate seating which can help those who have dementia.

One assessor said: ‘I would be confident in bringing my mother here. It’s a homely, friendly ward.’

Andrew Morris, Deputy Director of Estates and Facilities said: “Having a safe, clean and comfortable environment can make a huge difference in helping service users to feel better. We are very pleased our PLACE results are telling us we are achieving this. We know there are always further improvements we can make and will consider the recommendations of the assessors to see how these can be best met.”

<table>
<thead>
<tr>
<th></th>
<th>Cleanliness</th>
<th>Food &amp; Hydration</th>
<th>Privacy, Dignity and Wellbeing</th>
<th>Condition Appearance and Maintenance</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td>97.57%</td>
<td>88.93%</td>
<td>86.03%</td>
<td>90.11%</td>
<td>74.51%</td>
</tr>
<tr>
<td>Bradford District Care NHS Foundation Trust Overall</td>
<td>96.55%</td>
<td>98.98%</td>
<td>90.03%</td>
<td>96.38%</td>
<td>79.19%</td>
</tr>
<tr>
<td>Lynfield Mount Hospital</td>
<td>96.50%</td>
<td>99.23%</td>
<td>89.05%</td>
<td>96.72%</td>
<td>79.97%</td>
</tr>
<tr>
<td>Daisy Hill House</td>
<td>98.41%</td>
<td>99.31%</td>
<td>91.94%</td>
<td>100.00%</td>
<td>87.12%</td>
</tr>
<tr>
<td>Airedale General Hospital (Airedale Centre Mental Health, Ward 24)</td>
<td>96.43%</td>
<td>98.56%</td>
<td>91.36%</td>
<td>95.45%</td>
<td>77.13%</td>
</tr>
</tbody>
</table>

- PLACE focuses entirely on the care environment and does not cover clinical care provision or staff behaviours.
- PLACE assessments help organisations know how well they are meeting the needs of the people who use their services and where improvements can be made.
- In 2015 PLACE assessors at the Care Trust were observed by a member of the Department of Health and two local NHS Trusts.

Comments from the patient assessors in 2015 included:

Moorlands View, Lynfield Mount
“A pleasant and positive environment for patients who have relatively long stays in the Trust. Generally, clean and well maintained with a few exceptions. Patients are treated with dignity and respect. Food and facilities are very good.”

Assessment & Treatment Unit, Lynfield Mount
"Conservatory and gardens are nice spaces increasing options for service users."
Ashbrook, Lynfield Mount
“Good information on ward entrance walls which is presented really well”
"Relaxing, very comfortable and therapeutic environment"

Clover, Lynfield Mount
"Excellent decor, furniture, and levels of natural light."
"Staff were attentive to patients' needs"

Step Forward Centre, Daisy Hill House
“Calm atmosphere, patients appeared very settled. A particularly nice garden area and dining facility. A very good range of, and well publicised, activities and good use of notice boards.”

Bracken Ward, Airedale Centre for Mental Health
"Would be confident in bringing mother here, homely, friendly ward".

Fern Ward, Airedale Centre for Mental Health
“Good colour scheme. Very clean and organised. Good interaction between staff and patients.”

Heather Ward, Airedale Centre for Mental Health
“Amazing ward. Calm & clean environment. Staff are very courteous. Good to see patient artwork being displayed. Impressed by the Ward Manager.”

Food Assessment
"Very well presented, the garnish enhances the presentation"
"Restaurant quality food which improves year on year."
"Outstanding and consistent, can't praise it enough, excellent."

Andrew Morris, BDCFT Deputy Director of Estates and Facilities said: “Having a safe, clean and comfortable environment can make a huge difference in helping service users to feel better. We are very pleased our PLACE results are telling us we are achieving this. We know there are always further improvements we can make and will consider the recommendations of the assessors to see how these can be best met.”

A menu is provided to all patients in our inpatient services
Our PLACE action plan

The Trust has an action plan in place to respond to the PLACE assessment, and the following are examples of actions being taken;

- Although internal décor scored highly, a small number of wards require redecoration and this will be completed in 2016
- Clinical staff are liaising with gardeners to improve the garden aesthetics at Lynfield Mount Hospital
- To further ensure privacy, curtains are to be installed where the bath or shower is visible when the door is open.

Specific work is also being undertaken in relation to the dementia domain of the assessment. Although the national average score for the dementia domain was relatively low at 74.51% the Health and Social Care Information Centre (HSCIC) have advised Trusts this is as expected since the assessment was only introduced in 2015 and it is recognised that many healthcare environments are some way from being wholly appropriate for the treatment of people with dementia.

Since the assessments took place we have opened our new Dementia Assessment Unit, which has already won a national gold award from the Dementia Services Development Centre (DSDC) at Sterling University. We believe this will most certainly improve the PLACE score within this domain. More broadly Estates and Facilities will deliver enhancements to those wards with imminent refurbishment plans. To encompass those areas with no plans for such works, an interim dementia enhancement programme is being developed and will be progressed during 2016/17.
15. PERFORMANCE AGAINST OUR QUALITY GOALS FOR 2015/16

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

Green = better than national target and baseline
Amber = better than national target but worse than baseline
Amber = better than baseline but below aspiration (if no national target is applicable)
Red= below national target

PRIORITIES AND GOALS

SAFE

**Quality Goal;** To improve the rate of harm-free care in community health services measured by a reduction in pressure ulcers and harmful falls.

*Why this goal was important:* this goal relates to the national safety thermometer for community services. We already perform very well in terms of overall levels of harm-free care but during 2014/15 we saw an increase in the incidence of pressure ulcers in the community and this is something for which we have a zero tolerance.

