

# Quality Account 2025/26

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 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 Ingleton 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.

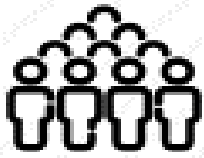
## Services we provide

During 2025/26 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
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 (PICU)	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 (SMABS)	Speech and Language therapy
Speech and Language Therapy for Pupils within Resourced Provisions and for Deaf Children	Talking Therapies
Tissue viability	Youth offending team: health team
	Well Together service

## Our Trust in Numbers

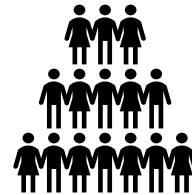


**659,000**  
**(approx.)**

People we provide  
services to



**51**  
services provided



**3438**  
Substantive staff



**294**  
Aspiring Cultures  
Staff Network



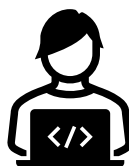
**GOOD**  
Overall CQC rating



**323**  
Other professional  
including scientific  
and technical staff,  
including  
psychologists and  
pharmacists



**1038**  
Registered  
nursing and  
midwifery staff



**968**  
Admin, estates  
and non-clinical  
staff



**60**  
Sites we  
operate from



**£256.3m**

Annual turnover for  
2025/26



**96**

Medical staff  
including  
consultants,



**739**

Clinical staff,  
including health care  
support workers



**1863**

Bank Workers



**185**

Volunteers



**199**

Members of our  
Beacon Staff  
Network



**77**

Members of our  
Rainbow Alliance



**288**

Allied health  
professionals  
including occupational  
therapists and  
dietitians



**87.14%**

Staff that feel their role makes a difference to service



**50**

People that have taken part in our service user network activities



**5590**

BDCFT X (Twitter) followers



**5590**

BDCFT Facebook followers



**10,250**

Visitors to our website each month

# 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 (CTW) 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 neighbourhoods, 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](#)



<p><b>Best place to work</b></p> <p>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.</p>	<p><b>Deliver best quality services</b></p> <p>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.</p>	<p><b>Making best use of resources</b></p> <p>We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do.</p>	<p><b>Be the best partner</b></p> <p>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.</p>
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# 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 (2025/26): 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 (2026/27), 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. As we know in our context, this is set against a background of widening health inequalities, which strengthens our resolve to continually improve 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 the people that we support. 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 skilled and committed people.

The coming year will continue to bring with it challenges, but I remain confident in our ability 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 that reads "Therese Patten". The signature is written in a cursive style with a long horizontal flourish at the end.

Therese Patten, Chief Executive  
Date: 3 June 2026

## 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 2025 to March 2026
  - papers relating to quality reported to the board over the period April 2025 to March 2026
  - 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: 

Therese Patten, Chief Executive  
Date: 3 June 2026

Signed: 

Sarah Jones, Chair in Common  
Date: 3 June 2026

# 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 2025/26

In our 2024/25 Quality Account, we set out our 2025/26 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 below.

#### **Delivering Best Quality Services for Our Community**

Bradford District Care NHS Foundation Trust (BDCFT) continues to strengthen its approach to quality improvement (QI), embedding a culture that supports better outcomes for patients, carers and staff. Over 2025/26, we made meaningful progress in improving access to care, collaborative working and patient experience, using our established improvement methodology: The Care Trust Way (CTW).

Our approach to improvement is increasingly focused on systems rather than isolated projects. Through structured improvement methods, value streams, strong clinical and operational leadership, and sustained investment in capability, we are better able to identify what matters most, test change at pace, and embed learning across services. This enables teams to respond more effectively to demand, reduce unwarranted variation and deliver care that is safer, more equitable and more person-centred.

This report outlines our progress against last year's Quality Improvement priorities, highlights where improvement activity has delivered tangible impact, and sets out how QI is woven into the fabric of the Trust. It also describes how our priorities will evolve in 2026/27, aligned with national NHS Quality Account requirements and the Trust's strategic ambition to deliver Better Lives, Together.

## QI Priorities and Progress in 2024/25

Last year, we identified three strategic QI priority themes under our ambition to Deliver the Best Quality Services. Each priority was designed to drive tangible improvements over a multi-year period.

Together, these principles frame how the Trust approaches improvement in practice. Our first priority focuses on where improvement has the most immediate impact for patients and services: access to care and the flow of people through our pathways.

### Priority Theme 1 – Improving Access and Flow

We committed to ensuring the right care, in the right place, at the right time, reducing waits and improving continuity of care.

Using continuous improvement methods, several services achieved measurable improvements in access. For example, the Memory Assessment and Treatment Service (MATS) has transformed access, flow and patient experience across the district. Through pathway redesign, improved triage and multidisciplinary working, waiting times have reduced from around 18 months to approximately six months, despite rising demand. A standardised and equitable pathway is now in place across all localities, supported by clearer referral criteria and improved digital processes. Patient experience has also been strengthened through clearer communication at referral, a co-designed pathway leaflet, and the introduction of a “Waiting Well” volunteer programme to support people while they await assessment.

We have also embraced innovative digital solutions. Our Talking Therapies service, working in close partnership with Limbic, has implemented AI-enabled triage and care support tools (Limbic Access and Limbic Care). This collaboration, recognised through winning the HSJ Digitising Patient Care Award (2025), has widened access for people who may struggle with traditional referral routes. Notably, 39% of referrals are completed outside normal working hours, with a 90% conversion rate from intake to assessment, while also reducing unnecessary demand on clinical teams.

Building on this success, we are continuing to improve digital communication and access across community services. This includes expanding use of the Patient Knows Best(PKB) platform to give patients greater access to, and control over, their information and appointments; rolling out e-referrals to improve referral quality and reduce administrative delay; and extending SMS messaging to support clearer and more timely communication. Together, these improvements support more equitable access, reduce avoidable variation and contribute to more sustainable services.

While improving access and flow is critical, sustaining these gains depends on how effectively we learn from practice. Our second priority therefore focuses on strengthening learning for improvement, ensuring teams are supported to understand what works, adapt in real time and spread learning across services.

## **Priority Theme 2 – Learning for Improvement**

We aimed to strengthen how we learn from practice and apply that learning systematically to improve quality, safety and outcomes across services. In 2025/26, this priority increasingly focused on learning through doing, using structured improvement methods, coaching and collaboration to generate insight, test change and spread what works.

A key example is the Culture of Care programme in inpatient services, delivered through the Care Trust Way and aligned with NHS England's Culture of Care standards. During the year, three inpatient wards participated actively in the programme, supported by improvement coaching, executive sponsorship and lived-experience partners. Ward teams tested changes focused on therapeutic relationships, communication, ward routines and staff wellbeing. Learning is shared through regular learning networks and Trust-wide report-outs, helping teams reflect on progress and build confidence in using improvement methods. Feedback indicates clearer shared expectations of care, stronger multidisciplinary working and more consistent attention to how care is experienced by patients and families.

Learning for improvement is also central to Community Mental Health Team (CMHT) transformation work. Recent improvement activity involved large-scale staff engagement across CMHTs, bringing together care co-ordinators, medics, psychologists, managers and partners to examine the end-to-end assessment and allocation process. Through value-stream mapping and data review, teams developed a shared understanding of demand, processing steps and waiting lists. This has generated evidence-based priorities for change, including waiting-list management, role clarity and releasing time to care, enabling targeted testing rather than reliance on anecdote.

Across the Trust, improvement coaching, structured report-outs and learning networks continue to strengthen how learning is captured and applied. By grounding improvement in real-time data, lived experience and frontline insight, learning increasingly informs service redesign and supports sustainable improvement at scale.

Learning alone is not sufficient unless it translates into meaningful change for the people who use our services. Our third priority therefore centres on patient experience and involvement, ensuring that improvement is shaped by lived experience and results in care that feels compassionate, respectful and responsive.

### **Priority Theme 3 – Enhancing Patient Experience and Involvement**

We set out to ensure that care across BDCFT is consistently person-centred, trauma-informed and shaped in partnership with people who use our services. In 2025/26, this priority focused on turning lived-experience insight into practical, visible improvements.

Within MATS, patient and carer experience has been central to pathway redesign. A co-designed, accessible pathway leaflet helps people understand what to expect from referral through to diagnosis, supported by clearer communication and additional non-clinical support while waiting. These changes have reduced uncertainty and anxiety and improved the overall experience of care.

A second example comes from the Culture of Care programme in inpatient services. Service user feedback highlighted that standard personal care products did not meet the needs of people with different hair types and cultural backgrounds. In response, ward teams tested the provision of multicultural hair-care products using a structured PDSA approach. This change recognised hair care as a basic aspect of dignity and inclusion and reflected the programme's equity-focused, culturally responsive care. Learning from this work is being shared through Culture of Care networks to support wider adoption.

Across the Trust, co-production, peer support, volunteering and QI activity continue to embed lived experience into service design and delivery, supporting care that is compassionate, respectful and inclusive.

