

Quality Report 2020/21

Bradford District Care NHS Foundation Trust



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Please note the photos in this report where staff are not complying with COVID-19 regulations, regarding social distancing and the wearing of Personal Protective Equipment, were taken prior to the rules coming into place.

Part 1: Statement on quality from the Chief Executive

1. Introduction

On behalf of the Board of Directors I am delighted to introduce the annual Quality Report for 2020/21. The report reflects our ambitions as a Trust, details our achievements in improving the quality of our services, describes our on-going challenges and how we intend to make further improvements in future.



2020/21 has been a unique year for the NHS. In March 2020, when the country went into its first lockdown in response to the COVID-19 pandemic, the NHS was called on to rapidly mobilise an extraordinary response to the crisis. No-one could have anticipated that over a year on we would still be in the midst of our response, and only just taking the first steps in returning to what is being called the 'new normal'. The work of the staff of the NHS, from porters to nurses, from administrators to doctors, has been exemplary and showcases the commitment, dedication, skill and sheer determination that is the embodiment of the core values of NHS services, and here at the Trust it has been no different.

Considering the circumstances our staff have been working with during this year, I am amazed, grateful and proud of what we have all managed to achieve. At the start of 2020 the focus was on rapidly ensuring we were delivering safe and effective care to our service users and patients. For our inpatient services, this was about securing safe environments, getting used to using new Personal Protective Equipment (PPE) and helping service users and patients adapt to these changes. Our estates and facilities teams worked brilliantly to set up new systems of distribution for PPE and other essential supplies, and our Infection Prevention and Control Team rapidly mobilised working alongside clinical teams to ensure the safe delivery of care. For our community services, the initial focus was on moving to working from home, delivering remote interventions and working with partners across Bradford and Airedale to ensure that those people who needed services got them.

Throughout this time, the trust has consistently lived up to the values described within our **better lives, together** strategy - **We Care, We Listen, We Deliver** and have continued to innovate. Working with our Local Authority and acute trust partners, we rapidly developed and deployed COVID-19 teams to deliver health care for people who were COVID positive and required our services. The two teams, one for adults and one for young people, have demonstrated how effectively services can work

together to deliver care for our most vulnerable. At the same time, we also mobilised staff to administer COVID-19 tests to the general population at mass testing sites to help manage the spread of the virus.

There are many examples of how services have innovated during this time. These include:

- The use of digital tools in Early Intervention in Psychosis services, where teams have continued to deliver all core work, including therapy sessions, assessments and formulation sessions through a mix of telephone and video call activity
- The production of infant massaging videos by the Perinatal Mental Health team to show mums what to do and help facilitate positive experiences with their babies during lockdown
- The roll out of integrated on-line patient assessments by Learning Disabilities clinicians to connect with service users, clinical colleagues, carers and supporters to ensure that service users are safe and secure and continue to receive continuity of care

In early 2021, the trust mobilised staff from across the Bradford and Airedale to deliver COVID vaccinations. Initially this was delivering vaccinations at our Lynfield Mount site to staff from across the trust and from other key organisations across Bradford. More recently, we have become the operational lead for the two community vaccination sites, one at Jacob's Well and the other at Bradford College. The sites were set up at pace and are run by clinical staff from across the trust, with vaccinators and marshals from across the district joining us to help vaccinate our population. This has been a significant undertaking demonstrating our ability to deliver large scale projects at pace.

Throughout this period, despite the many challenges we have faced, we have maintained our focus on continuous improvement using **Care Trust Way** approaches and tools. The value of this approach has been demonstrated many times this year, in helping us establish new governance arrangements as part of our response to the crisis, in supporting teams to innovate and develop, in addressing areas of concern with focussed virtual improvement activity, in strengthening our daily management approaches and in supporting the implementation, review and improvement of systems and processes in the community vaccination centres.

Looking forward to 2021/22 it is clear that we will continue to face significant challenges in how we deliver services to our population, as we expect delayed and unmet need to start to become apparent. Our teams have had a difficult year which has tested their resilience, and our focus for the year ahead must be to support the welfare of our staff, to ensure they can continue to deliver the best care. We must also work with communities to address the health inequalities that have become so much more apparent during the last year.

This report is a public document that we publish annually and we commit to publishing the Quality Account for 2020/21 in June 2021 on our public website at www.bdct.nhs.uk.

2. Declaration

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

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

A handwritten signature in black ink, appearing to read 'Therese Patten', with a long horizontal flourish underneath.

Therese Patten, Chief Executive

Date: 10 June 2021

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

3. Priorities for improvement



In our 2019/20 quality report we set out our priorities for improvement during 2020/21; these are summarised below and progress against the quality goals is provided in Part 3 of this report (from page 27) This report demonstrates the challenge of the past year and how we have risen to that challenge.

Phillipa Hubbard, Director Nursing, Professions and Care Standards

Our quality priorities for 2020/21

- SAFE - We will continually improve the safety of our services
- EFFECTIVE- We will strive to achieve excellent outcomes across all our services
- PERSONAL- We will make our services more responsive by involving service users, carers, and staff

Our quality goals for 2020/21

Having reviewed the quality goals from 2019/20 it was agreed that they continue as part of our 'business as usual' but be retired as Quality Goals in 2020/21, which means they will continue to be monitored through existing reporting processes.

For 2020/21 it was agreed that there would be a focus on the delivery of two key pieces of work which would drive achievement across all of the key quality domains, and act as an enabler for delivery of the Trust's strategic priorities. These are described below.

	SAFE: “We will continually improve the safety of our services”	EFFECTIVE: “We will strive to achieve excellent outcomes across all our services”	PERSONAL: “We will make our services more responsive by involving service users, carers and staff”
Internal Accreditation	<ul style="list-style-type: none"> Standards are locally owned, and leaders proactively work with their teams to design and deliver local improvements Trust leaders are actively engaged with the process of internal accreditation and it is embedded within trust governance processes 	<ul style="list-style-type: none"> Services/ teams are able to evidence how they are delivering excellence Staff recognise what excellence looks like and are able to celebrate and be recognised for their successes 	Quality & delivery standards reflect what matters most to the people who use our services
Embedding a learning culture	Leaders work proactively with their teams to use feedback (internal and external) to test the delivery of improvement plans and make changes where required	Teams are actively encouraged to report near misses as a vehicle to drive improvement and see this as an opportunity for learning and development, and not a failure	All levels within the trust proactively engage with service users and carers and use their experience to inform learning and contextualise decision making

It was planned that each of these work programmes would be monitored through existing programme management governance, with a quarterly summary of the progress being received by Quality and Safety Committee.

Part 2b: Statements of assurance from the Trust Board

4. Review of services

During 2020/21 Bradford District Care NHS Foundation Trust provided 55 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 55 of these services.

The income generated by the NHS services reviewed in 2020/21 represents 100% of the total income generated from the provision of NHS services by Bradford District Care NHS Foundation Trust for 2020/21.

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



5. Care Quality Commission registration status

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is Requires Improvement. The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2020/21.

Bradford District Care NHS Foundation Trust has participated in one investigation by the CQC during 2020/21. This investigation is in relation to an inpatient death in 2019. Currently this investigation is ongoing and therefore there are no specific recommendations or actions for the Trust to address until the investigation is complete.

	Safe	Effective	Caring	Responsive	Well led	Overall rating
Overall Trust	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

The activity described in this quality report, was conducted in a unique period for the NHS and the Trust, due to the national COVID-19 pandemic. In response to this, the CQC implemented a Transitional Monitoring Approach. Recognising the challenges for providers during the pandemic, the approach included:

- a strengthened approach to monitoring, based on specific existing Key Lines of enquiry (KLOEs), so the CQC can continually monitor risk in a service,
- using technology and local relationships to have better direct contact with people who are using services, their families and staff in services and,
- targeting inspection activity where the CQC have concerns.

Under this approach, the Trust has engaged in:

- an Infection Prevention Control Assessment on 23 July 2020 – no areas of improvement were identified,
- a focussed inspection of some inpatient and the PICU ward on 10-11 December 2020 – the report was published 17 February 2021 and contained no ‘Must Do’ Actions. The report acknowledged the continued progress made since previous inspections and highlighted 7 areas for improvement, all of which are subject to on-going workstreams, and
- a Transitional Monitoring Meeting on 08 March 2021 – no formal or informal feedback has been provided from this meeting, and no areas of concern have been highlighted by the CQC as a result of this review which covered 13 key lines of enquiry.

In addition, the Trust has engaged in a virtual Vaccine Monitoring Assessment during April 2021 in relation to its delivery of Community Vaccination sites during the pandemic. No concerns have been identified as a result of this review.

During this period, despite the operational challenges experienced by the teams and services, the Trust has continued to make progress in embedding the improvements

identified in the previous CQC action plan. The Board of Directors received assurances in January 2021 that 19 of the 34 actions identified in the previous action plan had been embedded, 13 had significant levels of assurance that the response was being implemented and 2 had moderate levels of assurance that the response was being implemented. Internal audit reviewed the evidence used to provide assurance against reports and this provided high assurance that this was an accurate and appropriate picture of the Trust's status in this regard.

The most recent review of the embeddedness of these actions undertaken in April 2021 identified that of those 23 actions not previously assessed as being embedded, 10 had improved from having significant levels of assurance to be assessed as embedded, 1 had improved from having a moderate level of assurance to be assessed as embedded, 9 remained as having significant levels of assurance that the response was being implemented, and 3 had improved from having moderate to significant levels of assurance that the response was being implemented.

During 2021/22 the Trust is committed to implementing a strengthened Quality Assurance Framework which will proactively assess services against the CQC Key Lines of Enquiry and support the development of local quality objectives and plans on this basis.

	Safe	Effective	Caring	Responsive	Well led	Overall
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Forensic inpatient or secure wards	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Wards for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Community end of life care	Good	Good	Outstanding ★	Outstanding ★	Good	Outstanding ★
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community dental services	Good	Good	Good	Good	Good	Not rated

	Safe	Effective	Caring	Responsive	Well led	Overall
Community mental health services with learning disabilities or autism	Requires improvement	Good	Good	Good	Good	Good
Community health services for adults	Good	Good	Outstanding ★	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Requires improvement	Requires improvement	Good	Good	Good	Not rated

6. Participation in clinical audits

The Trust undertakes 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 the current state and position in relation to the recommended quality standards. It also provides useful intelligence to support continuous quality improvement and help us close any gaps. Our audit activity for 2020/21 included:

1. National clinical audits.
2. Commissioner clinical audits.
3. Local clinical audits.

6.1 National clinical audits

During 2020/21 six national clinical audits covered relevant health services that Bradford District Care NHS Foundation Trust provides.

During that period Bradford District Care NHS Foundation Trust participated in 100% of the national clinical audits which it was eligible to participate in.

The national clinical audits that Bradford District Care NHS Foundation Trust was eligible to participate in and did participate in during 2020/21 are as follows:

NHS Digital:

- a. National Diabetes Footcare (NDFC).

Royal College of Psychiatrists:

- b. National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) Spotlight

National Prescribing Observatory for Mental Health (POMH-UK)

- c. Topic 9d Antipsychotic Prescribing in Learning Disabilities
- d. Topic 20a Prescribing Valproate
- e. Topic 18b The Use of Clozapine

UNICEF

- f. Health Visiting Baby Friendly Initiative

The national clinical audits that Bradford District Care NHS Foundation Trust participated in, and for which data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

Name and type of clinical audit	Number of cases submitted	% of required cases submitted, as specified in the guidance	Overall percentage compliance
NDFA	180	N/A	Data collection still ongoing
NCAP EIP	100	100%	Results not yet published
POMH Topic 9d Antipsychotic Prescribing in Learning Disabilities	80	N/A	86%
POMH Topic 20a Prescribing Valproate	66	N/A	Results not yet published
POMH Topic 18b The Use of Clozapine	49	N/A	Results not yet published
Baby Friendly Initiative	123	N/A	97%

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

Details regarding action taken/to be taken in response to one of the national audits can be found in Appendix 2.

National clinical audit results enable us to benchmark our performance against other participating Trusts. The audit project lead(s) for the clinical audit is/are responsible for sharing the results appropriately with all relevant staff and at all relevant meetings. This supports local learning with action plans developed to ensure improvement.

6.2 Commissioner clinical audits

As part of the quality monitoring processes for the Trust, historically there has been four audit topic requirements that are agreed with, and reported to, local clinical commissioning groups (CCG) at various times throughout the year. These are as follows but continue to be suspended due to COVID-19:

- a. Care Programme Approach (CPA) (required in quarter 2 and quarter 4)

- b. Section 117 (required in quarter 2 and quarter 4)
- c. The National Institute for Health and Care Excellence (NICE) Physical Health Checks for Newly Initiated Antipsychotic Patients (required in quarter 1 and quarter 3)
- d. District Nursing Care Plans (required in quarter 4)

The details for each audit are included in the table below. Where there has been capacity within local teams to do these audits, they have been carried out locally and if the results are currently available there is an overall percentage compliance.

Audit Title	Completion of Audit	Overall Percentage Compliance
CPA CPA focuses on ensuring that patients with complex needs and/ or multi-agency involvement are managed appropriately through care planning.	This audit was carried out locally in quarter 2.	95%
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.	This audit has not been carried out locally.	N/A
NICE physical health checks for antipsychotic initiations A baseline physical health check should be carried out for patients initiated on antipsychotic medication. The results of the check should be communicated to the patient's GP.	This audit was carried out locally in quarter 3.	85%
District nursing care plans Patients on the district nursing caseload should have an individual completed care plan setting out the patient's goals.	This audit was carried out locally in quarter 4.	75%

As outlined above, there has been efforts to carry out the audits locally where possible. The care plan template has undergone some significant changes during the past six months, and it was therefore felt appropriate to postpone the Section 117 and CPA audits until the revised template is fully in use. The revised template was published live on SystemOne in April 2021, and there is a three-month moratorium to allow staff to get used to it; at the end of three months there will be opportunities to make any adjustments if required. The requirement to carry out these audits and report them to the CCG is still on hold. However, they will be carried out locally during 2021/22 and the data collection requirements will be adapted accordingly to fit with the revised care plan template.

