

Quality Account 2024/25

Bradford District Care NHS Foundation Trust



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Who we are

Bradford District Care NHS Foundation Trust (BDCFT; 'the Trust') offers a wide range of services covering mental health, learning disabilities, physical health (including specialist dental services) and children's public health, from before birth to the end of people's lives. We provide 51 different services across over 60 sites, including two mental health hospitals, for people of all ages across Bradford, Airedale, Wharfedale and Craven.

Supporting people in our communities throughout their lives is a real privilege and means that we have many opportunities to help make a difference to their health and wellbeing. This means helping people to keep healthy for as long as they can be, as well as treating people when they become unwell.

As well as thinking creatively about how we support people and how we make our services accessible to everyone in our communities who need them, we continue to work with our partners across health and social care settings, to consider all the factors that impact on a person's health and wellbeing and create joined-up, holistic service offers that put the person at the centre of decision making. We continue to build on our strong relationships with partners to look outwards across Bradford District and Craven, West Yorkshire, and beyond.

Bradford District and Craven stretches from Bradford city centre, past Keighley in the Aire Valley, through the large market towns of Ilkley and Skipton, to Ingletton in the Craven basin. Our community has a population of over 659,000 people in a mixed urban and rural area, covering 595 square miles.

The population we serve is one of the most multicultural in Britain with over 100 languages spoken. Some areas of Bradford are amongst the most deprived in the country, reflected in higher-than-average demand for health services and reduced life expectancy.

We employ over 3,000 people who, directly and indirectly, provide healthcare and specialist services to local people, including registered nurses (health visitors, school nurses, district nurses, specialist nurses), non-clinical roles (digital, estates and facilities, finance, HR, administration, governance), health support workers, psychological therapy roles, allied health professionals (AHPs), social workers, dental and medical roles, AHP clinical support roles and pharmacy roles. Our people are the core of what we do and without them we would be unable to deliver services.

Services we provide

During 2024/25 Bradford District Care NHS Foundation Trust provided 51 NHS services in the following areas:

| | |
|--|---|
| Adult low secure mental health service | Adult mental health A&E liaison |
| Adult Mental Health Acute Inpatient services | Assertive Outreach service |
| Bradford and Airedale Neurodevelopmental service | Breastfeeding support service |
| Child and Adolescent Mental Health service | Children and young people's community eating disorders service (Freedom team) |
| Community Dental service and oral health improvement | Community mental health teams - working age adults |
| Community nursing | Community nursing children with special needs in special schools |
| Continence service | Criminal Justice Liaison service |
| Early intervention in psychosis | Falls prevention exercise service |
| First Response service | Homeless and new arrivals health team |
| Housing for health | Individual placement and support employment service |
| Intensive home treatment | Learning disabilities - Assessment and Treatment Unit |
| Learning disabilities - Health Facilitation and Community Matron service | Learning disabilities - intensive support team |
| Learning disabilities - specialist therapies clinical liaison team | Liaison and Diversion Service (Wakefield) |
| Little Minds Matter – Bradford infant mental health service | Looked-after children's health team |

| | |
|--|--|
| Maternal Early Childhood Sustained Health Visiting | Mental Health Support Teams in schools and colleges |
| Older people's mental health - Acute Inpatient services | Older people's mental health, including community mental health team services, acute and care home liaison services, Memory Assessment and Treatment service |
| Palliative Care – Palliative Care Team; Palliative Care Support Teams & Fast Track; End of life Facilitator; End of Life Care Education Facilitation Service | Podiatry – core and specialist |
| Primary Care Wellbeing service | Proactive Care Team, including Admiral Nurse Service |
| Psychiatric intensive care unit | Psychiatric Rehabilitation services |
| Psychological Therapies - Specialist service | Public Health Nursing Children's service (Bradford) |
| Public Health – Health Promotion and Resources service | Public Health School Aged Immunisation Service, including Influenza (Bradford) |
| Public Health School Aged Immunisation Service, including Influenza (Wakefield) | Ready to Relate training |
| Specialist Mother and Baby Mental Health Service | Speech and language therapy |
| Speech and Language Therapy for Pupils within Resourced Provisions and for Deaf Children | Talking Therapies (Previously IAPT) |
| Tissue viability | Youth offending team: health team |
| Youth offending team: health team | Well Together service |

Our Trust in Numbers

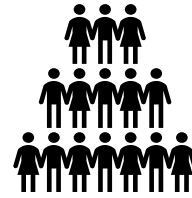


595,000
(approx.)

People we provide
services to



51
services provided



3438
Substantive staff



291
Members of our
workforce race
equality network



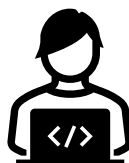
GOOD
Overall CQC rating



323
Other professional
including scientific
and technical staff,
including
psychologists



1038
Registered
nursing and
midwifery staff



968
Admin, estates
and non-clinical
staff



69
Sites we
operate from



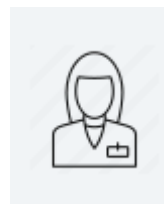
£233.3m

Annual turnover for
2024/25



96

Medical staff
including
consultants,



739

Clinical staff,
including health care
support workers



1863

Bank staff



220

Volunteers



160

Members of our
disability and
wellbeing network
(DaWN)



68

Members of our
Rainbow Alliance



288

Allied health
professionals
including occupational
therapists and
dietitians



87.2%

Staff that feel their role makes a difference to service



220

People that have taken part in our service user network activities



5758

BDCFT X (Twitter) followers



4,900

BDCFT page fans on Facebook



20416

Visitors to our website each year

Creating better lives, together: From Ambition to Action – 2023-26

Our Trust strategy for 2023-2026 builds on our commitment to quality, guided by our Care Trust Way approach. The Care Trust Way" is Bradford District Care NHS Foundation Trust's (BDCFT) approach to continuous improvement, empowering staff to identify and implement service improvements. It is a staff-led model designed to involve everyone in enhancing the quality of care. It reflects the changes in the health and social care landscape and how we have developed over the last few years and sets out our ambitions and how they will be delivered.

The increasing demand and workforce challenges that we are experiencing are unprecedented. The current financial pressures, along with national challenges in attracting and retaining staff, mean that maintaining quality and access to services, whilst delivering care to an ageing and growing population, is a real and increasing challenge. Health inequalities are growing, worsened by the impacts of climate change. Despite these challenges we continue to strive to improve the quality of our services and the experiences of those that use our services.

We have played a proactive role in developing the integrated care agenda in the Bradford District and Craven Health and Care Partnership and in the West Yorkshire Health and Care Partnership (also called the Integrated Care System). The challenges and changes that we are experiencing as a health and care partnership mean that we must continue to work together to plan and shape services and use resources in the most effective way possible, so the care we offer to the communities we serve is the best it can be.

Our strategy for 2023-2026, balances the scale of our ambition with the scale of the challenge, with hopeful realism being a common thread throughout. We are working to ensure that we have sustainable services: financial, environmental and social, all built on a strong foundation. Looking to the future we strive to ensure we continue to integrate, improve and innovate, adapting our service offer to the changing health needs of our communities.

We also have a role within our neighborhoods, community and wider place. Our Trust is a partner organisation within both the Bradford District and Craven and the West Yorkshire Health and Care Partnerships, a provider and enabler of health care, an employer; and a community of learning where our workforce is enabled to grow and develop in line with their ambitions and aspirations.

Supported by the values that we have embedded over the past few years, we will work

collaboratively with our health and care partners and the wider community to provide safe and effective services, ensuring that we proactively support those most in need. We will work with our people to ensure that our Trust is the best place to work. Our 2023-2026 strategy describes our priorities, how we will deliver them and the impacts we expect to see.

Click to see the full strategy [From Ambition to Action](#)



Best place to work

We will continue to strive to be a smarter working organisation where we work together so that everyone is proud to work here, feels that they belong and are valued.

Deliver best quality services

We will consistently deliver good quality, safe and effective services, making every contact count and meeting the needs of our communities, with a focus on reducing health inequalities.

Making best use of resources

We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do.

Be the best partner

We will be at the forefront of the integration, improvement and innovation, working with partners to deliver services that enable our population to live happier, healthy lives.

SECTION ONE:

Declarations

1.1 What is a Quality Account?

All NHS Trusts are required to produce and publish a Quality Account once per year, in accordance with national guidance. The Quality Account is a document that tells people who we are as an organisation, it looks back over the year to show how we have improved the quality of our services and looks forward describing what our plans are for the coming year.

This Quality Account is for people that use our services, carers, and members of the public. We also share it with our stakeholders for comment, following which it is made available to the public.

The main elements of a Quality Account are:

- How we performed last year (2024/25): our prioritised activity and quality improvement work
- Information we are required to provide by law: this is reported in a strictly specified way so that we can be compared to other NHS Trusts.
- Our plans for next year (2025/26), why we have chosen these priorities, and how we will go about it.

We also include examples of some of the celebrated areas work of that our services have undertaken to improve the quality of care for patients.

1.2 Statement on quality from the Chief Executive

On behalf of the Board of Directors I am delighted to introduce our annual Quality Report for 2024/25. This report reflects our ambitions as a Trust, details our achievements in improving service quality and describes how we intend to make further improvements in the years ahead.

We are now working to deliver our refreshed Trust strategy, Creating better lives, together: from ambition to action. This reinforces our commitment to quality improvement which is guided by our Care Trust Way approach and sets out how our ambitions will be delivered.



Therese Patten, Chief Executive

As with other health and care providers, the increasing demand and workforce challenges that we are experiencing, are unprecedented. The current financial pressures, along with national challenges, mean that maintaining quality and access to services, whilst delivering care to an ageing and growing population, is a real and increasing challenge. This is set against a background of widening health inequalities, which strengthens our resolve to continue to improve the experience of people using our services.

We are very proud that despite the challenges, our staff have continued to work together to deliver services that are innovative and adapt to the needs of the communities they serve. We want to continue to foster a culture where people are proud of the work they do and would be confident that, if they or their loved ones needed it, they would get the best possible care from our services.

The achievements and progress you will read about in this report are clear evidence that we are making a difference by delivering services to our communities, that have a real impact on their health and wellbeing. This is testament to the resilience of our workforce and their continued desire to improve the experience for people who come into contact with our services. I am regularly inspired by stories I hear and the passion of our people and would like to thank everyone for their hard work and dedication.

Our Trust is privileged to deliver services that touch people's lives from before they are born, to the end of their lives. This means we have multiple opportunities to support people to gain the skills and knowledge, and where needed, access interventions and treatment, to enable them to live lives that are as healthy and happy as possible. We will

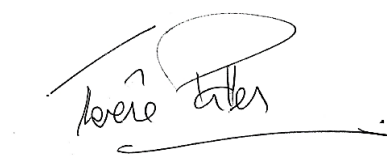
continue to work with our partners across health and social care, and more widely, to strive to deliver services that are of good quality provided by the skilled and committed people.

The coming year will continue to bring with it challenges, but I remain confident in the ability of our people to work together to deliver the best possible services for our communities.

Chief Executive's 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 horizontal line underneath.

Therese Patten, Chief Executive
Date: 14 May 2025

1.3 Statement of Directors Responsibilities

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 England (previously 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 2022/23 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 2024 to March 2025
 - papers relating to quality reported to the board over the period April 2024 to March 2025
 - feedback from commissioners dated 23 May 2025
 - feedback from local Healthwatch organisations dated 27 May 2025
 - the latest national patient survey
 - the latest national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment
 - CQC inspection report dated September 2021
- 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 England's (previously 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:

A handwritten signature in black ink, appearing to read 'Therese Patten', with a stylized flourish at the end.

Therese Patten, Chief Executive

Date: 5 June 2025

Signed:

A handwritten signature in black ink, appearing to read 'Linda Patterson', with a stylized flourish at the end.

Dr Linda Patterson OBE FRCP, Chair

Date: 5 June 2025

SECTION TWO:

Priorities for improvement,
improvement capability and
statements relating to the
quality of NHS services
provided

2.1 Priorities for quality improvement

2.1.1 Delivering our Quality Improvement Priorities for 2024/25

In our 2023/24 Quality Account, we set out our 2024/25 priorities for quality improvement, as required for this document.

These priorities linked to the Trust's strategic framework's ambition to 'Deliver the Best Quality Services'. Within this ambition, three themes described how we would achieve this. The actions span over three years, and we expect to see incremental change over this period.

The priorities, against each theme, and the progress we have made to deliver them are summarised in the tables below.

Theme 1 – Access and Flow

| We said |
|---|
| Implement 'right care, right place, right time' service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience. |
| Our progress |
| <p>During 2024/25 we worked across a range of services to identify opportunities to use continuous improvement methods to support improvements in access to our services, waiting times, experiences and outcomes.</p> <p>The below describes some of our achievements:</p> <ul style="list-style-type: none">• In our Children and Young Peoples Mental Health Services the waiting times from referral to start of meaningful intervention across core services has reduced from 21 weeks to 12 weeks• Community Dental Waiting List initiatives - In response to long waiting lists for adults and children awaiting dental care under a general anaesthetic, Bradford District Care Trust worked in partnership with Bradford Teaching Hospitals and Locala Community Partnerships to deliver a waiting list initiative between January and March 2025. This has supported approximately 80 adults and children, many with complex health needs to receive dental treatment that was not possible through general dental practice. |

Without treatment, these patients would suffer with symptoms associated with their dental disease . This can also severely impact on individual behaviour which often leads to stress and additional challenges for carers and relatives.

- The waiting list initiative has been very successful, facilitating improved access to treatment, and in large part owes its success to the joint working between the partners involved in delivering the scheme.
- We have introduced the use of AI within NHS Talking Therapies which has significantly improved performance and outcomes for our service users. There has been increased access, improved recovery and improved waiting times

| KPI | Oct 22 - Sep 23 | Oct 23 - Sep 24 |
|---------------|-----------------|-----------------|
| Recovery | 53% | 54% |
| Referrals | 13118 | 16524 |
| 6 week Waits | 78% | 95% |
| 18 week Waits | 99% | 100% |

- We have introduced digital consent forms in our Children's Services to support accessibility to vaccination and immunisation programmes to increase vaccine uptake in low uptake areas.
- We have started the roll out of the Patient Engagement Platform 'Patient Knows Best' across Podiatry and Dental Services to support better access to information through app-based technology. This supports the patient being in control of their information, helps improve attendance at appointments and engagement with the services on offer

This Quality Priority will continue into 2025/26, and extends the work seen in 2024/25 to more services and pathways.

We said

Enhance collaboration between mental, physical community health services, and social care and system partners for all services to 'make every contact count' and to bring new and innovative ways of working to our communities.

Our progress

As part of transformational change, work has been ongoing to support collaborative teams within community settings. The establishment of an award-winning proactive care team is an example of this where acute, mental health and physical health services proactively support the population needs, focussing on those with multiple conditions and who are not proactively engaging with health care. Next year this will be expanded to explore neighbourhood teams as part of the NHS 10-year plan ambitions

We said

Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximize the impact and outcomes

Our progress

Collaboration and integrated working has been a key priority across both Care Groups. Key developments relating to neighbourhood working have been seen in the following services:

- Continued roll out of Proactive Care Team (PACT) and its focus on people with multiple health conditions, experiencing greatest social economic adversity and poorer health outcomes. An additional PACT approach is now developing in Keighley informed by population health data and taking a needs-based approach.
- Community Mental Health Transformation is supporting the integrated commissioning and delivery of services with voluntary, community and social enterprise (VCSE) partners across primary care network (PCN) footprints, targeting the needs of the local population in relation to their mental health. Each locality/neighbourhood offer is designed to have a focus aligned to the local needs of the PCN population, thus targeting health equity and outcomes aligned to individual needs.
- The Personal Health Budgets Pathway has been delivered in partnership with Mind In Bradford to tailor support to people who are in hospital and need some additional support to help them transition safely back to their home. This has supported tackling digital exclusion, food and fuel poverty, loneliness and isolation and helped create reasonable adjustments for those people who are neurodiverse. Across 2024/25 we have supported 316 PHB applications and helped facilitate the recovery of 280 people. This has not only impacted on the experience for those in hospital, it has supported improved access to inpatient beds by saving 654 bed days, ensuring we can support people in hospital when we need to and they are as close to home as possible

Theme 2 - Learning for Improvement

We said

Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families.

Our progress

Our Children's Services staff identified an opportunity to enhance health support for pupils in schools by creating a more coordinated and streamlined approach. The aim was to reduce disruptions for education staff while improving access to essential health services for children and families.

Key issues identified in Bradford included:

- Some children struggling to attend regular health appointments.

- Families facing difficulties in navigating the right health services.
- Children experiencing health-related barriers to learning (e.g., oral health, mental health, neurodiversity, asthma) that were not being adequately addressed.

To address these challenges, the BDCT in conjunction with Education Alliance for Life Chances (EALC initiated a 'One Stop Health Shop' (OSHS) pilot event in collaboration with Dixons Allerton Academy. The success of this event led to further events at different schools, reaching a broad spectrum of students, including those in special education settings.

The Personal Health Budgets Pathway has been delivered in partnership with Mind In Bradford to tailor support to people who are in hospital and need some additional support to help them transition safely back to their home. This has supported tackling digital exclusion, food and fuel poverty, loneliness and isolation and helped create reasonable adjustments for those people who are neurodiverse. Across 2024/25 we have supported 316 PHB applications and helped facilitate the recovery of 280 people. This has not only impacted on the experience for those in hospital, it has supported improved access to inpatient beds by saving 654 bed days, ensuring we can support people in hospital when we need to and they are as close to home as possible

Community Dental Waiting List initiatives - In response to long waiting lists for adults and children awaiting dental care under a general anaesthetic, Bradford District Care Trust worked in partnership with Bradford Teaching Hospitals and Locala Community Partnerships to deliver a waiting list initiative between January and March 2025. This has supported approximately 80 adults and children, many with complex health needs to receive dental treatment that was not possible through general dental practice. Without treatment, these patients would suffer with symptoms associated with their dental disease. This can also severely impact on individual behaviour which often leads to stress and additional challenges for carers and relatives.