Together, these three priorities demonstrate how improvement at BDCFT is being delivered in practice. Embedding this way of working across the organisation is essential to sustaining progress and supporting continuous improvement at scale.

## **Embedding Quality Improvement Across BDCFT**

A core strength of BDCFT is that quality improvement is increasingly everyone's business. The Care Trust Way continued to mature in 2025/26, with a clear focus on building improvement capability at scale. To date, over 1,000 staff have received some form of QI training, from introductory awareness and local QI champions through to CTW Practitioners and a growing cohort of CTW Sensei who coach and support others.

Daily Lean Management (DLM) huddles are now routine in many teams, enabling frontline staff to identify and solve problems in real time. Alignment with NHS Impact has been strengthened, with BDCFT sharing learning at regional forums on how a common QI language supports quality during challenging periods.

QI is not confined to projects; it underpins our Better Lives, Together 2023–26 Strategy. This includes full implementation of PSIRF, a shift towards learning-focused safety responses, and growing staff engagement in improvement, reflected in improved NHS Staff Survey results. Sustainability is also embedded, with QI projects reducing waste, paper use and environmental impact in line with our Green Plan.

## **2.2 Looking Ahead: QI Priorities for 2026/27**

Looking ahead to 2026/27, our approach to quality improvement is one of continuity and enhancement. We will continue to focus on Access and Flow, Learning for Improvement, and Patient Experience, while strengthening the systems and capabilities that sustain improvement.

Key developments include embedding our Trust-wide Quality Management System, taking a more systemic approach to staff sickness absence and workforce productivity, and making purposeful use of innovation, AI and automation. The establishment of a Strategic Innovation Lead role will ensure innovation activity is focused, evidence-led and aligned with Trust priorities.

Alongside this, we will continue to invest in future-ready capability, expanding development opportunities through Multiverse digital, data and AI programmes, complementing our Care Trust Way training offer and strengthening internal capacity for sustainable productivity improvement.

Taken together, this report reflects a Trust that is increasingly confident in how it improves. By combining clear priorities, disciplined improvement methods, strategic innovation and sustained investment in people, BDCFT is strengthening its ability to deliver high-quality, responsive and sustainable care. This Quality Improvement Report will form part of the Trust's wider Quality Account, providing assurance to our Board, staff, patients and partners that continuous improvement remains central to delivering Better Lives, Together.

## **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 was refreshed during September 2025 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 is undertaking a full refresh of its Clinical Professional Strategy in collaboration with clinical and professional leads across all disciplines. This work will ensure the strategy remains aligned to the Trust's strategic priority of Delivering Best Quality Services, and that it reflects the ambitions and developmental needs of each professional group for the next five years.

A core feature of the refreshed strategy is the introduction of profession-specific quality objectives. These objectives will provide clarity on the contribution each profession will make to improving quality, strengthening safety, enhancing outcomes, and delivering excellent patient and service-user experience.

While each clinical professional group will have its own specific objectives, the strategy emphasises that clinical professions are interdependent and work collaboratively across the Trust to ensure high-quality, safe and effective care. These shared responsibilities built on multidisciplinary partnership, mutual support and aligned purpose are central to delivering consistently excellent care across all services.

The refreshed strategy will set out how each profession will be supported to develop its practice, leadership and capability ensuring equitable access to supervision, career development, research, innovation and continuous improvement. Oversight and assurance of these ambitions will be provided through the Clinical Professional Councils and the Trust's governance structures, creating strong professional scrutiny, improved visibility of standards, and a clear line of sight to quality, safety, and improvement.

The strategy is being aligned to the NHS Long Term Plan, with a particular focus on the three core shifts:

- Moving care from hospitals to community settings,
- Transitioning from analogue to digital,
- Focusing on early intervention and prevention

## **Delivering Best Quality Services**

Through this refreshed strategy, our Clinical Professions will play an enhanced and more accountable role in ensuring the Trust continues to deliver the best quality services. Specifically, we will:

- Embed quality at the centre of all professional objectives, ensuring each clinical profession has measurable goals that strengthen safe, effective, evidence-based practice.
- Support colleagues to deliver consistently high-quality care, including improved access to development, supervision, research, innovation and continuous improvement through the Care Trust Way.
- Ensure practice is inclusive, equitable and culturally competent, enabling all communities to receive safe, accessible care tailored to their needs.
- Strengthen professional governance, with robust oversight of standards, competence, supervision and safety across all registered and non-registered professional groups.
- Enhance multidisciplinary collaboration, recognising the interdependence of clinical professions in reducing unwarranted variation and supporting integrated pathways that improve outcomes and experience.
- Ensure clinical leadership influences service decisions, creating parity between operational and professional leadership and keeping quality central to redesign and improvement.

## **How We Will Know We Are Successful**

We will be able to demonstrate success when:

- Profession-specific quality objectives show measurable improvement in safety, consistency, outcomes and experience across all clinical professions.
- Outcomes for people improve, as demonstrated through routine outcome measures and reductions in unwarranted variation.
- People report a better experience of care, through patient feedback, Patient Reported Outcome Measures (PROMs), and Friends and Family Test (FFT) results.
- Clinical Professional Councils provide strong assurance, evidencing safe practice, high standards, and clear oversight of professional quality indicators.
- Clinical professional groups demonstrate strengthened development, reflected in improved leadership, capability and contributions to Trust-wide quality priorities.
- Quality improvement is embedded across all professions, with visible participation in research, innovation and continuous improvement activity.

## **2.3.4 Risk Management Strategy**

At the end of the year 2025-26, we finalised a new Risk Management Strategy for the Trust, which sets out our aims and objectives for 2026-28. Whilst reflecting the values, priorities and commitment to quality improvement set out in the organisation's [Ambition to Action Strategy](#), this document renews our strategic approach to Risk Management.



Our staff are best placed to understand the risks relevant to their areas of work and must be enabled to identify and manage these risks.

Through this strategy, in conjunction with the Trust's Risk Management Policy, risk management systems and processes will be embedded at every level of the organisation. This is important to ensure there is a culture that underpins the active and consistent management of risks; and where people feel confident to speak up and raise concerns about issues that affect safety, experience and quality outcomes, governance, finance and performance, and staff and patient experience



Through this strategy we will look to promote a *fair and open culture* and support all our staff to identify and manage risks.

We will also be working with our Trust Board to review its *risk appetite*. Risk appetite provides a framework that enables the Trust to make informed planning and management decisions. The benefit of this includes:

- Supporting informed decisions
- Reducing uncertainty
- Improving consistency across the mechanisms we use to govern our organisation and decision-making
- Sustaining performance and productivity
- Being an improvement organisation
- Focusing on priority areas within the Trust
- Informing cost improvement and resource allocation processes
- Ensuring public accountability and effective decision making

The objectives identified in the strategy will form part of our strategy implementation plan, which we will monitor for progress and ensure we continuously learn and improve as an organisation.

## 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 2025/26, 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 2025/26 represents **90** % of the total income generated from the provision of services by BDCFT for 2025/26

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 2025/26.

The CQC have not undertaken any investigations into Bradford District Care NHS Foundation Trust in 2025/26.

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.

## Service Inspections

The CQC have carried out **2** service inspections during **2025/26** in the Step Forward Centre and Low Secure Services, with both services receiving a 'Good' rating.

## Mental Health Act Inspections

The CQC have undertaken a number of Mental Health Act inspections of our inpatient units in this time, visiting:

- Clover Ward - June 2025
- Multiple ward visit Najurally ATU, Oakburn, Willow, Ashbrook, Thornton, Maplebeck, Dementia Assessment Unit - August 2025
- Maplebeck Ward - October 2025
- Step Forward Centre – January 2026
- Clover ward – February 2026
- Najurally – February 2026
- Low Secure Services – review of Seclusion and Segregation – February 2026

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	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025
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
Long stay or rehabilitation mental health wards for working age adults	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025
Overall	Requires improvement	Good	Good	Good	Good	Good

## 2.4.3 Commissioning for quality and innovation (CQUIN) 2025/26

CQUIN schemes have been on hold nationally for the last two years and are not expected to be a requirement for 2026/27.