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

6.3 Local clinical audit (internally driven projects)

It is recognised that much of the clinical audit activity in NHS trusts will involve individual healthcare professionals and service managers evaluating aspects of care that they themselves have selected as being important to them and/or their team and this is classified as local clinical audit. Included in the first table below is a summary of the current status of all local clinical audits that have been registered between 01/04/2020 and 31/03/2021. The second table includes a summary of the action plans that have been ongoing during this same period; these figures include some action plans for national/contract audits carried out in previous years.

Local active clinical audits

Clinical audit status:	In progress	Completed	Discontinued	Total
Total	13	20	0	36

Action plans following local clinical audits

Action plan delivery status:	Not required	Awaiting	Ongoing	Implemented	Discontinued	Total
Total	2	2	16	12	0	32

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

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

One NCEPOD study was applicable to the Trust during 2020/21: Physical Healthcare in Mental Health Hospitals. This was postponed in 2019/20, due to COVID-19, and carried forward into 2020/21. This study is still ongoing but BDCFT has met all the current data collection requirements to date. This has involved case identification of all eligible admissions over a year's period, followed by a case note extract review of 8 cases identified for further scrutinization by the national team. The organizational element of the study is yet to complete and will be completed during 2021/22.

Service user and carer involvement in audit

The Clinical Audit Lead is now a member of the Trust-wide Involvement Group (TWIG). The reason behind this was to enable better relationships with the Patient Experience and Involvement Team, to create relationships with the service user and carer representatives that attend TWIG, to raise the profile of clinical audit within this forum and to consider becoming an Involvement Lead for the service. These areas will each be developed during the 2021/22 year.

7. Research and innovation

Recruitment of people into research

Continued participation in clinical research shows our commitment to improving the quality of care we offer. It contributes to wider health improvements and encourages staff to stay at the cutting edge of treatment possibilities and explanations of diseases. This can then lead to the provision of even better, evidence-based outcomes for service users and their carers.

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

Recruitment of people into research

The number of patients receiving NHS services provided or sub-contracted by Bradford District Care NHS Foundation Trust in 2020-2021 that were recruited during that period to participate in research approved by a research ethics committee was 954, with 946 recruited to NIHR portfolio studies. 840 of these participants were recruited to COVID-19 related studies, designated as Urgent Public Health Studies, or to other COVID-19 related work.

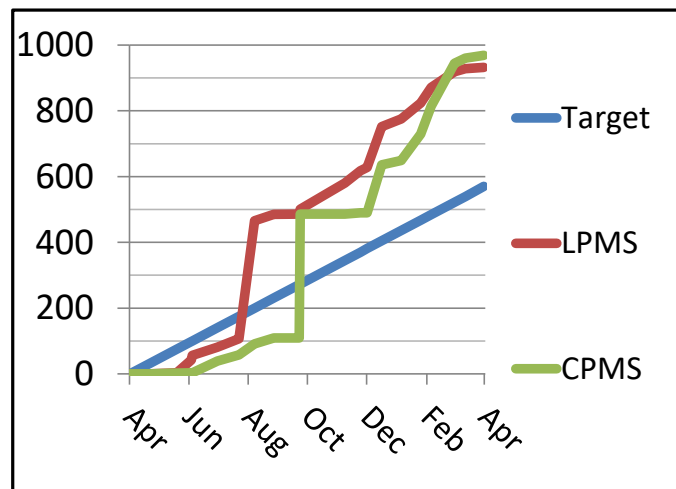
Additionally, BDCFT research staff supported COVID-19 related vaccine trials, and the development of valid testing procedures (MOONSHOT) that were led by other NHS Trusts who gained the recruitment statistics for those studies.

The Trust has received significant positive recognition for this work and that of using the South Asian language skills, and video editing experience, to produce a number of COVID-19 myth-busting videos, and vaccine promotional materials for use within Bradford, and the wider Yorkshire and Humber network.

Despite this work, the work of the team had consistently outperformed the target set by the Comprehensive Research Network – Yorkshire & Humber (CRN-Y&H), see fig 1 below.

Study recruitment continues to come from all areas of the Trust (with the exception of Learning Disability), and we continue with a ratio of approx. 2:1 observational to interventional studies.

Fig 1 Recruitment on track with YTD target



Research authorisation and governance

The RAG rating of these metrics have been suspended due to the temporary halt in recruitment of many studies as a response to Covid 19

KPI	Actual	Year To Date Target	%	
1. Increase the number of Participants (570) (No. participants recruited into studies - cumulative in year) Portfolio Only	946	550	172%	
2. Recruitment – time to target Time to first Recruit (FPFV) Portfolio studies open for over 30 days with recruitment target only	5	5	100%	% projects having first patient recruitment in 30 days POST approval date
3. Open/Suspended Projects on Course to Hit Recruitment Target (RTT RAG) Portfolio Only	7	12	58%	% Open projects appearing to be on course to meet recruitment target
4a. Closed Projects RTT Status Portfolio Only	3	3	100%	% Closed projects having met recruitment target
5. Completed PRES Surveys Portfolio Only	55	94.6	58%	Aspirational Target 10% of Recruitment

Governance performance continues to be exemplary, meeting CRN-Y&H benchmarks although these have been suspended for this year due to study patterns being unusual.

Publications

In 2020-2021 our staff were involved in 54 publications. Details are available from the library at Lynfield Mount Hospital.

Public patient involvement (PPI) in research

COVID-19 necessarily restricted much face-to-face PPI activity during 2020. There have still been developments. Nationally, Patient Research Ambassadors are transitioning to become Research Champions and PPI has a distinct element called Public Contributors. This role will become involved with Trusts such as our own (Partner Organisation), Clinical Research Networks and National Institute for Health Research Coordinating Centres. The role will have elements of advice, representation, participation, review, judging and co-designing of the varied elements which constitute high quality modern health research.

Our existing Research Champion function has attended and made valued contributions and presentations, even during this year, to varied stakeholders ranging from the BDCFT Trust Wide Involvement Group (TWIG), reducing health inequalities with MIND, Diabetes UK (Bradford Support Group), Leeds University and the Diamonds Programme of health research for severe mental illness and diabetes. The most recent presentation to TWIG was of special note as it generated much interest and prompted the development of a future session specifically to address some of the questions raised by the attendees of the meeting who showed a great interest in the topic.

Partnership Working

Significant progress with the 'City of Research' project, with all local NHS organisations developing a web site to promote and disseminate local research activity, and to use it as a vehicle for residents to volunteer for studies. This follows on from the COVID-19 vaccine study microsite that attracted several thousand volunteers. We hope this new registry will prove as productive.

We continue to develop closer links with other local HE and NHS partners as the move towards 'Place Based Research' is driven from within the CRN-YH.

8. Commissioning for quality and innovation (CQUIN) 2020/21

In response to COVID-19 the contractual requirement to deliver the targets and milestones agreed in the published Commissioning for Quality and Innovations (CQUINs) were suspended. This meant that the financial value attached to the delivery of the CQUINs was included in the providers' overall contract. CQUIN indicators are based on national priorities and are intended to deliver quality improvements and support transformational change

There was a two-year CQUIN relating to our low secure services which commenced in 2019/20 and was to be continued throughout 2020/21. The decision was made that even though there was no contractual responsibility to delivery the changes it was important to carry on with the progress that had already been made and carry out the commitment already made to service users.

This CQUIN focusses on the physical health of patients within our low secure services. It recognises that there were many reasons why our population within Mental Health Inpatient Services suffered specifically with their weight and physical health. Quite often it was some time before service users were able to access the gym, walking group, cycling and swimming and as a result they led quite a sedentary existence following their admission into our services. In addition to the sedentary lifestyle it is often the case that service users may be on high doses of medications, prescribed as part of their treatment, and these medications often have side effects which have a sedative affect, slowing down the metabolism and increasing appetite.

Unfortunately, just 12 months in to the two-year CQUIN, COVID-19 struck, and this had a massive impact on much of the access to healthy lifestyles actions implemented locally and nationally. Specifically, any group activities; Healthy Weight, Walking, Cycling, Swimming and Aerobic Groups were all impacted, and a novel approach had to be created to continue the important work and results established during this exciting first year.

Year two also saw the introduction of the Physical Health Passports, which was a document, created collaboratively where our Service Users could plot and plan their involvement in the CQUIN and their hopes and ambitions for an improved experience in Secure Care. The Physical Health Passports focus on 8 key areas:

- Personal and Physical Health Information
- Motivation
- Goal Setting
- Education
- Steps to Success
- Exercise
- Progress
- Success Charts

The passport itself had been formulated over the previous months, in collaboration with staff and service users and had gained traction and momentum. It was discussed with the service users and established that their commitment to engagement should continue, with slight alterations to the availability of group activities and the way we shared personal and ward-based achievements.



The physical health boards on each ward would continue to share the Units information and challenge results, along with bulletins on individual and group successes. Individual wards would continue to discuss the healthy Weight Work and passports as part of their Community Meetings and engagement remained part of Care Programme Approach meetings and ward reviews.

The second year did provide a challenge in maintaining motivation and engagement, though a core population continued to utilise the passport and on the whole supported changes in the physical health of our population. An exciting result of this engagement was the sense of community which developed and how our service users discussed emotional wellbeing in addition to significant gains in their physical health.

The Unit received a significant boost when the outdoor static gym equipment was installed in December 2020 as a result of the Trust recognising the impact of the secure care environment, which would see service users confined to a ward with no internal movement, access to the gym or opportunity to walk in the grounds or local community. These restrictions in movement were exacerbated by the increased limits imposed during lockdowns. Ultimately the impact of the Physical Health CQUIN, and Moorlands Views decision to continue with the passport, provided a focus for our service users, continued important conversation, promoted novel approaches to engagement and progressed the sense of community on the wards.



Here is some of the feedback received from service users:



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:

- SystemOne (community services, mental health and learning disability services)
- PCMIS (My Wellbeing College – IAPT services)
- R4 (salaried dental services)

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

- Moving towards standard patient information being available to clinicians across the locality (as appropriate and in accordance with information governance guidelines).
- All Trust staff to 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

The Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patients valid NHS number was:

100% for admitted patient care (April 2020 – Feb 2021)

100% for outpatient care (April 2020 – Feb 2021)

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

100% for admitted patient care (April 2020 – Feb 2021)

100% for outpatient care (April 2020 – Feb 2021)

The Trust did not submit records during 2020/21 for Community and Dental services to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data Security and Protection toolkit

In response to COVID-19 the national deadline for completing the final assessment has been extended to 31st June 2021, therefore the results for 20/21 will not be available at the time of publishing this report.

The results of the 2019/20 final assessment demonstrated that the standards were met.

Clinical coding error rate

The Trust's services were not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

NHS Mental Health Implementation Plan 2019/20-2023/24

The Trust is continuing to work alongside the members of the Mental Wellbeing Partnership Board to ensure that the targets within the NHS Mental Health Implementation Plan 2019/20 – 2023/24 are delivered.

10. Learning from deaths

Learning from deaths is supported by two key policies in BDCFT; Serious Incident policy and Learning from Deaths policy. These policies guide and inform the organisation about reporting, investigating, and learning from deaths.

During 2020/21, 323 of Bradford District Care NHS Foundation Trust's patients died.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients who have died	91	57	100	75

All deaths, whether expected (due to a clinical condition) or unexpected, are reviewed weekly in the Mortality and Duty of Candour Group. This group commissions reviews of case notes from a sample of deaths using the Structured Judgment Review (SJR) tool. This is a national tool developed by the Royal College of Psychiatrists to allow clinicians to take an expert view of the care offered. The Group may also commission initial reviews which do not consider the full range of factors within the SJR review, in order to understand if an SJR is appropriate, or where an SJR is not required but where there may be learning. The Mortality Group considers the outcomes of the reviews and asks the relevant Quality and Operational (QuOs) meeting to develop an action plan in regard to any areas where it has been suggested that care should be improved. Issues that are of general relevance or useful elements of learning are added to the Trust's "learning hub", which is accessible to all clinical, operational and support services, to enable broader sharing of learning and intelligence across the organisation. For all deaths of patients who have a Learning Disability, the initial review is shared in the Mortality and Duty of Candour Group and they are referred to the national Learning Disabilities Mortality Review (LeDeR) programme.

By 31.03.21, 27 Structured Judgement Reviews (SJR) and 22 Serious Incident (SI) investigations have been carried out in relation to the care provided to patients who had died. One SJR was later subject to a level one investigation.

The number of deaths in each quarter for which an SJR or SI investigation was carried out are shown in the following table:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of deaths for which a Structured Judgement was carried out	6	5	11	5
Number of deaths for which an SI Investigation was completed	5	5	6	6

The outcome of the SJRs and SI investigations was that there were no deaths judged to be 'more likely than not to have been due to problems in the care provided to the patient'.

There were ten case note reviews using the structured judgement approach where deaths had occurred in the previous reporting period (2019/2020) and completed in this reporting period (2020/21).

There were 5 cases where patients had died in the previous reporting period (2019/2020) but the structured judgement reviews were completed in this reporting period (2020/21).

There were 10 serious incident investigations where deaths had occurred in the previous reporting period (2019/2020) and the investigation was completed in this reported period (2020/21).

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of deaths for which an SI Investigation was completed where the death occurred in 2019/20	8	1	1	0

None of the reviews or investigations into deaths which had occurred in 2019/20 which were completed in 2020/21 concluded that the deaths 'were more likely than not to have been due to problems in the care provided'

Learning and improvement

BDCFT takes a proactive approach to learning from deaths, and the following summary outlines where good practice and areas identified for improvement have been highlighted during 2020/21. This learning is used to shape future quality and safety improvements.

Learning from excellence:

A number of reviews were conducted that concluded good and excellent care had been provided by various inpatient and community teams. The aspects of care identified as demonstrating this were:

- Signposting to other services for support
- Communication with families
- Multi agency and collaborative working across teams
- Appropriate and timely medical and nursing reviews
- Consistent and effective working relationships that enhanced engagement and wellbeing of service users
- Respect for individual preferences and plans to enhance care
- Effective care co-ordination

The Trust has commissioned a Patient Safety Lead to support the clinical teams to share and embed learning from excellence across the Trust via case studies of these examples.