Learning:

- **Tailored Approach:** Events were adapted based on school input and student needs.
- **Community Collaboration:** Local VCSE (Voluntary, Community, and Social Enterprise) organisations contributed additional health and wellbeing services.
- **Flexible Delivery Models:** Sessions varied between morning, afternoon, and full-day formats.
- **Appointment System:** Events included both allocated and drop-in appointments.
- **Effective Communication:** Publicity efforts across the school community were critical, with parents invited to participate.
- **Age-Specific Engagement:** Content and activities were adapted to different age groups for meaningful interactions.

| |
|---|
| <ul style="list-style-type: none"> • On-the-Day Responsiveness: Services provided a range of support, including clinical interventions, signposting, consultations, referrals, and advice. • Pupil Engagement: Whole year groups and individuals participated, with some attending voluntarily and others encouraged by staff. • Structured vs. Free Exploration: A mix of structured time and open roaming helped maximize engagement. • Feedback Collection: Feedback was gathered through evaluation forms and direct conversations with parents and pupils. • Scheduling Considerations: Events were coordinated with school schedules and community activities (e.g., Friday prayers). |
| We said |
| Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste. |
| Our Progress |
| <p>The Care Trust Way (CTW) has continued to develop and support service delivery focusing on waste reduction and driven by clinicians. The team are supporting three inpatient areas with the role out of the culture of care initiative aimed at acute mental health inpatients and driven in collaboration with service users.</p> <p>The training for CTW practitioners has been expanded to encourage teams to consider how this supports transformational change including quality management, delivery, value stream mapping and stop the line events.</p> <p>Work continues daily lean management and report out of all services. Continuing with the methodology enhances the service delivery and transformation of the services</p> |

Theme 3 – Improving the Experience of People who use our Services

| |
|--|
| We said |
| Embrace and apply the principles of trauma informed care in the way we offer services to people and their families consistently, underpinned by training and development for staff |
| Our Progress |
| The Trust has become a Charter member in West Yorkshire Integrated Care System for its ambition and diligent commitment as a trauma informed organisation/board. This has included board training, involvement in the complaints process and involvement strategy. Whilst supporting teams to deliver care in a compassionate way. |

| |
|--|
| We said |
| Ensure the voices of people in our services help shape our continuous improvement journey. |
| Our Progress |
| There is currently work on going to refresh the involvement strategy within the organisation to ensure that we maintain continuous improvement in the development of peer support workers, volunteering opportunities and patient stories which share their experience of our services and how we learn from these as an organisation to support transformational change. This has included the development of the triangle of care, patients' apps and engagement of individuals with experience in developing/transforming services of the future. |
| We said |
| Enable better decision-making and choice on care provision and clinical practice through more active involvement of our service users, particularly those disproportionately represented in our services whose voices we don't hear |
| Our Progress |
| There is currently work on going to refresh the involvement strategy within the organisation to ensure that we maintain continuous improvement in the development of peer support workers, volunteering opportunities and patient stories which share their experience of our services and how we learn from these as an organisation to support transformational change. This has included the development of the triangle of care, patients' apps and engagement of individuals with experience in developing/transforming services of the future. |

2.1.2 Our Quality Improvement Priorities for 2025/26

2024/25 was the first year of setting out and reporting on our Quality Improvement Priorities against our strategic themes as described in section 2.1.2.

The same priorities we identified for 2024/25 will be taken forward into 2025/26 so that we can continue to report on their progress.

2.2 Quality Improvement Capability



Annual Quality Report 2025/26

As we launch into another year of progress and improvement, we are proud to present the Annual Quality Report for 2024/25. Looking back on the past year, we acknowledge the dedication and collaboration across our organisation that has driven our progress and set the ambitions for the future.

In our 2023/24 report, we emphasised our commitment to delivering high-quality services through established improvement methods, including the Care Trust Way. The Care Trust Way was launched back in 2019, introducing a way of working with a common language, tools and techniques, to embed purposeful conversations, continuous improvement, innovation and growth. We also highlighted our alignment with NHS Impact, a national improvement approach that is aimed at driving better care, outcomes, and value across the NHS. This helps us to position ourselves strongly within the national improvement framework. These principles continue to guide us through challenges such as financial pressures, staffing constraints, and operational demands.

As we move into 2025/26 we recognise the need to evolve and enhance our approach. Building on the successes and learning from previous years, we are introducing new methods to drive quality improvement further, with the introduction of a Quality Management System and the launch of value streams across the care groups. A value stream represents the patient or customer pathway identified as a strategic priority for improvement. It encompasses all the steps—both value-adding and non-value-adding—in delivering outcomes that matter. The goal is to optimise these pathways, reduce waste, and add value at every stage.

This report provides an account of our achievements, challenges, and milestones, offering insight into the ongoing evolution of our quality improvement journey. Our staff continue to play a vital role in this progress, actively engaging in training, coaching, and new improvement initiatives.

We extend our sincere gratitude to our staff, partners, and stakeholders for their dedication and invaluable contributions, especially during these challenging times. As we look ahead, we remain committed to embedding a culture of innovation, learning, and collaboration.

With these new strategies in place, we are confident in our ability to build on our achievements and navigate future challenges with resilience and determination.

Over the past 12 months our team has focused on continuous improvement across the organisation, working with teams from mental health, physical health and corporate services. Below we showcase a number of those improvements where new approaches have been embraced and challenges overcome together.

Best Place to Work – Improving Absence

Identifying the Challenge

Effective absence management is crucial to maintaining a supportive and productive workplace. Our goal was to refine our approach to absence management by enhancing policies, processes, and managerial support, ensuring employees receive the assistance they need while promoting attendance and well-being.

Key Actions Taken

Through a series of solution-focused discussions and collaborative efforts, we implemented several key improvements:

- **Policy Review & Update** – Ensured policies remain relevant and effective in addressing absence management.
- **Enhanced Return to Work (RTW) Processes** – Introduced an updated RTW form to streamline reintegration.
- **Refined Stress Risk Assessment** – Improved tools to better support employee well-being.
- **Manager Case Review Process** – Established a structured approach for handling absence cases.
- **Proposed KPIs** – Developed metrics that would monitor the number of Return To Work interviews completed and number of staff participating in the Attendance Management Training.
- **Expanded Training** – Increased Attendance Management Training sessions to enhance managerial capability.
- **Streamlined Access to Resources** – Added quick links on desktops and the staff intranet front page for easy navigation.

Outcomes and Next Steps

These actions have laid the foundation for a more structured and supportive absence management approach. Moving forward, we will monitor the effectiveness of these changes, ensure ongoing training, and continue refining our processes to maintain a positive and productive workplace, we will also be exploring how we can make best use of new technologies like Artificial intelligence (Ai) and automation to support staff better.

Memory Assessment Treatment Service (MATS) – Older People’s Mental Health (OPMH)



Identifying the Challenge

Building on continuous improvements from 2022 and 2023, the focus for the past year has been to enhance the care pathway for patients with dementia, Alzheimer’s, and other severe memory problems. With the successful implementation of a new triage process in 2023, the team trialled three new **PDSA (Plan-Do-Study-Act) tests** to

further improve patient care and support.

Key Actions Taken

Over the last 12 months, the following initiatives were introduced and tested:

1. **Post-Diagnostic Pathway Development** – Established a nurse-led system to ensure patients receive timely and effective post-diagnosis care. This includes a structured approach to medication management and collaboration with the voluntary sector to reduce stress and anxiety after diagnosis.
2. **Volunteer Recruitment** – Welcomed three volunteers to enhance the experience of patients awaiting Memory Services, providing additional support and engagement.
3. **Expansion of Admiral Nurse Provision** – Extended specialist dementia care support across all four OPMH Community Mental Health Teams (CMHTs), increasing access to expert guidance for complex dementia cases.

Outcomes and Next Steps

These initiatives mark a significant step in improving dementia care within OPMH. Moving forward, the focus will be on evaluating the impact of these changes, refining processes based on patient and staff feedback, and continuing to enhance support for individuals and families navigating memory-related conditions.

Sponsor Development Session – e-referral

Identifying the Challenge

As part of our commitment to modernizing clinical systems and improving patient access, a trustwide review of the **E-Referral system** was conducted. The focus was on enhancing the **Consent to Share Records** process and streamlining referrals, ensuring that our services align with patient needs and expectations.

Key Actions Taken

During the review, discussions centred on:

- **Improving Consent to Share Records** – Exploring ways to modernize our clinical systems to give patients greater control over their information while ensuring seamless communication between services.
- **Enhancing Referral Processes for Podiatry** – Introducing an easy-to-use **self-referral system** to improve access to this high-quality service and reduce barriers to care.

Outcomes and Next Steps

These improvements represent a step toward a more **patient-centered and accessible** referral system. The next phase will focus on expanding these improvements across the organisation, with a vision to continue refining the process into 2026 and beyond.

Purposeful inpatient admission (PIPA) improvement Event

Identifying the Challenge

The **PIPA initiative** has faced several challenges in the past, including limited engagement from key stakeholders and inconsistent follow-up on actions. These barriers hindered the initiative's effectiveness and slowed progress. However, the latest **Kaizen Event** marked a turning point, with full engagement from all attendees, including medics involved from the planning stages. Crucially, this time, there has been clear follow-up on actions and a focused plan for next steps.

Key Actions Taken

The workshop led to several significant improvements:

- **Enhanced Patient Discharge Planning** – Increased the number of patients with an **Estimated Date of Discharge (EDD)** to improve flow and planning.
- **Improved Standardisation** – Implemented **consistent practices** to streamline processes across teams.

- **Utilised Visual Controls** – Introduced **visual tools** for real-time visibility of key patient metrics, allowing teams to respond quickly.
- **Implemented Clear Guidance** – Developed structured guidance to support **clinical staff in PIPA meetings**, including formalized training where none existed before.

Outcomes and Next Steps

A significant shift in staff feedback highlights the growing recognition of **PIPA's value**. Following the success of the Kaizen event, inpatient staff revealed a desire for more dedicated time for these discussions. Moving forward, we will build on this momentum by embedding these improvements, ensuring sustained engagement, and refining processes to enhance patient care



Moving on into 2025/26

This year we will continue to drive meaningful change by introducing a **Quality Management System (QMS)**.

A Quality Management System (QMS) is a structured framework designed to consistently ensure that an organisation's products or services meet defined quality standards and regulatory requirements. It involves creation of processes, procedures, and responsibilities that collectively guide the planning, execution, and monitoring of quality throughout an organization. A QMS aims to improve efficiency, reduce risks, and enhance customer satisfaction by promoting continuous improvement. It typically includes components such as quality

the



planning, quality control, quality assurance, and quality improvement practices, all of which work together to ensure that every aspect of the organisation's operations is aligned with its quality goals. By focusing on process optimisation and accountability, a QMS fosters a culture of excellence, enabling organisations to deliver consistent, high-quality outcomes.

By integrating QMS principles into our daily operations, we aim to strengthen governance, improve data-driven decision-making, and ensure that best practices are consistently applied. This aligns with our commitment to delivering high-quality, patient-centred care and will support ongoing projects focused on efficiency, safety, and staff engagement.

Launching value streams in care groups

As stated we will introducing the concept of value streams within our care groups over the next 12 months, will dedicated focus on patient pathways and processes.

Key characteristics of a value stream:

- **Strategic Priority:** Focused on areas with the greatest potential impact.
- **End-to-End Journey:** Covers the entire process from the patient's or customer's perspective.
- **Dynamic Focus:** Not just process maps, but continuous assessment and improvement over time.

Over the next 12 months, we will focus on launching these value stream programmes across our care groups, ensuring that each pathway is strategically aligned to deliver the greatest impact. By embedding this approach, we aim to drive continuous improvement, streamline processes, and enhance outcomes for patients and staff alike. This initiative will serve as a foundation for long-term transformation, developing a culture of efficiency, collaboration, and value-driven care.

Innovation – Embracing artificial intelligence (AI) and Automation and digital ways of working

As part of our commitment to high-quality, efficient, and person-centred care, 2025 and onwards we will be embracing the opportunities offered by AI, automation, and digital transformation. This approach aligns with the ambitions set out in the **new NHS 10-Year Plan**, which calls for the adoption of smart technologies to reduce administrative burden, support staff, and unlock productivity across the health and care system.

In 2024/25, we began laying the foundations for innovation by exploring the potential of tools like **Microsoft Copilot**. A business case has been approved to pilot Copilot across a range of teams, focusing on use cases such as summarising documents, drafting emails, and automating meeting notes. This will be evaluated for impact on productivity,

administrative time savings, and overall staff experience—helping us understand where AI can have the most meaningful impact.

We are also identifying areas where **automation** can release capacity in high-demand services, such as HR, estates, and facilities. These efforts are closely aligned with our quality improvement strategy and value stream approach—ensuring digital innovations contribute directly to better outcomes and reduced variation.

Our innovation efforts are guided by the principle of “**digital by design**”, ensuring that any new technologies we adopt are user-friendly, inclusive, and sustainable. As we look ahead to 2025/26, we will continue co-designing solutions with our staff, scaling what works, and evaluating progress transparently. This will help us meet our ambition: to finish work on time, reduce unnecessary admin, and focus on what matters most—delivering safe, effective care for our communities.

2.3 Trust Strategies that support our delivery of quality

2.3.1 Quality Strategy

The Trust’s overarching approach to quality is set out within the main Trust strategy ‘From Ambition to Action’ which is described within section one of this report.

2.3.2 Patient Safety Strategy

The Trust has a Patient Safety Strategy in place. This is aligned to the NHS Patient Safety Strategy and describes our ambition to embed insight, facilitate involvement and drive improvement. The Patient Safety Strategy will be refreshed during 2025/26 in line with national updates and evaluation of the first year of working with the Patient Safety Incident Response Framework.

2.3.3 Clinical Professions Strategy

The Trust’s Clinical Professions Strategy sets out how members of the various clinical professions employed by the Trust will contribute to achieving the strategic priorities set out in the Trust’s overarching strategy, better lives, together. The strategy was developed through collaboration cross all professions and with reference to a range of local and national strategies.

Whilst the Clinical Professions Strategy describes how it will contribute across all four of the Trust's priorities, for the purpose of the Quality Account we have chosen to highlight its ambitions in relation to our ambition to deliver the Best Quality Services.

Delivering Best Quality Services

We will

- Support all our people to deliver the best evidence-based care for our communities, enabling continual development and learning for improvement around the Care Trust Way, sharing research, innovation and best practice, and ensuring that quality standards underpin all that we do.
- Work to ensure the care provided across our professions is sensitive to health equity and enables all people to access support in a way that works for them.
- Have strong and effective professional governance structures to ensure safe and effective practice of all registered and non-registered colleagues within individual professional groups.
- Where possible do things once, collectively across professions and establishing collaborative, effective care pathways.
- Work together with and alongside operational colleagues ensuring all decisions are clinically informed and in the best interests of service users. Promoting parity of esteem between clinical and operational leadership.

We will know we have been successful when:

- We see improvements in outcomes for people evidenced through routine outcome measures.
- We see improvements in the experience people have of our services through service user reported outcome measures and satisfaction data such as Friends and Family Test.

How will we see this

Examples of how our teams are showing this in action.



Dental

Creation of new patient pathways for dental cardiac patients alongside colleagues in Leeds Community Dental Services and in LGL.

Working with Keighley and Bradford People First to make sure that the patient voice is at the centre of dental service development.



Nursing

Tissue Viability - Introduction of digital clinics with teams across the district, to offer specialist virtual consultation with clinicians across the Multidisciplinary Team to support patient care and treatment plans.



Psychological therapies

The psychological therapies council invites each service area and professional group to present a report to PITC annually providing assurance of safe and effective governance and highlighting challenges and actions being taken to lessen these. Reports include detail on access & outcomes, staffing changes and innovation.



Allied health professions

Working with partners across the system to create sensory friendly inpatient environments for our neurodiverse population, co-developing with service users digital training for staff, and developing networks to support best practice.



Social work

Co-production working together to design the Personal Health Budget (PHB) pilot in mental health influencing the way NHS funding is used creatively to support health and wellbeing needs of people to improve their quality of life.



Pharmacy

Continue to roll out electronic prescribing systems and other digital improvements related to medicines across all services.
Work with partners to ensure that patients are receive equitable access to medicines and safe transfer of care across the interface between primary and secondary care.

2.4 Statements of assurance from the Trust Board

This section has a pre-determined content and statements that provide assurance about the quality of our services in BDCFT. This information is provided in common across all Quality Accounts nationally, allowing for comparison of our services with other organisations. The statements evidence that we are measuring our clinical services, process and performance and that we are involved in work and initiatives that aims to improve quality.

2.4.1 Review of services

During 2024/25, BDCFT provided and/or subcontracted 51 NHS services. BDCFT has reviewed all the data available to it on the quality of care in all 51 of these services.

The income generated by the NHS commissioned services reviewed in 2023/24 represents 87.4 % of the total income generated from the provision of services by BDCFT for 2024/25

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

2.4.2 Care Quality Committee (CQC) update

Care Quality Commission registration status

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission and our current rating is 'Good'.

The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2024/25.

The CQC have not undertaken any investigations into Bradford District Care NHS Foundation Trust in **2024/25**.

During this period the Trust has made one change to its registration status with the CQC. An update was made to our Statement of Purpose reflecting a temporary change of location from Fern to Willow and a change of description for both Lynfield Mount and Airedale Centre for Mental Health.

The CQC have not carried out any service inspections during 2024/25. The CQC have undertaken a number of Mental Health Act inspections of our inpatient units in this time, visiting:

- Heather Ward June 2024
- Thornton Ward July 2024
- Dementia Assessment Unit November 2024
- Bracken Ward December 2024
- Ashbrook Ward December 2024
- Ilkley Ward January 2025

At each visit areas of good practice and areas for improvement activity are identified and the service responds using a Provider Action Statement. Implementation of actions is overseen through the Mental Health Care Group Quality, Mental Health Legislation Forum, Performance Assurance Group, and through the Patient Safety and Learning Group.

The overall rating for the Trust is shown below.

