Quality Account 2010/2011
Bradford and Airedale Community Health Services
3.3. Moving forward ......................................................................................................................... 31

3.3.2. Statements from the PCT, Overview and Scrutiny Committee (OSC) and Local Involvement Network (LINk) ......................................................................................................................... 31

3.3.3. How to provide feedback on this Quality Account ................................................................. 34
1. Statement on quality from the Chair and Chief Operating Officer

1.1. Introduction

Welcome to the Quality Account for Bradford and Airedale Community Health Services 2010 – 2011. The opportunity of producing and sharing our first annual report to the public about the quality of services we provide is welcomed.

The objective of this report is to help the public, patients/service users and others interested in our services to understand the following areas:

- Priorities for improvement in the coming year.
- Where improvements in service quality are required.
- What our organisation does and what it does well.
- How we have involved others in service improvements.

The last year has been very busy for Bradford and Airedale Community Health Services (BACHS). Transforming Community Services (TCS) has meant we have focussed a significant amount of time transferring community services to other healthcare providers within the Bradford and Airedale district. However, despite this we have continued to make quality improvements within service areas and are proud of what we have achieved during the last 12 months.

The organisation’s mission has continued to be one of improving health and wellbeing in the community, with a vision of being the provider of choice for the delivery of high quality community based services that deliver positive outcomes for those people who access our care. Quality improvement is at the heart of what we do and we always strive to include patients/service users, carers, staff and other key stakeholders in working together to agree priorities for quality improvement: Our report reflects this and we are delighted to share it with all interested parties.

1.2. Signed declaration

As Chair of the Board of NHS Bradford and Airedale (NHSBA), and as Chief Operating Officer of Bradford and Airedale Community Health Services (BACHS) we can confirm that, to the best of our knowledge, the information within this document is accurate.

Signed: John Chuter, Chair

Signed: Nancy O’Neill, Chief Operating Officer
2. Priorities for improvement and statements of assurance

On 1\textsuperscript{st} April 2011 Bradford and Airedale Community Health Services (BACHS) ceased to be the provider arm of the Primary Care Trust – NHS Bradford and Airedale (NHSBA). The services transferred to several organisations including Bradford District Care Trust, Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust and some were retained by NHSBA. Each organisation has outlined their priorities for quality improvement going forward into 2011/12 for those community services that have recently transferred to them.

2.1. Community services transferred to Bradford District Care Trust (BDCT)

- Asylum Seekers and New Arrivals Health Team
- Carer Support Workers
- Community Administration
- Community Matrons
- Continence
- District Nursing
- Early Intervention in Psychosis
- Family Nurse Partnership
- Health of Men
- Health on the Streets
- Health Trainers and Social Prescribers
- Health Visiting
- Hospice at Home
- Housing for Health
- Looked After Children
- Palliative Care Team
- Physical Health Team
- Podiatry
- Practice Nurse Support Team
- Primary Care Mental Health
- Safeguarding Adults
- Safeguarding Children
- Salaried Dental Services
- School Nursing
- Seniors Show the Way
- Single Point of Access
- Specialist School Nursing
- Speech and Language Therapy
- Substance Misuse
- Tissue Viability Service
- Unscheduled Dental Service
- Working Women's Support Service
- Youth Offending Team
2.1.1. BDCT community services priorities for 2011/12

All service priorities for 2011/12 have been consulted on locally with relevant practitioners. This has included staff meetings, local clinical governance forums and the professional advisory sub committee. Staff have continued to contribute to regional developments and assisted in the development of the workforce and initiatives to shape key priorities.

<table>
<thead>
<tr>
<th>No.</th>
<th>Improvement Priority</th>
<th>Quality Domain</th>
<th>Monitoring Arrangements</th>
<th>Reporting Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1.1</td>
<td>Integration of policies and systems i.e. safeguarding, infection prevention and control.</td>
<td>Clinical Effectiveness</td>
<td>Head of Quality and Service Improvement</td>
<td>Internally to the Community Services Governance Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.2</td>
<td>Analysing themes and trends from clinical incidents, medicine errors, falls and pressure ulcers</td>
<td>Patient Safety</td>
<td>Risk Support Manager</td>
<td>Internally to the Community Services Governance Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.3</td>
<td>Development and expansion of our clinical leadership model within teams.</td>
<td>Clinical Effectiveness</td>
<td>Head of Quality and Service Improvement</td>
<td>Internally to the Nursing Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.4</td>
<td>Development of a workforce within health visiting to deliver the public health agenda and meet the health inequalities within Bradford and Airedale.</td>
<td>Clinical Effectiveness</td>
<td>Head of Children's and Family Services</td>
<td>Internally to the Community Services Governance Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.5</td>
<td>Improve quality of care for patients at the end of life.</td>
<td>Clinical Effectiveness</td>
<td>Head of Adult Services (Community)</td>
<td>Internally to the Community Services Governance Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.6</td>
<td>Implementing the NHS Institute for Innovation and Improvement Productive Community services programme – releasing time to care for patients, improving quality and efficiencies of services.</td>
<td>Clinical Effectiveness</td>
<td>Commissioning for Quality and Innovation (CQUIN) scheme.</td>
<td>Internally and to NHSBA – this is a performance related element of contract.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.7</td>
<td>Safe care – pressure ulcers – improving the management of community acquired pressure ulcers.</td>
<td>Patient Safety</td>
<td>Commissioning for Quality and Innovation (CQUIN) scheme.</td>
<td>Internally and to NHSBA – this is a performance related element of contract.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Improvement Priority</td>
<td>Quality Domain</td>
<td>Monitoring Arrangements</td>
<td>Reporting Arrangements</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>--------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>2.1.1.8</td>
<td>Improving dementia care – development and implementation of integrated dementia pathway.</td>
<td>Clinical Effectiveness</td>
<td>Commissioning for Quality and Innovation (CQUIN) scheme.</td>
<td>Internally and to NHSBA – this is a performance related element of contract.</td>
</tr>
<tr>
<td>2.1.1.9</td>
<td>Safe care – falls, implementing “high impact actions” to improve the quality of services and patient experience.</td>
<td>Patient Safety Clinical Effectiveness</td>
<td>Commissioning for Quality and Innovation (CQUIN) scheme.</td>
<td>Internally and to NHSBA – this is a performance related element of contract.</td>
</tr>
</tbody>
</table>

### 2.2. Community services transferred to Bradford Teaching Hospitals NHS Foundation Trust (BTHNHSFT)

- Blood Services
- Cardiovascular Teams
- Children's Complex Nursing Team
- Chlamydia Screening
- Community Hospitals
- Community Support Teams
- Contraceptive and Sexual Health Services
- Diabetes Team
- Diabetic Retinopathy Service
- Diagnostic and Treatment Services
- GPs with Special Interest
- Heart Failure Nurses
- Parkinson's Disease and Specialist Rehabilitation

#### 2.2.1. BTHNHSFT community services priorities for 2011/12

The Community Services that have transferred into Bradford Teaching Hospitals NHS Foundation Trust will be required to report on performance against the locally selected improvement priorities for 2011/12 as determined following consultation with the Governors and Foundation Trust membership:

**2.2.1.1. Patient information**

- Receiving accurate information about treatment before coming into hospital and understandable written information about the condition and treatment.

**2.2.1.2. Communications**

- Being treated with dignity and respect, with staff being polite and staff listening.

**2.2.1.3. Clinical care / treatment**

- Improving information on discharge to ensure that patients understand what to expect when they go home and how to take medicines.
- Staff working well together to organise care within a well organised ward/department.
- Involving people in decisions regarding their care and treatment and expected outcomes.
2.2.1.4. Waiting times

• Reducing waiting times for blood tests and other investigations and, informing patients promptly of possible delays and the reasons for the delay in relation to any aspect of their care/treatment.

2.2.1.5. Nutrition

• Offering healthy meals that are of good quality and at the right temperature.