Learning for improvement:

Some learning was identified from a number of reviews where care had not gone so well and improvements could be made. An action plan is developed for all events where learning is identified and is monitored through the mortality and quality improvement processes in the Trust. Examples of the learning identified relate to:

- Maintaining consistency in the Care Co-ordinator (CC) role to ensure that when concerns are raised, they are escalated and addressed correctly.
- Better management of service user's needs for at the end of life in order to ensure service users and their families and carers are fully supported. Actions have been implemented to enable better monitoring and management of service users whose health is deteriorating.
- Clinical inputs were not always well coordinated and connected, particularly around assessment of capacity, how information was stored and how clinicians communicated with service users. Actions were taken to ensure capacity assessments were appropriately maintained and communication needs are appropriately assessed. The use of hospital passports and written information regarding specific communication needs was identified as learning to embed into standard practice.
- Issues with follow up appointments not being actioned for a number of reasons (for example clinician sickness or administrative errors). A potential new solution has been piloted within two Community Mental Health Teams via re-structuring some of the functionality in the clinical recording system to identify cases where follow up has not been activated.

The Trust continues to take every available opportunity to improve how we learn from deaths: we remain an active participant in the 'Northern Alliance' of mental health Trusts, which focusses on mortality review processes; we are considering how best to take forward the recommendations of the learning disabilities mortality review (LeDeR) programme annual report.

COVID-19

The learning from death approach has taken particular account of the COVID-19 pandemic. We have collected the reports of both inpatient and community deaths relating to the trust.

2020-21 COVID-19 Deaths for Community and Inpatients

Between 01 April 20 and 31 March 21 there have been 77 service user deaths relating to COVID-19. 75 of these being community patients and 2 in-patient deaths. A breakdown of these by month is in the table below:

	Apr 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
Community	17	9	1	1	1	1	5	12	9	10	6	3	75
Inpatient	2	0	0	0	0	0	0	0	0	0	0	0	2

COVID-19 reflections

The COVID-19 deaths linked with the Trust have been in line with the local prevalence of the pandemic. Inpatient deaths have been low in the Trust and have occurred only in older people. In addition to the 2 deaths recorded there was a further death in March 2020. We are also aware of a number of deaths of individuals from COVID-19 within 28 days of being in our wards. One of these was within an acute provider and will form part of their review of COVID-19. We have reviewed several individuals who moved into residential care. Of these, only one instance could be attributed to possibly having COVID-19 in BDCFT care. As this occurred before PCR testing was available, we were unable to examine or confirm this.

Conclusions

In this year we have been affected by the COVID-19 pandemic which has made comparisons with previous information invalid.

However, in our learning from death review we have 2 conclusions

1. In reviewing deaths from COVID-19 we have seen that both inpatient and community staff have used appropriate procedures to limit spread and that especially in inpatients we have seen few deaths from spread within our estate.
2. The impact of COVID-19 has not reduced the capacity of the Trust to review and to learn from deaths of individuals in our care not just from serious incidents but learning from the experiences of many individuals.

Part 3: Review of quality performance



Part 3: Review of quality performance

11. Introduction

2020/21 was an unprecedented year with no service remaining untouched by the impact of COVID-19. All services were reviewed as to how and where they would be continued to be delivered during the pandemic.

The Trust instructed all staff that were able to carry out their roles by working from home to do so, this included many corporate functions and also some clinical services where meeting face to face with service users was not going to be happening whilst



COVID-19 restrictions were in place. All services had to adapt to working in different conditions, not knowing how long the changes were to remain.

The restrictions meant that services had to think creatively about how they could continue to be delivered. The staff at BDCFT rose to this challenge and during 2020/21 creative and innovative ways of engaging with service users, families and carer were developed. The Trust is now in the process of assessing the changes that were implemented, with a view of continuing with those that have proved successful and sustainable.

In this section of our Quality Report, we are pleased to present you with the following examples of how we have adapted our services and introduced new ways of working in response to COVID-19.

12. How we have adapted our services and ways of working in response to COVID-19

Treating patients with confirmed or suspected COVID-19 in their own homes

On the 20/3/2020 a meeting was pulled together by the Kaizen Promotion Office team, bringing service managers, clinicians, infection prevention (IP) personnel and business support staff to discuss putting a team together to support patients at home with confirmed or suspected COVID-19. Within three days a team of clinicians had been sourced with staff from district nursing, community matrons, dental services, Vaccinations and immunisation service, specialist services such as palliative care, tissue viability and the continence team. Transport personnel were also

redeployed to the team and patient transport was utilised for taking staff to visits across Bradford and Airedale.

There was a huge effort by staff and many worked hard behind the scenes to get the service up and running. Robust administration support and SystmOne developers had a unit up and running immediately and the KPO business support staff with referral criteria and getting communications out to staff so the service could commence straight away. Facilities staff were also key in ensuring we had a safe space to operate from, with the provision of additional showers fitted to ensure Infection Prevention procedures were followed and laundry facilities provided.

To implement this service within three days was a massive achievement and the team went on to support the local authority with COVID-19 swabbing for patients being admitted or transferred into a care home.



Delivery of a virtual exercise group to group of care homes

During 20/21 when care homes were shielding, our Learning Disabilities Physiotherapy team were unable to deliver face to face treatment to those service users who lived in group homes, many of which were shielding.

Through discussions with the management at one of the group homes, it was identified that in the absence of being able to deliver face to face physiotherapy, the team could develop an exercise programme delivered virtually to the home. Whilst there are a large number of exercise videos easily accessible on You-Tube, it became apparent that there was nothing really suitable for people with learning difficulties.

In agreement with the group home, the physiotherapy team established a weekly exercise programme that was delivered live via Microsoft Teams and was accessible to all staff and service users in the group home at the time. This was great fun for all involved and whilst it wasn't able to achieve the same impact as face to face physiotherapy, it did make available an opportunity for the service users to be involved in a form of activity. As a result of the success of this programme, the physiotherapy team are now considering developing a range of focussed exercises on video, specifically for people with learning disabilities.

Keeping in touch with families and carers when it wasn't safe to visit our inpatient wards

When national restriction were implemented as a result of COVID-19, which meant that family and friends were unable to visit there loved ones whilst on our wards, staff began to think of creative ways for them to stay connected. Not everyone is comfortable or able to use video calls, so the staff on our Assessment and Treatment Unit designed a personalised newsletter about each service user, including pictures, what activities they had engaged in, their overall mood, and physical and mental health update to share with their carers and families. This was found to be a great way to keep in touch whilst ward visiting was restricted.

There are more examples on page 53.

13. How we have improved Quality Trust-wide

Patient-Led Assessment of the Care Environment (PLACE)



Bradford District Care NHS Foundation Trust has been routinely rated highly in the Patient-Led Assessments of the Care Environment (PLACE) results since inception, repeatedly exceeding the national average across all areas.

The PLACE visits assess the patient environment and how well it supports and enhances the provision of clinical care and are carried out by groups of assessors including service users, relatives, carers, and patient advocates.

The annual assessments score NHS organisations on cleanliness, quality and availability of food and drink, how well the building meets the needs of the people who use it and how well the environment protects people's privacy and dignity.

PLACE assessors also consider how dementia friendly the patient environment is. This focuses on flooring, decor and signage, but also includes things such as availability of handrails and appropriate seating which can help those who have dementia.



Although the national PLACE 2020 assessments were cancelled due to the pandemic, the work of the Estates and Facilities staff continued and the teams led a number of initiatives to improve the patient environment including redecoration schemes, new furniture, improvements to the courtyards, pathway works supporting pedestrian access to Lynfield Mount hospital's main entrance and the introduction of external gym equipment to support Service User activity.



Bradford District Care NHS Foundation Trust's Deputy Director of Estates and Facilities, Simon Adamson, said: "The impact of the quality of the environment cannot be underestimated in the patients' recovery journey. We look forward to the coming year and hope to invite our PLACE Assessors back into the organisation to showcase the great work of the Estates and Facilities teams."

Results from the last Assessment which was undertaken in 2019

	Cleanliness	Food (overall)	Organisation Food	Ward Food	Privacy, Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability (accessibility)
National Average 2019	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%
Trust Average 2019	98.53%	98.22%	96.20%	99.29%	98.63%	98.08%	89.78%	90.40%
Airedale Centre for Mental Health	98.69%	96.73%	96.20%	97.37%	97.53%	97.17%	92.46%	91.56%
Lynfield Mount Hospital	98.47%	98.78%	96.20%	100%	99.04%	98.42%	88.78%	89.97%

Infection prevention

It has been a particularly challenging year for the Trust and the infection prevention team during the evolving COVID-19 pandemic. The infection prevention team have been vital in guiding and supporting the Trust throughout the year and have provided expert advice sharing best practice, in order to ensure COVID-19 secure environments for patients and staff members. The team have managed COVID-19 testing for the Trust, and the management of suspected and confirmed cases of COVID-19. The team have worked hard to raise the profile of infection prevention and foster relationships with internal and external partners developing collaborative working arrangements for several projects.

In July 2020, the Care Quality Commission (CQC) undertook an engagement call to discuss the infection prevention and control arrangements for the trust. The assessment reviewed different areas of the Board Assurance Framework (BAF) and found that the Board was assured that the Trust has effective infection prevention and control measures in place and that the Trust had undertaken a thorough assessment of infection prevention and control across all services since the pandemic of COVID-19 was declared. It was observed that appropriate systems were, and continue to be, in place for the prompt identification of people within the organisation who have or are at risk of developing an infection.

COVID-19 PCR Testing

The infection prevention team worked collaboratively with Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) to support the initial COVID-19 swabbing of people returning from abroad. The infection prevention lead nurse then worked collaboratively with the CCG at the beginning of April 2020 in order to set up and oversee the key workers testing facility at Marley Fields in Keighley. This testing centred was operated and staffed by redeployed colleagues from within the BDCFT dental service. The site closed a year to the day of opening on the 9th of April 2021 after swabbing 44,000 people.

The infection prevention team also set up a drive through testing facility at Lynfield Mount Hospital for BDCFT staff members and their household members, in order to improve access to testing and speed up the results which are received the following morning. This has enabled staff members to have a confirmatory result, which supported staff to return to work as quickly as possible if the results come back negative, as well as supporting staff who were required to continue isolating with access to Infection Prevention and Control guidance alongside a range of bespoke health and wellbeing guidance, bespoke to the Trust.

From August 2020-April 2021 the infection prevention team over saw the PCR weekly swabbing of all staff members who visited care homes and staff members working on the three high risk inpatient wards.

COVID-19 Lateral Flow Testing

In November 2020, the trust was able to offer all staff members the opportunity to undertake lateral flow COVID-19 testing twice a week. Lateral flow testing is a self-administered test that detects the presence of COVID-19 viral antigen from the swab sample, and is useful in identifying staff who are asymptomatic but are COVID-19 positive. Following a positive lateral flow test the staff member then undergoes a PCR swab to confirm the result. As of May 2021, 49 staff members have had a positive lateral flow test which has subsequently being confirmed by a positive PCR test.

COVID-19 Antibody Testing

On the 29 May 2020, the Trust commenced antibody testing for COVID-19 and all staff members were given the opportunity to have the blood test. 2034 staff members were tested with 233 staff members having antibodies to COVID-19 meaning 11% of staff members who had been tested had had COVID-19 by the end of May 2020.

COVID-19 Contact Tracing

In May 2020, the government introduced new guidance on track and trace which outlined the need for NHS organisations to undertake contact tracing for all healthcare workers who tested positive for COVID-19. The infection prevention team have been undertaking contact tracing for all staff members who had tested positive for COVID-

19 since the guidance was published, as well as undertaking an individual risk assessment to identify if the staff member has any patient or staff members who are contacts and need to isolate. The infection prevention team have undertaken contact tracing with 429 staff members which has identified 172 contacts, with a range of reasons for these including not wearing appropriate PPE, not following the guidelines on car sharing and social distancing.

Personal Protective Equipment (PPE) Training

To protect staff members and patients from transmission of COVID-19, it was imperative that all staff members wear appropriate PPE in accordance with infection prevention and control policies and guidance. As many staff members were unfamiliar with the process of donning and doffing, the infection prevention team provided a total of 173 face to face training sessions (COVID-19 safe through strict social distancing and smaller group sizes) on personal protective equipment (PPE), which included ward-based sessions to improve accessibility to the training for inpatient staff members who were in most frequent face to face contact with service users. Staff who work in the community were also afforded training and guidance, specific to the role and the environment(s) they work in to ensure that best practice was observed by all staff.

The training sessions included information on standard and transmission-based infection prevention precautions and hand hygiene. Staff members were shown how to don and doff PPE without contaminating themselves and the clean/dirty person role for working with suspected and confirmed COVID-19 patients, which was a process that the COVID-19 Home Visiting Team found very useful.

To supplement the face-to-face training, a suite of PPE training resources were developed which included a selection of videos, donning and doffing cards and posters, a PPE matrix and a PPE FAQ. The training and resources were well received and to support this ongoing training need the PPE module has been incorporated into all infection prevention mandatory training.

Care Home Infection Prevention Training

To protect care home workers and their residents from COVID-19, the infection prevention team have worked collaboratively with the City of Bradford Metropolitan District Council to deliver Infection Prevention training to NHS standard, in order to work collaboratively to support the local system of health and social care to deliver a good quality service in a safe way throughout the pandemic.

Complaints and compliments

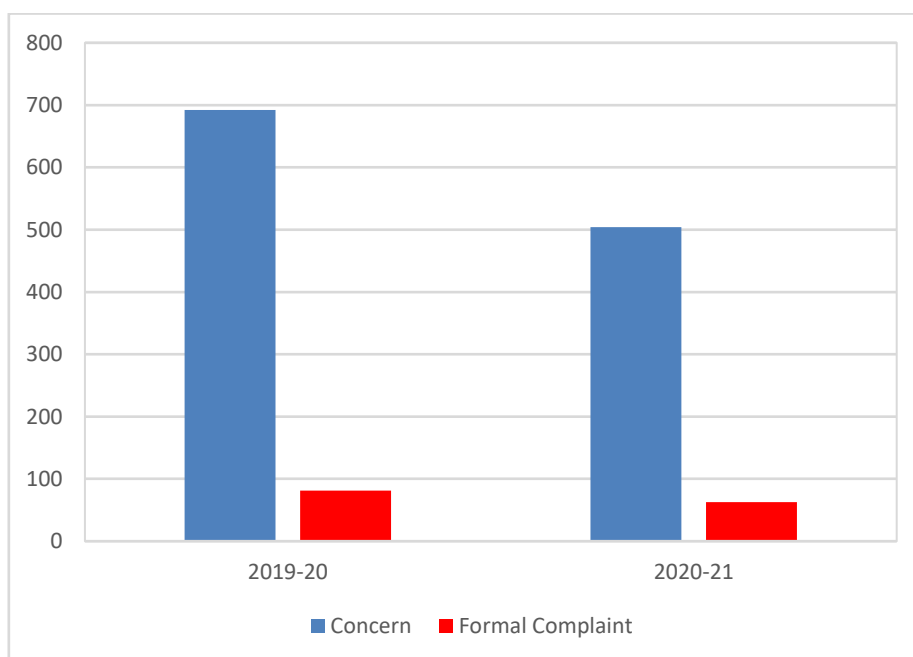
Patient Advice and Complaints service

The Trust takes complaints and all forms of feedback seriously, as this is a way to help improve our services.