### 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%	66.0%	58.3%	67.4%	59.5%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	60%	83.0%	73.0%	84.0%	73.6%
NHS Talking Therapies (formerly IAPT) – proportion of people completing treatment who move to reliable recovery	48%	49.0%	50.0%	48.0%	51.0%
NHS Talking Therapies (formerly IAPT) – proportion of people completing treatment who move to reliable improvement	69%	70.0%	74.0%	70.0%	72.9%
NHS Talking Therapies (formerly IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	99.9%	99.7%	100%	100%
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area		292	178	111	959

*\*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 audits which are 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. Our audit activity for 2025/26 included:

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

### 6.1 National Clinical Audits

During 2025/26 nine 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 nine clinical audits that Bradford District Care NHS Foundation Trust was eligible to participate in and did participate in during 2025/26 are as follows:

#### **NHS Digital:**

1. National Diabetes Footcare (NDFCA) in Podiatry Services

#### **Royal College of Psychiatrist:**

2. National Audit of Dementia in Memory Assessment Services
3. National Audit of Eating Disorders in Child and Adolescent Mental Health Services (CAMHS)

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

4. Topic 20c: Improving the Quality of Valproate Prescribing in Adult Mental health Services
5. Topic 22b: The Use of Medicines with Anticholinergic Properties in Older Peoples Mental Health Services
6. Topic 17c: The Use of Antipsychotic Medication for Relapse Prevention in Patients with a Diagnosis of Schizophrenia

#### **Royal College of Physicians:**

7. Falls and Fragility Fracture on Older Peoples Inpatient Wards

#### **Parkinsons UK:**

## 8. UK Parkinsons in Speech and Language Therapy Services

### NHS Benchmarking Network

## 9. National Audit of Care at the End of Life on Inpatient Mental Health Wards

The national clinical audits that Bradford District Care NHS Foundation Trust participated in, and for which data collection was completed during 2025/26, 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, where applicable.

<b>Name and Type of Clinical Audit</b>	<b>Number of Cases Submitted</b>	<b>% of Required Cases Submitted, as specified in the guidance</b>	<b>Overall Percentage Compliance</b>
<b>National Diabetes Footcare</b>	299	N/A	Data submitted, awaiting national report
<b>Dementia in Memory Assessment Services</b>	Mapping Exercise Submitted	No clinical (case note) audit requirement in 2025/26	Not applicable as no clinical audit
<b>Eating Disorders in CAMHS</b>	Organisational Survey Submitted and Staffing Survey Submitted	No clinical (case note) audit requirement in 2025/26	Not applicable as no clinical audit
<b>POMH Topic 20c: Improving the Quality of Valproate Prescribing in Adult Mental Health Services</b>	77	N/A	72%
<b>POMH Topic 22b: The Use of Medicines with Anticholinergic Properties in Older Peoples Mental Health Services</b>	100	N/A	Data submitted, awaiting national report

<b>Name and Type of Clinical Audit</b>	<b>Number of Cases Submitted</b>	<b>% of Required Cases Submitted, as specified in the guidance</b>	<b>Overall Percentage Compliance</b>
<b>POMH Topic 17c: The Use of Antipsychotic Medication for Relapse Prevention in Patients with a Diagnosis of Schizophrenia</b>	Data collection underway	N/A	Data not yet submitted
<b>Falls and Fragility Fracture</b>	0	No eligible cases for clinical (case note) audit	Not applicable as no clinical audit
<b>UK Parkinsons</b>	15	100%	Result not yet finalised
<b>Care at End of Life</b>	Staff Reported Measure Submitted, Trust Board Overview Submitted and Annual Death Count Submitted	No eligible cases for clinical (case note) audit	Not applicable as no clinical 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 a summary of the audit and 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 01/04/2025 and 31/03/2026.

### Local Active Clinical Audits

Clinical Audit Status	Number
In progress	23
Completed	17
<b>Total</b>	<b>40</b>

Details regarding a summary of the audit and action taken/to be taken in response to one of the local audits can be found in Appendix 2.

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

There have been no NCEPOD studies applicable to the Trust during 2025/26

## 2.4.5 Clinical Audit Results Summary and Action Taken/To Be Taken

### National Audit

Audit title	Actions taken/to be taken
National Diabetes Footcare Audit (NDFA)	The National Diabetes Footcare Audit (NDFA) enables diabetes footcare services to measure their performance against NICE (National Institute for Health and Care Excellence) clinical guidelines to monitor adverse outcomes for people with diabetes who develop diabetic foot disease. For the last eleven years, NHS digital has collated data from podiatry teams across the country to look at the treatment received by patients with diabetic foot ulcers, with the aim of measuring and supporting improvements in the quality of care provided. Data collection for the audit is carried out on an ongoing basis and measures against two standards. The first standard determines if patients are seen for first expert assessment within 13 working days of first presentation to a health professional. The second standard determines if patients are alive and ulcer free at twelve weeks. The time between first presentation

and first expert assessment is key to achieving the positive outcomes of being alive and ulcer free at twelve weeks. The yearly national audit results evidence that the best outcomes are for patients who self-refer into a service but for those with a first expert assessment within 13 days of referral, approximately half have a positive healing outcome being alive and ulcer free at twelve weeks. The most recent published national yearly audit results relate to patients presenting with a new diabetic foot ulcer between April 2024 and March 2025. BDCFT's results show that, excluding patients who self-presented, 93% of patients were seen within 13 working days of first presentation to a health professional and 70% of patients were alive and ulcer free at twelve weeks. These results are above the national and regional averages for both standards and highlight the high standard of care delivered locally. Going forward, as the audit continues, locally the service is looking at the possibility of further reviewing the data where patients are seen within the 13-day timeframe to understand the actual number of days that people are being seen within that 13-day period. In addition to the national audit data collection requirements, further local information is collected as part of the audit. Firstly, to look at the referrer details, to allow for any targeted work if appropriate, particularly where the interval between first presentation and first expert assessment is 14 days or more. Secondly to look at whether patients have required a hospital admission and/or an amputation. The audit data supports that timely expert assessment prevents adverse outcomes but also reflects how vulnerable this client group are and the implications on secondary care if patient needs are not met within a timely manner. A new wound care template has been developed locally within the patient record. The national audit data collection tool now forms part of this template therefore the audit is now being completed within the patient record, replacing the paper audit form and making it a more seamless process for staff to undertake. The results have been shared and discussed locally. Ongoing audit data collection continues, findings are being reviewed quarterly and will continue to be summarised annually.

## Local Audit

Audit title	Actions taken/to be taken
Dental Radiograph Record Keeping Audit in the Community Dental Service (CDS)	This baseline audit was carried out to determine whether record keeping relating to dental orthopantomogram (OPT) radiographs taken in the Community Dental Service (CDS) is in line with the standards set within both local and national guidelines. There is a range of health and safety legislation relating to working with ionising radiation. Work involving dental x-rays is governed by: 'The Ionising Radiation Regulations (2017)' which covers the protection of staff, and 'The Ionising Radiation (Medical Exposure) Regulation (2018)' which covers the protection of

	<p>patients. This audit focused on the contemporaneous completion of record keeping in relation to ionising radiation exposure and looked at what evidence was recorded to support the justification for an OPT radiograph and hence the patient's exposure to ionising radiation, as well as the clinical evaluation of the OPT radiograph subsequently completed. 99% of patients had a contemporaneous written record of their OPT justification. There were opportunities for improvement in the completeness of the radiograph clinical evaluation as 67% of the relevant elements were documented in the patient record. The lack of documentation could have been indicative of patients not having any issues with specific elements of their dental health but could also have been due to a lack of time for staff to complete documentation. It was felt that the use of an appropriate template to help prompt documentation requirements more systematically would ensure that documentation is completed thoroughly. In terms of actions for improvement, individual results have been shared with each clinician for review and learning. A reporting template has been coproduced with clinicians and embedded into the system. Local guidance has been reviewed and updated regarding OPT selection criteria for clinicians. Following the embedding of the changes, a re-audit will take place in January 2027 to measure for improvement.</p>
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## 2.4.5 Research

The number of patients receiving NHS services provided or sub-contracted by BDCFT in 2025/26 that were recruited during that period to participate in research approved by a research ethics committee was 436, from 24 Clinical studies during the period.

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, 147 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.

## Suicide Prevention- Carrying out research to help make our services safer

In 2021 alongside a multi-disciplinary team (including partners from the University of Bradford and carers with lived experience), we were successfully awarded around £8000 of research funding. This funding was provided by the Yorkshire and Humber Patient Safety Research Collaboration Yorkshire and Humber Patient Safety Research Collaboration (YHPSRC). Our study explored how organisations who provide care can learn from a service user's suicide to improve the future safety of adult community mental health services.



We successfully completed a review of existing research and then carried out a research study in our local district. We have had two research papers published in high quality research journals. Additionally, we have given two presentations at international patient safety conferences alongside researchers from a range of other countries. We are currently contributing to further research papers with these same researchers.

### A commitment to improvement through research

Through our research, we have developed a strong partnership with Dr Kathryn Turner in Australia. Dr Turner is a Consultant Psychiatrist and international expert in learning from suicides and supporting those with suicide risk. This connection resulted in Dr Turner visiting our Trust in June 2024 to share her work and tell us how it has improved service users' safety through listening to all those involved and being fair and open in how we respond to suicide. In response, the leaders of our Trust made a commitment to build on Dr Turner's work. Funding has since been granted for a PhD student to examine how we use Dr Turner's work in our Trust - as it happens. We hope our experiences can then help others to improve suicide prevention.