In addition the community hospitals and community support teams will be engaged in reporting performance against the 2011/12 CQUINS goals agreed with commissioners and national priorities. There will be a specific focus on the following priorities for improvement:

**Priority 1:** to continue to reduce healthcare acquired infections in relation to MRSA and Clostridium Difficile

**Priority 2:** to improve patient reported outcomes and patient experience standards

**Priority 3:** to raise the standard of care delivered to patients by focusing on local quality indicators e.g. falls prevention, supporting independence and unplanned readmission to hospital

The Patient and Public Involvement Governor Working Group (PPI GWG) will monitor progress with regard to the improvement priorities set within the 2011/12 Quality Account seeking assurance that the organisation is learning from and acting on the intelligence provided.

The PPI GWG will report to the foundation trust Patient and Public Involvement Steering Group and the full Board of Governors on the scrutiny applied and assurance sought.

2.3. Community services transferred to Airedale NHS Foundation Trust (ANHSFT)

From 1st April, 2011, we are now the provider of a number of community services within Bradford and Airedale, the Craven locality and Castleberg Community Hospital near Settle. These services include the Airedale Collaborative Care Team, community support services and a number of specialist nurses:

- Blood Services
- Cardiovascular Teams
- Community Support Teams
- Diabetes Team
- Heart Failure Nurses
- Multiple Sclerosis Service
- Neurology Rehabilitation Services

2.3.1. ANHSFT community services priorities for 2011/12

In 'going forward' we will reflect on priorities for quality and safety improvements as we transform community services during the next year. This will be a major challenge as we seek to understand where change is needed and demonstrate what high quality personalised care looks like. In seeking to demonstrate this we will report performance against a number of locally selected improvement priorities:
Patient safety

Streamline and integrate governance and risk management systems so that patient safety is at the heart of the services we provide.

Patient experience

Establish systems by which to measure and deliver patient outcomes, by involving people in the decisions about their care and treatment.

Clinical effectiveness

Evaluate the provision of services and establish priorities to deliver high quality patient care.

In addition, reporting performance against relevant 2011/12 CQUIN goals and national priorities in order to transform care and demonstrate improvement. As a priority we will focus on patient experience and patient reported outcomes.

2.4. Statements of assurance from the Board

2.4.1. Review of services

During 2010/11 the Bradford and Airedale Community Health Services provided and/or sub-contracted 55 NHS services.

The Bradford and Airedale Community Health Services has reviewed all the data available to them on the quality of care in 7 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 34.5 per cent of the total income generated from the provision of NHS services by the Bradford and Airedale Community Health Services for 2010/11.

2.4.2. Participation in clinical audits

During 2010/11, 1 national clinical audit and 3 national confidential enquiries covered NHS services that Bradford and Airedale Community Health Services provides.

During that period Bradford and Airedale Community Health Services participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Bradford and Airedale Community Health Services was eligible to participate in during 2010/11 are set out in the table below.

The national clinical audits and national confidential enquiries that Bradford and Airedale Community Health Services participated in during 2010/11 are set out in the table below.

The national clinical audits and national confidential enquiries that Bradford and Airedale Community Health Services participated in, and for which data collection was completed during 2010/11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.
The national audit of the organisation of services for falls and bone health for older people consisted of 6 sections. BACHS as a primary care organisation completed sections 2, 3, 4, 5 and 6 entitled case finding and referral; structure and staffing of the falls and bone health service; service settings; specialist falls management and training and audit.

The patient sample was categorised into two groups: fragility fractures – non hip (wrist, humerus, vertebrae, pelvis) and hip fractures. 40 patients for non hip and 20 for hip these were identified based on the inclusion and exclusion criteria prescribed.

The report of 1 national clinical audit was reviewed by the provider in 2010/11 and Bradford and Airedale Community Health Services intends to take the following actions to improve the quality of healthcare provided.

<table>
<thead>
<tr>
<th>National Clinical Audit Title</th>
<th>Actions to be taken to improve quality of healthcare provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls and non-hip fractures (National Falls &amp; Bone Health Audit)</td>
<td>1. An audit of the falls pathway against national guidelines to establish levels of compliance in community hospitals.</td>
</tr>
<tr>
<td></td>
<td>2. Staff training around awareness raising of the implications and requirements of the current legislation and guidelines on falls, bone health and osteoporosis prevention.</td>
</tr>
<tr>
<td></td>
<td>3. Establish clear leadership for falls management, including working with stakeholders across the district.</td>
</tr>
<tr>
<td></td>
<td>4. Review and updating of the Falls policy to reflect an organisation-wide approach to falls management.</td>
</tr>
</tbody>
</table>
The reports of 14 local clinical audits were reviewed by the provider in 2010/11 and Bradford and Airedale Community Health Services intends to take the following actions to improve the quality of healthcare provided.

<table>
<thead>
<tr>
<th>Local Clinical Audit Title</th>
<th>Actions to be taken to improve quality of healthcare provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaried Dental Service failure to attend appointments</td>
<td>1 Patients’ details routinely checked by reception staff when patients attend appointments. Other clinical staff to confirm that details have been checked before the patient leaves the surgery.</td>
</tr>
<tr>
<td></td>
<td>2 Staff to ring patients to remind them of the appointments. Yellow marker to be attached to the appointment once contact has been made.</td>
</tr>
<tr>
<td></td>
<td>3 Patients must agree to have the information shared with carer, support workers and advocates. SDS referral form to include details of carers, support workers and advocates.</td>
</tr>
<tr>
<td>Antibiotic prescribing in Bradford and Airedale Salaried Dental Service</td>
<td>4 Review of prescribing sheets and clinical notes.</td>
</tr>
<tr>
<td></td>
<td>5 Present results and new policy to peers at Bradford and Airedale Salaried Dental Service Professional and Clinical Development Group.</td>
</tr>
<tr>
<td></td>
<td>6 Review of prescribing sheets and clinical notes.</td>
</tr>
<tr>
<td>Documentation audit of children’s continuing care team</td>
<td>7 Written evidence that parents or carer has consented to share information.</td>
</tr>
<tr>
<td></td>
<td>8 Evidence of carer’s assessment competed or documented that carer’s have declined the assessment</td>
</tr>
<tr>
<td></td>
<td>9 This information will be on each sheet which a child’s records. To be incorporated into new documentation.</td>
</tr>
<tr>
<td>Medicines incident review 2010</td>
<td>10 To review the systems for the communication and allocation of weekend district nursing work and where improvements can be made generate a plan for these to be introduced. Completed.</td>
</tr>
<tr>
<td></td>
<td>11 To consider the introduction of a checking system when community hospital in-patient prescriptions are transcribed. Completed.</td>
</tr>
<tr>
<td></td>
<td>12 To review the contents and layout of the Single Assessment Process (patient record) file with respect to prescribing and administration of medicines. Completed.</td>
</tr>
<tr>
<td>Surgical safety checklist</td>
<td>13 Two surgical sessions were audited in each quarter of 2010/11 to check compliance with the World Health Organisation’s surgical safety checklist (as adapted for BACHS) and compliance was always 100%. Completed.</td>
</tr>
<tr>
<td>Clinical supervision Audit – school nursing</td>
<td>14 Advocate all staff attend training. To assist all staff in finding a clinical supervisor.</td>
</tr>
<tr>
<td></td>
<td>15 Electronic communication of the clinical supervision policy. School nurse meeting.</td>
</tr>
<tr>
<td></td>
<td>16 Electronic communication of the clinical supervision policy. Unidisciplinary meetings.</td>
</tr>
<tr>
<td>Clinical waste</td>
<td>17 Record when staff have attended training on waste management</td>
</tr>
<tr>
<td>Local Clinical Audit Title</td>
<td>Actions to be taken to improve quality of healthcare provided</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>management</td>
<td>18 Development of clearer guidelines for the disposal of clinical waste.</td>
</tr>
<tr>
<td></td>
<td>19 Identify the process for submitting consignment notes.</td>
</tr>
<tr>
<td>Discretionary medicines – community hospitals</td>
<td>20 To review process for documenting discretionary medicines.</td>
</tr>
<tr>
<td></td>
<td>21 To ensure staff are adhering to policy and guidelines of the community hospital medicines management policy.</td>
</tr>
<tr>
<td></td>
<td>22 Revise recording procedures for informing clinical staff.</td>
</tr>
<tr>
<td>Podiatry domiciliary documentation</td>
<td>23 Continue to provide mandatory training in house on an annual basis.</td>
</tr>
<tr>
<td></td>
<td>24 Share audit results with all staff applauding success and also highlight areas for improvement.</td>
</tr>
<tr>
<td></td>
<td>25 To focus on some key actions in regard to updating telephone calls, diabetic foot assessments, receipt and return of records.</td>
</tr>
<tr>
<td>District nursing record keeping</td>
<td>26 Review patient held records to reflect discipline specific standard documentation.</td>
</tr>
<tr>
<td></td>
<td>27 Address the quality of patient folders procured.</td>
</tr>
<tr>
<td></td>
<td>28 Review of Single Assessment Process documentation and a consensus for the way forward.</td>
</tr>
<tr>
<td>Clinical supervisor’s</td>
<td>29 To ensure that the clinical supervisor register is maintained and reviewed this will be undertaken annually.</td>
</tr>
<tr>
<td></td>
<td>30 Address the requests for supervision from the organisation.</td>
</tr>
<tr>
<td></td>
<td>31 To discuss with heads of service and service managers the implications of the audit and how to address individual areas.</td>
</tr>
<tr>
<td>Surgical site infection audit</td>
<td>32 Out of 1463 surgical cases only 1 patient (0.1%) was reported to have developed an infection at the site of surgery within 30 days of their surgery. This was investigated but no exact cause of the infection could be determined. Our patients are only present in our surgical facilities for a few hours before, during and after their procedure. Completed.</td>
</tr>
<tr>
<td>Falls audit</td>
<td>33 Discussion to be held with MDT regarding the use of documentation.</td>
</tr>
<tr>
<td></td>
<td>34 Learning and development to distribute a list of staff who have attended falls assessment training.</td>
</tr>
<tr>
<td></td>
<td>35 Multi-disciplinary team discussion to address community hospitals productive series module.</td>
</tr>
<tr>
<td>Pressure ulcers audit</td>
<td>36 Development of root cause analysis training.</td>
</tr>
<tr>
<td></td>
<td>37 Review of accessibility onto mandatory training.</td>
</tr>
<tr>
<td></td>
<td>38 Development of gate keeper training.</td>
</tr>
</tbody>
</table>