Ratings for the whole trust

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Requires Improvement ↔ Nov 2021 | Good ↑ Nov 2021 | Good ↔ Nov 2021 | Good ↔ Nov 2021 | Good ↑ Nov 2021 | Good ↑ Nov 2021 |

Rating for community health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|----------------------------------|------------------|-------------------------|----------------------------------|------------------|----------------------------------|
| Community health services for adults | Good Feb 2018 | Good Feb 2018 | Outstanding Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 |
| Community end of life care | Good Jun 2019 | Good Jun 2019 | Outstanding Jun 2019 | Outstanding Jun 2019 | Good Jun 2019 | Outstanding Jun 2019 |
| Community health services for children and young people | Requires improvement Aug 2022 | Good Aug 2022 | Good Aug 2022 | Requires improvement Aug 2022 | Good Aug 2022 | Requires improvement Aug 2022 |
| Overall | Good | Good | Outstanding | Good | Good | Good |

Rating for mental health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------------------|---------------------------------------|-----------------------|----------------------------------|----------------------------------|----------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Good May 2020 | Good May 2020 | Good May 2020 | Good May 2020 | Good May 2020 | Good May 2020 |
| Mental health crisis services and health-based places of safety | Good ↑ Dec 2021 | Good ↔ Dec 2021 | Good ↔ Dec 2021 | Good ↔ Dec 2021 | Good ↔ Dec 2021 | Good ↔ Dec 2021 |
| Wards for older people with mental health problems | Requires improvement Jun 2019 | Requires improvement Jun 2019 | Good Jun 2019 | Good Jun 2019 | Requires improvement Jun 2019 | Requires improvement Jun 2019 |
| Community-based mental health services of adults of working age | Good ↑ Dec 2021 | Requires improvement ↔ Dec 2021 | Good ↔ Dec 2021 | Good ↔ Dec 2021 | Good ↑ Dec 2021 | Good ↑ Dec 2021 |
| Community mental health services for people with a learning disability or autism | Requires improvement Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 |
| Wards for people with a learning disability or autism | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 |
| Forensic inpatient or secure wards | Requires improvement Jun 2019 | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 | Requires improvement Jun 2019 | Requires improvement Jun 2019 |
| Community-based mental health services for older people | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 | Good Jun 2019 |
| Specialist community mental health services for children and young people | Requires improvement Dec 2021 | Good Dec 2021 | Good Dec 2021 | Requires improvement Dec 2021 | Good Dec 2021 | Requires improvement Dec 2021 |
| Overall | Requires improvement | Good | Good | Good | Good | Good |

2.4.3 Commissioning for quality and innovation (CQUIN) 2024/25

In December 2023 NHS proposed that CQUIN schemes for 2024/25 would be paused while they undertook a review of quality indicators and collections. Because of this no CQUIN collections or submission were made during 2024/25.

CQUINS for 2025/26

As of December 2024, there has been no announcement on the reintroduction of CQUINs, or any other equivalent quality indicators, for 2025/26.

National operational planning guidance is due before January 2025. This may include details of any new planned programmes.

Performance against indicators set out in Single Oversight Framework

The table below shows our performance against the operational performance indicators set out by NHS England (previously 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% | 57.5% | 63.7% | 55.0% | 65.2% |
| People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral | 60% | 76.3% | 78.7% | 79.5% | 77.7% |
| NHS Talking Therapies (previously IAPT) – proportion of people completing treatment who move to recovery | 48% | 49% | 49% | 48% | 48% |
| NHS Talking Therapies (previously IAPT) – % of people waiting 6 weeks or less to begin treatment | 75% | 95.4% | 94.1% | 94.8% | 95.9% |
| NHS Talking Therapies (previously IAPT) – % of people waiting 18 weeks or less to begin treatment | 95% | 99.9% | 99.1% | 99.6% | 100% |
| Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area | | 1129 | 979 | 1230 | 1535 |

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

2.4.4 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 2024/25 included:

1. National clinical audits.
2. Local clinical audits.

6.1 National Clinical Audits

During 2024/25 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 six clinical audits that Bradford District Care NHS Foundation Trust was eligible to participate in and did participate in during 2024/25 are as follows:

NHS Digital:

- a. National Diabetes Footcare (NDFA).

National Prescribing Observatory for Mental Health (POMH-UK):

- a. Topic 16c: Rapid Tranquillisation
- b. Topic 21b: The Use of Melatonin
- c. Topic 24a: The Use of Opioids
- d. Topic 18c: The Use of Clozapine

Royal College of Physicians:

- e. Falls and Fragility Fracture

The national clinical audits that Bradford District Care NHS Foundation Trust participated in, and for which data collection was completed during 2024/25, 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 | 343 | N/A | Data collection currently ongoing |
| POMH Topic 16c: Rapid Tranquillisation | 100 | N/A | 69% |
| POMH Topic 21b: The Use of Melatonin | 70 | N/A | 72% |
| POMH Topic 24a: The Use of Opioids | 42 | N/A | Data submitted, awaiting national report |
| Topic 18c: The Use of Clozapine | 80 | N/A | Data submitted, awaiting national report |
| Falls and Fragility Fracture | 0 | No eligible cases for audit | - |

**N/A: not applicable as 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 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 table below is a summary of the status of all local clinical audits that have been registered between 01/04/2024 and 31/03/2025.

Local Active Clinical Audits

| Clinical Audit Status: | In progress | Completed | Discontinued | Total |
|------------------------|-------------|-----------|--------------|-------|
| | 21 | 14 | 0 | 35 |

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

There have been no NCEPOD studies applicable to the Trust during 2024/25.

Clinical Audit Actions Taken/To Be Taken

National Audit

| Audit title | Actions taken/to be taken |
|---|--|
| National Prescribing Observatory for Mental Health (POMH) Audit: Rapid Tranquilisation (RT) in the Context of the Pharmacological Management of Acutely Disturbed Behaviour | This national audit looked at the use of RT using intra-muscular medication for the management of acutely disturbed behaviour. The aim of the audit was to measure compliance with both national and local guidance focusing on requirements post RT. These requirements include a professional debrief, a patient debrief, the updating of care plans and immediate monitoring of both mental and behavioural state and physical observations. In all cases there was evidence of a post incident professional debrief. The details of the professional debrief documentation varied; sometimes documentation referenced details of the incident and sometimes referenced the medication administered. 80% of patients were offered the opportunity for a debrief and to discuss the incident in a supportive environment. A small number of patients were deemed too unwell to engage with a debrief and were therefore not offered the opportunity. For one patient only there was no documentation to evidence that a debrief was considered or took place. Care plans were mostly updated following the use of RT however the audit specifically looked for evidence that care plans identified triggers and/or early warning signs for disturbed behaviour and an acknowledgement of the patient's preferences and wishes should they become behaviourally disturbed again. The level of detail required in care plans is more explicit nationally than in local policy and less than half of the care plans that were audited included the details required as part of the audit. Some care plans were overwritten therefore it was not |

possible to determine what was in the care plan at the point it was updated post RT. Immediate monitoring post RT showed the lowest level of compliance. Guidance states that patients mental and behavioural state should be monitored in the hour post RT. The audit evidenced that only 52% of patients were on one-to-one observations. Physical observations, including pulse rate, blood pressure, respiratory rate, temperature and oxygen saturation should be carried out every 15 minutes in the hour post RT. For 73% of patients there was evidence that the full monitoring took place. Non-compliant cases for observations were due to the absence of a form in the record, which is likely due to the paper form not being uploaded to the clinical record rather than the observations not being completed, or some incompleteness of the forms e.g. less than 4 of the 15-minute observations were completed within the hour. Local spot checks are now carried out routinely by Clinical Leads on the wards to ensure appropriate monitoring has been completed post RT. E-observations have now been rolled out across the Trust and it is hoped that this will address the issues of documentation to evidence physical and visual observations. Reporting and/or further clinical audit will take place to monitor this. A Clinical Summit is planned in the coming months, with support from the Trusts Improvement Team. The inclusion of specific information within care plans will be addressed at this point. The local Rapid Tranquillisation procedure is being reviewed and will be updated to ensure local guidance mirrors national guidance. Further discussion will take place locally regarding the doctor's role following an episode of RT and whether they should be involved in the patient debrief or informed of the RT episode as a minimum.

Local Audit

| Audit title | Actions taken/to be taken |
|---|--|
| NEWS2 (National Early Warning Score) in District Nursing Re-audit | The NEWS2 is a system for scoring physiological measurements that are routinely recorded at a patient's bedside. Its purpose is to identify acutely ill patients, including those with sepsis, by assessing their respiration rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness or new-onset confusion and temperature. These results can be used as an early warning sign of serious conditions. A local NEWS2 Community Nursing Standard Operating Procedure (SOP) was developed in 2022 to provide staff working in the community with guidance regarding when the NEWS2 tool should be used, with an available NEWS2 template within SystmOne to support with the completion of scoring. A baseline audit was completed in 2023 to measure how well staff were following this guidance. This re-audit has taken place to further assess the progress made to date. Overall, the results show improvement in two out of the four standards. 30% of |

patients had a NEWS2 score completed at their initial core assessment, 44% had a NEWS2 score completed as part of their annual core reassessment and 64% had a NEWS2 score completed in response to concerns about a deterioration in physical health. Percentage compliance for the audit has been strictly determined in line with the requirements of the SOP which states that patients should have a NEWS2 completed at their initial assessment by a Planned Care Team and cases have only been considered compliant where this happened however the audit highlighted that a NEWS2 was often completed by an Unplanned Care Team for the same episode of care which likely explains the absence of a NEWS2 by the Planned Care Team. As part of the recommendations for the audit, the service will be reviewing the SOP and exploring the inclusion of a NEWS2 assessment completed by other Adult Physical Health Services in BDCFT when in relation to the same episode of care within a period of 24 to 48 hours. A very small number of patients had a NEWS2 score which indicated that the sepsis screening tool should be completed but this was not completed in any of the cases. The service will digitally explore how the sepsis screening tool may be more visible within the template to support completion and will consider exploring with other organisations how they record NEWS2 and sepsis screening tools. During data collection a high standard of documentation was recorded by some teams with evidence of regular NEWS2 completion during routine and unplanned visits. There was also evidence of prompt escalation of NEWS2 scores to GPs and/or referrals to appropriate teams where specialist care was indicated. Learning from the top three performing teams will be shared wider with all teams to support improvement. A Trustwide policy, called Deteriorating Patient Management Policy including National Early Warning Score (NEWS2) and Sepsis Screening Tool, was developed and rolled out in December 2024 therefore there is now a standardised approach for the use of NEWS2 across the organisation. A training package has also been developed for staff. There is a desire that when NEWS2 is re-audited next year that this will be carried out organisationally rather than specific to District Nursing.

2.4.5 Research

The number of patients receiving NHS services provided or sub-contracted by BDCFT in 2024/25 that were recruited during that period to participate in research approved by a research ethics committee was 405, from 24 Clinical studies during the period. 147 of these participants were clinical staff.

Participation in clinical research demonstrates BDCFT commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

As well, in the last three years, 135 publications have resulted from our involvement in National Institute for Health Research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates BDCFT's commitment to testing and offering the latest medical treatments and techniques.

2.4.6 Information Governance

Data quality

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

Electronic clinical record systems

BDCFT currently have three key electronic clinical record systems:

- SystemOne (community services, mental health and learning disability services)
- PCMIS (Talking Therapies)
- R4 (community dental service)

The Trust's Data Quality Policy provides the framework to ensure that high standards of data quality are clearly set, achieved and maintained for clinical information. The key elements of the Trust's approach are:

- Establishing and maintaining policies and procedures for data quality assurance and the effective management of clinical records;
- Undertaking and commissioning regular assessments and audits of data quality. This encompasses internal and external audit of the quality and accuracy of metrics reported to the Board and externally, including nationally mandated access and waiting times;
- Setting clear and consistent definitions of data items, in accordance with national standards, avoiding duplication of data and data flows;
- Providing tools to monitor data quality and data quality compliance to agreed standards;
- Ensuring managers take ownership of, and seek to improve, the quality of data within their services;

- Wherever possible, assuring data quality at the point of entry, and/or at each interaction with the data to address issues as close as possible to the point of entry; and
- Promoting data quality through regular reviews, procedures/user manuals and training.

The Trust has a robust process around measuring, monitoring and continuously improving data quality. A Data Quality Steering Group brings together key stakeholders across the Trust who contributes to data quality, where clear actions are identified and agreed. Improvement of data quality is also managed through regular services reviews and local assessments, making sure data quality issues are dealt with at source, or via additional system training where the staff are encouraged to get it right first time, or escalated to service and operational meetings.

NHS number and general medical practice code validity

The Trust submitted records during 2024/25 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:

- 99.9% for admitted patient care (April 2024 – Feb 2025)
- 100% for outpatient care (April 2024 – Feb 2025)

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

- 100% for admitted patient care (April 2024 – Feb 2025)
- 100% for outpatient care (April 2024 – Feb 2025)
- The Trust did not submit records during 2024/25 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

The national deadline for completing the final assessment is 30th June 2025, therefore the results for 24/25 will not be available at the time of publishing this report.

The results of the 2023/24 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 2024/25 by the Audit Commission.

2.4.7 Patient Safety

Bradford District Care NHS Foundation Trust (BDCFT) has made changes over 2024/25 in the way it supports a continuous approach to learning and improving patient safety. The most significant is the implementation of the NHS Patient Safety Incident Response Framework (PSIRF). The NHS Patient Safety Strategy (2019) describes the Framework as “a foundation for change” and as such, it challenges us to think and respond differently when a patient safety incident occurs.

The PSIRF approach is different to the way the NHS has approached patient safety in the past, and exciting because it is enabling a whole cultural and system shift in our thinking and response to patient safety incidents and how we work to support learning to continuously improve patient safety. The Trust worked with the framework in shadow form and fully transitioned in April 2024.

PSIRF gives us a set of principles that we work to, and we have full accountability for the management of our learning responses. We developed our first Patient Safety Incident Response Plan (PSIRP) through detailed analysis of our patient safety data and intelligence and, combined with our new Patient Safety Incident Response Policy, we have adopted new methods to reviewing, investigating and generating learning from safety incidents and events.

We continue to progress all areas of PSIRF embedding, which is a long-term process given the scale of change. We continue to engage with our patients, families and carers to ensure that their voice is central in all our patient safety investigations. PSIRF sets out best principles for this engagement and we aim to ensure this is embedded at all stages of our incident response processes.

Embracing a restorative and just culture underpins how we approach our incident responses. We are working to build on our culture to foster an environment in which people are encouraged to highlight patient safety issues and incidents and feel safe and supported to do so.

As we move forward into the next year we will be reviewing our first 12 months under PSIRF, the details within our PSIRP, and considering how we monitor the impact and effectiveness of our patient safety responses. We will continue to adapt our approaches and respond to findings as we progress on this journey.

We are supported by our commissioners, partner providers and other stakeholders in continuing to embrace the opportunity that PSIRF brings to learn and improve to promote

the safe, effective and compassionate care of our patients, their families and carers whilst protecting the wellbeing of our staff.

Progress in achieving our Patient Safety goals is described below:

| Ambition | Progress |
|--|---|
| Develop and embed a process for implementation of the Patient Safety Incident Review Framework (PSIRF) | BDCFT developed an implementation plan, with accountability to the Quality and safety Committee, and transitioned to PSIRF in April 2024. The trust has a fully developed Patient Safety Incident Response Plan (PSIRP) and supporting Policy. The first annual review of this will be undertaken in 2025/26. |
| Create and recruit into roles for Patient Safety Partners and Patient Safety Champions across the Trust; | The trust has several Involvement Partners who carry out some of the functions of the Patient Safety Partner role on quality-focussed Committees and groups. A specific trust PSP role will be reviewed and considered in 2025/26. The network of patient safety champions (renamed Allies) has grown considerably with over 60 staff members now working with the Patient Safety Lead on patient safety issues. This network will be developed further through training opportunities in 2025/26. |
| Implement integration of high-quality data and intelligence on patient safety and quality of services into integrated business planning and oversight of delivery using the Quality Assurance Framework as an independent means of testing the safety and quality of services; | The Quality Assurance Framework has been implemented and has recently been refreshed to consider changes to how the CQC inspect services. Data quality has improved, though further work is being undertaken to improve triangulation and analysis of data. |
| Continue to develop the Safeguard Quality Dashboard to ensure it is accessible and contains useful information; | This ambition was completed, however ongoing developments include the incorporation of complaints trends / themes, legal information, categorisation of contributing factors from patient safety data sources. |
| Review and improve our approaches to sharing learning and engaging | This work is part of the Trusts continuous improvement approach to patient safety. Under PSIRF new methods for generating learning are |

| | |
|--|--|
| teams in discussions about patient safety and quality; | now being used which are more engaging and accessible for teams. The Patient Safety and Learning Group has been refreshed to reflect the strategy with a focus on sharing learning, early identification of issues and accountability. |
| Work across place to develop and embed a consistent approach to patient safety and quality | The Trust is embedded in workstreams across place and West Yorkshire covering a broad spectrum of quality and safety work. |

2.4.8 Learning from deaths

Learning from deaths is supported by two key policies in BDCFT; the Patient Safety Incident Response Policy and associated Patient Safety Incident Response Plan, and the Learning from Deaths policy. These policies guide and inform the organisation about reporting, investigating, and learning from deaths.

During 2024/25, 312 of Bradford District Care NHS Foundation Trust's patients died.

| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|----------------------------------|-----------|-----------|-----------|-----------|
| Number of patients who have died | 84 | 65 | 94 | 69 |

All deaths, whether expected due to a clinical condition or unexpected, are reviewed bi-weekly in the Patient Safety Executive Panel (PSEP). This Panel aligns with good governance processes for the Patient Safety Incident Response Framework (PSIRF) requirements which the Trust transitioned to in April 2024. The Panel has delegated authority from the Board of Directors to oversee the continuous development of the trust's Patient Safety Incident Response Plan (PSIRP), the quality and appropriateness of the trust's response to patient safety incidents and to seek assurance that appropriate learning has been identified and actions taken as a result in order to minimise the risk of future harm.

This group commissions reviews using a wide range of methods identified within the PSIRP. This may be a Patient Safety Incident Investigation (PSII), a Local Learning Review (LLR), an After Action Review (AAR), a Thematic Analysis (TA) or a Structured Judgment Review (SJR). All methods take a systems-based approach to identifying learning and methodologies are selected for their capacity to generate the most valuable learning for improvement.

The SJR tool is also used as an approach for a random sample reviews of deaths. 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 PSEP may also commission initial reviews which

do not consider the full range of factors within the SJR review to understand if an SJR is appropriate.

The Patient Safety Executive Panel considers the outcomes of the reviews and asks the relevant clinical service to develop a management response (including an action plan where needed) to any areas where it has been suggested that care should be improved. Issues that are of general relevance will be added to the trust learning hub to enable broader sharing across the organisation. For all deaths of patients who have a Learning Disability, the initial review is shared in the Patient Safety Executive Panel and they are referred to the national programme for Learning from lives and deaths – People with a learning disability and autistic people (LeDeR).

By 31st March 2025, 18 Reviews (SJR's, LLR's and AAR's), 10 Thematic Analysis and 15 Patient Safety Incident investigations (PSII) have been carried out in relation to the care provided to patients who had died.