### Using research to inform frontline clinical practice

Within our Acute Community Mental Health Services, we work with clinical staff to increase learning from our Trust's patient safety incidents (the majority of which are suicides). This process supports our clinicians in their roles – which can be demanding, and in turn, this should strengthen the safety of our service users.

## 2.4.6 Information Governance

### Data quality

We are committed to ensuring that the data used to deliver effective patient care is accurate, complete and applied consistently across the Trust. Improving the quality of our data supports better decision-making and improves patient care.

### Electronic clinical record systems

BDCFT currently uses 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 and the Data Quality Working Group Terms of Reference provide the framework for ensuring that high standards of data quality for clinical information are clearly defined, achieved and maintained. 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 for measuring, monitoring and continuously improving data quality. The Data Quality Working Group, supported by a Data Quality Improvement

Plan, brings together key stakeholders across the Trust who contribute to data quality. Clear actions are identified, agreed and tracked. Data quality improvement is also managed through regular service reviews and local assessments, ensuring issues are addressed at source, supported by additional system training where required. Staff are encouraged to get it right first time, with issues escalated to service and operational meetings where necessary.

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

The Trust submitted records during 2025/26 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 2025 – Jan 2026)
- 100% for outpatient care (April 2025 – Jan 2026)

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

- 100% for admitted patient care (April 2025 – Jan 2026)
- 100% for outpatient care (April 2025 – Jan 2026)
- The Trust did not submit records during 2025/26 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 2026, therefore the results for 25/26 will not be available at the time of publishing this report.

The results of the 2024/25 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 2025/26 by the Audit Commission.

## **2.4.7 Patient Safety**

Bradford District Care NHS Foundation Trust (BDCFT) has made changes over 2025/26 in the way it supports a continuous approach to learning and improving patient safety. The most significant is the embedding 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.

Now in our second year under PSIRF, we have reviewed the first 12 months, the details within our PSIRP, we have considered 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 Integrated Care Board, system colleagues, partner providers, and other stakeholders in continuing to embrace the opportunity that PSIRF has enabled 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
<b>Develop and embed a process for implementation of the Patient Safety Incident Review Framework (PSIRF)</b>	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 was undertaken in July 2025.
<b>Create and recruit into roles for Patient Safety Partners and Patient Safety Champions across the Trust;</b>	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.
<b>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;</b>	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 ongoing to improve triangulation and analysis of data.
<b>Continue to develop the Safeguard Quality Dashboard to ensure it is accessible and contains useful information;</b>	The Safeguard Quality Dashboard is now accessible and contains useful information that can be drilled down as required by heads of services and leads. There are ongoing developments which include the incorporation of complaints trends / themes, legal information, categorisation of contributing factors from patient safety data sources.
<b>Review and improve our approaches to sharing learning and engaging teams in discussions about patient safety and quality;</b>	This work is part of the Trust's continuous improvement approach to patient safety. Under PSIRF new methods for generating learning are 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, improvement, and accountability.
<b>Work across place to develop and embed a consistent approach to patient safety and quality</b>	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 Plan (PSIRP) and the Learning from Deaths (LfD) Policy. These policies guide and inform the organisation about reporting, investigating and learning from deaths.

During 2025/26, 324 of Bradford District Care NHS Foundation Trust’s patients died.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients who have died	61	72	99	92

All deaths, whether expected due to a clinical condition or unexpected, are reviewed bi-weekly in the Patient Safety Executive Panel (PSEP) which aligns with good governance processes under the Patient Safety Incident Response Framework (PSIRF) requirements which commenced in April 2024 and reviewed and approved in June 2025. 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 of case notes from a sample of deaths using the Structured Judgment Review (SJR) tool. This is a national tool developed by the Royal College of Psychiatrists to allow clinicians to take an expert view of the care offered. The Group may also commission initial reviews which do not consider the full range of factors within the SJR review to understand if an SJR is appropriate, or where an SJR is not required but where there may be learning, other review methods may be used; for example a Local Learning Review (LLR), After Action Review (AAR) or Thematic Analysis (TA) to identifying learning in order to minimise the risk of future harm. 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 Mortality screening tool, embedded on Safeguard (the Trust's Local Risk Management System where all deaths are reported), continues to enable reporters to provide more complete information regarding deaths at an earlier point. This is helping facilitate the decisions at PSEP regarding level of review/investigation required.

The Patient Safety Executive Panel considers the outcomes of the reviews and asks the relevant Quality and Operational (QuOPs) meeting to develop an action plan regarding any areas where it has been suggested that care should be improved. Issues that are of general relevance will be added to the trust Patient Safety and Learning page to enable broader sharing across the organisation. For all deaths of patients who have a Learning Disability or Autism diagnosis, the initial review is shared in the Patient Safety Executive Panel, and they are referred to the national Learning for Lives and Deaths (LeDeR) programme.

By 31.03.26, 15 Reviews (SJRs, LLRs and AARs), 4 Thematic Analysis and 21 Patient Safety Incident investigations (PSIIs) 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 25/26	Quarter 2 25/26	Quarter 3 25/26	Quarter 4 25/26
Number of deaths for which a Structured Judgement Review was completed	5	0	0	2
Number of deaths for which a Local Learning Review was completed	1	2	4	1
Number of deaths for which an After Action Review was completed	0	0	0	0
Number of deaths which were included in a completed Thematic Analysis	4	0	0	0
Number of deaths for which a PSII was completed	6	4	4	7
Number of deaths of persons with learning disabilities or Autism, referred for local LeDeR review.	3	4	4	3

There were 10 cases where patients had died in the previous reporting period (2024/2025) but the structured judgement reviews and Learning Reviews were completed in this reporting period (2025/26).

The 3 deaths covered under thematic analysis were from previous reporting periods and were completed under 1 TA:

- TA CMH AT (3 deaths) - Community Mental Health Assessment Team (CMH AT) pathway following screening and onward to Community Mental Health Team

### **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 2025/26. 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:

- Proactive approach to patient engagement and involvement
- Effective collaboration with other agencies regarding patient's physical health
- Patients' choices were central to care, and treatment decisions made
- Appropriate signposting to specialist services
- Effective intervention of deteriorating conditions
- Family engagement/involvement
- Collaborative risk assessment, triage and care planning
- Comprehensive medicine management incorporating trials, side-effects and adjustments
- Capacity and legal frameworks used appropriately to maintain safety

#### 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:

- Involvement and engagement of family/support network
- Consistent approach with professional-to-professional handovers
- Timeliness between initial assessment and onward referral
- Aligned systems to support multi-agency working, interactions and opportunities
- Clarity and definition in communication and documentation
- Inclusion of advice/support from the Safeguarding Team
- Timely review of policy and process
- Comprehensive approach to patient's circumstances, reluctance and risk

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 monthly. 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.

Several 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) was 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.
- Although in the early stages, we have commenced collecting demographic information within our mortality reporting to better understand specific factors (age, gender and race/ethnicity) across services and identify themes to influence mortality insights; there isn't enough data collected yet to show any themes/findings.
- 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 delay in reviewing the current sample of deaths was raised at the Patient Safety Executive Panel (PSEP).
- The collaboration with Medical Examiners (MEs) continues to strengthen 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.
- Local Learning Review training has been provided across the Trust to enable staff to expand on the use and development of systems-based PSIRF approaches to incident response, and to support the organisation in ensuring that meaningful learning is identified from reviews. 43 members of staff attended this training.

## 2.4.9 Inquests

Between the 1 April 2025 and 31 March 2026 we were registered by the Coroner to be involved in 92 inquests, 61 of which have been concluded.

From these inquests, BDCFT received 0 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 reviewing service provision relating to incidents where an adult at risk, or child has died or come to significant harm because of abuse or murder or domestic abuse related suicides. 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 develop an action plan to address the identified learning.

The safeguarding team ensures that good practice and identified areas for learning from all of these reviews are shared across BDCFT. The safeguarding team does this through staff training and supervision, the Patient Safety Alliance, and via our quarterly safeguarding newsletter. We also provide assurances to Safeguarding Partnerships with that the relevant work has been undertaken by BDCFT services.