*Our performance against the indicators for this goal:*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>National Target</th>
<th>Aspiration</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in pressure ulcers</td>
<td>95.8%</td>
<td>95%</td>
<td>100%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Reduction in harmful falls</td>
<td>99.6%</td>
<td>95%</td>
<td>100%</td>
<td>99.7%</td>
</tr>
</tbody>
</table>

*How did we do?*

During 2015/16 we managed to maintain our already high performance, exceeding the national target, but have been unsuccessful in achieving our aspirational target of 100%.

**Quality Goal;** To reduce the risk of suicide; by ensuring that people discharged from in-patient mental health services receive early follow-up, measured by an increase in the number of patients seen within three days of discharge.

*Why this goal was important:* suicide is a tragedy and international evidence shows that it is a preventable tragedy. We introduced a ‘zero suicide’ programme, aiming to eliminate suicides within our clinical services within two years. The programme includes a number of evidence-based initiatives including an increase in the number of patients seen within three days of discharge from an inpatient setting.
Our performance against the indicators for this goal:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>National Target</th>
<th>Aspiration</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPA 7 day follow up</td>
<td>98.5%</td>
<td>95%</td>
<td>100%</td>
<td>95.7%</td>
</tr>
<tr>
<td>CPA 3 day follow up</td>
<td>68%</td>
<td>n/a</td>
<td>100%</td>
<td>68.6%</td>
</tr>
<tr>
<td>Number of suicides (STEIS)</td>
<td>19</td>
<td>n/a</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9 suspected 7 confirmed</td>
</tr>
</tbody>
</table>

How did we do?

At the time of reporting we have had 16 incidents of suicide reported. This is a combination of 9 suspected suicides and 7 which have been confirmed by the Coroner.

We have consistently met the national target of 95% for CPA 7 day follow-up throughout 2015/16. Whilst we have been unsuccessful in improving on our 2014/15 performance for CPA 3 day follow-up we have managed to maintain the previously achieved level. Suicide prevention remains an important priority for us and the focus in 16/17 will be on the introduction of a West Yorkshire Suicide Prevention Strategy under the auspices of the mental health workstream of the Urgent and Emergency Care Vanguard.

Quality Goal; Encourage a culture of openness, transparency and continual improvement measured by (i) an increase in the proportion of staff who would feel secure raising concerns about unsafe clinical practice and (ii) remaining in the top 20% of comparator Trusts for this measure in the NHS Staff Survey.

Why this goal was important; In 2014/15 we were already in the top 20% of comparator Trusts for the proportion of staff who would feel secure raising concerns about unsafe clinical practice and we planned to increase this proportion even further during 2015 / 16.

Our performance against the indicators for this goal:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>National Average</th>
<th>Aspiration</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of staff who would feel secure raising concerns about unsafe clinical practice</td>
<td>76% 2014/15</td>
<td>70%</td>
<td>Higher than 76%</td>
<td>73%</td>
</tr>
<tr>
<td>Improve our position within the top 20% of comparator Trusts for this measure in the staff survey</td>
<td>Improved ranking position</td>
<td></td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

How did we do?

Although the performance % has not improved since last year, we are above national average for combined mental health / learning disability / community trusts. There were 258 more responses for this question on the survey, of which 135 more members of staff agree or strongly agree they feel secure raising concerns about unsafe clinical practice.
* due to changes in the reporting by NHS Staff Surveys, rankings for 2015 results have only been produced for Acute providers therefore it is not possible to identify whether our ranking improved

**PERSONAL**

**Quality Goal:** To improve the number and quality of carers’ assessments measured by an increase in (i) the number of carers offered an assessment and (ii) the number of documented assessments

**Why this goal was important:** The contribution of carers to society is enormous. There are approximately 60,000 carers across our district; many of them are elderly with long-term health problems themselves and 1 in 10 is a ‘young carer’. A significant proportion of carers have given up employment to care and over one third miss out on state benefits because they don’t realise they can claim. Historically, we have not performed as well as we would have wished in identifying and helping carers and therefore planned to improve performance further.

**Our performance against the indicators for this goal:**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Aspiration</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of carers offered an assessment</td>
<td>783 49%</td>
<td>100%</td>
<td>1096/1561 70.2%</td>
</tr>
<tr>
<td>Number of documented assessments</td>
<td>427 54.5%</td>
<td>100%</td>
<td>564/732 77%</td>
</tr>
</tbody>
</table>

**How did we do?**

A more detailed breakdown of the two carers indicators in year has highlighted the various stages at which data collection regarding carer assessments are incomplete. By reviewing the results to this level of detail it has resulted in an improved performance over the 12 month period, despite this improvement we have not met our aspirational target.

**Quality Goal:** Improve integrated, community care for people at high risk of falls measured by an audited increase in the quality of care plans

**Why this goal was important:** Care planning to prevent falls was identified, by commissioners, as a local priority for 15/16 and an associated CQUIN was agreed. In line with NICE guidance, all patients who are identified as being at high risk of falls must have an assessment and a subsequent care plan developed within community nursing teams. This should include signposting and referral on to other services where appropriate, be person centred and incorporate the principles of self-care. Achievement is determined via clinical audits in quarters 2 and 4, using an audit tool developed jointly with our commissioners.

**Our performance against the indicators for this goal:**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical audits in Q2 and Q4 using an audit tool developed with commissioners</td>
<td>Results of audit were positive</td>
<td>Audit rescheduled to Q1 16/17</td>
</tr>
</tbody>
</table>

**How did we do?**
Our commissioners undertook the audit during quarter 2 and gave feedback which was generally very positive. They believe the work demonstrated good partnership working between Airedale NHS Foundation Trust and BDCFT to achieve a consistent approach across the district. The sample care plans indicate the new process is making a difference for patients and indicate patients are involved in the process of care planning. The plan to repeat the audit in quarter 4 has been rescheduled for quarter 1 2016/17 in agreement with commissioners. This will be reported in our 2016/17 Quality Report.