The number of deaths in each quarter for which a Review or Patient Safety Incident Investigation (PSII) was carried out are shown in the following table:

| | Quarter 1 24/25 | Quarter 2 24/25 | Quarter 3 24/25 | Quarter 4 24/25 |
|--|--|--------------------|--------------------|--------------------|
| Number of deaths for which a Structured Judgement Review was completed | 5* | 5 | 1 | 1 |
| Number of deaths for which a Local Learning Review was completed | <i>*Not previously broken down by type, figures included in the above*</i> | 3 | 2 | 1 |
| Number of deaths for which an After Action Review was completed | | 0 | 0 | 0 |
| Number of deaths for which a Thematic Analysis was completed | | | 10 | 0 |
| Number of deaths for which a PSII was completed | 3 | 5 | 6 | 1 |
| Number of deaths of persons with learning disabilities or Autism, referred for local LeDeR review. | 6 | 2 | 9 | 9 |

There were seven cases where patients had died in the previous reporting period (2023/2024) but the structured judgement reviews and Learning Reviews were completed in this reporting period (2024/25).

The 10 deaths covered under thematic analysis were from previous reporting periods and were completed under 2 TA's:

- TA (3 deaths) - Service users with Gender dysphoria who died by suicide/suspected suicide whilst under the care of CAMHS.
- TA (7 deaths) - Suspected suicide where Service user had contact/assessment with crisis Services (First Response, Acute Liaison Psychiatry) within 1 month of death but was not under secondary MH care.

There were no serious incident investigations (the term used until 01/04/2024 when BDCFT moved from the NHS Serious Incident Framework to the PSIRF) where deaths had occurred in the previous reporting period (2023/24) and the investigation was completed in this reported period (2024/25).

Learning and improvement

BDCFT takes a proactive approach to learning from deaths and the following summary highlights where good practice and areas identified for improvement have been highlighted during 2024/25. This learning is used to shape future quality and safety improvements.

Learning from good and excellence:

The areas highlighted by reviews as demonstrating good and excellent care were varied but centred round some themes:

- Comprehensive referrals and recognition of complex needs
- Rapid response to crisis situations, urgent need and robust assessment
- Positive assertive approaches to patient engagement and involvement
- Effective management of deteriorating conditions
- Holistic care and support for patients with physical health and palliative care needs
- Family/professional relationships and communication; collaboration and flexibility
- Risk assessment, triage, care planning and including family views
- Service user centred care

Learning for improvement:

Some learning was identified 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 these themes are:

- Flexible and person-centred approaches for long-term mental health support

- Involvement and engagement of family and support network in discharge planning
- Clarity in crisis planning for preventing relapse
- Timeliness between initial referral and the first contact
- Communication and documentation; referral, appointment, correspondence related
- Death and dying procedures, DNACPR/ReSPECT and resuscitation policy
- Multi agency working; contact with police, PREVENT or safeguarding
- Risk assessment and prioritisation
- Consistent application of policy and process

The Trust continues to strengthen opportunities to improve how we learn from deaths: We participate in the 'Northern Alliance' of mental health trusts, which focusses on mortality review processes, providing a regional network for identifying and sharing opportunities for learning and improvement. We are also members of the Yorkshire and Humber Improvement Academy (YHIA) Regional Mortality Steering Group which follows a similar theme on a quarterly basis.

The PSEP group now receive a Coroners Learning from Deaths Summary Report on a monthly basis. This provides a summary of national Prevention of Future Death Reports and will be used to proactively identify if any learning from other areas is relevant to BDCFT, to inform further triangulation and any safety action required.

A number of developments are ongoing to enable the workstreams in relation to mortality to improve and mature.

- An annual review and refresh of the Trusts Patient Safety Incident Response Plan (PSIRP) will be undertaken in April 2025 to ensure ongoing responses to patient safety incidents (including deaths) are appropriate, in line with legislation, best practice and guidance and actively promotes and supports a just learning and generative safety culture across the organisation.
- The Trusts Mortality Data Audit was completed in Q2 by Audit Yorkshire, who provided an overall opinion of **significant assurance**. 5 recommendations (3 minor, 2 moderate) were noted within the findings which were completed in line with the end of 2024 deadline.
- Under the LfD Framework with the National Quality Board (NQB) we are required to further review a sample of deaths, that do not fit within the main identified categories, so we can take a broader overview of where learning and improvement is needed. The learning from this sample will be triangulated with other reviews and used to inform improvement.
- The collaboration with Medical Examiners (ME's) has strengthened since the ME process became statutory in April 2024 and BDCFT have built good foundations with

the process, with plans to review how learning from deaths can be better aligned across the Bradford and Craven district going forwards.

- To further support the organisation in ensuring that meaningful learning is identified from reviews, Local Learning Review training is being rolled out during 2025.

2.4.9 Inquests

Between the 1 April 2024 and 31 March 2025 we were registered by the Coroner to be involved in 60 inquests, 40 of which have been concluded.

From these inquests, BDCFT received 1 Prevention of Future Death (PFD) reports which are served by the Coroner under the Coroner's (investigations) Regulation 28.

2.5 Safeguarding

The safeguarding team works with the patient safety team and frontline services to review any safeguarding related incidents, Patient Safety Incident Investigations or Local Learning Reviews, and highlight any good practice or learning.

The safeguarding team also contributes to Safeguarding Partnership statutory safeguarding reviews, which involves looking at incidents where an adult at risk, or child has died or come to significant harm because of abuse or murder. The safeguarding team works with BDCFT front line services to review practice and guidance, to write reports that identify good practice and opportunities for further learning and then how we can support making any identified changes.

The Safeguarding team ensures that any good practice or learning from all of these reviews mentioned is shared across BDCFT and Safeguarding Partners. The safeguarding team does this through staff training and supervision and our quarterly safeguarding newsletter.

SECTION THREE:

A review and celebration
of the quality of services

3.1 Quality foundations

3.1.1 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 including being dementia-friendly, and how well the environment protects people's privacy and dignity.

Estates and Facilities teams lead initiatives to improve the patient environment including redecoration schemes, new furniture, improvements to therapeutic space, improved signage, new doors and windows to support patient safety and outdoor space initiatives.

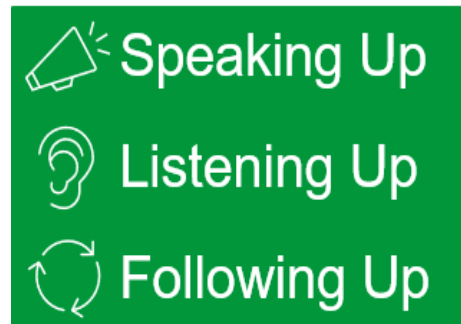
Bradford District Care NHS Foundation Trust's Chief of Finance, Mike Woodhead, said: "We are delighted with the results, which reflect the hard work and commitment that our staff put in every day to ensure that the patient experience is a positive one. We know that areas like food and cleanliness can make a big difference to a person's wellbeing, and whilst we celebrate this result, we will continue to improve our hospital environments, so they reflect current best practice to support therapeutic care and patient recovery."

Results from PLACE-24 Assessments

| | Cleanliness | Condition, Appearance & Maintenance | Dementia | Disability (accessibility) | Food & Hydration | Privacy, Dignity & Wellbeing |
|-----------------------------------|-------------|-------------------------------------|----------|----------------------------|------------------|------------------------------|
| National Average 2024 | 98.31 | 96.36 | 83.66 | 85.20 | 91.32 | 88.22 |
| Trust Average 2024 | 98.77 | 99.00 | 91.19 | 89.79 | 96.07 | 98.60 |
| Airedale Centre for Mental Health | 99.37 | 99.58 | 90.65 | 86.39 | 96.80 | 98.77 |
| Lynfield Mount Hospital | 98.52 | 98.77 | 91.41 | 91.20 | 95.77 | 98.53 |

3.1.2 Freedom to Speak Up - raising concerns within the Trust

Freedom to Speak Up (FTSU) is one element of a wider strategic approach to cultural transformation and improvement within the Trust. The principles that underpin it are mirrored in those of our values and behaviours and work around our fair and compassionate culture. Our aim is to create an environment and culture in which speaking, listening and following up are all seen as 'business as usual', and where raising concerns results in improvement.



Creating psychologically safe cultures in all our teams serves both the Improvement Strategy and the 'making speaking up business as usual' journey.

Different ways staff can speak up

People are encouraged to speak up through their line management structures in the first instance or through safeguarding, human resources or by any other means they wish. However, we recognise that this is not always possible and so when these routes are not available to them or they have already tried these routes and are not satisfied with the response, the FTSU Guardian is available. The FTSU Guardian is independent and impartial, and has direct access to the Chief Executive, Chair, Non-Executive Director and Executive Director lead for FTSU. Staff can speak with the Guardian online, in-person or by telephone per their preference. FTSU Ambassadors are also available to colleagues to support them in identifying where to take their concerns, but do not manage cases themselves.

This year the use of the weekly Executive Broadcasts via MS Teams continued to be a further way that people can raise queries (either openly or anonymously) directly to the Executive Team. Where possible, these queries are answered during the session, in other instances they are made into FAQ documents and circulated to all staff following the briefing.

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

How feedback is given to those speaking up

Feedback is given via the FTSU Guardian, directly by the relevant manager within the service concerned, the relevant Executive Director or the Chief Executive, as deemed appropriate to the individual case. 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 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 (‘detriment’)

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 of doing so. Staff who fear victimisation by colleagues can speak up anonymously via the Freedom to Speak Up online reporting form. Colleagues can also speak up openly but ask for their information to be kept confidential via the FTSU Guardian. We monitor the number of anonymous contacts, with a low number being an indicator of staff’s confidence in the system. There has been a slight increase in the last 12 months, but this may simply be within the increased overall quantity of people speaking up and that is a welcome change as we develop a more confident attitude to raising concerns. We also monitor the numbers of staff experiencing disadvantageous or demeaning treatment because of speaking up through our user survey and take measures to address this. Anonymised information is reported at Board and nationally to the National Guardian’s Office (NGO).

Improvement work

Our leaders are committed to a ‘speak up, listen up, follow up culture’, as demonstrated by the ongoing developments made in this area over the last year:



➤ Policy & Strategy

The FTSU policy underwent an annual review and is in line with the latest NHS England guidance and national template. The Trust’s FTSU Strategy 2022/23 to 2024/25 and associated action plan continue to drive the team’s improvement efforts.

➤ Executive Engagement

The FTSU function has been increasingly utilized by the Executive Team in 2024 as an additional resource for interventions with teams who have been experiencing difficulties. The modelling of this leadership attitude that welcomes speaking up as an opportunity for improvement is central to the continuing ‘culture change’ within the Trust. We also had an

Internal Audit undertaken in October 2024 which provided an opinion of 'Significant Assurance' about the Trust's speaking up arrangements.

➤ **Communication Plan**

The FTSU communication plan is regularly reviewed and updated to further improve the way we ensure that the FTSU message is communicated widely to all staff groups. This includes methods such as e-Updates, monthly rotating screensavers, promotional materials (posters, leaflets and business cards), virtual presentations, attendance at induction and other events, and messages in payslips.

➤ **Ambassadors**

The Ambassador role supports the Guardian and deputy in connecting with hard-to-reach groups of staff, promoting the speak up/listen up message, and signposting staff to different routes to speaking up. This year we have continued to provide regular bi-monthly support sessions, including guest speakers from different areas within the Trust. The Ambassadors are proving to be a valuable additional support to the culture change within teams, as awareness of the options for speaking up is raised.

➤ **FTSU Portal**

The FTSU Connect pages on the Trust intranet continue to be a useful resource as a virtual 'office' containing all the relevant information somebody may need if they are thinking about contacting the Guardian. The online booking system which is available allowing colleagues to check availability and schedule an MS Teams meeting with the Guardian at a time to suit them has been well used.

➤ **Training**

The National Guardian's Office "Speak Up" eLearning is still mandatory for staff at all levels. The "Listen Up" and "Follow Up" eLearning packages for managers are also available via the electronic staff record. Since March 2023, the FTSU team have been sharing in the monthly Corporate Induction/Welcome event for new starters. This is a powerful statement of the Trust's ambition and commitment to making speaking up 'business as usual' and we have received positive feedback about this being included right at the start of people's time with the organisation. In addition, the FTSU team have developed local training and continue to deliver online managers' study sessions which focus on the skills needed if someone raises a concern to them, such as enhanced listening and receiving feedback as a gift. This additional supportive training for managers is intended to normalise team members confidently raising concerns within their teams and it is hoped more managers will access these sessions. The 'take up' rate of the enhanced listening training can be seen a 'cultural barometer' and support from senior leadership will be valued in encouraging manager participation.



3.1.3 Infection prevention

Infection prevention

Preventing and controlling infections is a mandatory requirement for all NHS organisations, and the trust must comply with the 'Code of Practice for health and adult social care on the prevention and control of infections and related guidance'. The criterion within the code reflects the need to assure the public that appropriate quality of care is provided in public service settings where people receive care and cannot control hygiene standards themselves. In such cases, they ultimately rely on the service provider to maintain high standards of care on their behalf.

The Trust is committed to delivering the highest infection prevention and control standards to prevent avoidable harm to patients, visitors, and staff from healthcare-associated infections (HCAI). Ensuring a robust infection prevention and control function is embedded within all clinical areas of the organisation is a key priority. Having infection prevention policies in place and implementing them is a crucial way to reduce and prevent avoidable HCAI for both patients and staff members, ensuring a safe environment. The risk of acquiring an infection while being cared for by the Trust's healthcare workers remains low, with the trust having no cases of Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia or Clostridoides difficile (Cdiff) this past year.

Seasonal Influenza Vaccination Campaign

The 2024/25 seasonal flu campaign for the Trust frontline healthcare workers commenced on the 1st October 2024. This year's campaign ran alongside the COVID-19 booster campaign and a total of 44.2% of frontline healthcare workers vaccinated.

- Medical staff 59%
- Qualified nurses 51.5%
- Allied health professionals 44.4%
- Support staff 34.7%
- Total 44.2%



3.1.4 Board 'Go See' Visits

The 'Go See' Framework

During 2024-25, members of our Trust Board has continued to carry out 'Go See' visits which incorporated quality and safety walkabouts. '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 gain an overview of what is going on in the workplace, offering the ability to gain insights into potential improvement opportunities. As such, our '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 can 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.

The Board were involved in the following types of Go See visit during 2024-25.

| 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 / Associate Director |
| Non-Executive Director/Executive Director 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/Chief Executive visits | Strategic level activity focussing on morale, improvement work and sharing vision and values | Chair / Chief Executive |

3.2 Innovation and growth

3.2.1 Estates and Facilities

In August 2024, the Trust was allocated £50 million in capital funding from the Department of Health and Social Care (DHSC). This funding will allow the Trust to invest in the construction of a new main entrance and a two-storey ward block comprising 2 new 18-bed wards with 100% ensuite facilities. The central capital funding allows the proposed redevelopment to be phased over the next four years. It comes after



years of planning, lobbying and the submission of bids. Further refurbishments will also be completed to include refurbishments to two existing wards to provide bathroom facilities for all, improved off ward therapy, a new café and an additional S136 suite at Lynfield Mount Hospital. The redevelopment will not only benefit our service users by creating an outstanding environment in which we can deliver the best care, it will also improve working conditions and resources available, supporting us to be the best place to work.

A series of enabling works have been completed in 2024/25 including the formation of a new car park, EV charging stations and cycle store; in readiness for the next stage of major redevelopment on Lynfield Mount Hospital site.

In addition, the former Assessment and Treatment Unit has been refurbished to form Willow Ward. This is to allow temporary relocation of Fern Ward from Airedale Centre for Mental Health (ACMH) to complete a significant project to replace the domestic hot and cold water pipework on site at ACMH. Works are scheduled for completion in September 2025.

In our primarily staff areas in 2024 we have upgraded toilets and staff rest spaces at New Mill and Level 5 has been reconfigured and refurbished for work areas for Digital Services, SMABS, Talking Therapies, Community Infant Feeding and IAPT. In 2025 refurbishment works will commence at New Mill on levels 1 to 4. These works will enable New Mill to act as a hub location for community mental health and physical health services in the Shipley area and will deliver improved work environment and better utilisation of our spaces for existing corporate services based in the building.

Within our team in August the health, safety and security team were awarded with a Royal Society for the Prevention of Accidents (RoSPA) Presidents Award in 2024 for achieving ten consecutive Gold Awards at the RoSPA Awards 2024 for health and safety performance.



In October the estates and facilities (E&F) operational team achieved ISO9001 certification, this is an audit undertaken of systems and processes in estates and facilities to assure compliance with this internationally recognised standard.

Earlier in the year in May our Estates and Facilities Business Manager Liza Pyrah won the People Development Award at the 2024 Health Estates & Facilities Management Association (HefmA) Awards. Liza was nominated because of her role as lead for the E&F training and development strategy: developing the E&F workforce of the future. Liza was nominated because of her role as lead for the E&F training and development strategy, specifically for her role in enhancing apprenticeship opportunities in E&F and linking with local schools to publicise estates and facilities as a career choice for the E&F workforce of the future.



Throughout the year the fire safety team have increased the mandatory training offerings they deliver particularly to our higher risk areas with the implementation of fire warden training and inpatient risks training- leading to increased awareness and understanding for our staff groups in higher risk areas on strategies they should adopt to minimise fire risk and actions to take in the event of an emergency incident.

Within our energy, waste and sustainability Team the Trust received funding from Natural England to host a Green Therapy Development Officer who is working to embed nature based activity within inpatients with a view to helping to improve biodiversity and other environmental impacts of improved green space, whilst also improving physical and mental health of patients involved in these activities.

And finally the Trust has joined the SusQI Academy and is working to embed sustainability within our quality improvement work and the team has been involved in regional climate change adaptation work which is expected to be adopted nationally within 2025.

3.2.2 Better Lives Charity

The Better Lives Charity Strategy 2021-2024 aims to increase funds going into the Trust Charity thus increasing charitable spending to improve the experience, health, and wellbeing of service users and staff, whilst ensuring the future sustainability and growth of the charity. There are three main areas of delivery for the strategy:



During this year the Charity has delivered several fundraising events including a third Charity Golf Day and second Charity ball. Staff, friends, family and people in our communities have also participated in events to raise funds, including the Great North Run, The Yorkshire 3 Peaks, Bradford Dragon Festival, Quiz Nights and Saltaire Arts festival. The charity has seen new corporate supporters and sponsors: Enable 2 who were the headline sponsor of the Golf Day, P.E.C who hosted the Charity Ball, and Coral Windows and P.E.C who sponsored Dragon Boats. Without their generous support, these events would not be possible. The Charity has raised more than £35,000 through these events.