We have undertaken a full programme of clinical audit over the last 12 months. The organisation is committed to enabling clinicians to undertake clinical audit and demonstrate how they are delivering high quality care in line with national recommended standards. It also provides data to enable quality improvements to be made.
We have launched a clinical audit policy and strategy which encourages wide participation of clinical teams in the development of clinical audit. This has led to the development of a clinical audit programme and training supported by our Practice Development Team.

We have a process for managing all national confidential enquiry reports and have developed action plans in response to any areas needing development. These are monitored through our governance arrangements.

2.4.3. Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Bradford and Airedale Community Health Services in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 0.

We believe that research is a key driver in the development of our services. During 2010/11, health visiting teams have continued to be involved in two National Research projects: Born in Bradford (BiB) and CLARCH (Collaborations or Leadership in Applied Health Research and Care), exploring maternal mood and the growth and development of young children.

We have worked collaboratively with NHS Bradford and Airedale to develop a strong research culture and encouraged employees to participate in local and national research. The points below demonstrate some of the research activity being undertaken in collaboration with other organisations.

- Spiritual dimensions of nurse practitioner consultations. University of Huddersfield.
- The role of the therapist in managing mental illnesses in primary care. University of Leeds, Faculty of Medicine.
- The impact of CQUINS. University of Nottingham.

In addition, there have been 16 service research evaluations, 3 of which are currently active. Bradford and Airedale Community Health Services has worked collaboratively with higher education to ensure that staff are supported to undertake higher level qualifications and research projects.

As we move into a more challenging financial climate, research and innovation will become more important in identifying new ways of working and understanding and it is essential that we are able to increase the quality and productivity of services into the future.

2.4.4. Goals agreed with commissioners: use of the CQUIN payment framework

A proportion of Bradford and Airedale Community Health Services income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Bradford and Airedale Community Health Services and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at:

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html
The 2010/2011 CQUIN scheme was an agreed package of goals and indicators, which represented 1.5%, or £965,000 of BACHS income. The key aim of this was to support a shift towards quality being an overarching principle of all health care services. Failure to provide data and demonstrate progress in achieving goals and indicators to the commissioner of services can result in a net loss of income. BACHS achieved all of the indicators and requirements set out in the 2010/11 CQUIN scheme. (See the tables below for examples of indicators and targets for examples of our achievements in relation to the 2010/2011 CQUIN framework).

We are required to identify quality indicators for each of the quality domains of safety, effectiveness and patient experience. The following tables list some such indicators and our achievement or progress towards their achievement. Any area that we feel needs improving has a quality improvement plan where teams and services put actions in place to ensure changes are made to demonstrate improvements.

2.4.4.1. Patient safety

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult community hospital inpatients who have had a venous thrombo-embolism risk assessment on admission to hospital using the national tool: the requirements of this CQUIN only apply to community hospitals.</td>
<td>Venous thromboembolism is a significant patient safety issue, post mortem studies suggest that only 1-2 in every 10 fatal pulmonary emboli is diagnosed. This process measure will set an effective foundation for appropriate prophylaxis. This gives the potential to save thousands of lives each year.</td>
<td>90%</td>
<td>96.2%</td>
</tr>
<tr>
<td>0-5 year old child Common Assessment Framework referrals initiated by BACHS practitioners</td>
<td>Improve safeguarding of vulnerable children.</td>
<td>70%</td>
<td>100%</td>
</tr>
<tr>
<td>6-11 year old child Common Assessment Framework referrals initiated by BACHS practitioners</td>
<td>Improve safeguarding of vulnerable children.</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>12-18 year old child Common Assessment Framework referrals initiated by BACHS practitioners</td>
<td>Improve safeguarding of vulnerable children.</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>0-5 year old child Common Assessment Framework referrals led by BACHS practitioners</td>
<td>Improve safeguarding of vulnerable children.</td>
<td>60%</td>
<td>90.0%</td>
</tr>
<tr>
<td>6-11 year old child Common Assessment Framework referrals led by BACHS practitioners</td>
<td>Improve safeguarding of vulnerable children.</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>12-18 year old child Common Assessment Framework referrals led by BACHS practitioners</td>
<td>Improve safeguarding of vulnerable children.</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>Indicator</td>
<td>Rationale</td>
<td>Target</td>
<td>Achievement</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>Level 3 staff eligible and received child protection supervision.</td>
<td>Effective communication is important to promoting good standards of practice and to support individual staff members.' (Working Together to Safeguard Children, DH 2006),</td>
<td>85%</td>
<td>95%</td>
</tr>
<tr>
<td>Adult inpatients admitted for 72 hours or more with a confirmed hospital acquired urinary tract infection.</td>
<td>Urinary Tract Infections are the second largest single group of healthcare associated infections in the UK and make up 20% of all hospital acquired infections. They lead to longer stays in hospital for patients.</td>
<td>No more than 6.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Central venous line infections.</td>
<td>Approximately 200,000 central venous lines are inserted in hospitals throughout the UK each year. An estimated 6.2% of these will at some point become infected, with the associated patient related costs and the possibility of severe sepsis occurring which can lead to death of the patient.</td>
<td>No more than 5.26%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Surgical site infections within 30 days of procedure.</td>
<td>Despite recent advances, post operative SSIs still occur and can cause significant mortality and morbidity. The costs incurred when a patient contracts an SSI can be considered in both social/human and financial terms as it has been estimated that patients who contract an SSI require an additional 6.5 days stay and that hospital costs are doubled.</td>
<td>No more than 0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Community hospital deaths associated with cardiac arrest.</td>
<td>In 2005, 66 deaths reported to the National Reporting and Learning Service (NRLS) were classified as a result of failure to recognise or act upon deterioration in patient’s condition.</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
### 2.4.4.2. Clinical effectiveness