**Quality Goal:** Improve clustering performance to ensure personalised packages of care are identified for mental health service users measured by an increase in the proportion of service users with an ‘in-date’ cluster

*Why this goal was important:* ‘Clusters’ were introduced, in April 2012, as the basis of a future national tariff for mental health services; they apply to most services for working age adults and older people and are used to identify the most appropriate care packages for individuals. We have a contractual requirement for 95% of relevant service users to have an in-date cluster, recorded following a face-to-face assessment or review by their lead professional, and had consistently failed to achieve this standard, with performance dropping below 80% on occasions. We have taken assertive action to increase the proportion of service users with an ‘in-date’ cluster to the required level.

**Our performance against the indicators for this goal:**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>National Target</th>
<th>Aspiration</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of service users with an ‘in-date’ cluster</td>
<td>76.7%</td>
<td>Not &lt;95%</td>
<td>100%</td>
<td>87.1%</td>
</tr>
</tbody>
</table>

*How did we do?*

Whilst we have continued to improve against this goal we still have not met the target of at least 95%; clustering is not a quality goal for 2016/17 but will continue to be measured as a key performance indicator.

**EFFECTIVE**

**Quality Goal:** To improve response for people with a mental health crisis.

*Why this goal was important:* We are signatories to the Mental Health Crisis Care Concordat and our ambition is to be a national exemplar for acute mental health services. Our aim was to embed First Response and Intensive Home Treatment services in order to reduce the number of service users admitted to an inpatient ward, reduce the occupancy rates on our inpatient wards and reduce the number of people detained by the police under Section 136 of the Mental Health Act.
Our performance against the indicators for this goal:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>National Target</th>
<th>Aspiration</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of out of area admissions</td>
<td>110</td>
<td>n/a</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Occupancy rates on Acute inpatient wards</td>
<td>94.3%</td>
<td>&lt;85%</td>
<td>&lt;85%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Number of people detained by the police under section 136 of the Mental Health Act</td>
<td>177</td>
<td>n/a</td>
<td>&lt;133 (25% reduction)</td>
<td>162</td>
</tr>
</tbody>
</table>

How did we do?

We are very pleased to report there were no service users needing acute mental health inpatient care who were placed out of area. In addition to this, we have also significantly reduced our occupancy levels on the wards. This has been possible due to the success of our First Response and Intensive Home Treatment services.

We haven’t seen the reduction of people detained under section 136 of the Mental Health Act as quickly as we would have hoped, however this has reduced from 107 in the first 6 months of the year, to 55 in the last 6 months.

Quality Goal; Address and reduce the physical health inequalities experienced by people with mental illness.

Why this goal was important; It is unacceptable that people with serious mental illness die, on average, many years earlier than the rest of the population, from preventable physical disease. We planned to introduce a smoke-free policy across all in-patient environments and to increase the number of service users, of all ages, having a comprehensive cardio-metabolic risk assessment, with results recorded and shared with the service user and their GP.

Our performance against the indicators for this goal:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>National Target</th>
<th>Aspiration</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of a smoke free policy across all inpatient environments wef 01.07.15</td>
<td>No policy in place</td>
<td>NICE Guidance PH48</td>
<td>Successful implementation</td>
<td>Fully implemented on time</td>
</tr>
<tr>
<td>The number of in-patients and community EIP patients having a comprehensive cardio-metabolic risk assessment, with results recorded and shared with the patient and their GP at discharge</td>
<td>26% inpatients n/a EIP</td>
<td>90% inpatient services 80% EIP</td>
<td>90% inpatient services 80% EIP</td>
<td>Inpatients 77% EIP 49%</td>
</tr>
</tbody>
</table>

How did we do?

A significant amount of work took place during the year, focussing on the areas of noncompliance in 2014/15, which resulted in an increase in inpatients services from 26% to 77%.

The introduction of the physical health assessment for EIP patients was new in 2015/16 so a new process of screening was implemented. The compliance in this area was 49%.
Both results were below target and work will continue throughout 2016/17 to ensure all service users receive a physical health assessment and the necessary interventions, and they are recorded within the clinical system.

**Quality Goal:** Encourage staff pride in the quality of services provided by the Trust.

**Why this goal was important:** Despite performing well, every year, in the national staff survey, our performance is only average when it comes to the proportion of staff who would recommend the Trust as a place to work or receive treatment. We believe this is an extremely important measure and wanted the overwhelming majority of our staff to feel they can respond positively. Through all of the measures, outlined in our annual plan and including the launch of our Total Quality Culture, we aimed to improve our performance and be in the top 20% of comparator Trusts for this measure in the NHS Staff Survey.

**Our performance against the indicators for this goal:**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>National Average</th>
<th>Aspiration</th>
<th>Performance 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of staff who would recommend the Trust as a place to work</td>
<td>3.63</td>
<td>3.7</td>
<td>To score higher than 3.63</td>
<td>3.73</td>
</tr>
<tr>
<td>or receive treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter the top 20% of comparator Trusts for this measure in the NHS Staff</td>
<td></td>
<td></td>
<td>To be within the top 20%</td>
<td>*</td>
</tr>
<tr>
<td>Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How did we do?**

The trust has been successful in improving on our 2014/15 performance and being higher than the average for mental health and learning disability providers. The highest performing trust scored 4.06.