The funding has enabled the charity to support a range of projects and interventions within the Trust which enhances the care the Trusts provides, this has included:

- Introductory walk-through videos for community mental health teams who wanted to support patients coming to their first appointment. The teams see high non-attendance rates for first appointments due patients feeling anxious about attending somewhere new and unfamiliar.
- The videos provide an introduction to, and navigate a patient through accessing the building, the reception and waiting areas and clinic rooms so that patients know what to expect on arrival.
- The Palliative Care team purchasing a range of resources to help patients and their families. These include key safes, baby monitors and additional chairs. Five patients have so far benefited from these chairs, and due to the waiting list a 4th chair has now been requested.
- Tools to support horticultural and green therapy activity at Lynfield Mount, Airedale Centre for Mental Health and the Community Allotment in Keighley.

- The purchase of weighted lap pads to support the Immunisations team in providing vaccinations to children and young people with additional needs. The uptake of vaccinations can be low in children and young people with special educational needs, and the lap pads were amongst a range of desensitisation strategies recommended as a helpful tool for many children and young people.

The Charity has seen some success with applications for grants from Trusts and Foundations for specific projects. These have included:

- Creative Arts Sessions for inpatients funded by the Keith Howard Foundation (carried over from 23/24)
- Dance United Yorkshire project for young people on the Child and Adolescent Mental Health Service (CAMHS) waiting list funded by the Manny Cussins Foundation. (carried over from 23/24)
- The purchase of bikes, safety equipment and training for new arrivals and care leavers who experience travel poverty and therefore can find it difficult to attend health appointments.

3.3 Supporting staff – supporting the conditions for quality improvement

3.3.1 Staff survey – hearing what staff have to tell us

The NHS Staff Survey 2024 took place at the Trust from 23 September to 29 November 2024, supported by a comprehensive, effective and targeted engagement programme, amongst substantive staff and Bank staff.

1766 staff took part, along with 149 Bank-only staff – a record number. The Survey response of 53% for 2024 built upon the on the previous year's significant improvement from 41% to 51%. Around 300 staff provided more detailed comments through the available option.

All NHS People Promise (which is a promise that all NHS workers must make to each other to work together to improve the experience of working in the NHS for everyone) and themes results were slightly **higher** than both last year's scores and those of the sector, with two significantly higher than the sector and one significantly higher than 2023. This improvement across all themes is recognised by NHS England as a significant achievement, for which the Trust received a certificate of recognition.

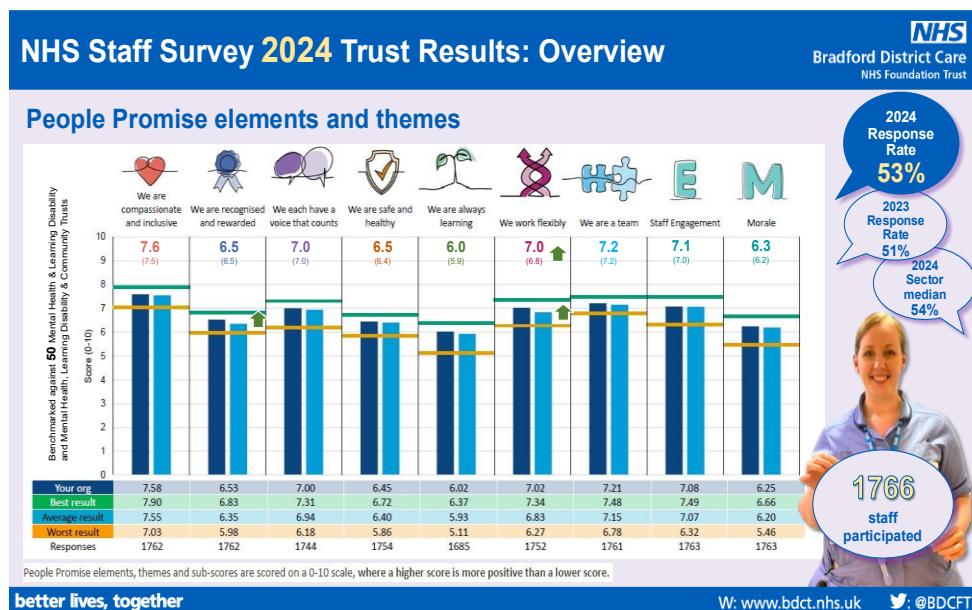
'I am delighted to get in touch following the publication of the 2024 NHS Staff Survey results which show your trust as improving across all seven elements of the People Promise and the themes of Staff Engagement and Morale

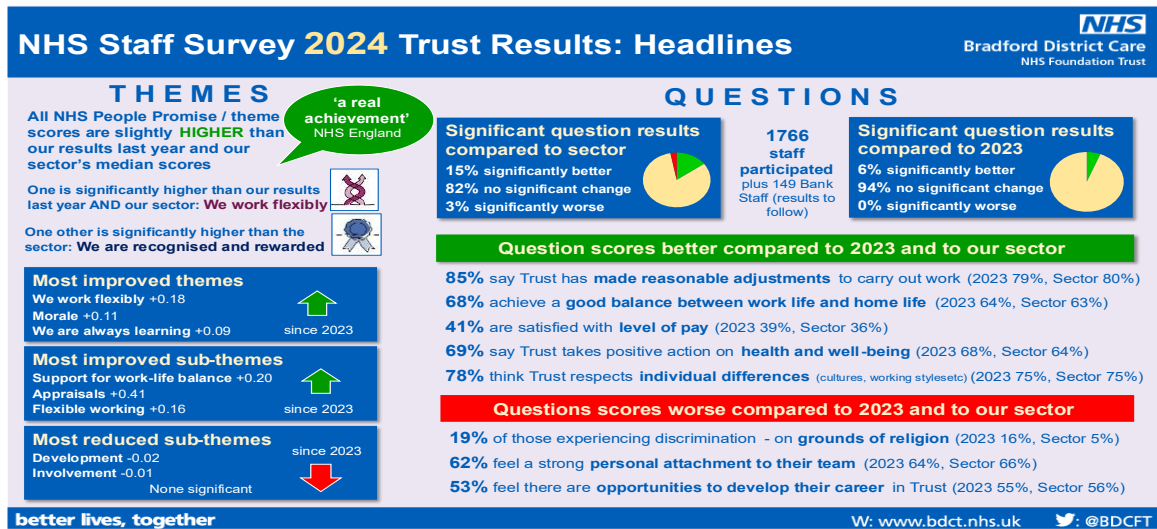
The NHS is operating in a challenging environment and improving staff experience in these circumstances should be recognised as a real achievement. I would like to thank you and your team for all your hard work in leading and delivering improvements for our NHS people. This truly matters to the care we deliver for our patients and service users.

Em Wilkinson-Brice | Director for Staff Experience & Leadership Development, NHS England, April 2025

Despite the improvements, detailed analysis revealed a wide variance of staff experience across the Trust's individual services and teams. Bespoke reports and targeted support ensure these variances are discussed, explored and actioned at both the local and corporate levels.

The Board, People and Culture Committee, senior leaders and People Matters (previously known as HR) are continuing to identify responses and actions towards addressing variances and embedding the People Promise themes.





People Related Highlights

This year has seen a number of remarkable improvements and innovations under the umbrella of “people matters”, as well as some major inroads in relation to workforce productivity, that reinforce the strategic theme of being the “Best Place to Work”. Our people are our most valuable, valued and costly assets and therefore it is so important to ensure that we have a workforce of the right numbers, with the right skills and values and representative of the populations that we serve. We take great pride in providing an employee life cycle that ensures a high quality experience from start to finish and a relationship between us and our colleagues that reflects our Trust values.

Recruitment Activity

Starting with reaching out into our communities and beyond, we are committed to collaborating with our Place partners to provide entry level job, training and career opportunities by working closely with our education and local authority partners to identify roles for young and workless people to join the health and social care workforce family. Our recruitment performance outstrips expectations as far as the timescales over which aspirant employees are attracted, interviewed, screened and on-boarded. The average time to fill, which is the time from job advert being published, to an unconditional offer of employment being confirmed, is 21 days against a 65 day target. By swiftly moving job applicants through the process, we ensure that we don’t lose anyone with the enthusiasm to come and work with us through complex and laborious processes.

Induction

This year saw the second year of our “New In” monthly welcome days for new starters, a vital component of the effective onboarding and setting the right tone for the start of their employment journey with us. Averaging 35 attendees per month, our new colleagues are introduced to Trust Board and Executive Management Team members, undertake some workshop sessions relating to the Trust Values and Staff Charter and are provided with a wealth of information about how we will look after and grow people who work with us. Feedback from new starters is overwhelmingly positive and together with a 30, 60 and 90 day follow up to see how people are getting on, has reduced turnover of staff with less than two years’ service from 50% to less than 20%. We also follow up colleagues on the first and second anniversaries of their appointment with a check in and offer of career advisory support if desired.

Employee Relations

With a workforce the shape and size of ours and the volume and complexity of the work that many of us undertake, it’s inevitable that there will be some dissatisfaction or behavioural concerns amongst our colleagues. Our approach to employee relations activities, particularly disciplinary and grievance cases, has been revolutionised over this year, with live cases being reduced by over half. This has been achieved through effective partnership working with our Staff Side colleagues and introducing a more comprehensive fact finding and triage process to establish the right pathway to follow and intensive training for our managers in people management practices and investigatory methods, where they are indicated. Not only are we reducing the overall numbers of cases through better and more compassionate decision making, but we are also radically reducing the time taken to investigate and complete cases, so important in maintaining peoples’ wellbeing and reducing disruption to services.

Growing our Workforce

We want to make sure that not only are our people well led and supported to be the best they can in the workplace, but we also want them to thrive personally and professionally and pursue career ambitions where they can. By the mid-point of the year, we had improved our appraisal, mandatory training and clinical supervision activity to above the 80% compliance target. As well as targeted and role specific Continuing Professional Development training opportunities, we have also expanded our apprentice support capacity to 120, which is twice our aspired level.

Productivity

Our efforts to drive up the quality of the care we deliver through more efficient and effective use of our people has seen some major progress, particularly in how we commission and deploy temporary staffing. Across our rostered services which include Mental Health inpatient areas, we are consistently fulfilling 90% of the demand for temporary staff, of which 90% are Bank Workers and 10% Agency Workers. This enables us to have more control over the quality and regularity of training the workers receive and through the appointment of a dedicated role; better oversee the supervision of temporary workers from a clinical professional perspective.


3.3.2 Staff Support and Therapy Service

The Trust is committed to providing a culture where staff feel able to seek support and take care of their health and wellbeing needs. The Staff Support and Therapy Service is the internal offer that provides confidential individual therapy (cognitive behavioural therapy(CBT), eye movement desensitisation and reprocessing (EMDR), counselling, compassion focussed therapy, schema therapy and mindfulness), and rapid access to speak to an experienced and accredited psychotherapist. A wide range of psychologically informed workshops on topics such as menopause, compassion, stress, burnout and post traumatic stress disorder (PTSD), mindfulness, maintaining better relationships and dyslexia are available to all staff across the Trust.

The Staff Support and Therapy Service offers consultation and signposting to all staff, allowing people to get the help they need.

Over the past year there has been a particular focus on:

1. Developing and designing, in conjunction with our service users, a Mindfulness for attention deficit hyperactivity disorder (ADHD) group. This is an 8 session, psychological group for staff who either have a diagnosis or self-identify as having ADHD. This has been piloted and will be evaluated to inform decisions about future offers for Mindfulness and ADHD staff. This is now the third psychological therapy group for staff offered in the service.
2. Developing and producing an 'Embracing Self Care' booklet of easily accessible resources for staff to enable people to take time to prioritise themselves and have the information if further support would be helpful.



"from first calling to now the whole experience has been fantastic, everyone is so supportive and compassionate"

3. Maintaining menopause accreditation status for the Trust which has enabled the trust to apply the menopause accreditation status badge to all materials including job advertisements. The menopause workshop, menopause for managers, menopause café, menopause buddies and the annual menopause celebration event are now well established. In collaboration with a member of staff a leaflet for partners has been produced and we have been working with HR and ERostering around being able to accurately record menopause absences in the trust.
4. Hosting placements for trainee clinical psychologist, for the importance of staff support and wellbeing to be an early part of their learning and career development. To nurture and develop people early in their careers with the view that they may want to return to work for the trust once they qualify.
5. Continuing to increase awareness of the services on offer for staff. Improving the SharePoint page, increasing the visibility (the tab for the page now sits at the top of the trust home page), keeping the information up to date. To date there has been 12061 views of the page. Using other avenues such as posters in staff areas, screensavers, being presenters on executive broadcasts, advertising on Yammer and attending in person events to reach as many staff as possible.



3.3.3 Critical Incident Stress Debriefing

The Trust is committed to providing a timely and supportive response to all patient safety incidents and any distressing events that staff require a psychological debrief for. Over the past year there has been a particular focus on:

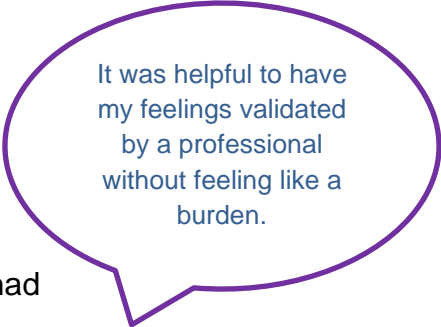
- The implementation of the Patient Safety Incident Response Framework which replaced the previous Serious Incident Framework. The new policy supports the development and maintenance of an effective patient safety incident response

system that integrates the four key aims of the NHS Patient Safety Incident Response Framework (PSIRF) and the existing Trust values.


- Ensuring all staff exposed to patient safety and distressing incidents are well supported and are enabled to support others where appropriate.

The Critical Incident Stress Debriefing (CISD) service offers staff a space to consider the incident, how it is impacting them as individuals/ a group, what they might do to support themselves, one another and what they need of the organisation. The approach draws on Jeffrey Mitchell's 7 stage model:

1. Introduction (including confidentiality within the group)
2. Facts – brief overview of who each person is, their relation to the incident/person who is subject of the incident, and what they know happened.
3. Thoughts – what was the first thought that people had when they heard of the incident?
4. Reaction – what is the worst thing about this incident for you personally?
5. Symptoms – how is this event showing up in your life? How is it affecting you personally/professionally?
6. Teaching – The facilitators seek to validate and normalise reactions to difficult experiences.
7. Re-entry – What can people do to move forwards, support one another, need of one another and the organisation.



It was helpful to have my feelings validated by a professional without feeling like a burden.

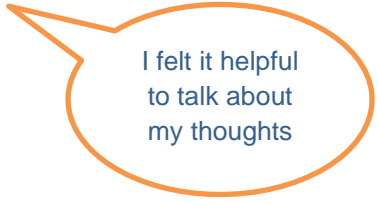


A safe place to reflect and be honest about worries.

The service has been running, using a duty system of trained facilitators for approximately 4 years and evaluates very well. As of November 2024, 265 CISD sessions had been offered of these 124 had been accepted.

Teams report feeling sufficiently supported to not require the service (from replies received). Feedback from those attending CISD sessions report an improved sense of wellbeing after the session and:

- 84% of people felt the space was safe to openly discuss their thoughts and feelings.
- 97% felt listened to.
- 94% felt their views were taken seriously.
- 97% felt the sessions was helpful.
- 100% would recommend to colleagues.



I felt it helpful to talk about my thoughts

3.4 Listening to the voice of experience

3.4.1 Patient and Carer Experience and Involvement

The value and importance of involvement, experience and feedback is recognised across all areas of BDCFT. We have worked hard to identify and celebrate all the different ways in which people who experience BDCFT services can share their voice of experience – and be listened to.

The Patient and Carer Experience and Involvement (PCEI) team continue to promote and support the active involvement of people who access and experience BDCFT services, in the shaping of our services and participation in improvement activities. The PCEI team champion the importance of the Voice of Experience in providing invaluable feedback regarding the quality, direction, and delivery of services. They do this through the promotion, monitoring and reporting on the collection of Friends and Family Test (created to help service providers understand whether patients are happy with the service provided or where improvements are needed) data, as well as supporting patient, carer and public involvement in bespoke improvement activities and projects across the Trust.

Service User Involvement

In BDCFT, Involvement is open-access and anyone who has an experience of BDCFT services will be offered opportunities to share their voice of experience – and be listened to. The Patient and Carer Experience and Involvement (PCEI) Team play a key role in ensuring that Experience and Involvement is at the very heart of all Trust activities. Involvement Partners in BDCFT are allocated, recognised roles, where people who have experienced Trust services, or are invested in the delivery of best quality services, can participate in structured activities designed to support and improve care.

Involvement Partners play a crucial role in service development and ensuring that the Voice of Experience is central to service delivery. To fully register as an Involvement Partner, an individual needs to go through an induction process, which includes some training, information giving, and signing up to the Involvement agreement. Feedback, regular communication, and clear, understandable processes are crucial to ensure the best experience for people participating in meaningful involvement (Involvement Partners).

The Variety of Involvement Activities:

There is a broad range of involvement activities across Trust services. The current and active involvement activities include:

| Type of involvement | No. of Involvement Partners attending |
|---|---------------------------------------|
| Mental Health Legislation Committee | 2 |
| Quality and Safety Committee | 1 |
| Community Mental Health Transformation Programme | 2 |
| Healthy Minds Board | 1 |
| Crisis Services Involvement Group | 3 |
| Dialectic Behavioural Therapy Organisation Group | 6 |
| Suicide reduction steering group | 1 |
| Psychological Therapies Involvement Group/ Psychological Therapies Council | 6 |
| Positive and Proactive Involvement Group | 2 |
| Admin Involvement Group | 2 |
| Research and knowledge forum | 1 |
| Ligature, Environment, Risk and Safety (LERS) | 1 |
| Medicines Management Group | 1 |
| Neurodiversity Group | 1 |
| Smoke Free Group | 1 |
| Psychiatric Intensive Care Unit (PICU) Lived Experience Group (External) | 1 |
| Trust New Starter Inductions | Rotates between 3 people |
| Green Strategy Group | 1 |
| Individual Placement Support Steering Group | 1 |
| Patient and Carer stories at Trust Board | 6 |
| Low Secure service – Service user council | 3 |
| Learning Disabilities – Service user group | 5 |
| Information Governance – Requests for personal information | 4 |
| Specialist Mother and Baby Service (SMABS) service user feedback session | 15 |
| Early Intervention in Psychosis – Future Focus service user engagement / co production events | 20 |
| Child and Adolescent Services (CAMHS) e-referral improvement event | 2 |

Examples of Involvement; Lynfield Mount Hospital Redevelopment

A new role for an Involvement Partner was created as part of the Lynfield Mount Hospital Redevelopment Project Delivery Group. This has been recruited to and the first meeting of the group took place in February 2025.