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
</table>
| Community hospital patients with a complete set of vital signs observations. | In 2005, 66 deaths reported to the NRLS were classified as a result of failure to recognise or act upon deterioration in patient’s condition. There were a number of areas which were identified as failures in process including:  
  • not taking appropriate observations.  
  • non recognition of early signs of deterioration.  
  • poor communication and response to observations causing concern.                                                                 | 100%   | 100%        |
<p>| People with long term conditions on caseload of mainstream nursing services admitted to hospital. | Patients will begin to experience seamless responsive care in accordance with their wishes and agencies will have a single, common vehicle to improve communication and understanding. Reducing admissions and increasing health outcomes.                                                                                           | Less than 15.0% | 7.1%        |
| Patients on End of Life pathway dying in expressed preferred place of death and ensure the patients are on a Gold standard or equivalent. | Patients and carers will be able to expect the highest possible standards of end of life care.                                                                                                                                                                                                                                                                                                                                 | 88.7%  | 89.6%       |
| Community hospital patients aged 65 years or older admitted who underwent nutritional screening within 24 hours of admission. | Improved focus on the care of the patients. Use of a validated nutritional indicator screening tool will be encouraged to reduce rates of malnutrition and associated adverse outcomes.                                                                                                                                                                                                                                               | 90%    | 97.2%       |
| Root cause analysis of community hospital and non-ward acquired pressure ulcers grade III and above. | Improve pressure ulcer prevention and management.                                                                                                                                                                                                                                                                                                                                                                               | 100%   | 100%        |
| Patients admitted aged 65 years or older who were assessed for falls risk with appropriate intervention to prevent future falls recorded (MDT Risk Assessment) | Falls are the major cause of disability and mortality for older people in the UK and the problem is likely to increase with an ageing population.                                                                                                                                                                                                                                                                       | 90%    | 96.8%       |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with the central venous line care bundle for those patients with a central venous line.</td>
<td>A number of interventions have been shown to reduce the rate of infection associated with central venous lines, which are set out for achievement as part of this indicator.</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Compliance with World Health Organisation surgical checklist used before patients undergo a surgical procedure.</td>
<td>Despite recent advances, post operative surgical site infections still occur and can cause significant mortality and morbidity. The costs incurred when a patient contracts an SSI can be considered in both social/human and financial terms.</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

2.4.4.3. Patient experience

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of instances of mixed sex accommodation in community hospitals.</td>
<td>To improve and ensure patient dignity and privacy.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percentage of complaints resolved to patients satisfaction.</td>
<td>To manage complaints effectively and to patient's satisfaction.</td>
<td>85%</td>
<td>86%</td>
</tr>
</tbody>
</table>

2.4.5. Statements from the Care Quality Commission

Bradford and Airedale Community Health Services is required to register with the Care Quality Commission and its current registration status is compliant with Essential Standards of Quality and Safety and no conditions placed on it by the Care Quality Commission.

The Care Quality Commission has not taken enforcement action against Bradford and Airedale Community Health Services during 2010/11.

Bradford and Airedale Community Health Services has not participated in any special reviews or investigations by the CQC during the reporting period.

In 2010, two of our community hospitals had an unannounced inspection by the Care Quality Commission and it found no cause for concern regarding our compliance with the regulation on cleanliness and infection control (which is the best result).

2.4.6. Data quality

Bradford and Airedale Community Health Services will be taking the following actions to improve data quality:

- Clinical dataset and template assurance hazard review process. To agree a consistent methodology for coding and recording specific clinical data sets.
• A patch wide shared patient record solution. The aim is to produce a detailed electronic shared patient record based on patient consent which will reduce data errors, inconsistencies and improve delivery of care.

• Review and implement electronic recording of ethnicity data.

• Audit of adult community nursing electronic patient records to identify inconsistencies and invalid entries.

• Inclusion of data requirements in project plans for clinical systems implementation, i.e. making sure what the service needs in terms of data output is identified in the requirements of the project from the outset.

2.4.7. NHS number and General Medical Practice code validity

Bradford and Airedale Community Health Services did not submit records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

This year we have focused on the importance of the use of NHS numbers as the unique identifier for all our patients, this ensures the right person is seen for the right treatment. We have now ensured that over 98% of patients on our electronic clinical system (SystmOne) have an NHS number. For those few patients that do not have an NHS number staff have been given information to support patients to obtain one.

2.4.8. Information Governance Toolkit attainment levels

Bradford and Airedale Community Health Services Information Governance Assessment Report score overall score for 2010/11 was 82% and was graded green or satisfactory.

All NHS organisations are required to self assess against a variety of standards relating to information creation, storage, management, security and quality. We completed the annual declaration for 2010/11 jointly with NHSBA and achieved a satisfactory level 2 compliance rating of 82%. Achievement of a satisfactory level is very important as it ensures our continued use of an N3 network connection that provides access to our national clinical information systems and is essential for our services.

2.4.9. Clinical coding error rate

Bradford and Airedale Community Health Services was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

2.4.10. NHS Litigation Authority (NHSLA)

BACHS was assessed in March 2010, against the NHS Litigation Authority’s Risk Management Standards Level 1 requirements. This involved demonstrating that the process for managing risks had been described and documented against requirements in each of the 5 dimensions listed below:

• Clinical Care

• Governance

• Learning from Experience

• Safe Environment

• Workforce
We were successful in achieving Level 1 accreditation, which means a reduction in contributions to the NHSLA risk-pooling scheme for up to 2 years. It also reinforces and assures other agencies that monitor the NHS, such as the Health and Safety Executive and the Care Quality Commission, that the organisation is compliant with national standards.

3. Review of quality performance

3.1. Organisation strategic objectives

Bradford and Airedale Community Health Services has a number of strategic objectives, these are listed below and shape what we do and how we do it. Throughout the year we have worked hard to make sure we continue to deliver on the objectives, as stated below, and believe we have been successful in making continuous improvements in the quality of our services.

3.1.1. To listen and respond to patients, carers and local communities

We strive to deliver services that reflect quality from a patient’s perspective, ensuring personalised and responsive service delivery and developments.

3.1.2. To promote healthy lives and reduce inequalities in health

We provide innovative health care and health promoting services that improve the health and wellbeing of the whole population and reduce health inequalities.

3.1.3. To continuously improve quality

We provide services that are evidence based and of high clinical quality, that meet local and national performance and quality standards. In addition patients are to expect care provision in facilities which safeguard dignity, privacy and respect having eliminated inpatient mixed sex accommodation. Staff also use proven techniques to improve outcomes for patients.

3.1.4. To deliver integrated services

We work in partnership with our population, other NHS, local authority and voluntary sector organisations and commissioners of health care services to develop and deliver integrated services. We provide seamless services that complement and integrate with a range of other providers.

3.1.5. To deliver care where and when people need it

We provide care closer to home including patients’ homes, clinics, care homes and other types of community settings.

3.1.6. To be an employer of choice

We deliver high quality health care through a competent, confident and capable workforce. We will support all staff to reach their full potential, free from any discrimination.