# 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-25 Assessments

	Cleanlines s	Condition, Appearance & Maintenance	Dementi a	Disability (accessibilit y)	Food & Hydratio n	Privacy, Dignity & Wellbeing
National Average 2025	<b>98.55</b>	<b>97.00</b>	<b>85.68</b>	<b>87.12</b>	<b>92.13</b>	<b>89.37</b>
<b>Trust Average 2025</b>	<b>99.29</b>	<b>99.23</b>	<b>92.40</b>	<b>90.57</b>	<b>97.57</b>	<b>99.28</b>
Airedale Centre for Mental Health	99.79	100.00	96.59	91.23	96.80	98.72
Lynfield Mount Hospital	99.08	98.91	90.66	90.30	97.88	99.51

## 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.



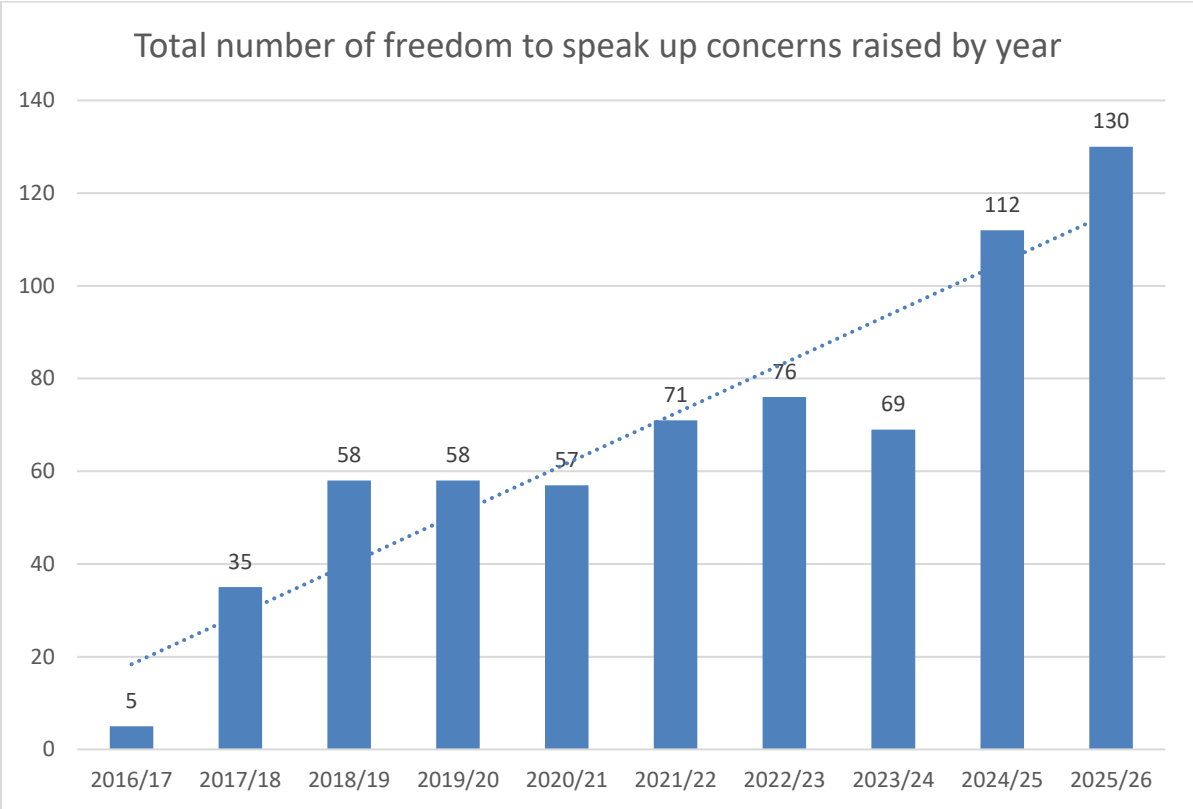
### Different ways staff can speak up

People are encouraged to speak up through their line management structures in the first instance or through safeguarding, People Services (HR) or by any other means they feel relevant. 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.

The use of the weekly Executive Broadcasts via MS Teams continues 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.

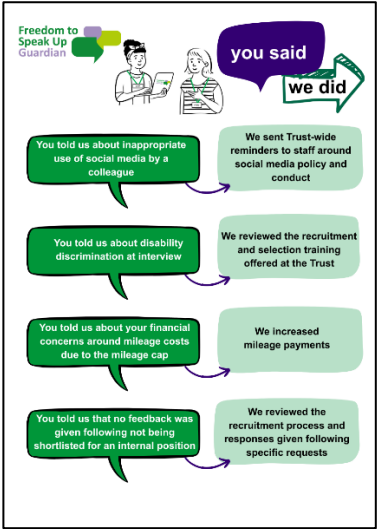
### Number of concerns raised this year

There were 130 concerns raised through the FTSU Guardian route in 2025/26 – compared to 112 the previous year (a 16% increase). As can be seen in the graph below, contacts with the FTSU have increased substantially since the service was first introduced in 2016/17, demonstrating the impact of our publicity, communications and training campaign, and that staff are aware of the Guardian as a route for raising their concerns.



Issues that staff have highlighted by speaking up include patient and service user safety, staff safety/wellbeing, sexual safety, failure to follow correct processes, staffing issues, perceived biased recruitment, and bullying/cultural issues. These have all given us valuable opportunities for improvement.

### How feedback is given to those speaking up



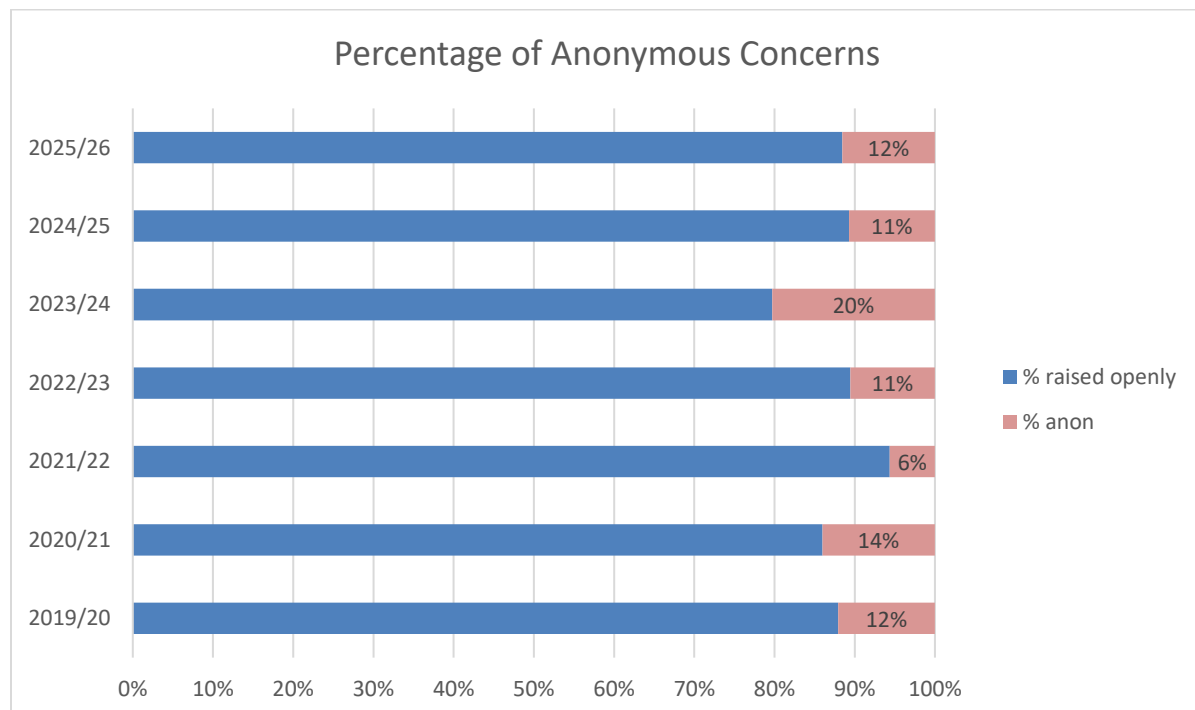
Feedback is given via the FTSU Guardian, directly by the relevant manager within the service concerned, the relevant Executive Director or the Chief Executive, as deemed appropriate to the individual case. Feedback includes how concerns have been investigated or responded to, any changes that have been 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 also aims 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. We monitor the numbers of staff experiencing disadvantageous or demeaning treatment because of speaking up through our FTSU satisfaction survey and anonymised information is reported at Board and nationally to the National Guardian’s Office (NGO). This year we introduced a more robust process for dealing with cases where staff believe they have experienced detriment whereby they are flagged to the NED & Executive lead for FTSU, who commission a proportionate investigation into the allegations.

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. The percentage of anonymous cases has remained similar to last year (around 10%) – see graph below.



## 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 a comprehensive review to ensure it remains up to date and a complementary 'policy on a page' was also created to enhance accessibility. The FTSU Strategy was reviewed and refreshed, with the new document covering 2025/26 to 2027/28. This continues to drive the team's improvement efforts.



### ➤ 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 improving organisational reach, promoting the speak up/listen up message, and signposting staff to different routes to speaking up. This year we have held 2 induction sessions, welcoming a total of 12 new Ambassadors to our Network. We continued to provide regular bi-monthly support sessions, including guest speakers from different areas within the Trust. Our Ambassadors are 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 and we find that colleagues value the opportunity to meet online, at their convenience and with the option to be out of their immediate work environment.

➤ **Board Engagement**

In December 2025 the FTSU Guardian ran a Board Development session where the organisational reflection & planning tool was completed, a biennial national requirement from NHS England. This ensures executive oversight of FTSU arrangements and that any gaps or risks can be considered by Directors.