Recruitment and Selection

BDCFT is dedicated to ensuring that the Voice of Experience is included in recruitment and selection activities in recruiting new staff. Involvement partners are provided training in recruitment activities, which includes being on an interview panel, asking questions and providing feedback. The PCEI team have been working with the People Matters (previously HR) directorate to update the recruitment and selection training for services users. This started with a session with involvement partners where they were able to honestly and constructively feedback on the current recruitment training offer. A new session based on this feedback was delivered to 14 Involvement Partners in October, and once further feedback from that session has been implemented, 3 sessions a year will be delivered for Involvement Partners who are interested in being involved in recruitment activity within the Trust.

Young Dynamos

Young Dynamos are now working with the 5th cohort of Healthy Minds apprentices who are recruited to focus on young people's mental health in Bradford. The Knowledge and Library service delivered a full day session in the school holidays, upskilling the group to deal with the many incoming requests, plus giving them new skills that can assist them in further education, which is something they value over monetary recognition.

This year has seen Young Dynamos be involved in a new project with 0-19 services in three schools across the district, where services from across BDCT engage with young people and families within the school settings. Lots of learning and experience has been gained from these 'one stop health shops' and there is a hope for these to roll out further. An NHS Charities Together Funding Bid has been submitted to assist with this. Young Dynamos have been a critical friend for the bid and will be for the project if successful.

Another first this year has been the takeover session in November which saw 8 different youth groups from across the district, including Young Dynamos, takeover the Children's, Families and Young People Strategic Board Meeting. Young Dynamos received a thank you letter from Councillor Duffy who heads up this board. This was so successful it may become an annual event.

iCare Applications

This year's round of iCare applications asked for evidence on how service user experience and involvement would be included in the projects to achieve their outcomes. The winning applications, all of which included involvement were;

- improving the experience of interpreting services during therapy for patients, staff and interpreters within City Community Mental Health Team.
- expansion and roll-out of the Stepping Stones to Wellbeing Group project (a 9 week co-created support group) across Community Mental Health Teams.
- working with service users to co-produce a card deck resource to support conversations and interventions with service users and families in the Future Focus Service.
- improving the health passport, part funded by Better Lives Charity and iCare.
- equipment and assessments to trial with people living with functional neurological disorder within the Primary Care Wellbeing Service.
- developing sensory maps of inpatient sites at Lynfield Mount Hospital.
- enhancing the student nurse experience by supporting the development of student-led clinics for pre-school children.

3.4.2 Patient Advice and Complaints Service (PACS)

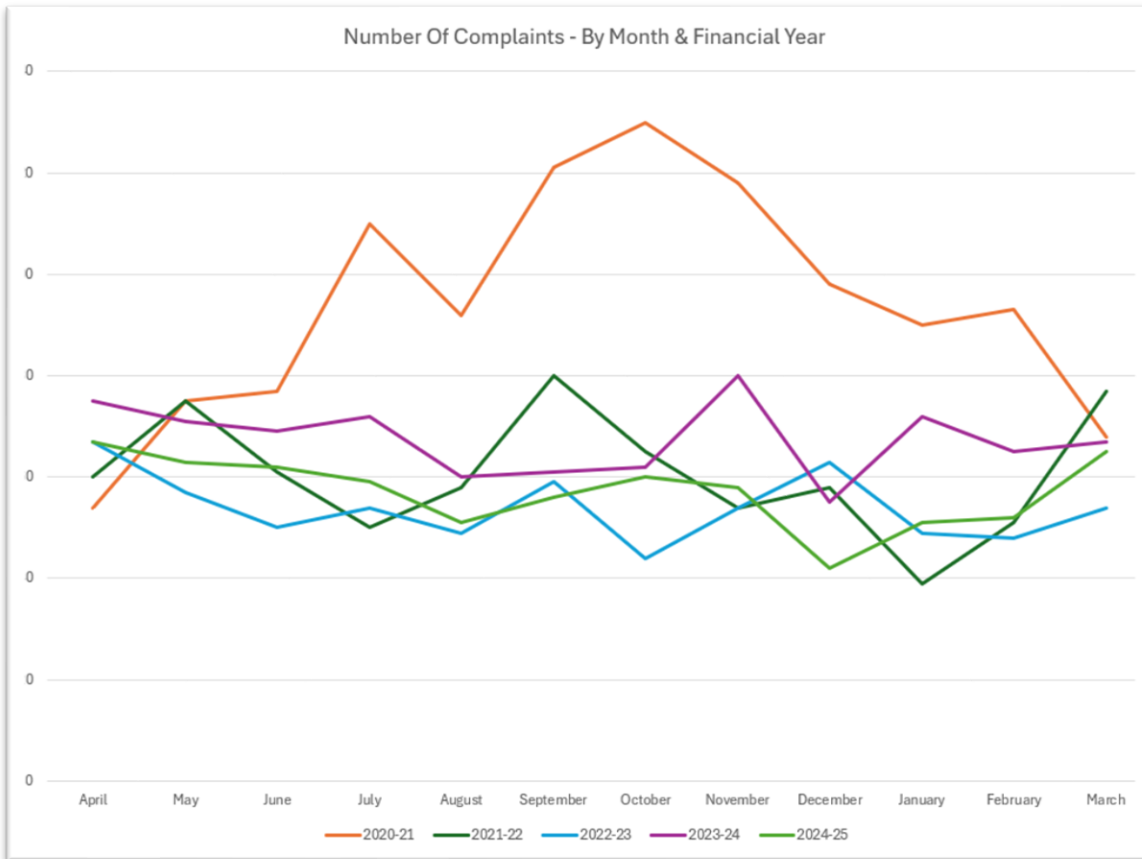
It is important to us that any person using the services of our organisation can seek advice, raise concerns or make a complaint. The PACS team provide a point of contact for signposting enquiries and listening to concerns and complaints.

When a person using our services makes a complaint, this is handled in accordance with regulatory requirements. The PACS team aims to offer an accessible, robust complaints service that is responsive in addressing the complaint in an effective and timely way.

We understand that the complaints process is not always the best pathway for users of our service to receive a response to their concerns. This might be when there is a case of more urgent need for support or when it is possible for us to respond in a way that provides a faster solution to a problem (we call this local resolution).

During 2024/25 PACS handled 578 enquiries (of which 354 required signposting elsewhere) and 686 complaints.

The graph below shows the number of complaints received over the last five years, comparing each year from April to March inclusive:



We value all feedback that we receive from users of our service, and people who care for and represent them. When we receive a complaint, we look at these to explore what happened, what should have happened, and to identify if there are areas of care or service that we could have provided in a better way. This might also involve comparing this to best practice.

Learning from experience and looking at this alongside other information we collect such as patient safety information, information about staffing or information from our staff (examples), is one of the ways we use complaints. This gives us a wider view of our care and services our services and helps us better understand the areas in which we need to improve.

Reports containing the information described (and more) are produced each month and discussed within our quality and safety meetings. We use our governance processes to review and discuss these to assess how well we are doing with regards to these areas of our service, along with any actions we might need to take to make improvements for the benefit of people using our services.

We continue to engage with the Parliamentary and Health Service Ombudsman (PHSO), who were set up by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS in England, as needed. In 2024/25 the PHSO reviewed 5 of our complaint cases.

Learning from Complaints

In 2024/25 the top three most complained about areas were:

- Lack of support. (Where the complainant felt that the service user, patient or themselves, were not provided with the support they needed from services or staff)
- Information. (Where the complainant felt that insufficient information was provided to them or the patient, service user or carer. This could be information about the service, their care plan, or something else.)
- Attitude of staff. (Where the complainant felt staff attitudes were unacceptable, for example being dismissive, or appearing uncaring.)

The table below demonstrates examples of actions taken in response to complaints made in 2024/5, to improve our services:

| Service Area | Improvement action taken |
|---|---|
| Older People's Service Care Home Liaison Team | A team leader has been appointed specifically for the CHL team, and an away day planned to look at the referral process and get feedback from the care homes and commissioners. |
| Community Mental Health Team (CMHT) Older People (Bradford South & West) | The team will now allow a minimum of 2 weeks for letters to arrive, as there may be delays with the postal services. Furthermore, any appointments with less than 2 weeks' notice will now be communicated via telephone. |
| Lynfield Mount Hospital (LMH) 136 Suite | Feedback received from complaints is being used in the Culture of Care and continuous improvement work across inpatient services. The feedback has also been discussed within the care group assurance meetings. |

| | |
|---|---|
| Community Dental Service (Horton Park Mobile Unit) | The service organised an education session for all clinicians to ensure all staff are able to spot and identify possible cystic lesions on x-rays. |
| Daisy Hill Dementia Assessment Unit | Additional training has been arranged on the ward, specifically in relation to Parkinson's disease, its symptoms and treatment. A pharmacist attended the unit to undertake a medication round with qualified staff to aid in identifying any further training needs. |

Review of PACS and improvement plans

Following the review of PACS in early 2024, processes were improved and all cases that had been open for more than 6 months were closed. A new complaints policy which reflected the updated processes, went live in December 2024. Since then, there have been no cases which have been open in excess of 6 months.

There have been some changes in leadership within PACS. A new Senior Patient Experience Manager came into post in September 2024, and an interim Complaints Manager has been in post since August 2024; she will continue in this role until June 2025 when the newly recruited substantive Complaints Manager will join the service.

An internal audit of PACS was conducted in February 2024, with the report due in April 2025.

PACS will be using a new version of our current complaints recording system, to log complaints, which will improve data quality and support the new processes as outlined in the recently updated complaints policy.

The improvement work is continuing into 2025/26 with plans to:

- make further improvements to our processes and systems
- provide further training for our complaint handlers
- develop training for service managers who might need to respond to complaints

Compliments

When compliments are received within our services, we try to ensure these are recorded to reflect our positive feedback.

During 2024/25 the Trust recorded 245 compliments. Compliments are an important measure of patient experience. We recognise that as an organisation we could improve the recording of compliments alongside our other methods of feedback so that we can see a full picture of the experience of users of our services.

3.4.3 Triangle of Care

The Triangle of Care is a therapeutic alliance between carers, service users and health professionals. It aims to promote safety and recovery and to sustain mental wellbeing by including and supporting carers.

Bradford District Care Foundation Trust has committed to being a member of the Triangle of Care and upholding the 6 key standards across all of our clinical services.

The 7 key standards are:

1. Carers and the essential
2. role they play are identified at first contact, or as soon as possible thereafter.
3. Staff are 'carer aware' and trained in carer engagement strategies.
4. Policy and practice protocols re: confidentiality and sharing information are in place.
5. Defined post(s) responsible for carers are in place.
6. A carer introduction to the service is available, with a relevant range of information across the care pathway.
7. A range of carer support services is available.

As part of our Triangle of Care membership, we are annually assessed against how well we are upholding the 6 six key standards. The most recent assessment, in January 2025, resulted in BDCFT retaining our current 2-star status, for the work within our inpatient and crisis services and our community services. Each star relates to a stage and the maximum is 3 stars. This would not have been possible without the hard work and dedication of BDCFT staff who work with carers every day. The Carers Trust have provided suggestions and recommendations for improvement moving forward towards a 3rd star for the trust, within our Adult Physical Health services. We are very much looking forward to working with our

inpatient and crisis services, our community services and our adult physical health services to implement this recommendation.

3.4.4 Well Together and Volunteering

The Volunteer strategy ended in December 2024. This strategy delivered the vision 'empowering people and the organisation to realise the impact of volunteering within the NHS'.

There has been significant growth in investment in Volunteering, diversity of roles and individuals volunteering in the last 3 years. There has been a notable culture shift within the organisation, with the Volunteer to Career programme leading the way in changing how volunteer roles are developed and how our relationship with volunteers is viewed. This was evidenced in the awarding of the Investing in Volunteers standard in June 2024, with an exceptional report within which the Trust's values and inclusivity shone through.



"A key strength is how the BDCFT values volunteers and the impact they have, and how this contributes to volunteers feeling confident and empowered in their work. Valuing volunteers is embedded across the whole organisation. All staff interviewed praised volunteers and expressed how valuable they are, and volunteers talked about how valued they felt" (Investing in Volunteers Assessor).

The deployment of Assemble, the volunteer management system in 2021, has improved the Volunteer Services ability to manage volunteering recruitment at scale and brings accurate and up to date oversight of volunteering activity in the Trust. This has enabled the Trust to respond to the new NHSE Volunteering Mandatory data requirements, which for the first time is giving accurate national data on the scale of volunteering with the NHS. Within the Trust from 1 April 2024 to 30 Nov 2024 224 people volunteered with the Trust, gifting 5674 hours of their time.

There is increased diversity in the volunteers being recruited, with ages ranging from 16 - 90, whilst the Well Together volunteer workforce tends to be older age categories and are more likely to have a long-term health condition or disability. The Volunteer Service is attracting more young people and people of working age. This is due in part to the Volunteer to Career and Therapeutic Volunteering programmes. This is also driving the involvement

of more ethnic and cultural diversity with an increasing number who have lived abroad at some point in their life.

Well Together, following a successful Partnership with Helpforce, published a new impact and insights report to highlight the difference the service makes to volunteers, group participants and staff. [Bradford-Well-Together-Evaluation-report-February-2024-v6.1.pdf \(storage.googleapis.com\)](#). They have also been included as a case study in the new Helpforce report [volunteering in NHS 10 year plan | Helpforce](#).

Both the Volunteer Service and Well Together have increased their presence within the district working in partnership to grow and develop the volunteer offer, most notable of these are the partnership with BTHFT to deliver a standardised and portable volunteer offer, driving up quality and efficiencies. Well Together has developed a positive working relationship with Active Travel Bradford to increase the offer of accessible and supportive walking groups across the district.

The Volunteer Service has advertised 33 roles this year and received 139 applications.

| | |
|--|---|
| 2 year Development Review Clinic Volunteer (Health Visiting) | Quality and Improvement Volunteer (Children's Services) |
| Homeless and New Arrivals Team Administration Volunteer | Talking Therapies Volunteer |
| Therapy Onboarder Volunteer (Core Therapy Team) | Memory Clinic Volunteer |
| Dyadic Movement Volunteer Group Assistant | Reception Assistant Volunteer, New Mill |

876 people have attended the 55 Well Together groups this year, Well Together have developed several new groups, stretching across the District from Settle to Wyke:

Community Activities:

- **Art Group at Shipley Library** – A creative space, popular with people facing mental health challenges.
- **Bradford Active Travel Walks** – New walking routes in Thornbury, Peel Park, and Manningham.
- **Chair-Based Exercise (Settle)** – Gentle stretching and movement to music for relaxation.
- **Relaxation Groups** – "Calm at the Castle" (Keighley) and "Chat and Relax" (Wyke) offer peaceful spaces to unwind.
- **Sewing Group at Women's Zone** – A new gathering for sewing and craft enthusiasts.
- **Settle Cancer Support Group** – Open to anyone affected by cancer, including patients, carers, family, and friends.
- **The Wheel and Walk** – An accessible walking group designed for people with mobility challenges.
- **Weekend Walks** – Outdoor activity options beyond the usual Monday–Friday schedule.
- **Yorkshire Dales Strollers** – Scenic walks using the Dalesbus, ideal for eco-conscious walkers or those who prefer shorter routes.

3.5 Medicines Optimisation

Demand continuously exceeds capacity in the Community Nursing Service and recruiting and retaining our qualified nurses is challenging. In recognition of the fact that medication administration/management constitutes approximately 20% of community nursing activities, a strategic response was implemented in October 2022. This initiative involved the introduction of the lead pharmacy technician role, which has yielded positive outcomes by augmenting community nursing capacity and enhancing standards of care and patient outcomes.

One band 6 Lead Pharmacy Technician was recruited to work directly into community nursing teams providing an opportunity to develop and test a consistent approach to medicines optimisation as well as supporting capacity and demand issues through the undertaking of administration of medications such as insulin and working with patients to support independence. Being integrated into teams offered the post holder an opportunity to identify and deliver training and development needs with the aim of reducing medication errors.

Since 2022, the lead pharmacy technician has collaborated with various community nursing teams, initiating with the Windhill Team and subsequently extending support to the Bingley, Holyfield, Kilmeny, Ilkley, Affinity (Shipley), and Silsden teams. Additionally, the role has accommodated referrals from other areas when deemed appropriate. The role has expanded to include the Falls Prevention Team, where the pharmacy technician collaborates with patients and the multidisciplinary team to review medications associated with fall risk. Additionally, the lead pharmacy technician now supports self-management facilitators during patient visits, assessing individuals who may be suitable for discharge from the district nursing caseload and addressing any medication-related queries.

Data was collected between May 2024 and September 2024, during which 43 completed interventions were recorded over the five-month period. Of these, 22 interventions (51.2%) resulted in patients becoming independent from the district nursing team caseload, no longer requiring their involvement for the specified intervention. This outcome translated to an average of 75 hours of nursing time freed up per month for other clinical activities. The lead pharmacy technician role has proven to be highly beneficial for both staff and patients. Identified opportunities to collaborate with care home staff and home care providers through the Local Authority present the potential for further expansion, contingent on available resources. This extension could bring additional benefits through training and support within the broader community system.

PACT team

With the success of the lead pharmacy technician role in community nursing, a band 5 pharmacy technician was recruited within the proactive care team. This addition has seamlessly integrated into the multidisciplinary team, contributing significantly to support, teaching, leadership, management, and the provision of advice on best practice guidance related to medicines optimisation and management. The role has successfully optimised patient care, emphasising the preservation and maintenance of patient independence whenever feasible.

Medicines Safety

Following a national patient safety alert on Valproate medication, which introduced new regulatory measures for prescribing oversight in both new and existing female patients, the pharmacy team collaborated with West Yorkshire to implement updated prescribing guidance. As part of this initiative, a Trust-wide teratogenic policy was developed and shared across West Yorkshire for adaptation. The Teratogenic Policy outlines the safer use of medicines in women and girls of childbearing age which are known to cause abnormalities or birth defects in a developing foetus. This policy has proven valuable, as a subsequent

safety alert for topiramate introduced additional safety measures, including a Pregnancy Prevention Programme. These new measures have been incorporated into the teratogenic policy to ensure comprehensive patient safety and regulatory compliance. The policy has been disseminated across the Trust, and both the Director of Pharmacy and Deputy Director of Pharmacy conducted teaching sessions with the medical team to ensure clear understanding and effective implementation.