3.1.7. To provide efficient, effective and economic services

We continually strive to reduce costs and improve services, ensuring that we provide services that can demonstrate value for money.
We have significant experience in managing a diverse workforce that includes general and specialist nurses, allied health professionals, health visitors, school nurses, some GPs and practitioners with special interest, dentists and Salaried Dental Service care professionals, mental health, substance misuse and public health practitioners. During 2010/11, we employed more than 2,100 clinical and non-clinical staff to provide and support the delivery of our services.

Working in partnership with a range of organisations and agencies including GPs, local NHS trusts, primary care staff, local authorities, education, voluntary and community sectors, we are committed to delivering services which are high quality, safe and that improve health. Part of our role is also to promote and provide supportive and palliative care for those near the end of their life.

We have detailed local knowledge of patients’ needs and health inequalities faced by the population of Bradford and Airedale. We have excellent relationships with other providers of services including local foundation trusts and NHS trusts, GPs, the University of Leeds Salaried Dental Service Institute, NHS Direct, local authorities and the third sector. We have a track record of working with key stakeholders to deliver seamless services and drive improvements in service provision.

We deliver a comprehensive range of locally based services to children and adults that are managed in five clinical business units supported by corporate services and by other providers through service level agreements. Our services and corporate support processes are described below.

### 3.2. Clinical Business Units

<table>
<thead>
<tr>
<th>Intermediate Care and Long Term Conditions</th>
<th>Children and Family Services</th>
<th>Allied Health Professionals and Planned Care Services</th>
<th>Specialist Services</th>
<th>Salaried Dental Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Hospitals (reviewed see 3.4.1.4)</td>
<td>Blood Services</td>
<td>Asylum Seekers and New Arrivals Health Team</td>
<td>Campaigns and Resource Team</td>
<td>Salaried Dental Services</td>
</tr>
<tr>
<td>Community Matrons/ Case Managers (reviewed see 3.4.1.3)</td>
<td>Family Nurse Partnership</td>
<td>Bevan House Practice</td>
<td>Children's Complex Nursing Team</td>
<td>Unscheduled Dental Service</td>
</tr>
<tr>
<td>Community Support Teams (reviewed see 3.4.1.5)</td>
<td>Health Visiting (reviewed see 3.4.1.6)</td>
<td>Cardiovascular Teams</td>
<td>Chlamydia Screening</td>
<td></td>
</tr>
<tr>
<td>District Nursing</td>
<td>Looked After Children</td>
<td>Carer Support Workers</td>
<td>Contraceptive and Sexual Health Services</td>
<td></td>
</tr>
<tr>
<td>Single Point of Access</td>
<td>Obesity Services</td>
<td>Continence</td>
<td>Diagnostic and Treatment Services</td>
<td></td>
</tr>
<tr>
<td>Intermediate Care and Long Term Conditions</td>
<td>Children and Family Services</td>
<td>Allied Health Professionals and Planned Care Services</td>
<td>Specialist Services</td>
<td>Salaried Dental Service</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Safeguarding Adults</td>
<td>Diabetes Team</td>
<td>Early Intervention in Psychosis (reviewed see 3.4.1.23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguarding Children (reviewed see 3.4.1.8)</td>
<td>Diabetic Retinopathy Service</td>
<td>Epilepsy Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Nursing</td>
<td>Heart Failure Nurses</td>
<td>Fountains Hall Medical Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist School Nursing</td>
<td>Hospice at Home</td>
<td>GPs with Special Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Offending Team</td>
<td>Housing for Health</td>
<td>Health of Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multiple Sclerosis Service</td>
<td>Health on the Streets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurology Rehabilitation Services</td>
<td>Health Trainers and Social Prescribers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Palliative Care Team</td>
<td>Physical Health Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parkinson's Disease and Specialist Rehabilitation</td>
<td>Primary Care Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Podiatry</td>
<td>Seniors Show the Way</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice Nurse Support Team</td>
<td>Sexual Health Promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speech and Language Therapy</td>
<td>Smoking Cessation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stroke/Transient Ischaemic Attack</td>
<td>Substance Misuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tissue Viability Service</td>
<td>Working Women's Support Service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.3. Corporate support services / processes

- Claims Handling
- Community Administration
- Corporate Board
- Emergency Planning
- Equality and Diversity
- Finance and Estates
- Human Resources
- Improving Patient Experience
- Infection Prevention and Control
- Information Governance

3.4. Improvements in quality

Throughout the year there has been a continuous improvement in the quality of services we provide. Each clinical business unit has strengthened processes and has systems in place to capture information collected about the services provided and this information has then been used to drive up standards of safety, effectiveness and patient experiences.

In addition to these clinical service improvements, there have been a number of improvements to the corporate support services/processes that we operate to ensure quality improvement; more robust clinical risk management, infection prevention and control, research and innovation and workforce development.

3.4.1. Service level quality achievements

A flavour of the service improvements implemented in response to reviews undertaken in the last year are described below.

3.4.1.1. District Nursing

Standardised electronic records have been implemented across the whole of the District Nursing Service. This links with general practice recording systems, therefore providing greater continuity of care and improving patient safety.

A system has been put in place to identify the root cause of every grade 3 or 4 pressure ulcer that is developed by patients who are cared for by a District Nurse. This work is aimed at reducing future occurrence of pressure ulcers and improving the quality of treatment and care. One of the actions taken as a result of this work is the development and delivery of mandatory training in pressure ulcer prevention and management.

A pressure ulcer prevention pilot was undertaken across six care homes within the Shipley Constituency. The pilot aimed to educate care staff in the early recognition of pressure damage,
thereby enabling a timely referral to District Nursing Services. Outcomes demonstrated a significant reduction in pressure damage. The pilot initiative won second prize in the Royal College of Nursing Innovation awards.

A new out of hours District Nursing Team has been established to ensure we continue to provide a high quality 24 hour District Nursing Service for patients across Bradford and Airedale.

3.4.1.2. Single Point of Access (SPA)

During 2010/11 the scope of the service has expanded to managing all out of hours telephone calls to District Nursing, including during weekends and Bank Holidays. Other service areas such as the Mental Health Practitioner, District Nursing Relief Team, along with the Out of Hours Team now come under the SPA umbrella.

3.4.1.3. Community Matrons/Case Managers

All Community Matrons have moved over to exclusively using the general practice electronic records, thereby improving service continuity and reducing risks associated with non medical prescribing.

Several initiatives have been adopted within the Airedale locality aimed at improving the service provided to those people with long term conditions who require the services of a Community Matron, these include:

- A ‘telehealth’ pilot which enabled the remote monitoring of the vital signs e.g. blood pressure or oxygen levels, of patients with long term conditions enabling the community matrons to adjust treatments and provide care based on accurate, timely data.

- The service was extended from Monday to Friday, to cover weekends and Bank Holidays, thereby improving access and continuity of care.

- The Community Matrons are participating in a pilot aimed at increasing the number of people within care homes who can receive treatment whilst remaining within the home thereby avoiding unnecessary attendance at hospitals or subsequent admissions. This work is being undertaken in conjunction with Yorkshire Ambulance Service, and the Airedale Collaborative Care team.

3.4.1.4. Community Hospitals

Every year all inpatient healthcare sites with more than 10 beds are required to carry out a Patient Environment Action Team (PEAT) assessment which looks at environment, food and privacy and dignity. In 2010 the five Community Hospitals which we manage received results of ‘excellent’ (the best score possible) in each of these areas.

Throughout the year the community hospitals have been implementing the Productive Community Hospitals initiative. Amongst other things, the methodology has been used to implement an Early Warning System (EWS) on all the units, to improve the effectiveness of multidisciplinary team meetings and improve medicines management.

3.4.1.5. Community Support Teams

Community support teams and acute medicine have worked collaboratively, with shared commitment and ownership, to launch a pilot delivering both home and outpatient intravenous antibiotic therapy to a pre-determined cohort of patients. The aim of the pilot being to find a more
efficient way of delivering improved services to patients by offering a greater choice whilst 
supporting individuals to maintain their health.