➤ **Training**

The National Guardian’s Office “Speak Up” eLearning is still mandatory for staff at all levels, and compliance is at 92%. The “Listen Up” and “Follow Up” eLearning packages for managers are also available as ‘recommended’ training via the electronic staff record, but uptake is poor. Since March 2023, the FTSU team have presented at 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 moving forwards.

**We each have a voice that counts - Staff Survey Results 2025**

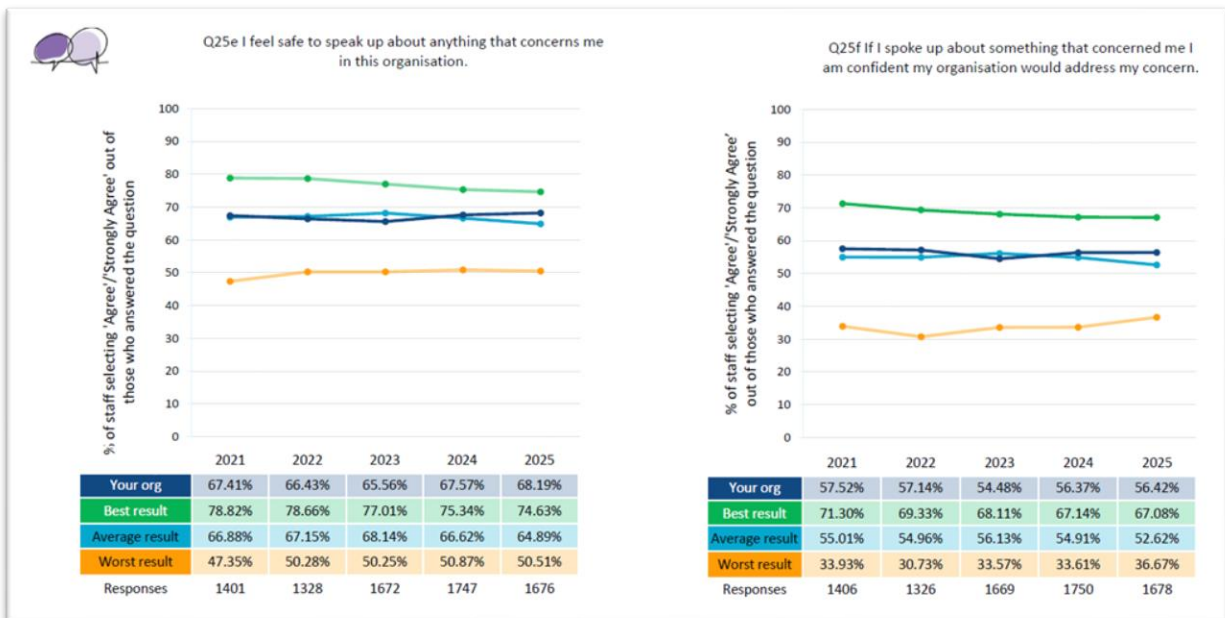
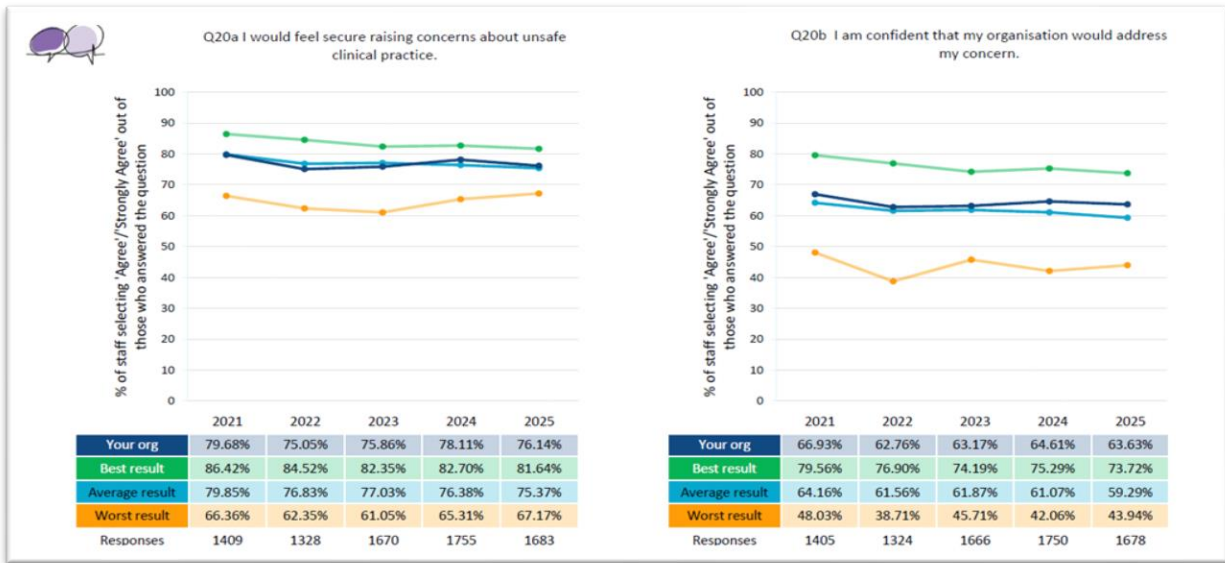
Our results for the ‘raising concerns’ subsection of the 2025 staff survey remained slightly above the national average for the second year running, although we saw a small dip on our score compared to 2024.

Looking at the breakdown of the questions in more detail (overleaf), our results for all 4 questions also remain above the national average for the second year running. We can also see that respondents are consistently more likely to say they



feel secure speaking up about unsafe clinical practice, than speaking up about anything that concerns them generally. This is in line with a national trend. Results over the last

5 years for people being confident that the organisation would address their concern are consistently lower than for feeling safe to speak up, and again this is in line with a national trend indicating we all have more work to do in this area to demonstrate that we are listening to and crucially acting on those concerns that are raised to us.



### 3.1.3 Infection prevention

#### Infection prevention

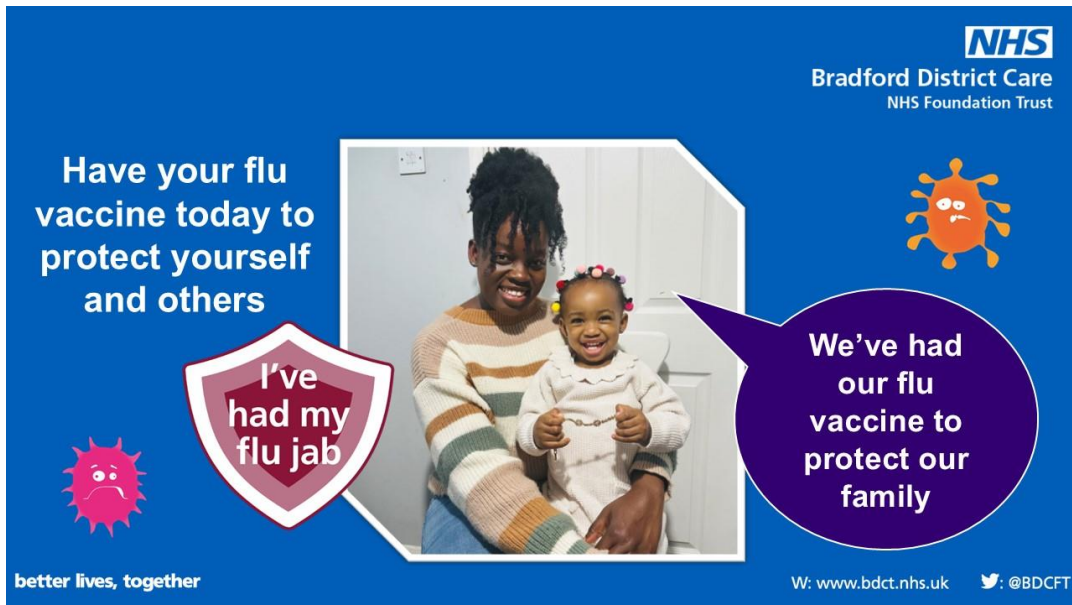
Preventing and controlling infections is a mandatory requirement for all NHS organisations, and the trust must comply with the 'Code of Practice for health and adult social care on the prevention and control of infections and related guidance'. The criterion within the code reflects the need to assure 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 2025/26 seasonal flu campaign for the Trust frontline healthcare workers commenced on the 1<sup>st</sup> October 2025. This year's campaign ran alongside the COVID-19 booster campaign and a total of 49% of frontline healthcare workers vaccinated.

- Medical staff 68%
- Qualified nurses 55%
- Allied health professionals 52%
- Support staff 38%
- Total 48.9%



### 3.1.4 Board ‘Go See’ Visits

#### The ‘Go See’ Framework

During 2025-26, 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 2025-26.