The Patient Advice and Complaints team supports patients, families, and carers to resolve complaints at a local level. The team works with operational services and the executive management team and as part of this process, complainants are offered a meeting to discuss the complaint. This can include a meeting with a senior manager, director, or the chief executive. In 2020/21 the service resolved 504 concerns raised by service users or their families. This is a decrease on the previous year where 690 concerns were actioned.

People who use our services can also chose to pursue a formal complaint. During 2020/21, 63 formal complaints were received, which is a decrease on the previous year, 81 were received in 2019/20. The table below shows the high number of cases that are locally resolved.

Number of cases received 2019/20 to 2020/21:



2019/20 – 2020/21 Top categories of formal complaints received:

Category	2019/20	2020/21
Abuse / Assault	3	0
Access To Services	11	11
Admission & Discharge	11	4
Aids & Appliances	0	1
Attitude	7	8

Clinical Treatment	17	12
Communication	14	7
Confidentiality	5	3

It should be noted that each formal complaint may have more than one component, therefore the total figures above do not reflect the number of actual formal complaints. It also does not reflect the number of complaints which were upheld.

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

If a complainant is dissatisfied with the outcome of a complaint investigation, they are afforded the option to contact the Trust again to explore their concerns and the issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO). The role of the PHSO is to investigate complaints from individuals who have been treated unfairly or have received poor service from government departments and other public organisations, including services from the NHS in England and provider organisations.

There has been an increase in cases referred to the PHSO and them requesting files for assessment. (1 Complaint was referred in 2019/20.) Two complaints were in 2020/21. One of the cases is in the process of a full investigation and we have been notified that the other is at the assessment stage.

2020/21 data	
Referred in 2020/21	2
Closed - Upheld	0
Closed – Partially Upheld	0
Closed – Not Upheld	0
Intention to investigate/under investigation	2
Closed at Assessment stage	0
Total	2

How we learn from complaints

Action plans, developed as a result of a formal complaint investigation, are uploaded to the electronic Action Plan module, within Safeguard(the Trust’s risk management software). The Trust continues to monitor actions arising from complaints and they are reviewed and monitored in the care group Quality & Operational monthly meeting. In addition to this, learning from formal complaints and locally resolved concerns are shared via the Trust-wide learning network.

Complaints Review panel

The panel meets twice a year, and membership includes the Patient Advice and Complaints team, a non-executive director, a public Governor, and a Service User representative.

During the meeting a formal complaint, a locally resolved concern and compliments are reviewed using a questionnaire which considers the quality of reports and responses. The Panel continue to meet every 6 months prior to the Quality and Safety Committee.

Compliments our services have received

The team continue to collect and record compliments. Examples of some of the compliments we have received during 2020/21 are as follows:

"As the CAMHS Team will be aware, my initial experience was not a positive one, however I was pleased and impressed when I raised my concern and swift action was taken to resolve the issues. This was done in a prompt and timely manner and I was supported and given feedback throughout. The Team have been pragmatic, holistic and have ensured we were able to access all interventions and services available in a timely manner".

"We would like to thank you from the bottom of our hearts for the outstanding care that each and everyone of you gave to our mum. You were all absolutely brilliant with her, maintaining her dignity whilst caring for her and also for your very kind support to us too

"I have just spent 3 weeks on Ashbrook ward and feel I must write a positive review about my experience as an inpatient. Acute services in mental health often get negative comments, so I was apprehensive about my admission. I can honestly say the staff and the level of care I received was fantastic, even when the ward was busy, the staff still managed to respond to our needs. Housekeepers were fantastic and helpful too and the food provided was great"

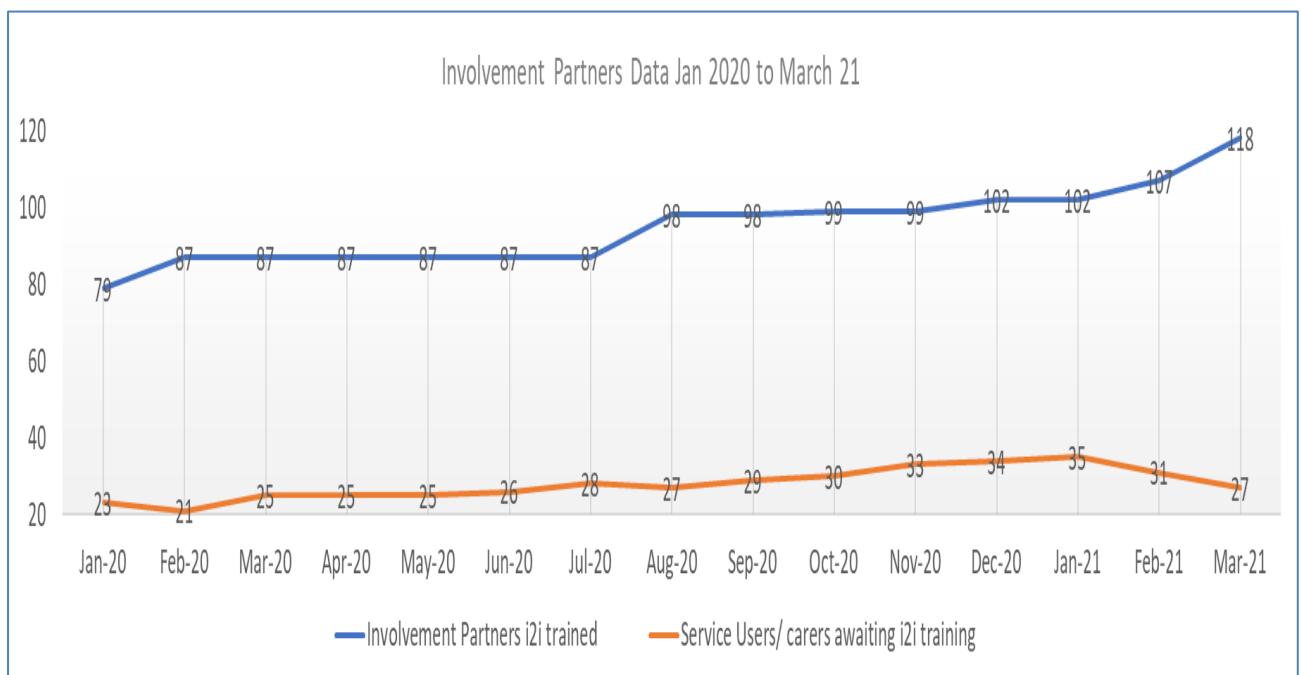
"I would like to say what a warm and caring person X is. X has gone out of her way for me and has helped me to harm myself less. She is an asset to the team. Please give the praise she deserves"

"To all of the District nursing team. Just wanted to say a massive thank you to all the team for all they did for our mum at an incredible difficult time. The visits you did, made such a difference to her and eased her pain. Thank You for all the support and kindness during this time. You are much appreciated. You were able to give mum peace and comfort in her last few weeks and that is priceless"

Involvement

In early 2020 the Trust launched its new involvement strategy, *Your Voice Matters*, linked to the strategic enabling goals of supporting recovery and wellbeing, connecting communities, inclusion and co-production. It has two core drivers defined as 'Reaching In' to services and 'Reaching Out' to connect, build relationships and work with communities. A fundamental objective of the strategy is to increase the utilisation and demonstrate the value of insights from lived experience, and the expertise that brings as an essential element in shaping and deciding what we do and how we do it. Inevitably, the onset of the pandemic presented significant constraints on being able to deliver this as planned in the first year deliver plan, especially in the initial months when redeployment depleted the team, and adjustments had to be made to focus on what was possible, bringing some areas forward which would otherwise have been later priorities, and adapting ways of working to progress other areas.

The strategy emphasised the necessity of delivery being a joint enterprise with clinical and other services (e.g. Estates & Facilities, HR) but, as they experienced the most impact from the pandemic, it was clearly not possible for this to be given the priority that it would otherwise have had. Nevertheless, services have still played their part: increasing involvement opportunities, setting up new groups, considering how to develop the voice of people who use their services, and encouraging and enabling staff to support this. This is evidenced by new Involvement Partners being recruited through services as well as via the team's efforts, helping us to reach our overall target of 40 new Involvement Partners by April 2021 as seen in the diagram and table below. There has also been some improvement in the demographic diversity of our Partners.



	Total Number (March 2021)
Involvement Partners	103
Young Involvement Partners	15
Involvement Partners awaiting i2i training	28

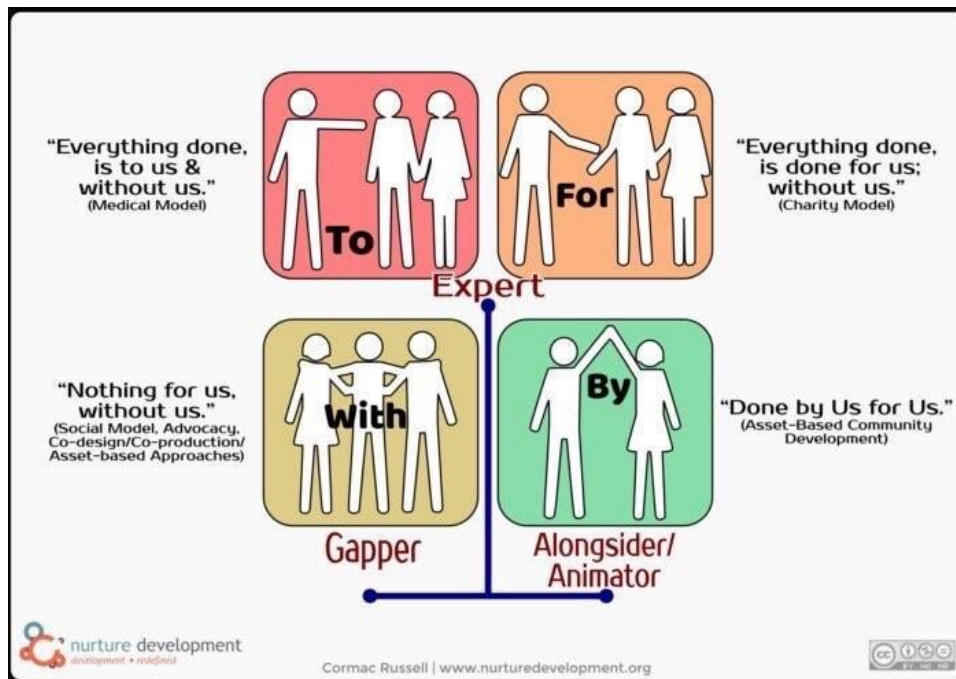
To support ongoing recruitment of Involvement Partners in a safe way throughout the COVID-19 pandemic, our introduction to involvement training was rapidly converted to being delivered online, and this continues at present. Whilst this is helpful, not everyone has access to this, or wants to participate in this way, so some people remain on a waiting list for training, which will be provided face-to-face as soon as safe and permitted.

In the same way, other work that would normally have been done in person was moved online, such as the i2i network, recruitment and selection training, Young Dynamos, Trust Wide Involvement Group (TWIG), recruitment involvement and other committees and events such as Rapid Process Improvement Workshops. It was also possible to enable input from people who use our services, voluntary sector partners and carers on key committees, including the new Participation and Involvement Strategic Group, and important strategic developments such as the early stages of the Lynfield Mount re-development work, which involved service users and key internal and external stakeholders through a series of workshops and focus groups. This move to a virtual environment for involvement has therefore enabled work to continue and progress to be made.

The issues presented by being restricted to virtual ways to meet has been a recurrent theme; in response to this we were able to secure charitable funding to purchase 4 sets of laptops and associated equipment to be loaned to Involvement Partners, if the lack of available technology this was the only barrier to them doing so. It is available for a short or medium-term loan. This has proved useful, especially in one example of an Involvement Partner who is very involved in committees and development work but does not have his own equipment or access to technology to be able to access.

During the early months of the pandemic, we took the opportunity to try out some different approaches, for example, having a guest spot at TWIG and a themed TWIG meeting focusing on key areas of equality in relation to involvement. These were well received and paved the way for a significant change to TWIG Terms of Reference when these were reviewed. For the first time, TWIG now has two Co-Chairs, with one being an Involvement Partner, and membership has been opened to representatives from key voluntary or community organisations, to bring mutual enrichment and support more partnership working. There is now also a clear stated commitment to develop co-production. Finally, in place of the usual festive celebration, a virtual event

took place in December, celebrating the achievements of the year thus far, introducing our first Involvement Awards, and providing uplifting seasonal entertainment and a different way to ‘meet the Chief Executive’, through a mini ‘Desert Island Discs’ interview. This was a very positive event which lifted everyone’s spirits.



In February 2021, a Your Voice Matters virtual workshop was held with staff attending from across the Trust, and powerful input from some of our Involvement Partners and Olivia Butterworth from NHS England. The aim of this was to refresh people’s knowledge of the strategy, provide an opportunity to ‘catch the vision’, identify priorities in putting this into action in their specific service, and identify what else staff need to support them in doing this. This will be followed up with a series of events and development throughout the coming year, with ongoing co-production underpinning this.