3.4.1.6. Health Visiting

The service runs a One Stop Clinic which provides a comprehensive antenatal service for 
substance and alcohol misusing pregnant women. The team consists of Health Visitor, Social 
Care, Midwifery, Specialist Clinical Drugs Worker, Substance Misuse Services, GP drug 
prescriber, senior medical and obstetric and alcohol support. The clinic is classed as a “Gold 
Standard” service and was a 2010 Inspirational Award winner due to the fact that rather than 
looking at pregnant women with a substance misuse problem and treating this in isolation it creates 
a service that addresses the client as a whole taking into consideration all aspects of their life 
especially focussing on improving health and social outcomes for these clients and their children.
The service not only supports the mothers throughout their pregnancy but the Health Visitor liaises 
differing services ensuring the support which is needed for the families after the baby is born is identified and in place.

3.4.1.7. School Nursing

The School Nursing Family Support Clinics initiative won an award for Excellence in Maternity and 
Children’s Services in the organisations 2010 Inspirations Awards. The aim of the service is to 
assess children who have emotional, behavioural or mental health problems that are affecting their 
emotional well being. Waiting times are minimal which means children/young people are seen 
quickly and interventions are planned with the child/young person and their family using a solution 
foocussed approach. Liaison and interagency working is undertaken as the needs are identified.

Comments from the judges of the Inspiration Awards 2010:

“This was a great example of a genuine innovation which started small and has evolved over time 
into a district wide service. It addresses a real, but often overlooked need. It is accessible, with 
short waiting times and demonstrates a clear shift from secondary to primary care. The service is 
very proactive in terms of auditing outcomes and patient experience and is an excellent example of 
helping clients to help themselves. The passions of the team really came across and the panel 
were greatly impressed by their collaborations with voluntary organisations”.

3.4.1.8. Safeguarding Services

A recent safeguarding vulnerable children and adults audit highlighted robust systems and 
processes of monitoring training compliance above 93% across all service areas.

In addition above 95% of staff received safeguarding supervision within Health Visiting and School 
Nursing providing assurances that all staff are highly skilled and supported within this area.

3.4.1.9. Youth Offending Team

The Youth Offending Team received a positive Ofsted inspection result particularly highlighting the 
important, excellent work around addressing physical health in helping a child or young person to 
develop and to avoid reoffending.

3.4.1.10. Speech and Language Therapy (SLT)

The service has introduced a newly developed competency framework for Speech and Language 
Therapy clinical support workers in paediatrics which gives assurance that staff are able to provide 
care to an agreed and consistent standard.
In conjunction with Education Bradford, the service has undertaken workshops with local community groups to improve access to the service and to provide information to participants. The service is piloting newly developed Improving Patient Experience questionnaires to capture service users' experiences of speech and language therapy following initial and review appointments and blocks of therapy.

3.4.1.11. Podiatry

The Podiatry Service has continued to improve on a robust clinical governance framework with a discreet clinical governance team. The team are also responsible for maintaining a rolling programme of clinical supervision and professional development training complying with the Health Professions Council (HPC) Standards of Practice, to ensure consistent standards of care across a large department.

New developments in 2010/2011 included:

- Production of both staff and patient newsletters to inform of service performance and improvement.
- Making the Podiatry and Procedure Document and the Podiatry A-Z clinical guidelines easier to access by all staff.
- Focus on managing waiting times for new patients resulting in near 100% compliance to a 13 week standard by the end of the financial year.
- Development of a Volunteer Nail Cutting Service to further manage waiting times in a collaborative project with the local branch of Age Concern.

Plans for 2011/2012:

- Development of a system of complaints analysis to feed trends and lessons learnt into service improvement.
- Adaptation of computer system (SystmOne) to monitor national Allied Health Professional 18 week wait requirements.
- Adoption of a Productive Community Service model for service improvement.

3.4.1.12. Bevan House Practice

The service was originally set up to provide medical and nursing care to hard to reach groups, i.e. homeless and asylum seeker clients. It was also set up to provide treatment to patients for a short term period with a view to the patients then joining other GP lists. Very quickly it was recognised that the sensitive and effective way in which the service deals with patients results in them preferring to remain registered rather than join another GP list. Now the service has a practice list of approx 1900. The service has also been successful in its bid to become a Social Enterprise; it is expected to go live from 1st June 2011.

3.4.1.13. Pulmonary Rehabilitation Service

The service has successfully delivered patient centred multidisciplinary rehabilitation programmes of exercise and education across the district, supporting people with chronic obstructive pulmonary disease (COPD) to enable them to recognise and understand their illness and optimise their physical and social performance. The team is currently developing opportunities to facilitate a
maintenance programme for patients who have completed the rehabilitation programme to avoid hospital admissions whenever possible.

3.4.1.14. Practice Nurse Support Team

Services include both general Practice nursing in some GP practices and more specific services such as long term conditions clinics, cytology clinics, travel clinics and childhood immunisations. The Team is also available to provide nursing services in the event of pandemics or other emergency situations.

The team has:

- Provided HPV (cervical cancer vaccination) to 6500 girls in the district.
- Worked particularly closely with practices in socially deprived areas of Bradford and Airedale to improve outcomes for patients with conditions such as diabetes and chronic obstructive pulmonary disease (COPD).
- Improved cytology uptake amongst minority groups.
- Established a “Staff Bank Service”, providing cover for Practice Nurses and Health Care Assistants who work for GP practices.
- Received positive feedback through patient satisfaction questionnaires, with 40% of respondents rating the service as excellent.

3.4.1.15. Palliative Care

The Palliative Care Service provides specialist advice on symptom control including emotional and psychological support to terminally ill patients. The Team has rolled out the new DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) policy across the Bradford and Airedale district and this has included providing a comprehensive training plan for GPs, District Nurses and Community Matrons.

New McKinley syringe pumps are being introduced across the Bradford and Airedale district by the Palliative Care Team. All nursing teams have been trained in the use of these new syringe drivers and to ensure a safe introduction the Palliative Care Team are working closely alongside the other nursing teams.

A Fast Track Service has been developed to maintain patients who wish to die at home in the last weeks of life. The Team has worked in partnership with other health care providers to give a quality service that meets the needs of patients who are at the end stage of life.

A patient/carers user involvement project has also been developed by the Team to gather views on the service that is provided.

3.4.1.16. Adult Continence

During 2010/11, a locally agreed pathway for women presenting with urinary incontinence in primary care has been developed. This ensures that women are assessed and managed according to National Institute for Health and Clinical Excellence (NICE) guidance. In addition, new guidelines for the assessment and management of urinary catheters have been developed and four of the specialist nurses in the Team are now non-medical prescribers.
The Team has also worked closely with care homes in the district to raise standards of assessment and to ensure incontinence products are used appropriately.

E-learning modules on the assessment and management of urinary incontinence and urinary catheterisation have been developed and made available to all health and social care staff in Bradford and Airedale.

The Continence Service has continued to deliver an ongoing programme of free study days and an annual conference for all health and social care staff, including the independent sector.

The Service has received positive evaluation from patients and GPs through satisfaction surveys and the Bladder and Bowel Support Group continues to meet and provide valuable feedback from the service user perspective.

3.4.1.17. Contraception and Sexual Health Services (CASH), Chlamydia Screening and Sexual Relations and Education

CASH Services have now finalised a single model of working across the district and improved governance by establishing a clinical lead role within the service.

Chlamydia Services successfully moved to new accommodation in the centre of the district allowing more even working across the area. Initiatives regarding provision of Sexual Health Services in colleges have continued to develop alongside the further development of the ‘You’re Welcome’ criteria for services wishing to improve access to young people.

3.4.1.18. Health on the Streets

Health on the Streets successfully achieved “You’re Welcome” status by meeting all the criteria for their young persons drop in. It was highly recommended in the 2010 Inspiration Awards for Excellence in Maternity and Children’s Services receiving funding from Extended Services to deliver family support in local primary schools.