During National Medicines Safety Week, the Trust's Medicines Safety Officer collaborated with the KPO team to launch a series of medication safety webinars aimed at promoting the safe administration of medications. These sessions were recorded and made available to nursing staff via the intranet for future training purposes.

Research and Development

Following a collaboration between the Trust and the University of Bradford, one of our Trust pharmacists successfully completed a PhD in Pharmacogenomics. Following this successful collaboration the Trust is looking to replicate this again and offer another pharmacist the opportunity to obtain their PhD.

Our Trust Lead Pharmacist in Learning Disabilities successfully presented a poster at the College of Mental Health Pharmacy conference in Glasgow in October 2024 following acceptance of her abstract and poster. Our Principal Pharmacist for Older People's Mental Health has also had a poster accepted at the British Geriatric Society annual conference.

Pharmacy Technician Role Expansion

Following investment and a recruitment drive, Pharmacy Technicians are now undertaking the role of medicines administration to patients on most of our acute wards at Lynfield Mount Hospital and the Airedale Centre for Mental Health. This allows them to use their skills to support patients to use their medicines safely and effectively and supports nursing staff to be freed up to spend more time on other clinical tasks and face-to-face patient care.

3.5.2 District Nursing

Anticipatory care

The Pharmacy technician role has continued to have a positive impact on both patient care and adult community caseloads, especially in terms of addressing polypharmacy (reviewing patients taking multiple medications), patient education, and supporting taking medications regularly as prescribed. The role has been integral to the multi-disciplinary team (MDT- the

use of different roles to work collectively to address patient's needs) pilots with the Westbourne Green District Nursing team and, the Falls service.

The multi-disciplinary pilot with the Westbourne Green District Nursing is now being extend to the Hillside Bridge District Nursing team following a successful bid for Service development funding which will support the use of a care co-ordinator in managing the multi-disciplinary meetings.

The Westbourne Green pilot showed that 47% of patients reviewed by the team required more than the core skills of one discipline, so the MDTs have been instrumental in seeking the wider support patients require.

The self-management team are working closely with the District Nursing teams and promoting self-care. Between January and October 2024, they supported 148 patients to be independent and self-caring with blood glucose monitoring and insulin administration.

The service development funding will also be supporting widespread training across all 3 portfolios on shared care training and a greater focus on self-care and proactive/anticipatory care to support different thinking and culture change, as reflective of the new NHS objectives.

3.5.3 Self-Management Facilitators.

The Self-Management Facilitators (SMFs) are a new role to Bradford District Care NHS Foundation Trust. The SMFs work closely with either patients, a family member or, carer, to support an individual to become independent and self-caring with an aspect of health care they need; this could be self-administration of medication, wound care or catheter care to name but a few.

The SMFs work closely with the District Nursing teams and Pharmacy technician, collectively encouraging self-care and proactive working. The role will also be supporting the Well leg Service aimed to reduce the re-occurrence of leg ulcers.

From January to June 2024 the SMF team have supported 632 individuals to become independent with an aspect of their health care. This not only supports the individual to have greater understanding of their health need, personal control and freedom in relation to their own health care and day to day management but, also reduces the impacts on the health care system.

The role can offer many benefits to the organisation:

- Change of thinking for all, changing the conversation and offer.
- Financial/ time benefits and, effective use of resources
- Discharges- early involvement. Promoting self-care earlier, reducing impacts on planned and unplanned care
- Close working with MAIDT at BTHFT
- MDT approach: linking with Local authority, therapy, Pharmacy technician
- Understanding roles and referring appropriately
- Working with Care Homes

Breakdown of Interventions Over 6 Months

| Intervention Type | Count |
|-----------------------------------|--------------|
| Anticoagulant Administration | 22 |
| Bladder Maintenance Solution | 14 |
| Compression Hosiery Education | 51 |
| Dressing Changes | 50 |
| Emollients | 3 |
| Eye Drops | 1 |
| Insulin Administration | 105 |
| Intermittent Self Catheterisation | 0 |
| Leg Bag Changes | 97 |
| Manage Catheter Care | 133 |
| Pressure Area Education | 62 |
| Social Support | 2 |
| Stoma Care and Bag Changes | 16 |
| Test Blood Glucose Levels | 53 |
| Transdermal Patches | 7 |
| Vitamin B12 Administration | 1 |
| Well Leg Service | 15 |
| Total | 632 |

3.5.4 The Bradford Keeping My Chest Healthy Project

The Learning Disabilities team recognised the need to shift the focus from responding when people become unwell to a more preventative, proactive model of care for respiratory health. They also recognised the need for accessible, fully translatable educational resources. The pathway is used to identify people with a learning disability who are at the highest risk of respiratory illness, ultimately preventing hospital admissions, improving quality of life, and reducing costs in the NHS. It includes targets to reduce unplanned hospital admissions, ultimately reducing avoidable deaths.

The new pathway considers everything that can affect a person's chest health and increase their risk of respiratory illness and uses a simple scoring system to assess their level of risk. The scoring system is regularly reviewed and reflects guidance from [NICE](#) and the British Thoracic Society on [aspiration pneumonia](#) and [community acquired pneumonia](#).

From a holistic assessment of anyone identified as at risk, the team produces a personalised 'Keeping my Chest Healthy' care plan. This describes everything a person and their support network can do to reduce their risk of respiratory illness, the soft signs of deterioration, as well as the person's baseline readings to assist carers to recognise promptly when a person is becoming unwell. It also gives actions people can take if they are becoming unwell and information for staff if the person requires hospital admission. If a person's health needs change, the team update the plan.

The team worked with the [University of Bradford's Digital Media Working Academy](#) to develop the '[Keeping My Chest Healthy](#)' digital hub, which works on desktops and smartphones. Care plans have a scannable QR code that links to the digital hub, where users can find [fully translatable co-produced resources](#) with information about the risk factors for respiratory disease. Short videos explain the interventions a care plan may list. The hub has been developed further to include CPD accredited online training modules demonstrating each stage of the pathway, including the scoring and other clinical tools. The team are also piloting a digital version of the Keeping my Chest Healthy care plan.

Outcomes: By December 2024 over 200 people with a learning disability had a 'Keeping my Chest Healthy' care plan. From a random sample of these, 12 months after the plan was produced, the number of chest infections treated with antibiotics had reduced by 54% and the number of hospital admissions for a respiratory condition by 70%.

Between December 2023 and September 2024 the Keeping My Chest Healthy digital hub had 3,236 unique users, 12,763 page views, 37,674 interactions and 100% positive feedback. Families/carers who use the hub report feeling 40% more confident that they are

providing the right respiratory support. One family member said how much they valued the videos in Urdu.

Wider impact: The team shared this pathway with primary care staff who complete annual health checks, so they can proactively identify anyone at greater risk of developing respiratory disease and refer them.

They also shared it with acute trusts so any individual who has an acute hospital admission for a respiratory condition is now considered for a Keeping my Chest Healthy plan to improve their chest health and prevent their readmission.

The team are now working with other Trusts to pilot the KMCH pathway to support the spread and scale of the work to other NHS Trusts.

The successes of the Keeping My Chest Healthy project have been recognised at the HSJ patient safety awards in September 2024, with it being identified as the learning disabilities initiative of the year.

3.5.5 Proactive Care (PACT) team

The PACT have achieved some major milestones in 2024 following an evaluation by Bradford Institute of Research in September 2023 which demonstrated A&E attendances 41% lower in the PACT group. The eleven disciplines, continue to provide a multidisciplinary approach blurring boundaries to provide holistic proactive care for patients in central Bradford. The team were proud to receive the 2024 Star Award for Adult physical community health services team of the year with some members of the team attending the Trust's glitzy Star Award event. Members of the team were invited to the houses of parliament for NHS Parliamentary Awards and were delighted to win the NHS Parliamentary award for excellence in Primary Care and Community Care 2024 giving the team another proud achievement.

The learning journey to meet the needs of the patient population, contributing to many community events to raise the team profile and encourage both self and professional referrals. Collaborative working is supported and encouraged and the links with Bradford Teaching Hospitals NHS foundation Trust and Dementia UK who support care provision continue to develop. Partnerships are being built with our GP surgeries, Bradford Adult Social care and the Voluntary sector to ensure excellent communication channels.



3.6 Mental health services

3.6.1 Activity and Groups at Airedale Centre for Mental Health



At the Airedale Centre for Mental Health, the Therapy and Activity Team collaborate with the Psychology Team to offer a broad range of different sessions and groups to promote meaningful and therapeutic engagement and develop important life skills.

These are person-centred and ideas are generated through a variety of formats including gaining suggestions directly from the services users during the daily morning meetings, through themes that occur during one-to-one sessions on the ward, and alongside the therapeutic volunteer coordinator, influencing the recruitment of future volunteers. We do also encourage service users to help facilitate sessions where appropriate, which helps to

promote feelings of self-worth and confidence and can contribute significantly to an individual's recovery journey.

There focus on important life skills such as psychology's popular 'coping with a cuppa' where both staff and service users focus on emotional regulation techniques, to cooking sessions to build up confidence for independent living. The groups and activities also promote social interaction and inclusion and aim to reduce social isolation which is often a difficulty our service users experience.

The activities and groups are offered by a variety of individuals from the ward based therapy, activity and psychology team; nature-based therapy groups led by our Green Therapist; volunteers via our Trust volunteer coordinators; and also external partners from the community such as Keighley Creative. We also have links with Roshni Ghar, a mental health and wellbeing charity that provide culturally appropriate and responsive services, aimed predominantly at South Asian women.

In particular the sessions provided by our external partners help to create an important step in individual's recovery as networks are made supporting familiarity when experiencing the transition from hospital back home

The activities also recognise important events ranging from religious or cultural celebrations such as Eid or Christmas; celebrating sporting events such as the World Cup or Wimbledon; or engaging in local celebrations such as Lynfest or Bradford City of culture.

An overview of some of the current sessions offered are:

Activity Table

| Category | Activities |
|----------------------|---|
| Culinary & Food | Cooking and Baking |
| Creative | Arts and Crafts, Creative Writing |
| Outdoor & Active | Gardening, Walking Group |
| Social & Community | Coffee Afternoon, Games, Knit and Natter, Movie Night |
| Wellness & Self-Care | Pamper Session |

The group and activity offer is regularly reviewed and the teams are responsive to request for future development- an example of such is that a recent suggestion has been around assertiveness training and therefore group planning sessions are now underway to meet this need. We recognise that group sessions are not always appropriate or a preference and although we promote the benefits of a group session, we strive to offer an alternative option or adaptation on a smaller or one-to-one basis where appropriate and possible.

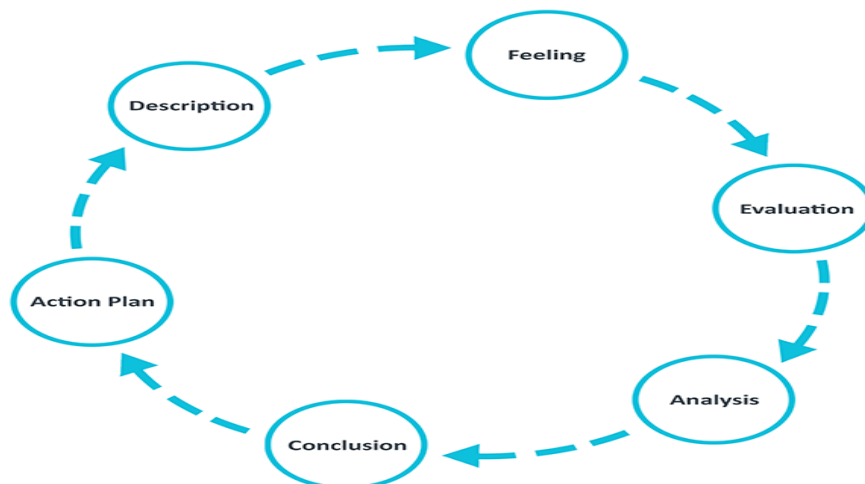


The team tailor and adapt the activity or session to meet the differing needs of the individuals attending to promote inclusion.

3.6.2 Reflective Practice in Acute Community Services

Reflective practice is a planned, regular organised and confidential meeting space for a group of staff to look at and discuss the work they are doing and the impact of this upon the staff, those they work with and care for and the wider systems and processes. Reflective practice is recommended in all health and social care settings. There is evidence that reflective practice, which focuses on the emotional aspects of nursing, can improve nurses' wellbeing and mental health and is considered an essential aspect for improving nursing care. There are weekly sessions facilitated in First Response team, Bradford and Airedale Intensive Home Treatment Team and the Bradford and Airedale Acute Liaison Psychiatry teams have access to monthly sessions.

Gibbs'(1988) reflective practice cycle



Co-production in Acute Community Services- The Involvement Group

The Acute Community Services Involvement Group started in February 2024 and had run monthly since that time. Membership of the group consists of five regular Trust Involvement Partners, the consultant clinical psychologist and the clinical manager for acute community services.

The aim of the group is to develop the quality and opportunity for client and carer centred care and service delivery across our acute community services. The group have worked closely with service staff on the transition to the 111 mental health service, specifically designing the messaging service directing callers to the most appropriate service and this year have collaborated on training on 'Working with clients who experience complex trauma and are in crisis'. This training has been delivered in partnership with Cellar Trust for Mental Health paramedics and co-delivered with Involvement Partners to Safe Spaces staff. The feedback about the contribution from Involvement Partners has been excellent and is much valued by the service.

3.6.3 Specialist Mother and Baby Mental Health Service - Bradford, Airedale and Craven's specialist perinatal mental health service

This multidisciplinary team is part of integrated pathways of care and is engaged with the regional Mother and Baby Unit, mental health services, and critical partners including maternity, health visiting, primary care, voluntary care service (VCS), and other acute services. The service is district wide covering Bradford, Airedale and Craven. It is available to women and other birthing people with severe mental illness and who are considering becoming a parent as well as to people in the perinatal period, which is during pregnancy and up to 12 months following birth. To be accessible and sensitive to perinatal (pre-birth) needs, most of the care is provided in people's own homes and some contacts take place via video, provided this is appropriate to need and doesn't present any risks to parent or baby.

The team offers:

- Preconception advice to women with a history of, or current, severe mental health problems, including information on the risks of pregnancy and childbirth to their mental health and the potential impact on the foetus/infant. This is provided by the perinatal consultant psychiatrist.
- Specialised mental health assessment, evidence based perinatal risk assessment and parent-infant relationship assessment.

- All women provided with ongoing care within the team are care co-ordinated.
- Add-on packages of care to women within the perinatal period, who are already have ongoing secondary care, as agreed with the existing service's care coordinator;
- Specialised medication advice to women and practitioners via the consultant psychiatrist.
- Mental health care and support to women, their infants and their families, including evidence-informed interventions. A range of therapeutic interventions are offered, including specialised support for the mother and for the parent-infant relationship. In addition, Nursery Nurses provide practical and emotional support.
- Accessible information and resources regarding perinatal mental health to the woman, her family and promoting awareness and knowledge across the wider community.
- Proactive communication across services to the benefit of the woman's care.
- Duty support to all professionals, supporting perinatal mental health care across services.

We have expanded so that 5% of the birthing population will be able to access specialist perinatal care in 2024/25. In 2022/23 we saw 4.2% of the birthing population. We are hoping to expand over time and with investment to meet the LTP of 10% access.

Referrals are received from any professional, or a mother or other birthing parent can ring up First Response Service for support in a crisis. Midwifery is the most prevalent referrer, then GPs, HV, and mental health services. About 50% of referrals are made antenatally, supporting early intervention and prevention. The wait to assessment fluctuates but is currently around 2 weeks, in line with NHSE ambitions.

Most mothers referred to the service experience deprivation, with over half of all the referral living within the 20% highest deprivation. Regarding ethnicity, the referrals appear broadly reflective of the demographics of Bradford. Therefore, it seems that SMABS is an accessible service. SMABS has taken part in the Equality Delivery System 2022 and were identified as excelling.

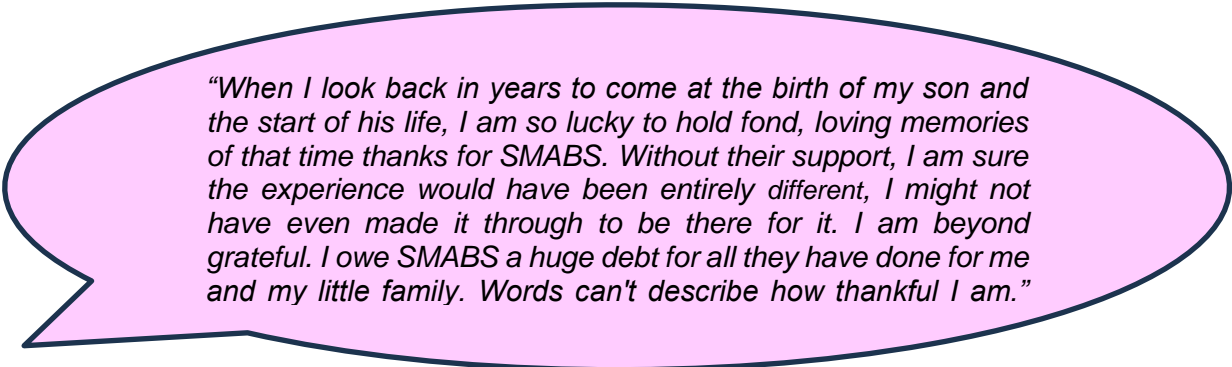
Specialist Mother and Baby Mental Health Service (SMABS) works directly to help women recover from their severe mental illness and provides prevention and early intervention, preventing and mitigating Adverse Childhood Events ACES. Based on clinician and patient measures, the data indicates that women who received care from SMABS mainly recover and that the majority of mother-infant relationships improve. 57% of mothers reported no psychological distress via their final Clinical Outcomes in Routine Evaluation (CORE) and 7% reported mild psychological distress via their final CORE. 60% of parent-infant relationships improved and 19% had no issues throughout care. Based on mothers' reports 8% of parent-infant relationships had no issues and 70% parent-infant relationships improved.