Conscious of the isolation and stresses for many people, virtual events to provide social and/or wellbeing support, with help from organisations such as the Cellar Trust, and maintain relationships were provided, and much appreciated. Two regular newsletters were introduced, for Involvement and Carers respectively, sent electronically or by post as needed, so that those without technological access could keep in touch. The team also made periodic telephone calls to check-in with this group of people and sent seasonal cards and a small token of our appreciation to all in December and March. Additionally, our use of social media platforms for experience, involvement and carer interaction has continued to develop and grow.

Finally, in March, as the development of our leadership skills for involvement had been delayed, the first group of Involvement Partners enrolled in an externally provided, Patient Director led 4-session Patient Leaders course, with another group taking part in Quarter 1 2020-21. People were invited to participate in this who are currently

involved in work where strong leadership skills will enhance their role, and their feedback will be used in the development of our own in-house course this summer.

The overall theme of the year has been ‘doing what we can’ in difficult circumstances and progress has been made despite them. A key priority when constraints lift, will be reconnecting and supporting those who have been unable to participate much or at all this year, and continuing to focus on what can be done to keep delivering on our strategic objectives.

Patient Experience

Good quality and quantity of feedback from people who use our services and those who help to care for them (e.g. unpaid carers/family) is essential for improvement and high-quality care. A key mechanism for this is the NHS Friends and Family Test (FFT). A new version of this should have begun on 1 April 2020, along with our new local supplementary questions (FFT+) and a focus on improving participation across all services and increased emphasis on using feedback for demonstrable improvement. However due to the pandemic, NHS England suspended FFT collection with immediate effect, to reduce both the infection risk and the burden on staff, until December 2020. When allowed, the Trust re-introduced small-scale optional collection for internal purposes and trialed some new methods (phone calls from volunteers/feedback by text) with selected services from September 2020. Community and Mental Health Trusts did not begin resubmission until February 2020. A summary of the data for Quarter 4 is shown in the table below. (NB response volume includes vaccination programme participation) and a summary of emerging themes in the table on the following page.

	Jan Responses	Jan Score %	Feb Responses	Feb Score %	March Responses	March Score %	Q4 Overall Responses	Q4 Overall Score %
Trust Overall	202	97%	1110	99%	1625	98%	2937	99%
Mental Health Care Group	64	95%	50	96%	81	84%	195	91%
Adult Services	107	98%	960*	100%	1497	99%	2564	99%
Childrens Services	15	93%	31	100%	32	87%	78	94%

Emerging Themes	
Positive	Negative
<u>Mental Health services</u>	<u>Mental Health services</u>
- staff explained everything/ good communication	- staff do not always listen to patients or their requests
- helpful, caring and friendly staff	- delays in follow ups and discharge process issues
- staff gave a lot of extra support, above what is required	- environment- noisy, TV doesn't work, Wi-Fi access issues
<u>Adult Physical Health services (non- COVID)</u>	<u>Adult Physical Health services (non-COVID)</u>
- excellent service provided by nurses- there when they are needed	- accessing services through the phone service - confusing
- staff are knowledgeable	- notice isn't given about when staff coming to visit- not sure when to expect them, or they don't show up at all
- staff are able to provide guidance to where they can get help from other services/ equipment	- some appointments are difficult to have online- e.g. foot appointments, hard to book in person appointment
<u>Children's services</u>	<u>Children's services</u>
- nurses were kind and friendly	- people unhappy with phone calls instead of visits/ in person meetings
- staff are understanding of peoples concerns and worries	- health visitor has never come to see someone when they were told they would be visited
- staff listen to what people are saying	- automated call messages confusing (SPA)

In addition, the Trust chose to collect feedback about people's experience of the Trust roll-out of COVID-19 vaccination programme using the FFT+ survey. This has been overwhelmingly positive, but negative comments and other emerging themes, have been used to make rapid improvements such as improved information about and provision of car parking, improving privacy, improved information in community languages, making sure people with hearing loss have access to induction equipment, and addressing other concerns.

A summary of the scores and themes are shown over the page.

	Feb responses	Feb score (%)	March responses	March score (%)
Lynfield Mount	119	100	35	100
Jacobs Well	701	99.86	1234	99.68
Bradford College	-	-	103	99.03

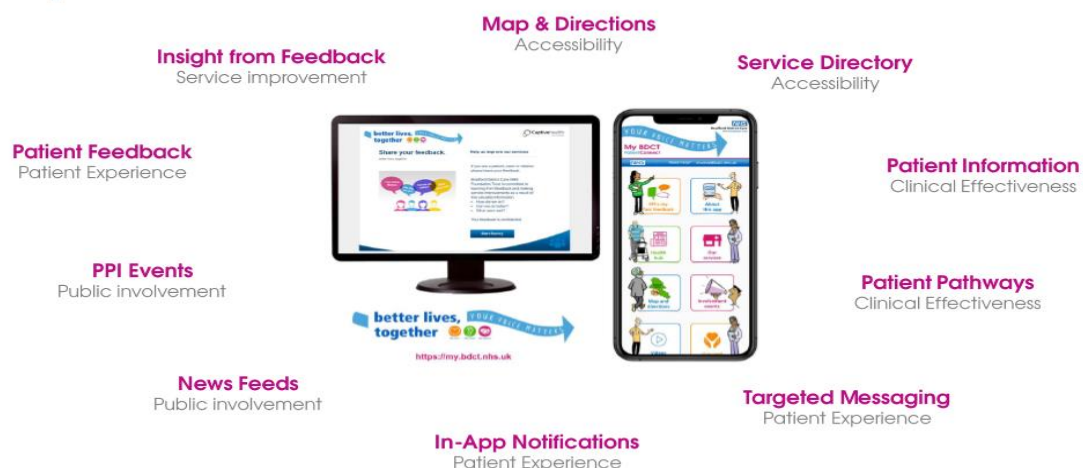
Emerging Themes	
Positive	Negative
<u>We Care</u>	<u>We Care</u>
- staff knowledgeable, skilled and kind	- lack of privacy - both when getting jab and to give confidential information
- plenty of information and advice given for post vaccination care	-comfort - People too warm, concerned about no open windows
- staff gave a lot of extra support, above what is required	- concerns about not being offered to wait 15 mins in the buildings in case of side affects
<u>We Listen</u>	<u>We Listen</u>
- staff listen to concerns and worries, and put people at ease	- language barriers – Lack of staff inside pods that speak community languages
- good communication	- the noise levels are too high (hard of hearing/ deaf cannot hear well)
- staff are able to provide guidance to where they can get help from other services/ equipment	
<u>We Deliver</u>	<u>We Deliver</u>
- COVID-19 procedures (PPE use, etc.) made people feel safe	- lack of signage and clear directions/ information about parking
- well organised/ efficient	- lack of local sites available- people travelling long distances
- nearby parking is valued	

In the early part of the year, during the initial phase of the pandemic, surveys and telephone conversations were used to gather intelligence about people’s experience of our services during that time, which was then used to develop our ongoing response to the pandemic. One lesson from this year is how much depth of information can be gained through use of telephone conversations, particularly for certain people in our communities.

Work using the Yorkshire Patient Experience Toolkit methodology was also affected by the pandemic, but the work which was underway has been completed successfully. The intention is to extend this methodology in the coming year, train more staff and volunteers in its use, and include an introduction to it in the 4-day Foundations in Patient Experience course being provided for a group of staff and Involvement Partners, delayed from 2020 to autumn 2021. Other feedback is received via external sites such as Care Opinion, and a more constructive, inviting approach in our response to this has been well received. Some service-specific work to gather and use feedback has continued despite the pandemic, using virtual methods, but this has been necessarily curtailed temporarily, but work is beginning to reinstate these and begin new groups such as in Community Mental Health settings, to enhance insight beyond the limits of the CQC national survey.

An exciting development which began in 2020 was the procurement of a new provider for a digital platform to not only allow multi-mode collection of FFT+ feedback, but also enhance other aspects of patient and carer experience and involvement work, linking experience, involvement, and improvement. This process, which involved Involvement Partners as well as staff, led to the contract being awarded to Captive Health and the launch of the Patient Connect platform – branded My BDCT in late March. This has multiple functions which will be developed over time, with the initial focus being enabling and improving feedback and provision of patient information through the My BDCT app and patient portal. This innovative product also offers a significant financial saving at the same time as offering additional functions for people who use our services and carers. For more information see [Double-sided-flyer-BDCT.pdf](#) and [MyBDCT Patient Connect by Connected Tech Group Ltd \(appadvice.com\)](#)

My BDCT is one enabler of continuous improvement



The Trust will however continue to develop non-digital methods to gain insight into the experience of care in our services and to connect with people who do not or cannot use technological routes. However the benefit of using technological routes to improve inclusion is another benefit of this development, sitting alongside the work that has been done this year to improve information about experience and involvement, supported by experts by experience and with invaluable support from BTM.

Supporting and Involving Carers

The Trust's Promise to Carers (which we define as anyone who plays a significant role in helping to look after someone else – family, friends, neighbours) and improve their experience of Trust services is made up of delivery of the requirements of the Triangle of Care quality scheme; our Carer Hub service; and carer involvement.

Triangle of Care (ToC)

The Triangle of Care accreditation sets out six standards on how carers, service users and professionals should work together to promote safety and recovery and to sustain wellbeing in mental health by including and supporting carers. It has six standards which are



- carers and the essential role they play are identified at first contact or as soon as possible thereafter
- staff are 'carer aware' and trained in carer engagement strategies
- policy and practice protocols regarding confidentiality and sharing information are in place
- a defined post responsible for carers is in place
- introduction letter to services for carers with a relevant range of information across the care pathway
- a range of carer support services.

In this challenging year, we have focused on maintaining the standard reached, continuing Carer Awareness training and supporting Carer Champions in their service-based role and delivery of action plans. However ability to progress some work and national processes (e.g. the Royal College of Nursing taking over Triangle of Care oversight has been paused) have been adversely affected by the pandemic so the decision was taken to defer the Trust's Phase 2 accreditation submission

Feedback from carers about their experience of our services in the early months of the pandemic was a priority in the engagement exercise that took place in May and led to improvements in the information and support being provided, particularly in relation to COVID-19. A toolkit provided by West Yorkshire and Harrogate Partnership was adapted for local needs and distributed to carers via community and acute services.

The physical space of the Carer Hub, at Horton Park Health Centre, 'pop-ups' in other locations, and a programme of activities and support, had to be closed because of the pandemic, and that remains the case at the time of writing. However the 'Hub' is more than a space, and access to support has continued throughout the year. As with other areas, some of our own work with carers has also had to be paused or adapted, for example, adapting the Carers in Action group and Carer Champions to meet as virtual group meantime along with providing virtual social and wellbeing support and establishing a Facebook page and closed group for carers linked to our services.

In Carers Week in June 2020 the theme was Make Caring Visible, and the Trust made a pledge to strengthen our support across the community using social media, online chat and support.

The number of carers who have become Involvement Partners has increased, and membership of carers in key committees has also improved. Carers have also taken part in a range of other involvement activities, and plans are in place to begin a review of the Trust's approach to supporting and involving carers, including the development of a Carer Strategy.

Finally, progress has been made in supporting working Carers in the Trust, collaborating with the West Yorkshire and Harrogate Partnership and our Human Resources service to set up a Working Carers Passport in the Trust, a very positive and welcome development.

Champions Show the Way

Champions Show the Way (CSTW) initially closed due to COVID-19 but as we moved into the summer and initial lockdown rules relaxed the service have been able to deliver a reduced offer with 41 volunteers actively delivering activities through the year (with 103 volunteers rested). When the rules have allowed 13 walking groups were able to restart under permitted COVID-19 activity, however the groups have been significantly reduced in size and unable to accept new people. 3 groups over the summer were able to meet outside in groups of 6, and the Bereavement support group was able to meet indoors over winter when not in lockdown as they are classed as a support group. In addition, the service has been able to deliver 6 virtual groups, some existing groups with support took their group on line (Creative Writing, Chill & Chat, Chat 'n' Relax, Feelgood group), and some new groups have also started (Explore Mindfulness, Coffee Morning, Ghap Shap, Creativity in the Aire.) The following summarises the activity for 2020/21

Number of face-to-face sessions delivered = 35

Number of virtual sessions delivered = 128

Number of walks delivered = 155

Number of people taking part = 354

Number of attendances = 2,669

Volunteering

All Trust volunteers were initially rested due to COVID-19. During the year none of the existing volunteer roles could be restarted, however we were able to deploy volunteers into some new roles, with both existing volunteers and new volunteers taking up roles. New roles have included driving the COVID-19 home visiting team, delivering PPE to Trust sites and community bases, COVID-19 testing site marshals, COVID-19 vaccination centre marshals, collecting patient feedback, and collecting charitable donations. During the year 23 volunteers have remained rested, 18 volunteers have been active with 11 of that number newly recruited during the year.

In order to recruit volunteers, the Volunteer Service had to do some initial work to ensure the volunteer induction including interviews, training, checks and COVID-19 risk assessments could all be done virtually. For the first time, a home-based volunteer role (Patient Feedback Volunteer) was created to enable volunteers who were vulnerable to still be able to volunteer during COVID-19 if they wanted to.

Work to expand the Volunteer Service and the deployment of volunteers within the 2 inpatient sites was due to start in April 2020, but this was put in hold until January 2021, with 3 new members of staff in post by the end of the year.

New work was secured during the year, this included 3 separate contracts to deliver a Winter Volunteer Programme from NHS England & NHS Improvement, an Impact analysis project to deploy a volunteer management system and the National Volunteer Certificate from HEE, and a Volunteer to Career Project from Helpforce.

Despite an initial delay we have also successfully delivered, in partnership with St John Ambulance, the NHS Cadets programme for 14-16 year olds as one of the first 7 pilot sites nationally. With an initial recruitment of over 100 young people, the group eventually reduced to 40 young people due to the constraints of a virtual programme of delivery as a result of the ongoing COVID-19 restrictions. The first cohort of NHS Cadets will complete the programme in July 2021.

Re-Launch of our Charity – Better Lives

Following an initial delay, the Trust Charity was re-launched as *Better Lives* in May 2020. Our vision is to create better lives by improving the physical and mental wellbeing of patients, service users and families across the communities. *Better Lives*, aims to use its resources to help improve patient experience and outcomes, further enhance its care (or caring) environments.

COVID-19 significantly raised the profile of NHS Charities and through NHS Charities Together, *Better Lives* received grants totalling £156k to be deployed to support staff and volunteer wellbeing during the COVID-19 pandemic.