* due to changes in the reporting by NHS Staff Surveys rankings for 2015 results have only been produced for Acute providers therefore it is not possible to provide our ranking position.

n.b. The data sources for all the indicators in this section are; clinical systems RiO and SystmOne, NHS Staff Survey, audits and STEIS

**16. PERFORMANCE AGAINST OUR MANDATED INDICATORS FOR 2015 / 16**

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

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

Performance against indicators set out in Gateway reference 03123

The table overleaf reports the indicators that reflect the services provided by BDCFT as required in guidance document Gateway 03123. The source of the data has been identified as The Health and Social Care Information Centre (HSCIC). Of the 15 mandated indicators, 5 are relevant to the Trust.
<table>
<thead>
<tr>
<th>Mandated Indicators</th>
<th>Agreed improvement target / Benchmark</th>
<th>BDCFT as per HSCIC 2014/15</th>
<th>BDCFT as per HSCIC 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients on Care Programme Approach who were followed up within 7 days after discharge</td>
<td>Monitor target 95%</td>
<td>98.6%</td>
<td>95.7%</td>
</tr>
<tr>
<td>Highest scoring Trust</td>
<td>England Average 97.2%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Lowest scoring Trust</td>
<td>England Average 97.2%</td>
<td>100%</td>
<td>98.3%</td>
</tr>
<tr>
<td>% of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper</td>
<td>Monitor target 95%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Highest scoring Trust</td>
<td>England Average 98.2%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Lowest scoring Trust</td>
<td>England Average 98.2%</td>
<td>90.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>% of staff who would recommend the trust as a provider of care to their family or friends.</td>
<td>National Average 67%</td>
<td>64%</td>
<td>68%</td>
</tr>
<tr>
<td>Highest scoring Trust</td>
<td>National Average 67%</td>
<td>84%</td>
<td>75%</td>
</tr>
<tr>
<td>Lowest scoring Trust</td>
<td>National Average 67%</td>
<td>36%</td>
<td>56%</td>
</tr>
<tr>
<td>“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</td>
<td>National Average</td>
<td>Data not published by HSCIC</td>
<td>Data not yet published by HSCIC</td>
</tr>
<tr>
<td>Highest scoring Trust</td>
<td>National Average</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest scoring Trust</td>
<td>National Average</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>All MH Organisations</td>
<td>0.50% Severe Incidents</td>
<td>0.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.40% Death Incidents</td>
<td>0.2%</td>
</tr>
<tr>
<td>Best score – Severe incidents</td>
<td></td>
<td>0% incidents</td>
<td>0% incidents</td>
</tr>
<tr>
<td>Best score – Death</td>
<td></td>
<td>0% incidents</td>
<td>0.0% incidents</td>
</tr>
<tr>
<td>Worst score – Severe incidents</td>
<td></td>
<td>2.9% incidents</td>
<td>2.5% incidents</td>
</tr>
<tr>
<td>Worst score - Death</td>
<td></td>
<td>3.0% incidents</td>
<td>3.2% incidents</td>
</tr>
</tbody>
</table>

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

- The information sources are all robust
- Clinical staff are given training and guidance to input data onto the clinical systems. No staff member is allowed to use the system until they have received this training
- Data is clinically validated before it is submitted to the Health and Social Care Information Centre
• Performance data is reviewed monthly by the Executive Management Team and the Trust Board

Bradford District Care NHS Foundation Trust intends to take the following actions to improve the above indicators, and the quality of its services by:
• Continuing to monitor performance on a monthly basis (where applicable) to ensure good performance is maintained and identify any changes in trend
• Implement the actions identified to address results highlighted in the Community Mental Health Patient Survey
• Implement the actions identified to address results highlighted in the NHS Staff Survey
Performance against indicators set out in The Risk Assessment Framework (Monitor, August 2015)

The table below shows our performance against the indicators we submit to Monitor, as required for our regulation process and as set out in the Risk Assessment Framework.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>BDCFT performance data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Threshold</td>
</tr>
<tr>
<td>CPA patients having formal review within 12 months</td>
<td>95%</td>
</tr>
<tr>
<td>Meeting commitment to serve new psychosis cases by early intervention teams</td>
<td>95%</td>
</tr>
<tr>
<td>Early Intervention in Psychosis (EIP) people experiencing a first episode of psychosis treated with a NICE approved care package with two weeks of referral</td>
<td>50%</td>
</tr>
<tr>
<td>Improving access to psychological therapies (IAPT) – people with common mental health conditions referred to IAPT will be treated within 6 weeks of referral</td>
<td>75%</td>
</tr>
<tr>
<td>Improving access to psychological therapies (IAPT) – people with common mental health conditions referred to IAPT will be treated within 18 weeks of referral</td>
<td>95%</td>
</tr>
<tr>
<td>Minimising mental health delayed transfers of care</td>
<td>&lt;7.5%</td>
</tr>
<tr>
<td>Mental Health data completeness;</td>
<td>97%</td>
</tr>
<tr>
<td>- identifiers</td>
<td>50%</td>
</tr>
<tr>
<td>- outcomes for patients on CPA</td>
<td></td>
</tr>
<tr>
<td>Certification against compliance with requirements regarding access to healthcare for people with a learning disability</td>
<td>N/A</td>
</tr>
<tr>
<td>Data completeness: community services;</td>
<td>50%</td>
</tr>
<tr>
<td>- RTT information</td>
<td>50%</td>
</tr>
<tr>
<td>- Referral information</td>
<td>50%</td>
</tr>
<tr>
<td>- Treatment activity information</td>
<td></td>
</tr>
</tbody>
</table>
Performance against indicators set out in Monitor – Detailed requirements for quality reports 2015/16

The table below shows our performance against the two staff related indicators from our 2015 NHS Staff Survey.