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 Children & Young People

### 3.2.1 Children's 0-19 service

Bradford District Care Foundation Trust's Children's Services comprises a wide range of specialist teams, including Public Health Nursing, Community Infant Feeding, Vaccination and Immunisation, Special Needs School Nursing, Learning Disability Services (including Craven), SEND, Children's Speech and Language Therapy, Children in Care, Care Leavers, Youth Justice, the Vulnerable Children's School Nursing team, and the Vulnerable Children Information team.

The Public Health Nursing team delivers the Healthy Child Programme to all families residing within the Bradford District, ensuring a universal offer that meets the compliance standards set by our commissioners. In addition to universal provision, practitioners provide targeted and specialist support for families requiring additional intervention, including early help and safeguarding support.

The Community Infant Feeding team has demonstrated significant commitment and excellence, contributing to the Trust being awarded the UNICEF Baby Friendly Initiative (BFI) Gold Award last year.

Significant work has been undertaken to enhance the SystmOne record-keeping system, improving visualisation and enabling more effective documentation. This development will also support the implementation of an additional module that allows practitioners to record information while working in the community.

The Children in Care team has collaborated with Patient Knows Best to design a digital health passport for young people, which has since been shortlisted for a Health Service Journal award.

## 3.3 Perinatal and Early Parenthood Services

### **Quality Account Specialist Mother and Baby Mental Health Service 2025-26**

The Specialist Mother and Baby Mental Health Service (SMABS) provides specialist perinatal mental health care across Bradford, Airedale and Craven. We serve women and other birthing parents with severe or complex mental health needs who are planning a pregnancy, are pregnant, or are within the first 12 months after birth.

We operate as an integral part of the local perinatal pathway, working closely with maternity, health visiting, primary care, adult mental health services, the regional Mother and Baby Unit, voluntary and community partners, and wider acute services. To ensure care is accessible and sensitive to perinatal needs, the majority of our interventions are provided in families' homes, with telemedicine or clinic contacts offered where clinically appropriate.

### **Our Core Offer**

SMABS provides:

- Preconception advice from a perinatal consultant psychiatrist, supporting women with severe mental illness as they consider pregnancy.
- Specialist perinatal mental health assessment, including biopsychosocial assessment, perinatal risk assessment and parent–infant relationship assessment.
- Care coordination for all women receiving ongoing support.
- Add-on perinatal expertise for women under other secondary-care teams.
- Specialist prescribing advice via the consultant psychiatrist.
- Evidence-informed therapeutic interventions for mothers and for the parent–infant relationship, supported by Nursery Nurses offering practical and emotional guidance.
- Accessible perinatal mental health resources for women, families, and professionals.
- Proactive communication with maternity, primary care and mental health partners to support joined-up care.
- Duty advice for all professionals, strengthening perinatal competence across the system.

### **Activity, Access and Reach**

We continue to see year-on-year growth in demand and access to the service. In 2024–25, 5.5% of the birthing population accessed specialist perinatal mental health care, an increase from 5% the previous year. This brings us closer to the NHS Long Term Plan ambition of 10% access, achievable with continued investment.

During 2025–26, SMABS has supported more women and delivered more appointments than in previous years. 479 assessments were delivered, 569 women were provided care in 2025-26. 7,844 appointments were documented with an average of 653.6 a month. For comparison, in 2024–25 we assessed 398 women and delivered 3,056 appointments.

Most contacts remain face-to-face, reflecting the importance of in-person relational and parent-infant work, with video and telephone used flexibly to improve accessibility and reduce barriers.

Referral numbers continue to rise, demonstrating both increased awareness and confidence in the service. Referrals have increased from 465 (2020–21) to 529 (2021–22), 670 (2022–23), 657 (2023–24), 674 (2024–25) and 843 in 25-26, approximately a 25% increase. 80% of referrals come from midwifery services, GPs and Health Visitors with Midwifery being the most common referral source, followed by GPs, Health Visiting, and mental health services. Approximately 50% of referrals are antenatal, allowing vital early intervention and prevention.

Waiting times to assessment fluctuate, but currently remain under two weeks, meeting NHSE expectations for timely specialist assessment.

### **Population Need and Inequalities**

SMABS serves a population with high levels of deprivation. Half of all referred women live in the 20% most deprived areas, which is consistent with regional MBRRACE findings and highlights the importance of specialist, trauma-informed care in Bradford. Referral patterns by ethnicity remain broadly reflective of local demographics.

Our service continues to prioritise equitable access, culturally competent care, and the reduction of barriers to specialist support.

### **Outcomes and Impact**

SMABS supports recovery from severe perinatal mental illness while also working with mothers and infants to protect early relational development and mitigate the long-term impact of ACEs.

Outcomes remain strong and consistent with national PQN benchmarks:

- By the end of the reporting period, 57% of women had CORE-10 scores below the clinical threshold for psychological distress. A further 12% reported mild psychological distress. While 31% remained within the moderate to severe range, nearly 39% of these women nonetheless demonstrated reliable clinical improvement, indicating meaningful change despite ongoing complexity. (CORE-10).
- Using Bethlem scores to assess the parent–infant relationship, 50.4% of parents demonstrated improvement over the intervention period. A further 36.0% presented with no identified relationship difficulties at both baseline and endpoint. Only 13.6% showed no improvement, and deterioration was rare (0.8%), indicating strong effectiveness and a very low risk of adverse outcomes.
- Using the MORS-SF grid, 68.5% of women with identified parent–infant relationship concerns demonstrated improvement in warmth and/or invasiveness. Only 1.5% showed deterioration, while 22.3% remained unchanged. A further 8.5% showed consistently healthy representations. Overall findings indicate strong relational effectiveness with minimal risk of harm

Feedback from mothers remains overwhelmingly positive across Friends and Family feedback, service user groups, and the RCPsych PQN peer review process. Given the heightened risk of deterioration or first onset of severe mental illness during the perinatal period—including suicidality and postpartum psychosis—these positive outcomes highlight the value and impact of the service.

## **Parent–Infant and Psychological Interventions**

All women receiving ongoing care have access to a stepped-care model of parent-infant support, ranging from psychoeducation and practical support to specialist psychological therapies.

SMABS is recognised regionally for its mature parent-infant mental health offer and is a key delivery partner in BDCFT’s Infant Mental Health Pathway.

Notable achievements include:

- **Ready to Relate:**  
Now receiving national attention, with more than 3000 users of the digital product by the end of 25-26. Training continues to receive exceptional feedback and is embedded across services to support early relationships and mitigate ACEs.
- **Child-Parent Psychotherapy (CPP):**  
SMABS is the first perinatal mental health service in the UK to implement CPP, a gold-standard intervention endorsed by the Early Intervention Foundation.
- **Nursery Nurse and therapeutic support:**  
Combining evidence-based relationship-focused work with practical support for feeding, routines, bonding and early developmental needs.

## **Across the System: Training, Consultation & Leadership**

In 2025–26, SMABS has delivered more than 358 specialist advice consultations to colleagues across maternity, primary care, adult mental health, health visiting and voluntary services.

We continue to develop and deliver perinatal mental health and parent-infant mental health training across the district, strengthening the workforce and upskilling non-specialist practitioners.

We have also produced systemwide perinatal mental health pathways to clarify and improve care across services.

## **Resources, Digital Innovation, and Accessibility**

The SMABS microsite provides patient stories, hope-building content, and accessible information. This continues to evolve to reflect the diverse communities we serve.

The Ready to Relate intervention is an evidence-based intervention that we are offering nationally. This intervention is adopted by SMABS and Health Visiting in BDCFT. It also includes a digital offer that provides free infant-focused psychoeducation for families and practitioners, increasing reach beyond face-to-face care and improving equitable access. Ready to Relate has been identified by users as reflecting the diversity of Bradford.

We have developed additional resources, including prescribing advice and facilitated self-help guides, available on our website.

## **Learning, Improvement and Governance**

From 2020–2025, SMABS completed a comprehensive review of perinatal suicides in Bradford, Airedale and Craven. In partnership with the ICB, we developed an action plan to embed systemwide learning, strengthen risk assessment, and improve care coordination.

We have delivered specialist suicide-prevention and perinatal risk training and created a bespoke risk tool to guide evidence-informed conversations about suicidality in pregnancy and the postnatal period. We are working with the Trust to explore implementation and opportunities.

### **Testimonial**

There are not enough words to express how truly thankful I am for your support over the last year.

I think it's fair to say that not only has your support & help you gave and arranged for me made me stronger & changed my life for the better, but it saved my life, and for that I will be forever thankful.

Wishing you all the best.

### **In summary**

SMABS continues to:

- Deliver safe, specialist and trauma-informed perinatal mental health care.
- Improve access despite rising complexity and demand.
- Offer nationally recognised parent–infant interventions.
- Contribute leadership, training, and innovation across the system.
- Achieve excellent outcomes for mothers, infants and families.
- Provide care that is culturally sensitive, relational, and grounded in compassion.