A charity team was recruited including a Fundraising Officer, and a number of fundraising events took place with limited success. The remainder of the year focused on revising, refining and implementing new processes and governance to ensure effective charity delivery, as well as raising the profile of the charity across the community and in particular with Trust colleagues. Over the course of the year, the charity processed 76 requests for charitable funds in comparison to 13 the year before.



Board quality and safety walkabouts

Impact of COVID-19 on Board quality and safety walkabouts

In March 2020, the existing process for Board visits to wards and services was temporarily paused when social distancing rules were applied due to the COVID-19 pandemic. Subsequently, the Executive Management Team have undertaken regular contact and engagement with teams and services, through a number of different channels, to understand challenges and check on welfare. One of those channels has been virtual engagement visits where teams are invited to join a 30-minute focussed Microsoft Teams Meeting where they were able to have conversations with Executive Managers about their concerns and successes, which proved very useful in supporting two-way dialogue.

Implementation of the 'Go See' Framework

In October 2020, as part of the ongoing work the Trust is undertaking in embedding the Care Trust Way, the role of Board in carrying out quality and safety visits was incorporated into a broader, 'Go See' Framework. 'Go See' is based on the concept of a Gemba walk, which was developed by Taiichi Ohno, one of the leading pioneers in the development of lean management. The Go See visit offers an opportunity for Executives to leave their daily routine, see where the real work happens and build relationships with staff based on mutual trust. Go See visits are an opportunity to get an overview of what is going on in the workplace, offering the ability to gain insights into potential improvement opportunities. As such, the Care Trust Way embraces the principle of Go See not just for Executives, but for all leaders across the Trust including Non-Executive Board members.

'Go See' visits are a vehicle for the Trust to 'Know its Business, Run its Business and Improve its Business' at both an operational and a strategic level.

Know your Business – leaders will have a first-hand knowledge of the work being done, there will be strong relationships built on trust. Executives and Non-Executives are able to gain knowledge and assurance to underpin the conversations they are having and experience further opportunities for triangulation across a variety of different platforms.

Run your Business – leaders are better able to understand the opportunities for improvement, have increased visibility of what is going on in each place and are able to make better decisions because of this. Executives and Non-Executives can make better strategic decisions underpinned by an in-depth knowledge of the business and first-hand views from Trust experts on what it feels, looks, and sounds like to them and their colleagues within the service.

Improve your Business – leaders are able to support local improvement opportunities based on the first-hand knowledge and experiences they have of services. Trends and themes identified as part of Go See are collated and triangulated with other sources of learning to help Executives and Non-Executives identify systemic issues and receive assurance as to the embeddedness of improvements to further support sustainability.

This approach was successfully piloted between January and March 2021 and has now been rolled out across the Trust, with the board being involved in the following types of ‘Go See’ visit.

Type of visit	Purpose	Membership
Executive/Associate Director ad hoc visits	Responsive visits to probe issues / celebrate successes. The visits allow Executive/Associate Directors to support in unblocking local issues where necessary, share learning, gain additional assurance and help teams feel both supported and recognised	Executive Directors
Committee planned visits	Planned visits relating to specific themes under discussion at the Board Committee. Liaison with central intelligence collection process will highlight any additional trends/themes to be discussed further / actions which need testing for embeddedness and opportunities for sharing learning	Non-Executive Directors with Executive Directors Observed by Governors to provide an opportunity for NED assurance
NED/ED planned visits	Visits to support identification of systemic issues and celebrating success. Standard work would look at high level people (morale / safety), performance (including quality & finance as well as service delivery) and improvement (work undertaken, successes celebrated, areas for improvement work identified and opportunities to share learning).	Non-Executive Directors with Executive / Associate Directors Observed by Governors
Chair/CEO visits	Strategic level activity focussing on morale, improvement work and sharing vision and values	Chair / CEO

Raising concerns within the Trust

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistle-blowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

Ways in which staff can speak up.

Freedom to Speak Up (FTSU) is one element of a wider strategic approach to cultural transformation and improvement. The principles that underpin it are mirrored in those of our values and behaviour standards and work around our fair and compassionate culture.

Policy

This year we reviewed our FTSU policy to ensure it is accessible to all. It encourages staff to speak up to their line manager if they can, but it recognises that this is not always possible and so where staff do not feel able to speak up to their line manager or they have already tried to speak up to their line manager and they have not had a satisfactory response, they are asked to go to the Freedom to Speak Up Guardian.

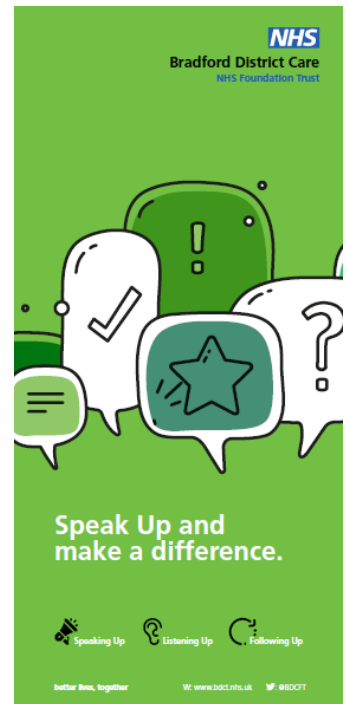
The FTSU Guardian is independent and impartial, and they can speak to them in confidence.

The Guardian has direct access and meets regularly with the Chief Executive, Chair and Executive Director lead for FTSU.

Communication Plan

We have recently reviewed the FTSU Communication plan to accommodate the challenges of COVID-19 and improve the way we ensure that the FTSU message is communicated widely to all staff groups.

As part of this we have increased the number of FTSU presentations virtually and produced a video as part of our staff charter to demonstrate our 'we listen' value.



Improvement work

Our leaders are committed to a speak up/listen up culture. To ensure a strategic approach and the integration of FTSU within our organisational strategic objectives we have established a Strategic group, with membership of the Chair of the Board of Directors, the Chief executive, the Executive lead, Non-executive lead, and the Freedom to Speak up Guardian.

We aim to continually improve and have developed a Standard Operating Procedure, as well as a FTSU managers template to support managers/leaders in their response and enable appropriate feedback to staff speaking up. We have also revised our case tracker to improve the data we collect and therefore the information presented to inform decision making.

Our FTSU champions model has been reviewed and stood down. A new model has been developed and we are currently recruiting to a new network of speak up ambassadors. The ambassador role will support the guardian and deputy guardian in reaching hard to reach groups of staff, promoting the speak up/listen up message and signposting staff to routes to speaking up, including the guardian route.

How feedback is given to those speaking up

Feedback is given via the FTSU Guardian or directly by the Managing Director of the service concerned, the relevant Executive Director or Chief Executive. Feedback includes how concerns have been investigated or responded to, any changes that have been made to processes and systems as a result, lessons learned for individual services and lessons that are transferable across the organisation.

Bi-annual reports to Board identify themes from the issues staff are speaking up about and provide assurances that staff are fed back to appropriately. Our communication strategy is also aiming to improve the feedback we give to staff across the organisation, not only to raise the awareness of FTSU, but to feedback using a “You Said, We Did” approach.

How we ensure staff who speak up do not experience disadvantageous and/ or demeaning treatment

The Trust policy clearly states that the organisation will ensure that staff who speak up will not experience disadvantageous and/or demeaning treatment as a result. Staff who fear victimisation by colleagues can speak up anonymously via the Freedom to Speak Up Guardian. They are offered assurance that their identity will not be revealed, and their confidence kept. We monitor the numbers of staff experiencing disadvantageous and demeaning treatment because of speaking up and address them.

Different ways staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment.

People are encouraged to speak up through their line management structures, safeguarding, human resources or any other means they wish. When these routes are not available to them or they have already tried these routes and are not satisfied with the response, the FTSU Ambassador or FTSU Guardian are available.

Things that staff have spoken up about and provided us with an opportunity to improve include patient safety, staff safety, failure to follow correct processes, understaffing, wrongdoing, biased recruitment, and bullying.

Quality Improvement System



The Care Trust Way, 2 years into the improvement journey

Two years ago, Bradford District Care Foundation Trust embarked on a journey of continuous improvement, innovation and growth. The ambition is to embed a tried and tested Quality Improvement (QI) methodology, with a people focused coaching approach, and ensure “*The Care Trust Way*” is at the heart of everything we do. The focus was, and is, geared towards a change in the culture of the organisation. At the core of this change is the relationship with staff and how engagement can be improved and continually built upon. “*The Care Trust Way*”, our lean management system, is built on the ethos of co-production, service improvement, and staff and patient satisfaction. We believe “*The Care Trust Way*” is different to other QI methods, as whilst there is a focus on zero defects and waste reduction, people are at the heart of what we do. A focus on culture, coaching, empowerment and developing the people that develop the services. The past year has highlighted more than ever the importance of working together to promote innovation and problem solving. The Care Trust Way has been at the helm most recently, navigating through such unprecedented times.

In 2018, the Trust Board committed to the introduction and implementation of a quality improvement system. Two years on, we can be proud as a Trust of the success and achievements. Since 2018, we have delivered and supported 17 improvement events and facilitated many conversations through “*The Care Trust Way*”, all of which have engaged staff, service users and carers in possibility thinking, creative problem-solving, strategic planning and co-production. BDCFTs approach to quality improvement using “*The Care Trust Way*” directly supports the delivery of safe, effective and high-quality services.

The engagement of staff has been crucial during the past 12 months, and the tools of “*The Care Trust Way*” have been pivotal during the COVID-19 crisis. In particular, the implementation of communication cells -a daily conversation that focuses on not only the day-to-day business, but also the wellbeing of others and the opportunity for improvements. This process has been integrated into the incident control structure during COVID-19 and is becoming a standardised way of working, leading to improvements in open communication and decision making.

During the past 12 month we have also continued with Rapid Process Improvement workshops and Kaizen events albeit in a much more virtual format.

Risk assessment and Care planning for the Mental Health group: refining the electronic templates to ensure they meet the needs of the service user and developing a training package to accompany.

The process of risk assessment and care planning is crucial from the point of contact through to the discharge form services. We wanted to ensure that the process was meaningful and added value to both the service user and staff experience. It was essential that we included the voice of the service user in the improvement activity so we could understand how we better co-produce care plan. To support the process, guidelines were developed to ensure there was clarity and consistency with the inputting of information and minimum standards met to assure quality and relevance to the service user.

As a result of the week the new electronic templates have gone live with great feedback from staff and the roll out of a new and improved training package. The training is now co-delivered between training teams and clinical staff, this adds a clinical relevance that was previously missing.

Kaizen 5s for the inpatient wards – Organising the workplace

Workplace organisation is a key tool of “The Care Trust Way”, ensuring everything has a place and everything in its place. We believe staff and service users alike should have access to the things they require when they need, where they need it. Having an organised workplace supports the location of items easily but also been able to identify when things are missing. This in effect reduces the amount of time searching for items, over supply, reduced costs, and safety.

It is particularly important in the clinical environment that equipment/supplies can be found with little effort. Training and education were delivered to a ward environment and coaching support offered to establish the 5s process within the clinical area. The ward staff are committed to continue with the initiative and the benefits will be shared with other areas. It is planned that this will be the Gold standard to share and spread across the Organisation.

Recent unprecedented times have seen our services endeavoring to adapt, and change under pressures thankfully unseen within living memory, “*The Care Trust Way*” has been central to much of this work. Examples include:

COVID-19 home visit team – protecting our patients



In response to the global Coronavirus pandemic there was a request to set up a home visit team that would work with those requiring treatment and care in their homes with either confirmed or suspected COVID-19. With wide representation from key members across the trust, the foundations were laid for a time critical piece of work that achieved a good balance between theoretical planning and a pressure to put plans into action. With the collaboration between

clinical services, infection prevention, estates, business support and quality improvement, key milestones were met. As testament to this effort the team mobilised the very next week.

PPE Dashboard – understanding PPE stock availability

With the emergence of COVID-19 and the increased demand for personal protective equipment (PPE), a system was required that would allow staff to quickly and accurately record stock levels that would help to understand and calculate the use for all teams across the organisation. Working with colleagues in Infection Prevention and Facilities, it was agreed that the development of a digital app would be the most effective and efficient way of supporting the Trust services. The app would work in real time providing live updates. This then led to the delivery of stock to teams on the day of requirement, whilst also supporting the national reporting requirements around PPE stock levels. This proved very useful when navigating challenging times due to PPE demand.

BCP App

The success of the PPE app quickly led to the development of a trust Business Continuity Plan (BCP) App that allowed teams to report their status quickly and accurately into the trusts central incident command structure for real-time reporting, actioning, and support. This also gave the ability to report concerns instantly into the bronze, silver and gold command meetings for escalation.

Let's Chat Podcast

The 'Let's Chat' podcast pilot launched in February 2021. The podcast was the brainchild of Sharon Walker from the Community Dental Service, who invited special guests in certain topic areas to share their experiences. A wide area of topics are covered and these included exercise, financial planning advice, staff members sharing their mental health experiences and an exclusive interview with an Olympian Paralympic. The original aim was to enable a co-produced series of podcasts, to reflect and discuss how COVID-19



had affected staff. However, it became apparent this would be an ideal platform to develop a way in which the Trust can hear what is happening to and affecting the workforce on a daily basis.

Learning week

In May 2020, “*The Care Trust Way*” organized and delivered a Trust-wide COVID-19 learning week. The aim to understand the impact of the pandemic on staff, new ways of working and the impact on the quality of services we offer. Using surveys and facilitated virtual conversations, we were able to engage with over 1200 staff members. Outcomes included effectively embedding new ways of working, the creation of more flexible working environments for staff and ensuring safe working practices. The learning week also instigated the design of “*The Care Trust Way*” Charter.

“*The Care Trust Way*” extended the arm of support to system partners and this approach was then replicated with our colleagues within the voluntary and community care sector, to support our shared approach to collaboration and system improvement

Online training

With a commitment to delivering “*The Care Trust Way*” training across the organisation, it was imperative that alternative methods were employed during the pandemic. Normal practice involved face to face training in groups, which was no longer possible. Some trainees were mid-course when the pandemic struck, training via MS Teams was offered with good feedback. There was a very quick realization and desire to be able to provide good quality training and support in a new way. This was also seen as an opportunity to embrace the technology available, and a brave new world of digital gamification was born, as such “*The Care Trust Way*” Champions training is now available to all staff, online in a new, fun and interactive way.