<table>
<thead>
<tr>
<th>Mandated Indicators</th>
<th>Agreed improvement target / Benchmark</th>
<th>BDCFT as per NHS Staff Survey 2014</th>
<th>BDCFT as per NHS Staff Survey 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Staff experiencing harassment, bullying or abuse from staff in last 12 months (KF26)</td>
<td>Average Mental Health / Learning Disabilities / Community services providers 21%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Best scoring Trust</td>
<td></td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Worst scoring Trust</td>
<td></td>
<td>34%</td>
<td>25%</td>
</tr>
<tr>
<td>% Staff believing the organisation provides equal opportunities for career/ progression / promotion (KF21)</td>
<td>Average Mental Health / Learning Disabilities / Community services providers 89%</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>Best scoring Trust</td>
<td></td>
<td>94%</td>
<td>92%</td>
</tr>
<tr>
<td>Worst scoring Trust</td>
<td></td>
<td>77%</td>
<td>79%</td>
</tr>
</tbody>
</table>
17. PRIORITIES FOR QUALITY IMPROVEMENT FOR 2016 / 17

PRIORITIES FOR IMPROVEMENT

During 2015 / 16, the Trust has developed a robust Quality Strategy which sets out the Trust’s quality priorities as follows;
- Improving patient safety
- Improving effectiveness
- Meeting personal need

We have ensured that our quality goals for 2016/17 underpin these priorities.

DEVELOPING OUR QUALITY GOALS

Each year the Trust identifies a small number of Quality Goals which are identified in conjunction with key stakeholders. This year is our first as a Foundation Trust and we have benefitted from the input of our Council of Governors to help us to develop a meaningful set of goals which will be underpinned by robust implementation plans. The overall consultation and feedback approach used during 2015 / 16 was as follows:
OUR QUALITY GOALS FOR 2016 / 17

Our robust consultation work provided us with the opportunity to review and analyse the feedback received and to identify any themes which respondents felt needed to be addressed over the coming year.

This work was completed in conjunction with our Governors ‘Task and finish’ Group and resulted in identification of eight quality goals for 2016 / 17 which are as follows:

SAFE

a) Ensure a responsive service for those in need of urgent care

b) Implement a suicide reduction strategy

c) Ensure every patient is provided with care which addresses both their physical and mental health needs

EFFECTIVE

a) Continue to engender a culture whereby staff feel able to raise concerns about unsafe clinical practice

b) Ensure workforce numbers meet the needs of the service

c) Work in partnership, with health and care providers, the voluntary sector and commissioners, to improve services

PERSONAL

a) Ensure easy and timely access to services

b) Improve engagement with patients and carers

To ensure that these goals are monitored and embedded we will:

- Identify a set of key performance indicators to measure achievement; these will be identified by each service to ensure that the indicators are locally owned
- Develop action plans to ensure that progress is made toward achieving agreed indicators
- Report progress to our Quality and Safety Committee quarterly for assurance purposes
- Report progress to each of our operational services performance meetings; these meetings are chaired by the Chief Executive and provide an opportunity for discussion in relation to any challenges or good practice identified.
18. COMMISSIONING FOR QUALITY AND INNOVATION 2016/17 (CQUIN)

As part of our 2016/17 contracts, CQUIN targets have been agreed with commissioners of the Trust’s services.

The CQUINs agreed comprise of nationally identified goals (where these apply to Trust services) and locally agreed goals. Below is a brief description of each of the priorities identified.

**Nationally identified CQUIN:**

1. **Staff Health and Wellbeing** – improve the support available to NHS Staff to help promote their health and wellbeing and to ensure the food we offer patients, staff and visitors is healthy.

2. **Improving the physical health of people with serious mental illness** – this is a continuation of a 2015/16 CQUIN, but in addition to inpatient services and Early Intervention in Psychosis Teams, it will be extended to include Community Mental Health Teams.

**Local CQUINs agreed with Clinical Commissioning Groups:**

1. **Johns Campaign** – families of dementia patients to be welcomed by hospitals and not restricted by visiting hours.

2. **Admission avoidance** – joint working with Bradford Teaching Hospitals Foundation Trust to reduce mental health service users who are frequent attenders at A&E.

3. **Optimised joined up care and effective discharge** – working with both Bradford Teaching Hospitals Foundation Trust and Airedale NHS Foundation Trust focusing on patients awaiting discharge to long term care or awaiting a package of home care.

4. **Selfcare** – to continue the work commenced in a 2015/16 CQUIN around the development of exacerbation care plans for patients. 2016/17 will focus on a condition specific area and extend this work into the acute setting to ensure the care plans follow the patient throughout their journey.

**CQUINs agreed with NHS England for Low Secure Services:**

1. **Recovery Colleges** – the establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches.

2. **Reducing restrictive practices** – by developing an ethos in which people with mental health problems are able to fully participate in formulating plans for their well-being, risk management and care in a collaborative manner, to reduce the need for restrictive interventions.

**CQUINs agreed with NHS England for School Nursing:**

1. **Health Inequalities** – to improve uptake of Public Health Section 7a Screening and Immunisation Programmes for people with learning difficulties or mental health conditions, including those in Health and Justice settings.

Successful delivery of these targets will contribute to the on-going improvements to patient safety, experience and clinical effectiveness.
Bradford District Care NHS Foundation Trust has fulfilled its duty in providing a copy of their 2015/16 Quality Report to the relevant Clinical Commissioning Groups, Bradford and District Healthwatch Group and the Health Overview and Scrutiny Committee. The Foundation Trust has received the following statements in response; Healthwatch advised they would not be reviewing quality reports this year, and no statement has been received from Health Overview and Scrutiny Committee.

Airedale, Wharfedale and Craven Clinical Commissioning Group

Millennium Business Park
Station Road
Steeton
West Yorkshire
BD20 6RB

25th April 2016

Dear Debbie,

Bradford District Care Foundation Trust (BDCFT) Quality Report 2015/16: Feedback from Airedale, Wharfedale and Craven CCG.