Health on the Streets hosted focus groups on behalf of the Care Quality Commission (Stroke and Healthy Weight Review) and worked with MIND to deliver three programmes locally, around self help/mental well-being.

3.4.1.19. Primary Care Mental Health

During 2010/11, the Service successfully introduced the electronic patient record across all sites. The ‘stress pack’ training for clients has been rolled out across three areas and the service is about to initiate this in the fourth locality. In addition a successful ‘opt in’ system, giving clients a choice of engaging, has been achieved. There are now no longer any waiting times from referral to assessment across the district in this service area.

3.4.1.20. Substance Misuse

Substance Misuse Services now provide a Safe Haven Clinic for those clients that require such a service. A new clinic is run within the Working Women’s Service for working women and this has enabled women to access wrap around services and support with very successful outcomes.

Funding has been secured for another substance misuse worker which has eased the pressure on high caseloads. As part of a personalisation pilot it has enabled one worker to focus on more in depth work with these clients and tap into resources to enable them to enter into a more constructive lifestyle through college, work and family therapy.
3.4.1.21. Working Women’s Service

The Working Women’s Service has successfully moved into new and improved accommodation in Bradford. This new accommodation now provides group rooms, showers, lounges, computer access and also houses the Physical Health Team from Substance Misuse Services.

3.4.1.22. Health Trainers/Social Prescribing/Seniors Show the Way

A new pilot service was achieved across the locality of south and west. Two new projects were also introduced within the services; one improving access to services for those suffering from diabetes with three newly trained workers within GP practices and another service offering support to new offenders. Seniors Show the Way has been exceptionally successful at achieving its targets.

3.4.1.23. Early Intervention in Psychosis (EIP)

Progress regarding service design in the hub has reduced treatment delay through direct referrals from GPs. A streamlined assessment process has been developed and allowed progress in publicising this new pathway to referrers from other key agencies.

Early Intervention Services has sustained activity and exceeded performance targets during the year and further progress has been made with the EIP outcomes framework.

A review of the service in relation to the latest NICE guidelines and Care Quality Commission standards has been undertaken which has confirmed adherence and has resulted in a training strategy being implemented to enable activity of Behavioural Family Therapy (new requirement) across the service.

3.4.1.24. Health of Men (HoM)

Health MOTs have been delivered throughout the year and have been improved seeing the addition of a number of new discussion points in the MOT. There has also been the continuation of the ‘Nomadic Nursing Service’.

In partnership with the Bridge Project and Project 6 (Bradford and Keighley based drug services), Health of Men has started a Performance and Image Enhancing Drugs – Anabolic Steroids (PIEDS) Clinic in response to the increase in steroid use seen over the last 5 years.

3.4.1.25. Salaried Dental Service

A community based fluoride varnish programme was successfully rolled out in children centres and primary schools. Research indicates that twice yearly application of fluoride varnish to children’s teeth can reduce Salaried Dental Service disease by 33-45%. We have recruited over 7000 children to the programme.

The Service has changed its care pathway for children and adults referred for care with general anaesthesia so that they may be seen quicker and if possible to provide care without the need for a general anaesthetic. For those that do need a general anaesthetic, waiting times have reduced across all our lists but in particular for children requiring comprehensive Salaried Dental Service care where it has reduced by over 6 weeks. Where possible the Service tries to provide care without the need to go to sleep by offering other options. Last year 65% of all referrals for our general anaesthesia had a general anaesthetic, this year it has reduced to 40%.
3.4.2. Corporate level quality achievements

3.4.2.1. Practice Development Unit (PDU)

We have a long history of professional and practice development, the Practice Development Unit was established in April 2009 and provides professional leadership, educational support and clinical advice to our staff. In October 2010, the Unit was accredited with Practice Development Unit Stage 1 and 2 by the University of Leeds’ Centre for Healthcare Policy and Practice Development (CHPPD) accreditation panel.

We have worked hard to improve services in recent years, and the community has earned a reputation for delivering innovative new services through strong engagement of local clinicians in driving change.

3.4.2.2. Productive Community Services (PCS)

We have made a commitment to implement the Productive Community Services (PCS) initiative across all service areas. This is an organisation-wide change programme which helps systematic engagement of all front line teams in improving quality and productivity. An implementation plan has been developed with the aim of all services commencing the programme by April 2012.

A district nursing team has been selected to showcase PCS in our organisation. They are working through the programme with very positive results.

3.4.2.3. Incident Analysis

We encourage our staff to report incidents that have the potential to cause or actually do cause harm to patients and staff. We routinely review these providing this analysis to the clinical business units and to our corporate committees to ensure proper management, preventive action and learning from these. In addition, anonymised details of incidents involving patients are reported to the National Patient Safety Agency so that they can be incorporated into the national analysis of such.

Examples of some of the lessons learned from incidents reported involving patients include the following.

- **Pressure ulcers.** Root cause analysis (RCA) is performed on every grade 3 and 4 pressure ulcer which occurred whilst patients were in our care. These are then discussed at a weekly meeting with a member of the tissue viability team, clinical service manager, adult services manager and district nursing team representative in attendance. An action plan is drawn up for the team to address the issues raised with the support of the clinical services managers and others as required. In addition to this, there is now a mandatory training session on pressure ulcer prevention and care whose contents have been influenced by the outcomes of the RCA meetings.

- **Immunisation incidents.** Analysis of immunisation incidents has influenced the training that is provided to our staff by the Immunisation Lead.

- **Falls Incidents (community hospitals).** New fields have been added to the incident reporting system for falls data collection purposes. These fields act as a prompt for staff to consider all aspects of a fall situation and inform root cause analysis and improvements in practice. This has been particularly successful in prompting staff to consider environmental factors when patients have fallen. Recent recommendations have been to have fixed toilet frames instead of freestanding ones as patients can tip the freestanding ones over and then fall.
• **Information governance incidents.** Guidance has been produced concerning the correct addressing of envelopes and secure, encrypted emailing of sensitive information outside the organisation.

### 3.4.2.4. Infection Prevention and Control

The Department of Health suggests that Infection Prevention is everyone’s business; this we believe is a key factor in the prevention of infections in the community. Over the last year we have seen engagement from all staff groups which has seen positive outcomes. Examples of these include:

- Two of our community hospitals had an unannounced inspection by the Care Quality Commission in May 2010 and they found no cause for concern regarding our compliance with the regulation on cleanliness and infection control (which is the best result).

- We have also seen a decrease in closure of wards to infections (such as those causing diarrhoea and vomiting) this year, seeing 2 this year compared with 11 in 2009-2010. These numbers highlight the improvement in, training communication and recognition of infections by all staff groups.

- We were set a target of no more than 27 cases of Clostridium difficile patient infections in our community hospitals in 2010/11 and there were just 9.

### 3.4.2.5. Improving Patient Experience (IPE)

As part of our Improving Patient Experience Strategy, we have implemented a new process to proactively gather patient feedback on a quarterly basis, developing action plans to respond to the feedback and then report back to patients on how services have been developed in light of their feedback.

Highlights from 2010/11 include:

- A new set of questionnaires was developed for the School Nursing Service to cover immunisation sessions and health promotion.

- A Case Manager questionnaire was sent out to audit patient satisfaction. The service was rated as good or excellent by 100% of those who returned questionnaires.

- The Podiatry Service phone systems were changed to provide a more effective response to patients and information leaflets were updated with new details about self care and specific conditions.

- Feedback from a ‘mystery shopper’ resulted in improvements to signage, car parking and customer care training.

### 3.4.2.6. Workforce

The NHS Staff Survey 2010 results for our organisation showed an improvement in a number of key areas.

- We were in the top 20% of primary care trusts (PCTs) in England for staff engagement, an improvement on our performance of last year.
• The Staff Survey also demonstrated that staff feel able to contribute to improvements at work, feeling motivated and engaged in what they do.