Vaccine Centre



The development of the COVID-19 vaccine is the global answer to the pandemic. Offering a vaccine at pace and across the adult population is a colossal undertaking. A time critical task, involving



multiple departments and workforces from several organisations. Time was limited. The tools of “*The Care Trust Way*” were employed to ensure a fully operational, safe, and efficient community vaccination centre. Central to the set up was visual control, enabling all to understand the current state immediately. From patient signage to dashboards, visual control was at the heart of the set up. Patient flow was crucial, and in order to inform and support the development, demand and capacity were imperative to understand. Small improvements

continued to be made daily to ensure that the patient had a positive experience, whilst maintaining efficiency and maximizing best practice.

Executive Broadcast

The executive broadcast is a weekly live session hosted by the executive management team and special guest, developed to share the latest Trust news as well as an opportunity for staff to engage in a live Q&A session with Executive and Senior Management. The broadcast is open to all colleagues across our Trust and regularly attracts over 100 live viewers, as well as several more who watch the broadcast at their convenience using our watch-back Intranet system. All sessions are recorded and available to view at any time. This is an excellent opportunity to hear directly from the Trust’s Executive Team on relevant topics, to ask questions and provide feedback.



Well-being website

In the spirit of creating an open and accessible culture, the wellbeing website was developed. Collaboration between the Kaizen Promotion Office and the well-being team helped to realise the creation of a wellbeing information platform on Microsoft Teams. An interactive platform is now in place for staff to access vital information to support their wellbeing, as well as use the digital channels available to reach out for help and advice. This platform has been integrated into communications cells across the Trust and has been an area marked for further development following staff feedback.

HSJ award – staff engagement



Despite a challenging 12 months, managing the obstacles presented as a result of the COVID-19 pandemic, getting to grips with new ways of working and juggling personal and work life, “*The Care Trust Way*” was shortlisted for a national award. The Health Service (HSJ) Journal awards are considered to be amongst one of the most esteemed within health care. “*The Care Trust Way*” was proud to be shortlisted from 100’s within the category for staff engagement. The award ceremony was a virtual event with fantastic attendance. Whilst we did not place with an overall win, to be recognized and shortlisted for the hard work and dedication from all involved was suffice to say the least!

The future of “*The Care Trust Way*” is bright, we will continue to have a concentrated effort of the delivery of training and the implementation and embedding of daily lean management. “*The Care Trust Way*” is central to the achievement of the strategic priorities and how we ensure staff and service users are at the heart of everything we do. The global pandemic, whilst presenting many obstacles, has also given multiple opportunities for innovation and learning.

14. Performance against our quality goals for 2020/21

2020/21 has been a unique period in the history of the NHS. Since March 2020, service delivery and improvement has been in the context of responding to, and working within, the limitations of the COVID-19 pandemic. This has presented many challenges in terms of adapting service delivery models, supporting staff and our communities, and managing the challenges of a workforce who are themselves personally impacted by the pandemic. It has also placed extra burdens on leaders and managers across the NHS as they have been required to take on additional responsibilities, including enhanced reporting, adapting services and environments, and working in new and different ways with partners. In light of this, many national and local reporting requirements were suspended, and the priorities of services and their leaders were redefined.

At the start of 2020, it had been agreed that there would be a focus on the delivery of two key pieces of work in order to drive achievement across all of the key quality domains and act as an enabler for delivery of the Trust's strategic priorities. These are described below.

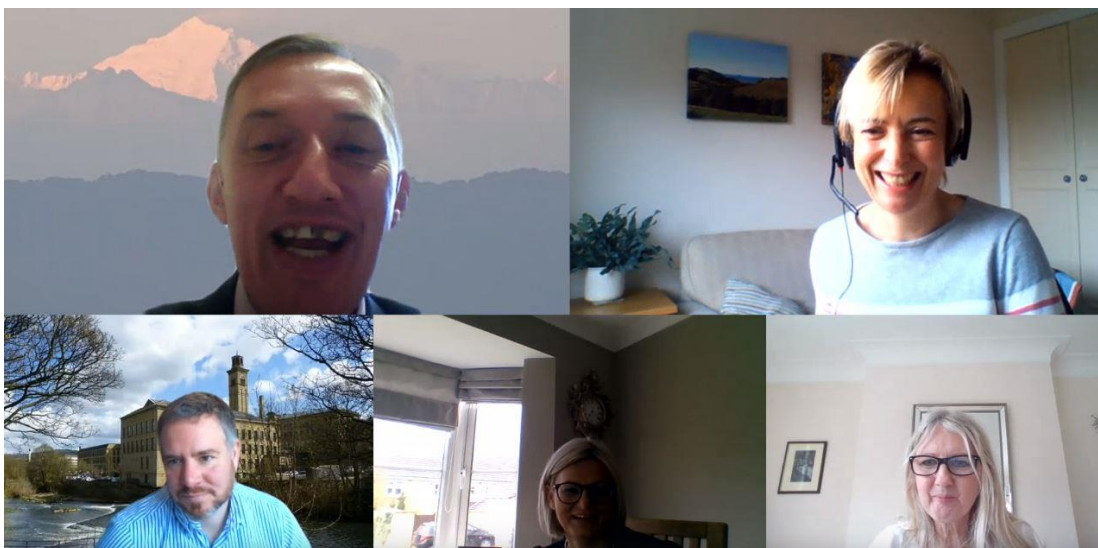
	SAFE: "We will continually improve the safety of our services"	EFFECTIVE: "We will strive to achieve excellent outcomes across all our services"	PERSONAL: "We will make our services more responsive by involving service users, carers and staff"
Internal Accreditation	<ul style="list-style-type: none"> Standards are locally owned, and leaders proactively work with their teams to design and deliver local improvements Trust leaders are actively engaged with the process of internal accreditation and it is embedded within trust governance processes 	<ul style="list-style-type: none"> Services/ teams are able to evidence how they are delivering excellence Staff recognise what excellence looks like and are able to celebrate and be recognised for their successes 	Quality & delivery standards reflect what matters most to the people who use our services
Embedding a learning culture	Leaders work proactively with their teams to use feedback (internal and external) to test the delivery of improvement plans and make changes where required	Teams are actively encouraged to report near misses as a vehicle to drive improvement and see this as an opportunity for learning and development, and not a failure	All levels within the trust proactively engage with service users and carers and use their experience to inform learning and contextualise decision making

In March 2020 the Trust took the decision to suspend work on the Internal Accreditation Programme, along with some other programmes of work, in order to free

up leadership capacity to meet the challenges posed by the pandemic. However, a focus on the delivery of high-quality services was maintained, with quality and safety visits continuing, albeit virtually, and continued oversight of key quality and safety metrics and intelligence through a number of routes within the Trust. These have included Incident Command and Control structures put in place to manage the pandemic, as well as pre-existing routes such as daily lean management structures and the Quality and Operational Care Group meetings, reporting into the Trust Quality and Safety Committee and Board of Directors.

During this year, despite the challenges, work has continued on embedding organisational learning across the Trust. This has included:

- Launching a 'live' quality dashboard containing information about trends and themes relating to complaints, concerns, compliments, incidents, risk and investigation outcomes,
- Appointment of a Patient Safety Lead. Whilst the function of this role is currently being refreshed to take into account the experiences of delivery of this function over the past 8 months, the role has a significant input into sharing learning and driving improvement,
- Appointment of a Head of Patient Safety, Compliance and Risk, a revised role with an increased focus on supporting the identification of organisational learning,
- Refreshed Terms of Reference for the Patient Safety and Learning Group – to ensure a stronger focus on identifying and understanding organisational learning and monitoring the implementation of changes to processes across the Trust, and
- Holding a Rapid Process Improvement Event, which has led to changes to the serious incident investigation process and templates to help better identify the factors that contribute to incidents occurring to allow robust mitigating strategies to be identified and implemented.



15. Performance against our mandated indicators for 2020/21

Performance against indicators set out in Single Oversight Framework

The table below shows our performance against the operational performance indicators set out by NHS Improvement, in the Single Oversight Framework.

Indicator	BDCFT performance data				
	Threshold	Q1	Q2	Q3	Q4
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (Dental)	92%	39.5%	13.2%	28.4%	33.1%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	60%	84%	77%	82%	73%
Improving access to psychological therapies (IAPT) – proportion of people completing treatment who move to recovery	50%	52%	57%	54.0%	56%
Improving access to psychological therapies (IAPT) – % of people waiting 6 weeks or less to begin treatment	75%	95.8%	95.7%	97.7%	96%
Improving access to psychological therapies (IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	99.4%	99.6%	99.3%	99%
Admissions to adult facilities of patients under 16 years old	n/a	0	1	0	0
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area	n/a	888	1360	1627	1797

In response to COVID-19 dental treatment was suspended which resulted in increased waiting times. We have now recommenced providing dental treatment however currently this is on a reduced capacity.

The performance of the above indicators is reported and monitored throughout the year.

16.Priorities for quality improvement for 2021/22

Building on the learning from working differently during 2020/21 and reflecting on the changes to the delivery environment for Trusts – including the proposed changes to the CQC regulatory approach, the move to disband Clinical Commissioning Groups by April 2022 and move their statutory functions to new Integrated Care Systems (ICS – our Trust sits within the West Yorkshire and Harrogate Health and Care Partnership ICS), and the development of local Integrated Care Partnerships (ICP - our Trust is involved with the development of the Bradford and Airedale ICP), the Trust has reflected on how its quality goals align to those of the wider system.

The in-year strategic objectives for the Trust include the following:

Strategic Priority: To deliver the Best Quality Care

Strategic Objective 1: To engage with our patients and service users, ensuring they are equal partners in care delivery.

Strategic Objective 6: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable.

Strategic Priority: Healthy as Possible

Strategic Objective 3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way)

Progress against these, and the other Strategic Objectives, is reported to the Board of Directors with oversight at the most appropriate Board Committee. These objectives are mirrored in the quality improvement plans of individual teams and services.

As well as the above objectives, in April 2021 the Board of Directors approved the development and implementation of a refined Quality Assurance Framework. This Framework will enable services to self-assess themselves against the standards described in the CQC Key Lines of Enquiry using a consistent approach to interrogating evidence and assessing progress. This assessment will then be used to identify local quality objectives and drive quality improvement plans. Whilst the Internal Accreditation workstream described in 2020/21 remains suspended, this Framework will provide firm foundations for that work to be picked back up when capacity allows.

In addition, the work on Embedding a Learning Culture as described in 2020/21 continues in line with the implementation of the NHS Patient Safety Strategy. In year, work will focus on ensuring the Trust is in line with the NHS Patient Safety Strategy

with further developments in the serious incident investigation process, creation of Patient Safety Partners and Champions and with strong links to the work the Trust is doing on embedding a 'Fair and Compassionate Culture' as part of the **Strategic Priority: Best Place to Work**. The Trust will also be working with partners across the Bradford and Airedale ICP, and more widely across the West Yorkshire and Harrogate Health and Care Partnership ICS, to support development of quality assurance processes that align directly to, and are informed by, quality improvement and shared learning.

17.CQUINS 2021/22

At the time of publishing CQUINs for 2021/22 were still suspended in response to COVID-19 and had not yet been published by NHSE.

18.Stakeholder commentaries



Healthwatch Bradford and District welcomes this opportunity to comment on the Bradford District Care NHS Foundation Trust quality report for 2020/2021.

The report gives a very comprehensive view of positive actions taken to improve the quality of care and patient and carer experience, particularly during the unprecedented demands on services linked to the Covid-19 pandemic.

Healthwatch Bradford & District congratulates the Trust on its flexible response to the challenges posed by the pandemic and its continuous support in delivering Covid-19 related services across the district. We thank the staff for their hard work and dedication in continuing to prioritise patient care throughout. This is exemplified by the new initiatives such as digital assessments, on-line and telephone based core work and the work of the Perinatal Mental Health team in creating accessible resources to support parents during lockdown.

Healthwatch Bradford & District are particularly pleased to see the quality priorities limited to 3 clear and concise statements – SAFE, EFFECTIVE and PERSONAL and the subsequent focus on Internal Accreditation and Embedding a Learning Culture. We look forward to this becoming embedded in all departments and patient interactions throughout the next 12 months, and beyond.

It is pleasing to see continued improvement related to the CQC Inspection Action Plan, particularly so given the demands of the pandemic. It is clear that the 'Care Trust Way' is creating improvement as a result of this consistent quality improvement approach

Due to the pandemic restrictions we have not been able to collect feedback on Care Trust services during the course of this reporting year, however we did participate in the Trust Wide Involvement Group meetings and the Carers In Action Group meetings. Any BDCFT Patient/Carer views gathered from these or other engagement activities is collated as feedback through the usual channels.

In general, much of the feedback Healthwatch Bradford & District receive about Trust services is often from people who contact Healthwatch directly, usually due to problems they have had with their care, although we do actively encourage people to feedback on their positive experience of using services.

Whilst we cannot make general statements about people's experiences of using the Trusts services, the number of comments we received during this reporting year are 3 times greater than the previous year, and those comments somewhat reflect the

areas highlighted in the quality report as being the most common for complaints and compliments. The majority of feedback received concerned access to neuro-diversity services for both children and adults and related to both waiting times for assessment and access to therapies and support post-diagnosis. There continued to be concern and confusion relating to the BANDS service, which was highlighted in last year's report. We will monitor feedback relating to these services closely and share it as appropriate with Trust colleagues.

Positive comments related to digital access to services, and gratitude at the level of service continuing to be offered despite the obvious challenges posed by 'lockdown'.

Healthwatch Bradford and District will continue to listen to people's views and share these with the Trust, which will hopefully contribute to, as well as support the Trust with their 2021/22 quality improvement plan.

**Helen Rushworth
Manager**

Healthwatch Bradford & District.
04/06/2021



**Bradford District
and Craven**
Clinical Commissioning Group

Scorex House
1 Bolton Road
Bradford
BD1 4AS

28 May 2021

Tel: 01274 237290

Dear Theresa

Re: Bradford District Care Foundation Trust Quality Report 2020/21

On behalf of NHS Bradford District and Craven CCG, I welcome the opportunity to feedback to Bradford District Care NHS Foundation Trust (BDCFT) on its Quality Report for 2020/21.