Thank you for sending through the Bradford District Care Foundation Trust 2015/16 Quality Report for review.

Overall, the BDFCT Quality Report provides a detailed, open and honest reflection on the activities undertaken throughout 2015/16. It shows clear evidence of continuous improvement in the quality of services delivered. The report is comprehensive and clear to the reader. It celebrates the positives but also gives detail and action plans around the areas requiring improvement providing both detail and assurance.

The report clearly sets out what the priorities for improvement were in 2015/16. The review of services details the complete list of services available in an appendix which is a useful addition.

BDCFT have conducted a number of audits throughout 2015/16; national, commissioner requested and local - with actions to be taken following the outcome of the audits being addressed by the Trust. The quality report gives assurance that BDCFT has a commitment to research and working in collaborations with other NHS and academic institutions and that there are currently three successful research projects that involve patients and the public. The nine publications this year highlight the commitment that the Trust has to supporting their staff in clinical research.

Throughout the whole report there is a lot of evidence of successful and developing working relationships with the establishment of partnerships and collaborations across the health and social economy. This demonstrates both innovation and forward thinking and BDCFT is commended for encouraging and promoting a culture of joint working.

It was good to read about the progress that has been made against the Sign up to Safety improvement plans which is considerable and the work will continue into 2016/17.
It is a great achievement that the Trust has been ranked as ‘outstanding’ through the ‘Learning from Mistakes League’ and as a CCG we are assured that this demonstrates the Trusts open and transparent approach.

AWC CCG support the priorities put forward for 2016/17 and recognises the challenging goals BDCFT strives to achieve. The CCG also notes the good progress which has been made against the priorities of 2015/16. In particular the success that the First Response and Intensive Home Treatment services have had in ensuring that no service users needing an acute mental health inpatient care bed were placed out of area and that occupancy has reduced on the inpatient wards.

The review of Quality Performance section is particularly pleasing to read and celebrates the achievements in good practice and awards, transformational projects, working in partnership, user and carer engagement and learning from experience. All staff and teams in these examples of excellent work should be congratulated for their hard work and commitment.

It is pleasing to read that 93% of patients said that they would recommend the Care Trust to friends and family (this is a 6% increase from the previous year). This positively reflects service users confidence in the Trust to deliver safe, high quality care. It is reassuring that the Trust will contact the manager of a service if the reviewer of a service would not recommend it and that if possible action can be taken. The report also benefits from including some of the less favourable responses from the friends and family test and other feedback. This provides the CCG with additional assurance regarding the trusts open and transparent culture.

As 15% of complaints in 2015/16 were regarding staff attitude it is good to read about the improvements and areas the trust is working on to address this for the future.

The section on Safeguarding provides an interesting insight into the innovative multi agency working that the Trust promotes. The CCG commends the Trust for sharing of good practice and encouraging learning with partners throughout the district.

The PLACE section of the report offers assurance to the CCG and the comments from the assessors are a credit to all the staff that work within the areas. The report also describes the improvement plan that is in place and it is pleasing to see the work around ensuring the environment is dementia friendly.

I hope that you agree that this summary provides an objective review and should you have any further questions please do not hesitate to contact us.

Kind regards

Dr Phil Pue
Chief Clinical Officer

Steph Lawrence
Executive Nurse
On behalf of Bradford City and Bradford District CCGs (Bradford CCGs), I am delighted to provide feedback to Bradford District Care Foundation Trust (BDCFT) on its Quality Report 2015-16.

I would like to start by offering my congratulations on the impressive number of awards that BDCFT has successfully been shortlisted for, and for those that you have won during 2015/16. The awards include:

- Finalists for both Board of the Year and Provider Trust of the Year HSJ Awards
- Winner of Board of the Year Yorkshire & Humber Regional Leadership Awards
- Two national awards for the new dementia unit
- A Nursing Times Award for the first response team
- The “Mary Seacole Development Award” for a Trust health visitor for work with Eastern European families
- A British Medical Journal award for “Palliative Care Team of the Year”

Following the Care Quality Commission (CQC) inspection in June 2014 (resulting in an overall rating of ‘Good’), the CQC conducted a full re-inspection of those areas that required improvements in January 2016. Much progress has been made to address the issues raised by the CQC, resulting in the required improvements to address the two ‘must do’ actions, i.e., embedding the continuing care model and making improvements to places of safety. The CCGs awaits the next CQC report. Bradford CCGs will continue to support BDCFT in implementing CQC recommendations.

I congratulate the Trust in its achievement in promoting continuous patient engagement and measureable improvements to patient experience. The Trust proactively involves and responds to patient suggestions and concerns.

Following years of intense service development, in partnership with the CCGs, the Improving Access to Psychological Therapies team continued to improve and meet access targets, but struggled to meet recovery targets. The Trust worked diligently with external stakeholders and the CCGs to understand the difficulties with the service model as it was commissioned. From April 2016, BDCFT became the lead provider for these services in Bradford, integrating services provided by the voluntary and community sector. By utilising a new IT solution, web based psychological therapies will be made available. I look forward to seeing the quality improvements that this will bring.
I note how BDCFT has continued to develop its research collaborations with a number of NHS and academic institutions demonstrating sustained progress in achieving the goals of their research strategy.

During 2015/16 BDCFT participated in a number of national and local clinical audits, enabling comparisons to be made with other organisations about any improvements made year on year. The CCGs particularly note how the clinical audit team actively supports and develops service user and carer involvement in audits.