Our feedback from mothers is overwhelmingly positive as can be seen via Family and Friends, service user groups, and Royal College of Psychiatrists peer review. Given that the perinatal period can augur a significant deterioration in mental health with some serious mental illnesses being diagnosed for the first time, the outcomes are positive.

Women who receive ongoing care also receive parent-infant interventions, including therapy. We are recognised for our mature parent-infant mental health offer. We have a stepped care approach and are a service provider in BDCFT's infant mental health pathway. Ready to Relate is receiving national interest and a digital accompaniment product has been launched in 2023/24, with more than 2800 users by the end of 2024. We are the first Trust, and perinatal mental health service, in the UK to implement Lieberman's Child-Parent Psychotherapy, a recommended gold standard intervention by the Early Intervention Foundation.

During 23-25 we have provided more than 607 advice consultations to support Perinatal mental health care across place. We have developed and shared the interactive recommended perinatal mental health care pathways guides to promote excellent perinatal mental health care to be implemented across services. We provide training to upskill practitioners both internal and external to the Trust: we develop perinatal mental health training and parent-infant mental health training for primary care practitioners, secondary and tertiary mental health service. The Ready to Relate training and resource is also invested in across Bradford, Airedale and Craven, with the aim to support parent-infant relationships and mitigate adverse childhood experiences by changing the narrative of the infant to one which is more evidence based and enable parents to better understand and find satisfaction and enjoyment with their infants. Training receives positive evaluations for example: *"Fantastically helpful and informative"* and *"It was great training. I wouldn't change it."*

We have also developed a range of resources which are available on our website, including prescribing advice, facilitated self-help and information and awareness raising resources. We have also developed the Ready to Relate digital offer which provides families with evidence-based information and supports practitioners in their interventions aimed at supporting the parent-infant relationship.



"When I look back in years to come at the birth of my son and the start of his life, I am so lucky to hold fond, loving memories of that time thanks for SMABS. Without their support, I am sure the experience would have been entirely different, I might not have even made it through to be there for it. I am beyond grateful. I owe SMABS a huge debt for all they have done for me and my little family. Words can't describe how thankful I am."

3.6.3 Children's 0-19 Service

At Bradford District Care Trust our public health nursing teams deliver the 'healthy child programme.' (HCP). This consists of several contacts/ visits for parents/ carers and their children.

For those with children under 5 years this is an antenatal visit, a birth visit, a contact when the baby is between 6 and 8 weeks old and then 2 development reviews. (One when the child is around 1 year and one when the child is around 2 and a half.) These are all delivered by a member of the health visiting team.

Our school nursing team deliver the national child measurement programme (NCMP). The National Child Measurement Programme (NCMP) is a government-mandated public health program that measures the height and weight of children in Reception and Year 6. Children in reception will also have their hearing checked.

Both our school nurses and health visitors also deliver 'packages of care', which support families, children and young people who may be experiencing difficulty in a particular area, such as breastfeeding/ emotional wellbeing/ anxiety.

Over the last few years our service has introduced extra programmes of support including MECOSH (The Maternal Early Childhood Sustained Home-visiting) and the infant to school programme, Infant to School helps parents prepare a child for school, offering support with things like toilet training and speech and language development. It can be used with families who have or have not been through the MECOSH programme.

We have also introduced CHAT health. This is an anonymous and confidential way for people to contact our service. We have CHAT health across 3 areas:

- The parent advice line is for parents and carers of under-fives to text the Health Visiting team, where we offer a wide range of advice and support on topics such as safe sleep, behaviour, crying, toileting, immunisations, development and mental health.
- For mums who are breastfeeding, the Community Infant Feeding team can be contacted with any queries or concerns about breastfeeding, or for details of local support groups and clinics.
- Our third area is for Children and young people aged 11-19 who can text the School Nursing team and receive anonymous advice and support on a wide range of issues, from healthy eating and emotional health and wellbeing, to alcohol, smoking or vaping, drugs, self-harm, contraception, sexual health or bullying.

In the last year we have introduced development review clinics, where groups of children are seen in a community setting such as a family hub. One stop health shops have been trialled in some schools, the idea was to work with other agencies and allow a safe space for students and families to access different services and organisation in one area. Positive feedback has been received in all of our new development areas and we hope to expand on these in the future.

3.6.4 Mental Health Nurse Kate Dale Honoured in New Year Honours List 2025



Kate Dale has been recognised in the New Year Honours List 2025 with the British Empire Medal (BEM) for her outstanding services to people with severe mental illness.

Kate, a Mental Health Nurse with the Trust, has been a driving force behind improving the physical health outcomes of individuals with severe mental health conditions. This recognition highlights her remarkable dedication to reducing premature mortality rates among this vulnerable population, who are at risk of dying up to 25 years earlier than the general population due to untreated physical health issues.

With an incredible 45 years of continuous service to the NHS, Kate's career has been marked by unwavering commitment and a pioneering spirit. Her work, both locally and nationally, has brought about significant improvements in the delivery of integrated physical and mental health care. As a national leader in the Positive Practice Mental Health Collaborative's Special Interest Group on Integrated Physical and Mental Health Care, she has influenced policy makers and raised awareness of the need for a holistic approach to patient care.

A key achievement of Kate's career has been the development of the Mental Health Physical Review Template, an innovative tool that systematically guides GPs and practice-based staff in conducting comprehensive annual physical health checks for people with serious mental health conditions. This template has been successfully implemented across 80 GP practices, hospital wards, and five physical health and wellbeing clinics in Bradford and Airedale, allowing healthcare staff to provide more effective, timely, and tailored care.

The multi-award winning template has been showcased by NHS England as an example of good practice and has been rolled out regionally through the support of the Academic Health Science Network and Kate continued to roll out the initiative nationally. In

addition to her pioneering work, Kate regularly represents the Trust as a keynote speaker at conferences across the UK, advocating for parity of esteem between physical and mental health. Her efforts have been instrumental in improving physical health checks and raising awareness of their critical importance within mental health services.

Reflecting on her honour, Kate said: “There is no health without mental health and physical health; we need to look at patients holistically and not segregate the two. By improving the physical health of people with serious mental health conditions, we can reduce the number of premature deaths across the UK. This recognition is not just for me, but for the entire team at Bradford District Care NHS Foundation Trust, whose hard work, determination, and passion have made this possible.”

As a recipient of the British Empire Medal, Kate will be formally presented with her medal by the Lord-Lieutenant at a local ceremony and will be invited to attend a Royal Garden Party in recognition of her achievements.

Phil Hubbard, Care Trust Director of Nursing, Professions and Care Standards and Deputy Chief Executive, said: “The Trust is incredibly proud of Kate and congratulates her on this well-deserved honour. Her work continues to inspire and bring about meaningful change in the lives of those living with severe mental illness.

3.6.5 Children in Care team

The Children in Care team has been named a finalist for the prestigious HSJ Digital 2025 Awards in the “[Empowering Patients through Digital](#)” category.

This recognition highlights their efforts as the first service within our Trust to implement the Patient Engagement Platform, *Patients Know Best*—a user-friendly and accessible digital patient portal. This also looks like a national first of type, showing the true pioneering nature of this project.

Through this initiative, care-experienced young people aged 16-18 now have access to a secure digital version of their *My Health Passport*. This innovation enables them to manage their personal health records and communicate directly with our Trust’s nursing team. Co-developed with care leavers and staff, the project is designed to enhance patient communication and empower young people with greater control over their healthcare information. Including some positive user satisfaction stories, with one vulnerable patient engaging with care professionals who have previously refused to participate in the service offering.

3.6.7 Clinical Administration Service

These teams have improved quality in many ways over the last year. Some examples include:

| Team | Key Improvements |
|---|--|
| Central Administration | <ul style="list-style-type: none"> - Expanded the team with two Service Coordinators to support senior managers in Mental Health Teams - Assisted in 'One Stop Shop' events for parents - Supported clinical managers with return-to-work forms, releasing time to care |
| Children's Administration (CHIS) | <ul style="list-style-type: none"> - Reduced vitamin stock wastage, saving around £3,000 a month - Established a central phone line for reporting absences - Cross-trained staff for off-site duties to improve efficiency |
| Inpatient Services | <ul style="list-style-type: none"> - Improved supervision data input and training compliance - Reception team now manages ward keys, reducing replacement costs - Standardised vehicle booking system, releasing time to care |
| Mental Health Administration | <ul style="list-style-type: none"> - Took over reception duties at Fieldhead, freeing up clinicians' time - Supported transcription and processing for the Neurodevelopmental Service, reducing legacy waiting lists - Recognised with a You're a Star Award nomination |
| Physical Health | <ul style="list-style-type: none"> - Soft-launched the Patient Knows Best (PKB) digital platform - Started referral processing for the Tissue Viability Well Leg Service - Expanded uniform laundering and reuse, saving around £9,500 a year and reducing CO2 emissions - Piloted a centralised stock ordering system for Podiatry - Supported Early Language Support for Every Child (ELSEC) project |
| Service-Wide | <ul style="list-style-type: none"> - Supported the creation of an admin workforce pool, reducing agency reliance - High promotion rates due to strong induction and training plans - Leading in mandatory training and service performance KPIs - Actively involved in clinical transformations to free up time for care - Introduced admin service volunteers, enhancing engagement - Developed digital post ledger and franking label system for efficiency - Created in-house recruitment and training videos - Moved health & safety risk assessments online |

| | |
|-------------------------------------|---|
| | <ul style="list-style-type: none"> - Added tamper-proof seals to emergency boxes for cost control - Developed new Friends & Family Test survey method - Conducted audits to improve communication quality - Enhanced staff survey feedback reporting for focused improvements - Improved internal communication through MS Teams and direct leadership access - Released 2,470 clinical hours in 24/25, totalling 11,821 hours over two years |
| Single Point of Access (SPA) | <ul style="list-style-type: none"> - Began 111 call redirect for better crisis support - Piloted a pressure ulcer prevention support line - Enhanced call handling for multiple teams, reducing unnecessary visits - Implemented MS Teams for rapid mental health team alerts - Developed duty lists for real-time clinician availability |

SECTION FOUR:

Statements from our Partners

4.1 Bradford Healthwatch



Healthwatch Bradford and District welcomes this opportunity to comment on the Bradford District Care Foundation Trust Quality Report for 2024/25

As the independent champion for people using health and care services, we welcome the work and commitment of the Trust in ensuring the voices of patients and service users are heard. Once again we recognise the commitment to the continued delivery of excellent services for the citizens of Bradford.

We also recognise the challenges that all providers are currently facing in regard to significant structural changes within the national and local health and care systems. Not least the huge financial savings that have already and will continue to need to be made.

It is pleasing that the ongoing strategy of the Trust continues to put the person at the centre of decision making and that the 'Ambition to Action' strategy focuses on patient experience with specific focus on those experiencing the greatest inequalities.

The success of the Personal Health Budgets initiative is especially pleasing in supporting patients to leave hospital and to become 'Happy, Healthy and At Home' just as soon as is safely possible.

We continue to maintain an effective working relationship with colleagues at all levels across the Trust and look forward to developing this further with the Patient Advice and Complaints Team and Patient and Carer Experience and Involvement Team.

We note that the Trust is undertaking a strategy refresh re patient experience and happily offer our support with this as may be required.

For the second year running Healthwatch Bradford & District are particularly pleased to have seen significant improvement in the delivery of children's mental health services over the last year. We have seen first-hand the commitment and leadership that has driven this work. It has been a pleasure to work directly with key Trust personnel to provide support and challenge to both strategy and delivery.

We look forward to working with the Trust and partners to continually improve services to patients and to see the workforce thriving in a supportive and successful environment.

Helen Rushworth
Chief Executive Officer
Healthwatch Bradford & District

June 2025

23 May 2025

The Bradford District Care Foundation Trust Quality Accounts 2024/2025

On behalf of NHS West Yorkshire Integrated Care Board, I welcome the opportunity to feedback to Bradford District Care NHS Foundation Trust (BDCFT) on its Quality Report for 2024/25. The Quality Account has been shared with key members across the Bradford Place and this response is on behalf of the organisation.

The priorities set out in 2023/2024 have been linked to three key themes and I note the key achievements mapped against last year's priorities, which include:

Theme 1 – Access and Flow:

- The implementation of right care, right place, right time model to improve choice, access, reduce waiting times and enhance care delivery utilising partnership working, and digitally enabled services. The progress you outline includes waiting times for Child and Adolescent Mental Health Services, which has reduced from 21 to 12 weeks. You have developed an initiative in partnership with BTHFT and Locala to support eighty adults and children to access dental treatment under General Anaesthetic in a 3-month period. You have introduced digital systems including Artificial Intelligence (AI) within NHS Talking Therapies, digital consent forms in children's vaccination services, and the Patient Engagement platform across podiatry and dental services. I note that this priority will continue into 2025/2026.
- The enhancement of collaboration between mental, physical, and social care systems to embrace innovative ways of working, which has included the establishment of an award-winning care team. Further examples of progress include the continued roll out of Proactive care team (PACT), delivering a holistic service by different professions to people with the highest need, and the delivery of the Personal Health Budgets Pathway in partnership with Mind in Bradford.

Theme 2 – Learning for Improvement:

- The sharing of best practice and learning, to improve effectiveness, with key achievements noted as offering health support in schools, the implementation of the Personal Health Budgets Pathway for those in hospital to support discharge and the delivery of learning and education events across the district.
- The continuing work to embed the 'Care Trust Way' Strategy to ensure continuous improvement; an approach which embraces the integrated care agenda across Bradford and Craven, focussing on involvement of staff and service users to manage expectations and challenges, to provide safe and effective services, reaching those most in need.

Theme 3 – Improving the Experience of People who use our Services:

- The drive to embrace the principles of trauma informed care in the offer of services, including board training and involvement in the complaints process. I acknowledge that there is current work ongoing to refresh the Involvement Strategy to continuously improve peer support, volunteering opportunities to encourage learning to support transformational change. I note you take active steps to improve involvement from people who use your services thus improving experience.

The Trust has made further strategic quality improvement priorities, acknowledging the dedication and collaboration across services. The most notable improvements include:

- The continued focus on the health and wellbeing of staff, including improving absence monitoring and support for staff and
- Enhancing the care pathway for patients with dementia and Alzheimer's
- Improving the digital patient referral system and continued commitment to data quality and effective electronic clinical record systems
- Improving experience for individuals using the Purposeful Inpatient Admission (PIPA), supporting staff with a learning event
- The involvement in audits to inform future care delivery, including engagement in 100% of National audits available, including Diabetic Footcare, the prescribing and use of several medications (Rapid Tranquilisation, Melatonin, Opioids, Clozapine)
- Staff and patients have continued to participate in clinical research, thus demonstrating the continued commitment to improving quality of care.
- The full transition in April 2024 to implement and embed the Patient Safety Incident Response Framework and plan, thus developing processes, new ways of working and approaches to learning from patient safety events. The Trust continues to strengthen opportunities in how 'Learning from Deaths' can be used to make improvements.
- The Patient-Led Assessment of the Care environment annual assessment scores for the Trust are higher in all areas than the national average, thus evidencing the enhanced patient experience.
- Ensuring the Freedom to Speak up approach is psychologically safe.
- Continued commitment to infection prevention
- The Trust Board continued their 'Go See' visits to inpatient areas with positive feedback.
- Securing £50 million in capital funding in August 2024, to develop two new wards, refurbishment of two existing wards, improve off ward facilities and develop an additional S136 suite at Lynfield Mount Hospital.
- The Better Lives Charity facilitated improving health, experience and well-being for staff and service users. The response rate for the staff survey was 53%; improvement areas were recognised and actions developed.
- The continued focus on enhancing how the Trust hears from service users and improving the experience of Involvement Partners
- The recognition of complaints with actions developed to address concerns; the new Complaints Policy was published in December 2024, alongside new systems.
- The continued progress in adopting the Triangle of Care across services, a therapeutic alliance between carers, service users and professionals.
- The continued commitment to Medicines Optimisation across the Trust, including the further development of medicines technologists and the
- For people and their caregivers, the educational and health improvement tool 'Bradford Keeping my Chest Healthy Project,' has been developed by Learning Disability Services.

The CQC rating remains as 'Good.' I acknowledge that the CQC has not taken any enforcement actions or undertaken any investigations against the Trust during 2024/2025 and commend you on this.

I note the key local priorities for quality improvement for 2025/26 will have a continued focus on change which will have the greatest impact:

- You will introduce a Quality Management System, to enhance how the organisations services meet quality standards; therefore, improving efficiency, reduce risks and monitor quality throughout the organisation.
- You will launch value stream into care groups with a dedicated focus on patient pathways and processes, thus ensuring each pathway delivers the greatest impact. This will serve as a foundation for long-term transformation, developing a culture of efficiency, collaboration, and value-driven quality care.

- You will continue to embrace AI, Automation, and digital ways of working.

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

Finally, I am required to confirm that the Bradford District and Craven Health and Care Partnership has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of Bradford District Care Foundation Trust's quality initiatives and activities over the last year.

I can also confirm that the Bradford District and Craven Health and Care Partnership has taken reasonable steps to validate the accuracy of information provided within this Quality Account and can confirm that the information presented appears to be accurate and fairly interpreted; the Quality Account demonstrates a high level of commitment to quality in the broadest sense and we support the positive approach taken by the Trust.

Your sincerely

A handwritten signature in black ink, appearing to read 'MSD', is positioned above the printed name and title.

Matt Sandford
Director of Partnership and Place
Deputy Accountable Officer BDC ICB

4.3 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.

Glossary

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 terms used in these pages.

| Term | Definition |
|-------------------------------|--|
| 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. |
| Benchmarking | To evaluate something (e.g. a service) by comparison with a standard. |
| Care Quality Commission (CQC) | 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. |
| CBT | Cognitive Behavioural Therapy - A talking therapy that can help you manage your problems by changing the way you think and behave. |
| 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. |
| 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'. |
| LEAN Management | Lean management is an approach to managing an organisation that supports the concept of continuous improvement |
| National Patient safety Alert | Patient safety alerts are official notices issued by NHS England which give advice or instructions to NHS bodies on how to prevent specific types of incidents which are known to occur in the NHS and cause serious harm or death |
| NHSEI – NHS England and NHS Improvement | NHS England and NHS Improvement joined together from 1 st 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 | The National Institute of Clinical Excellence https://www.nice.org.uk/ |
| 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. |
| R4 | The Trust's clinical information system for salaried dental services. |
| Schema Therapy | A type of cognitive therapy. |

Contact us

Communications

For all media enquiries or if you would like copies of the Quality Account or more information about the Trust you can contact us:

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 Follow @BDCFT

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