I would like to start by taking this opportunity to say a heartfelt thank you to your staff for all their hard work and excellent achievements during 2020/21 especially in light of the considerable and prolonged challenges of the Covid-19 pandemic. The successes outlined in the report are demonstrative of effective partnership working at a system wide level.

The key achievements are:

- The successful role out of the COVID19 Vaccine Centre and the contribution of BDCFT's research team in COVID19 related vaccine trials, including the production of multi-lingual COVID myth-busting videos and vaccine promotional materials.
- Further development and implementation of 'The Care Trust Way' and the top 3 quality priorities for this year which include making services "Safe, Effective and Personal", the latter by supporting services to be more responsive by involving service users, carers and staff. The Care Trust Way programme was shortlisted for a prestigious National award.
- The continued drive to improve the Trusts CQC rating, together with positive feedback following a focused inspection in December 2020 of the Acute Wards for Working Age Adults and Psychiatric Intensive Care Units, and a transitional monitoring meeting in March 2021, where there were no further 'must do' actions identified.
- The use of the Kaizen Rapid Process Improvement Workshops (RPIW), to aid the swift operationalisation of quality improvements across the Trust. The well-being website developed in collaboration with Kaizen Promotion office is an excellent example, enabling the production of an interactive platform for staff to access and support their wellbeing.
- The learning from deaths and serious incident (SI) policy was also subject to a Rapid Process Improvement Event; this led to changes to the SI investigation process and enabled further support of the National LeDeR programme. Additional staff appointments to assist the Patient Safety agenda will enable clinical teams to share and embed learning across the Trust. The launching of a 'live' quality dashboard is a proactive way of identifying, triangulating and acting on the early recognition of incident themes and trends to aid improvements to patient safety.

- The implementation of the 'Go See' Framework in October 2020 which facilitated Executive and Non-Executive staff to gain quality and safety oversight by undertaking site visits, enabled experiential knowledge to be gained and facilitated strong working relationships.
- The re-launch of "Better Lives" as a vehicle for improving the physical and mental wellbeing of patients, service users and families across the communities.

During 2020/21 the Trust actively participated in all the National clinical audits for which it was eligible.

The following initiatives and improvements introduced during the year reflect the key elements of the Trust's quality strategy, and are designed to improve patient safety, effectiveness and meeting personal needs:

- Physical Health Passports; the feedback received from service users and their families has been extremely positive.
- The NHS Mental Health Implementation Plan 2019/20-2023/24 is on track with the Trust continuing to work alongside members of the Mental Wellbeing Partnership Board to ensure targets are delivered.
- Treating and supporting patients with confirmed or suspected COVID19 in their own homes
- The delivery of a virtual exercise group by the learning disabilities physiotherapy team to care home clients.
- Refining the electronic templates used for risk assessment and care planning to ensure they meet the needs of the service user and developing a training package to accompany this.
- BDCFT has been routinely rated highly in the Patient-Led Assessments of the Care Environment (PLACE) results since inception and repeatedly exceeding the national average across all areas.
- The launch of the Patient Connect platform – branded My BDCT, which has facilitated the collation of patient and carer experience data, enabling and improving feedback through the My BDCT app and patient portal.

The key local priorities for quality improvement that will be focused on for 2020/21 include:

- Establishing an internal accreditation scheme where standards are locally owned and leaders proactively work with teams to design and deliver improvements.
- The embedding of a positive learning and just culture in conjunction with service users and carers to ensure investigative processes are fair and compassionate
- Working in partnership, utilising the strategic priority "Being as Healthy as Possible", to ensure the Trust quality goals align with those of the developing Bradford and Airedale Integrated Care Partnership (ICP)

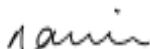
Overall with the restrictions of the pandemic there have been a considerable number of innovative, virtual events in a Covid-safe way to encourage client engagement. A refresher workshop of the "Your Voice Matters" Strategy was held in February 2021 to support staff to ensure effective client engagement and co-design of service pathways.

It is clear that the Trust is committed to working as one system with partners across Bradford, District and Craven; this is demonstrable in the partnership working to progress the 'City of Research' project, which supports the move towards 'Place Based Research'.

The Trust is an active, engaged and influential participant in the system wide 'Act as One' Partnership, which brings together the contributions of other care agencies including acute care, local authority and voluntary services, into a single integrated care partnership for Bradford District and Craven. I look forward to further strengthening our collaboration as we develop our transformational plans through the development of an Integrated Care System.

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

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



Nancy O'Neill
Deputy Accountable Officer and Strategic Director of Transformation and Change
Bradford District & Craven CCG

Appendix 1 – list of services provided

- 1 Adult mental health A&E liaison
- 2 Adult Mental Health Acute Inpatient services
- 3 Assertive Outreach service
- 4 Bradford and Airedale Neuro Developmental Disorders service
- 5 Champions Show the Way
- 6 Child and Adolescent Mental Health services
- 7 Child and Adolescent Mental Health services – eating disorders tier 3
- 8 Community Dental services
- 9 Community mental health teams - working age adults
- 10 Community nursing (previously referred to as case managers, community matrons and district nursing)
- 11 Community nursing children with special needs in special schools
- 12 Continence service
- 13 Criminal Justice Liaison service
- 14 Dental Epidemiology (Kirklees, Calderdale, Wakefield)
- 15 Early intervention in psychosis
- 16 Falls exercise classes
- 17 Family nurse partnership
- 18 First Response service
- 19 Homeless and new arrivals team
- 20 Housing for health
- 21 Improving access to psychological therapies (IAPT) for adults
- 22 Individual placement and support
- 23 Intensive home treatment
- 24 Learning disabilities - Assessment and Treatment Unit
- 25 Learning disabilities - Health Facilitation and Community Matron service
- 26 Learning disabilities - intensive support team
- 27 Learning disabilities - specialist therapies clinical liaison team
- 28 Little Minds Matter
- 29 Looked-after children's health team
- 30 Low secure mental health service for adults
- 31 Maternal Early Childhood Sustained Health Visiting
- 32 Mental Health Support Teams
- 33 Older people's mental health - Acute Inpatient services
- 34 Older people's mental health - community mental health teams
- 35 Palliative Care – Palliative Care Team; Palliative Care Support Teams & Fast Track; End of life Facilitator; End of Life Care Education Facilitation Service
- 36 Podiatry – core and specialist
- 37 Primary Care Wellbeing service
- 38 Proactive Care Team, including Admiral Nurse Service
- 39 Psychiatric intensive care unit
- 40 Psychiatric Rehabilitation services
- 41 Psychological Therapies - Specialist service
- 42 Public Health – Health Promotion and Resources service
- 43 Public Health School Aged Influenza Immunisation Service (Bradford)

- 44 Public Health School Aged Immunisation Service, including Influenza (Wakefield)
- 45 Skills, training and employment pathways
- 46 Speech and language therapy
- 47 Special Needs Speech and Language Therapy (Deaf & Hearing Impairment)
- 48 Speech and Language Therapy for Resourced Provision
- 49 Specialist Mother and Baby Mental Health Service
- 50 Strategic Breastfeeding service
- 51 Tissue viability
- 52 Youth offending team: health team
- 53 5 – 19 Years Vaccination and Immunisation service (Bradford)
- 54 0 – 19 Children’s Public Health service (Bradford)
- 55 0 – 19 Children’s Public Health service (Wakefield)

Appendix 2 – Clinical Audit actions taken / to be taken

National Audit

Audit title	Actions taken/to be taken
<p>POMH The Use of Clozapine</p>	<p>This audit was postponed due to COVID-19 and did not end up taking place until the latter part of 2020/21. Although the results are yet to be finalised and published by the national team, BDCFT have done some internal analysis of the data that was submitted and have been able to act on some learning already. For patients recently initiated on clozapine the audit looked at whether a baseline physical health check was carried out, if there was appropriate daily monitoring within the first two weeks of treatment and if side effects were assessed weekly within this first month of treatment. For patients that had been on clozapine for more than one year, the audit looked at whether there had been an annual review, taking account of therapeutic response and recognised side effects. The local analysis suggests that BDCFT have scored 100% compliance across most of the standards however during data collection it became apparent that some of the proformas used to record appropriate testing and monitoring of clozapine are not available/visible in the patient record. Some of these are templates which need to be completed electronically within the patient record and others are paper forms which require scanning and uploading to the patient record. These proformas have been specifically developed to capture all the required information relating to expected standards of care for monitoring patients on clozapine. Fortunately, there was time during data collection to liaise with the wards who were able to locate some of the paper proformas. Where the forms could not be located or had not been completed, the SystemOne records were scrutinised to find evidence of the requirements elsewhere, for example within Medical Review notes or PIPA/Handover meeting notes. Discussions have begun to take place between the ward Clinical Managers, the Admin Manager and Pharmacy to attempt to resolve the issue regarding the absence of the forms.</p>

Local Audit

Audit title	Actions taken/to be taken
The Use of the Mental Capacity Act on the Inpatient Wards	<p>This was the third audit looking at whether patients admitted informally to an inpatient ward receive a capacity assessment on admission and whether patients lacking capacity receive further assessments at appropriate points in their care. A baseline audit was completed in July 2019 which highlighted that there was little evidence that the Mental Capacity Act was being used appropriately. A re-audit completed in January 2020 showed an overall improvement of 74% to 87% overall. This is the second re-audit and the results showed overall a slight decrease in compliance of 3% to 84% however this should not detract from the excellent progress made in embedding and maintaining the improvements observed in the first re-audit. During 2020 work has continued to address the importance of assessing patient's capacity on the ward. The results have been shared at all relevant QUOPs meetings and the Mental Capacity Act Lead has developed a mental health specific training package to include how to write a capacity assessment, how to hold a best interest meeting and includes some role specific examples so staff on the wards are clear of their roles and responsibilities in relation to capacity. During February 2021 a small-scale audit was carried out looking at capacity assessment completion for patients admitted informally to an acute ward. The results showed that 90% of patients had a capacity assessment completed within 24 hours of admission. These results have been shared again at the relevant QUOPs meetings to share the positive results. The larger scale audit will be repeated again in June 2021 to assess progress.</p>

Appendix 3 - 2020/21 Statement of Directors' responsibilities for the Quality Report

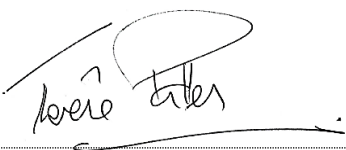
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate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

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- 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 2020 to March 2021
 - papers relating to quality reported to the board over the period April 2020 to March 2021
 - feedback from commissioners dated 04.06.21
 - feedback from local Healthwatch organisations dated 04.06.21
 - the latest national patient survey
 - the latest national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 26.04.21
 - CQC inspection report dated 11/06/2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board

Signed:  _____

Therese Patten, Chief Executive
Date: 10 June 2021

Signed:  _____

Cathy Elliott, Chair
Date: 10 June 2021

Appendix 4 Independent Auditors Report

In response to the COVID-19 pandemic there is no requirement to obtain an independent Auditors Report. The production of this report has followed the existing governance framework developed over previous years and is, in our opinion, compliant with national guidance.

Appendix 5: Glossary of terms

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

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

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

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

Care Trust Way (CTW) - The CTW is our system of continuous improvement, bringing together the quality improvement methodologies of Kaizen, innovation and coaching, in order to work together to improve the experience for staff and service users, to collectively create Better Lives, Together.

Commissioner - Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning groups (CCG's) are the key organisations responsible for commissioning healthcare services for their areas. They commission services (including acute care, primary care, and mental healthcare) for the whole of their population, with a view to improving their population's health.

CQUIN (commissioning for quality and innovation payment framework) - 'High Quality Care for All' included a commitment to make a proportion of providers' income conditional on quality and innovation, through the commissioning for quality and innovation (CQUIN) payment framework.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

Data definitions - The indicators reported within this quality report are a combination of key performance indicators with national definitions and local indicators with an agreed local definition.

Data sources - The sources of data for the indicators reported are

- Clinical systems
- E-rostering
- Audits

- FFT
- ESR
- Staff survey
- NHS Digital

Duty of candour - 'Duty of candour' is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of candour aims to help patients receive accurate, truthful information from health providers.

Foundation Trust (FT) - Foundation Trusts are still part of the NHS, and still have NHS inspections and standards to meet. Foundation Trust's are still accountable to Parliament, but differ from standard NHS Trusts primarily due to the accountability to local people who can register as members and be elected as governors.

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

Kaizen - Kaizen refers to activities that continuously improve all functions and involve all employees from the Chief Executive to front line staff. In Japanese, 'Kaizen' is derived from two words – 'Kai' meaning 'change', and 'zen' meaning good. This translates literally to 'change for the better'.

NHS Digital - 'NHS Digital' is the new name for the Health and Social Care Information Centre. We exist to improve health and care by providing national information, data and IT services for patients, clinicians, commissioners and researchers

NHSEI – NHS England and NHS Improvement - NHS England and NHS Improvement joined together from 1st April 2019. They support the NHS to deliver improved care for patients. <https://www.england.nhs.uk/about>

NHS staff survey - An annual anonymous survey to staff in all NHS organisations

<http://www.nhsstaffsurveys.com/Page/1019/Latest-Results>

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

<https://www.nice.org.uk/>

Partners in Audit Network (PiAN) - A service user and carer audit network.

Quality - Quality is defined by Lord Darzi in 'High Quality Care for All' (2008) as an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective,

personal and safe. Quality is an NHS that delivers high quality care for all users of services in all aspects, not just some.

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

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

R4 - The Trust's clinical information system for salaried dental services.

Stakeholders -A person, group, or organisation that is affected or can be affected by an organisation's action.

STEIS strategic executive information system -The national NHS reporting framework for reporting serious incidents.

SystemOne -The Trust's clinical information system for community and mental health services.

Appendix 6: 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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Shipley
BD18 3LD

Check out our website

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

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

By publishing the report with NHS Choices, Bradford District Care NHS Foundation Trust complies with the quality report regulations.

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

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

For further information please contact our Foundation Trust Office on:

Tel: 01274 363556

Email: FT@bdct.nhs.uk