BDCT continues in its aspiration to provide high quality safe and effective services. The quality strategy for 2015/16 sets goals in the priority areas of improving patient safety, improving effectiveness and meeting personal need. It is noticeable that the Trust sets improvement targets in areas where it is already exceeding national targets. The Trust has maintained or improved performance in these areas although not necessarily meeting their aspirational targets.

The Quality Report cites numerous innovations, service developments and quality improvements that have contributed towards attaining the goals set. These include:

- The formation of a multi-agency partnership Crisis Care Concordat group has begun to focus on the problems and challenges experienced in providing crisis support for people with mental health problems.
- BDCFT involvement in the neighbourhood project in Keighley, alongside health, social care, housing and the police service has resulted in the identification of a cohort of people who had regularly accessed a range of mainstream services over a 12-month period. This cohort is now receiving other interventions and support and this has resulted in reduced demand for mainstream services.
- The implementation of a Primary Care Wellbeing project. Aimed at the most vulnerable and complex people utilising the NHS, it has enabled patients to take control of their own health and wellbeing using a truly innovate psychosociomlmedical approach. This resulted in increased patient satisfaction, improved disease and pain management, improved mood and decreased hospitalisation for patients.
- The opening of the Daisy Hill Intensive Therapy Centre for women with a diagnosis of a Personality Disorder; BDCFT is one of few Trusts providing such a specialist service.
- The ‘Learning from Mistakes’ League rated BDCFT as outstanding with an overall position of 15th out of 230 trusts.
- The Trust has responded to the safer staffing initiative and has developed new staffing ratios in response.
- The CQC Community Mental Health Survey in 2015 highlighted that the Trust has excelled in many areas including involving people in treatment; crisis care and experience of health and social care workers.
- Development of the integrated care pathway for children and their families has involved working collaboratively with a number of key partners building on the ethos of a team based around the child, young person and family.
I note that BDCFT has also cited areas for improvement in quality which include:

- Further reductions in the number of pressure ulcers.
- Increases in the number of Care Programme Approach 3-day follow-ups to support suicide reduction.
- To increase the number of service users with updated assessments and care plans.

The report further details other activities that support and complement the achievement for 2016/17 priorities, again setting quality goals aimed at improving patient safety, improving effectiveness and meeting personal need. These include:

- Ensuring a responsive service for those in need of urgent care
- Implementation of a suicide reduction strategy
- Ensuring care addresses the physical and mental health needs of patients.
- Continuing to engender a culture whereby staff feel able to raise concerns about unsafe clinical practice
- Ensuring workforce numbers meet the needs of the service
- Improving engagement with patients and carers

I understand the difficulties that have faced the Trust with regards to reorganising community nursing services in response to the CCGs’ review. Reorganisation has undoubtedly been challenged by the reduction in registered nursing homes and staff shortages. I would encourage you to continue to work in partnership with local providers and the CCGs to develop effective solutions.

BDCFT has worked constructively in partnership with Bradford Teaching Hospitals NHS Foundation Trust to implement their respective CQUINs during 2015/16 and now for 2016/17.

The Bradford CCGs have valued the Trust’s engagement in supporting the CCGs’ strategic programmes to improve the health of the Bradford population. We look forward to continuing to work in partnership with BDCFT in delivering high quality, effective care for our patients.

The Bradford CCGs also welcomes the Trusts on-going partnership with its wider health and social care partners in the development and execution of the Sustainability and Transformation Plans for both Bradford and West Yorkshire.

I am sure that your involvement in the delivery of the West Yorkshire Urgent and Emergency Care Vanguard mental health services will help to develop shared high standards for these services.

Finally I am required to confirm that the Bradford CCGs have reviewed the Quality Report and believe that the information published provides a fair and accurate representation of the Trusts achievements over the last year and its commitment continuously to improve the quality patient care. The Statements of Assurance have been completed, providing evidence that the Trust has engaged in initiatives linked to quality improvement, placing the specific health needs and diversity of the local population central to everything they do.
BDCFT would like to highlight that, at the time of our partner organisations providing their commentaries, the final Care Quality Commission reports on the inspection conducted in January 2016 had not been received and therefore partners did not have the opportunity to comment on the positive outcome of this inspection.
Appendix 1

Comprehensive list of services provided 2015/16

1. A&E Liaison
2. Adult Mental Health Acute Inpatient Services
3. AQP Podiatry
4. Assertive Outreach
5. Bradford and Airedale Neuro Development Service
6. Carers Support Service
7. Case Managers
8. Champions Show the Way
9. Child and Adolescent Mental Health Services
10. Child and Adolescent Mental Health Services – Eating Disorders Tier 3
11. Chronic Obstructive Pulmonary Disease
12. Community Matrons
13. Community Mental Health Teams - working age adults
14. Community Nursing Children with Special Needs in Special Schools
15. Continence Service (adults)
16. Criminal Justice Liaison Team
17. Dental Public Health Programmes, including fluoride varnish, oral health and epidemiology
18. Dental unscheduled care
19. District Nursing
20. Early Intervention in Psychosis
21. End of Life Education Team
22. Falls Exercise Classes
23. Family Nurse Partnership
24. First Response
25. **Health on the Streets** *
26. Health Trainer Service
27. Health Trainers
28. Health Visiting
29. Homeless and New Arrivals Team
30. Hospice at Home
31. Housing for Health
32. Intensive Home Treatment
33. Intensive Therapy Centre
34. Learning Disabilities - Assessment and Treatment Unit
35. Learning Disabilities - Health Facilitation and Community Matron Service
36. Learning Disabilities - Intensive Support Team
37. Learning Disabilities - Specialist Therapies Clinical Liaison Team
38. Learning Disabilities - Speech and Language Therapy
39. Looked After Children's Health Team
40. Low secure and forensic - community team
41. Low secure and forensic - inpatient service
42. **Men and Boys Health Team [formerly known as Health of Men Team]** *
43. Nursing Support Team
44. Older People's Mental Health - Acute Inpatient Services
Older People's Mental Health - Community Mental Health Teams
Oral Health promotions services
Palliative Care Team
Podiatry
Primary Care Mental Health Services
Psychiatric Intensive Care Unit
Psychiatric Rehabilitation Services
Psychological Therapies - specialist service
Pulmonary Rehabilitation
Safeguarding Children - Child Protection
Salaried Dental Service: clinical plus decontamination
School Nursing
Speech and Language Therapy
Substance Misuse
Tissue Viability
Vaccination and Immunisation
Youth Offending Team: Health Team