Other workforce achievements include:

• Sickness levels reducing over the course of the year to 4.01%.
• Staff appraisals were over 80%.

3.4.2.7. Patient story sharing with the Board

We have introduced a process for providing the Bradford and Airedale Community Health Services Board with an actual anonymised patient story at the beginning of each of its meetings. This helps the Board to be informed about real events and how we use these to improve the quality and safety of our services.

3.3. Moving forward

We are delighted to publish our Quality Account 2010/11 as this allows us to share our achievements, whilst recognising we need to continue to improve what we do and how we do it to ensure the best quality of care for patients and carers who access our services.

Over the next 12 months we will continue to review our services and priorities for quality improvement.

3.3.2. Statements from the PCT, Overview and Scrutiny Committee (OSC) and Local Involvement Network (LINk)

3.3.2.4. NHS Bradford and Airedale commissioner’s statement on Bradford and Airedale Community Health Services Quality Account 2010/11:

Bradford and Airedale

NHS Bradford and Airedale has commissioned Bradford and Airedale Community Health Services (BACHS) during 2010 – 2011 and has received their Quality Accounts. Feedback from commissioning, contracting and quality managers has been incorporated whilst undertaking the review and development of this statement.

The report is clearly presented, demonstrating priorities for improvement and review of quality performance. NHS Bradford and Airedale acknowledge the improvements, in particular those within the service level quality achievements.

NHS Bradford and Airedale support the future priority areas identified for 2011 – 2012 by all organisations to whom community services transferred in April 2011.

It is noted that a number of quality priorities are linked to indicators within the CQUIN scheme and therefore are agreed areas for improvement. The commissioner believes that the quality account could have been more specific about how users and carers will be involved in identifying improvements and how the improvements will transform patients’ experience.
Of the Bradford Teaching Hospital NHS Foundation Trust priorities, community hospitals and community support team priority 2 is not clear, we must assume that it is the patient experience that is to be improved, as the standards are used to guide and mentor a provider’s performance in relation to patient experience.

The (former) BACHS has demonstrated involvement with the National Audit Programme and undertakes a substantial amount of audit internally. This demonstrates a commitment to critical review and planned change in service provision which is acknowledged as best practice.

Commitment to research is also demonstrated and the (former) BACHS have been actively involved in a number of research programmes.

The (former) BACHS shows excellent achievement against the identified quality indicators and the achievement of 98% of patients having an NHS number is very pleasing. They also have a satisfactory rating for information governance.

Statements of assurance are adhered to, demonstrating the achievement of the performance of essential standards.

The review of quality performance objectives comprises a series of statements but is not clearly linked to the evidence which is presented in the service level quality achievements section. There are a number of good examples including the Community Support Team’s pilot of both home and outpatient intravenous antibiotics which provide good evidence for delivering care where and when people need it.

It is felt that examples of the following could have provided more robust assurances:

• How the organisation gains insight into the patient perspective would be useful evidence for listening and responding to patients, carers and local communities.
• Actual reductions in health inequalities
• The staff survey may have supported being an employer of choice

It would also have been useful to include evidence of how the service level quality achievements have improved patient and service user experience.

With regards to safeguarding, there are lots of positive initiatives and examples that contribute including falls, pressure ulcers, dementia care and patient safety. However, there is no specific local audit or patient safety indicator for safeguarding adults noted within the report and there is no mention of how training has improved practice, or evidence of its affect on referring into safeguarding/adult protection procedures.

NHS Bradford and Airedale commend the work of (former) BACHS and acknowledge the steps taken towards improving the quality of services as well as the commitment of Airedale NHS Foundation Trust, Bradford District Care Trust and Bradford Teaching Hospitals NHS Foundation Trust to make further quality improvements in community services going forward.

Matt Neligan
Interim Chief Executive
3.3.2.5. Local Authority Overview & Scrutiny Committee statement on Bradford and Airedale Community Health Services Quality Account 2010/11:

No statement provided

3.3.2.6. Bradford LINk statement on Bradford and Airedale Community Health Services Quality Account 2010/11:

Bradford and Airedale Community Health Service Quality Accounts 2010 – 2011

Statement by Bradford District LINk Care Quality Working Group (CQWG)

Bradford LINk CQWG welcomes this opportunity to submit a statement on the Bradford and Airedale Community Health Service (BACHS) Quality Accounts (QAs). We wish to thank the staff (both past and present) of BACHS for their considerable help with a number of queries we had about this QA. We look forward to discussing the future management of quality of these services with Bradford District Care Trust, Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust.

BACHS’ contribution to health and social care provision in the District is clearly explained and their approach to managing the quality of care is well set out in this QA. These accounts give comprehensive coverage of the Trust’s services and we can see no significant omissions of concern. The detail listing of the many individual services that BACHS has run was very welcome.

We were impressed by many of BACHS service innovations for example the use of trained volunteers in nail cutting, the pressure ulcer prevention programme in care homes, the telehealth pilot (though we understand that other providers are working on this and hope that there is clear co-ordination and sharing of learning), the One Stop Clinic for substance and alcohol misusing pregnant women and the move towards the use of fixed toilet frames in community hospitals.

We are also impressed with ongoing quality achievements in many of the services provided by BACHS for example the pulmonary rehabilitation service, the cervical cancer vaccination to girls in the District and health service to women prostitutes (though we would like to see similar care for male prostitutes).

We were glad to see the headline results of the PEAT assessment but would have welcomed more detail and believe it is important to encourage more members of the public to get involved and to be critically constructive. We understand that format of the Quality Account is set nationally by the Department of Health and it is intended to provide an overview of the quality of services provided but this should not constrain service providers from publishing additional detail.

Similarly, we would like to see more details of the results of the Improving Patient Experience questionnaires (3.4.2.5) and the NHS Staff Survey 2010 results (3.4.2.6). We believe that patients and staff should be encouraged to answer these questionnaires assertively and to be critical. All too often patients in particular are eager to praise their carers, nurses and doctors and that their feedback is therefore not as constructive as it could be.
We felt that there were limitations in some the targets adopted. For example some simply measured the extent to which procedures were followed fully and therefore did not, in themselves, necessarily assist quality development e.g. referral to common assessment framework for children and young people. We understand that these were targets set by commissioners and that full implementation of these procedures are known to support the delivery of clinically effective practice that promotes positive outcomes for patients and carers, but we thought it would have been beneficial to also incorporate some measure of the consolidation of learning points from day to day practice in addition to measuring the extent to which staff correctly followed established good practice.

We are concerned about hospital-acquired infections and glad to see that BACHS prioritises the reduction of these. We expect that many of the cases dealt with by BACHS were acquired in establishments managed by other Trusts and that therefore to some extent BACHS is here dealing with failures to manage quality better by others. We have been particularly concerned about the quality of catheters used and the training in catheter insertion and are pleased to learn that a review of best practice in urinary tract infection was carried out in community hospitals in late 2010 resulting in the development of an action plan to raise practice standards further in these areas. We look forward to discussing this further with all providers.

The LINk Team express deep concern that, within the timescale proscribed by the Department of Health [DH], they had not been able to give more detailed consideration to BACHS’ Quality Accounts. They urge DH to reassess the timescale, with a view to permitting the level of consideration which Quality Accounts clearly justify and to recognise, and reduce, the ‘bunching’ that occurs where a number of Provider organisations request LINk consultations in the same short time window and from a small pool of skilled and available LINk volunteers.

**3.3.3. How to provide feedback on this Quality Account**

If you would like to comment on anything within this Quality Account, please write to us at:

Communications Team; NHS Bradford and Airedale; Douglas Mill; Bowling Old Lane; Bradford; BD5 7JR

Alternatively, you may prefer to e-mail us at:

pctfeedback@bradford.nhs.uk