*Service decommissioned August 2015*
Appendix 2

2015/16 Directors’ Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2015 to May 2016
  - Papers relating to Quality reported to the Board over the period April 2015 to May 2016
  - Feedback from the commissioners
  - Feedback from governors
  - The Foundation Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - The latest national patient survey
  - The latest national staff survey
  - The Head of Internal Audit’s annual opinion over the Foundation Trust’s control environment
  - Care Quality Commission Intelligent Monitoring Report dated February 2016
- the Quality Report presents a balanced picture of Bradford District Care NHS Foundation Trust’s performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual)

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

By order of the Board

26/05/2016 signatures to be added Chairman
On approval at Trust Board Mike Smith

26/05/2016 Chief Executive
Simon Large
Appendix 3

Independent Auditor’s Report

To be inserted when received
Appendix 4
Glossary of Terms

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS jargon used in these pages.

**Agile Working**

Agile working can be described as the effective use of modern technology to allow staff to work in the way that best suits their best job role; allowing work to be completed in the most appropriate place, at the best time, and in a way that delivers the best possible care to service users.

**Audit**

Audit is the process used by health professionals to assess, evaluate and improve care of patients in a systematic way in order to enhance their health and quality of life.

**Care Plan Approach (CPA)**

The Care Programme Approach (CPA) was introduced by the Department of Health in 1991 as a framework for the assessment and management of persons with a mental health disorder, both in hospital and in the community.

**Care Quality Commission**

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

**Commissioner**

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Care Groups (CCG’s) are the key organisations responsible for commissioning healthcare services for their 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.


**Foundation Trust (FT)**

Foundation Trusts are still part of the NHS, and still have NHS inspections and standards to meet.

**Friends and Family Test (FFT)**

The NHS friends and family test (FFT) is an important opportunity for patients / service users to provide feedback on the care and treatment they have received. This feedback will used to improve services.

**Healthwatch**

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

**National Patient Safety Agency (NPSA)**

A national body who lead and contribute to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.

**NHS Choices**

http://www.nhs.uk

**NHS Constitution (March 2013)**

The NHS Constitution is a formal document which aims to set out clearly what patients, the public and staff can expect from the NHS and what the NHS expects from them in return.


**NHS England**

NHS England is an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists.
An organisation responsible ensuring providers of NHS care are fit for purpose as they move towards foundation trust status.

**NHS Staff Survey**

An annual anonymous survey to staff in all NHS organisations

[http://www.nhsstaffsurveys.com/Page/1019/Latest-Results](http://www.nhsstaffsurveys.com/Page/1019/Latest-Results)

**NICE - National Institute for Health and Care Excellence**

The National Institute for Health and Care Excellence (NICE) is an independent organisation that provides national guidance and standards on the promotion of good health and the prevention and treatment of ill health. This role was set out in a 2004 white paper, Choosing health: making healthier choices easier, and is intended to help people to make well-informed choices about their health.

[https://www.nice.org.uk/](https://www.nice.org.uk/)

**Partners in Audit Network (PIAN)**

A service user and carer audit network

**Quality**

Quality is defined by Lord Darzi in High Quality Care for All (2008) as an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. Quality is an NHS that delivers high quality care for all users of services in all aspects, not just some.

**Quality Report**

A Quality report is an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing. Quality Reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

**Quality and Safety Committee (QSC)**

The quality and safety committee is a committee of the Trust Board that monitors, reviews and reports to the board on the adequacy of the Trust’s processes in the areas of clinical and social care governance. It ensures the Trust is effectively organised to meet the requirements of external inspectorate bodies and seeks assurance that systems and processes are in place to demonstrate that the quality of services is of a high standard.

**R4**

The Trust’s clinical information system for salaried dental services.

**RiO**

The Trust’s clinical information system for mental health services.

**Safer Staffing**

NHS organisations are now publishing ward level nurse staffing information on NHS

**Stakeholders**

A person, group or organisation, who is affected or can be affected by an organisation’s action.

‘Aspirational’ target

An aspirational target that is set at a level that ensures the organisation are challenged to deliver.

**STEIS Strategic Executive Information System**

The national NHS reporting framework for reporting serious incidents.

**SystmOne**

The Trust’s clinical information system for community services.
Appendix 5

Let us know what you think

Hopefully, our quality report has been informative and interesting to you and we welcome your feedback, along with any suggestions you may have for next year’s publication.

Please contact us at: BDCTQualityaccount@bdct.nhs.uk

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Check out our website

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

This Quality Report can be found on the NHS Choices website at www.nhs.uk

By publishing the report with NHS Choices, Bradford District Care NHS Foundation Trust complies with the Quality Accounts Regulations.

Join us as a member and have a say in our future plans

A representative and meaningful membership is important to the success of the Trust and provides members of our local communities the opportunity to be involved in how the Trust and its services are developed and improved. Membership is free and the extent to which our members are involved is entirely up to them. Some are happy to receive a newsletter four times a year and come along to membership events.

For further information please contact our Foundation Trust Office on:

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