With sustained investment and ongoing system collaboration, we are well positioned to further expand our reach and continue strengthening specialist perinatal mental health care across Bradford, Airedale and Craven.

## **3.4 Physical Health & Community Services**

### **3.4.1 Adult Physical Health Team**

Demand within the Community Nursing Service continues to exceed capacity, compounded by ongoing challenges in recruiting and retaining qualified nursing staff. In recognition that medicines administration and management accounts for approximately 20% of community nursing activity, a strategic response was implemented in October 2022.

This involved the introduction of a Lead Pharmacy Technician role, which has demonstrably enhanced capacity within community nursing teams while improving standards of care and patient outcomes. The model has since expanded, with two Band 5 Pharmacy Technicians now embedded within the Adult Physical Health (PACT) team.

The pharmacy technician workforce is now fully integrated within the multidisciplinary team, providing leadership, education, and expert guidance on medicines optimisation and management. Their contribution has strengthened clinical practice, supported staff development, and enhanced patient-centred care, with a particular focus on maintaining patient independence wherever possible.

### 3.4.2 Podiatry

The podiatry team have worked alongside the APs in unplanned care to implement and develop the new Podiatry Prescribing Pathway. Since this pathway went live in October 2025 to March 2026, the podiatry prescribers have completed a total of 314 prescriptions.

This piece of work has allowed podiatry patients to benefit from a faster and more effective service, with most urgent prescriptions completed within 2 hours, improving quality of care for our patients' whilst relieving pressure on GP services. This is also a great example of collaborative working within the multidisciplinary team, establishing networks for support and learning between teams.

As part of the development of the podiatry wound care template on SystemOne, we proposed gaining direct access to ERS referrals to the vascular service. This is extremely important as we are seeing an increasing number of complex patients in the community who may require urgent vascular input. Previously, these cases were reported and escalated via a SystemOne task to the GP, which meant there could be delays before the referral was made and reviewed.

We are now able to make direct referrals to the vascular service, allowing patients to be assessed more promptly. As a result, necessary interventions can be carried out sooner, which supports improved patient outcomes and reduces the risk of complications associated with delayed vascular assessment.

This also takes the admin burden off GPs.

We went live in Oct 2025 and have made 24 direct referrals from community.

- National Diabetic Foot Audit (NDFA)

- For year 24-25 Podiatry have the 3<sup>rd</sup> highest healing rates for Diabetic Foot Ulceration at 12 weeks in England and Wales. This figure was substantially greater than the national average.
- wound healing, DFA reduction (and increased activity)

### **3.4.3 Proactive Care Team (PACT)**

The Proactive Care Team ( PACT) has had another successful year with a new team starting in central Keighley to help address health inequalities and promote earlier health and social interventions using a multi-disciplinary team approach. GP practices, social services, and the Voluntary sector have been very welcoming, we are evaluating the new Keighley service and will be able to share 12months worth of data in September 2026.

**3.4.4 The Admiral Dementia Nurses-** are making good progress with expanding their service provision from Central Bradford across the locality. Admiral Nurses are specialist dementia nurses who provide expert practical, emotional and psychological support to people living with Dementia and their families or carers.

### **3.4.5 Self-Management Facilitators**

The Self-Management Facilitators (SMFs) continue to work closely with District Nursing teams to promote self-care, from April 2025 to February 2026, we have supported 1,087 people to become independent and self-caring with an aspect of their health needs at home. As well as working with the District Nurses we have also developed 3 new pathways:

- Delivering in-reach work to Bradford Royal Infirmary hospital – to promote self-care on the wards to ease patients discharges into the community,
- Working with our Tissue Viability partners to implement Well-leg clinics, to reduce the breakdown of lower limb wounds once healed, this positively addresses both clinical effectiveness and service user’s experiences of care. The National average for a reoccurrence of a wound in the first year is 69% and between January 2025 and January 2026, we have a 0% recurrence of wounds in the well leg clinic, which is fantastic.
- Supporting multi-disciplinary team meetings with District nurses, social services, therapy, PACT and Pharmacy technician to ensure a holistic view is taken on patients with complex needs.

### **3.4.6 Keeping My Chest Healthy**

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.

## 3.5 Allied Professional Health (APH)

### Unplanned Care

#### **Students**

Over the past year, teams within Unplanned Care have significantly enhanced the learning experience for students, as reflected in consistently excellent feedback. Students have described this as "the best placement I have ever had," highlighting how staff were "amazing and helpful" and demonstrated the true meaning of teamwork and mutual support. Many students reported feeling welcomed, included, and supported to build confidence, with several noting that the placement inspired them to consider a future career in community nursing.

Feedback also recognises the inclusive and compassionate culture created by teams, where learning and wellbeing are equally valued. Students praised mentors who modelled calm, person-centred care, supported development through hands-on learning opportunities, and provided clear guidance and constructive feedback. The flexible and supportive approach adopted by teams was repeatedly highlighted as helping students feel respected and valued, reinforcing the Trust's commitment to developing the future workforce through kindness, inclusivity, and high-quality supervision.

#### **Advanced Practice Clinical Lead**

The Advanced Practice Clinical Lead (Unplanned Care) secondment commenced in January 2026, with an initial focus on strengthening Advanced Practice (AP) governance to ensure safe, high-quality, evidence-based care. Work has been aligned to the NHS England Governance Maturity Matrix (Centre for Advancing Practice, 2022; updated 2023) and NHSE requirements for digital badge accreditation and readiness for statutory regulation in 2028.

Key achievements include mapping AP qualifications to identify development needs and supervisory capacity, developing a preceptorship framework for new and newly qualified APs, and implementing a Learning Needs Analysis aligned to the four pillars of Advanced Practice. To further enhance governance, a prescribing audit was introduced to support reflective practice, identify trends and inform improvement actions.

The role also provides clinical leadership through incident and complaint investigation, root cause analysis, safeguarding support, and complex case support. In collaboration with senior leaders, the post contributes to service development, efficiency improvements and horizon scanning to support future models of care, including neighbourhood working, prevention and digital innovation.

## 3.6 Medicine's Optimisation

### Pharmacy

The Trust's Medicines Optimisation Strategy, published in 2025, sets out a clear strategic vision for pharmacy to lead on the safe, effective, and sustainable use of medicines across the organisation.

### Remote Prescribing

The Deputy Chief Pharmacist has worked in partnership with the Community Lead for Unplanned Care to develop and implement a Trust-wide Remote Prescribing Policy.

This policy particularly enables timely prescribing for patients reviewed by community practitioners who do not hold non-medical prescribing qualifications. It has significantly reduced reliance on GP practices for prescription generation, improving responsiveness and ensuring patients receive necessary medications without delay. This represents a key enabler for more efficient, integrated community care delivery.

### Medicines Safety

The Trust's Medicines Safety Officer successfully nominated the organisation as one of 15 NHS Trusts selected nationally by the Specialist Pharmacy Service to participate in the Time Critical Medication Collaborative.

This programme aimed to reduce missed and delayed doses of time-critical medications. A multidisciplinary approach was taken, involving close collaboration with the KPO team, Business Intelligence, nursing colleagues, pharmacy teams, digital services, and medical staff.

Key achievements included:

- Implementation of a Trust-wide time-critical medication list
- Enhancements to the EPMA system so all time critical medications were alerted on the system as critical medications
- Delivery of targeted nursing education to improve awareness and compliance
- Development of reporting mechanisms to track performance against national metrics

The latest data demonstrates that 81% of time-critical medications are administered within the required timeframe, exceeding the Trust target set at 80%.

In addition, the Medicines Safety Officer and the Pharmacy Education and Training Team have successfully implemented a programme to deliver medicines management training sessions for inpatient nursing staff. These sessions have been consistently well attended, with positive feedback indicating improved knowledge and confidence. There is strong support for continuing these sessions on a regular basis to sustain safe practice.

The Trust has continued to strengthen medicines safety, governance and improvement capability through investment in digital medicines optimisation, workforce development and robust assurance processes. This includes ongoing optimisation of EPMA and closed-loop medicines systems, redesign of medicines workflows, and development of audit and reporting mechanisms to reduce risk and support safer prescribing and administration. Medicines governance has been enhanced through updated clinical pharmacy standards and the establishment of a dedicated Pharmacy Patient Safety Group to support learning from incidents and drive improvement. Innovative pharmacy technician roles embedded within community and proactive care services have improved capacity, reduced pressure on nursing teams and supported patient independence. Together, these initiatives demonstrate a whole-system approach to improving medicines safety, quality and sustainability across the Trust.

## **Leading the Way in Greener Medicines Management**

The Trust's pharmacy services achieved Bronze accreditation through the Royal Pharmaceutical Society's Greener Pharmacy Toolkit, recognising practical action to reduce medicines waste, lower environmental impact and embed more sustainable practice within day-to-day pharmacy operations.

## 3.6 Innovation, Growth & Supporting Staff

### 3.6.1 Estates & Facilities

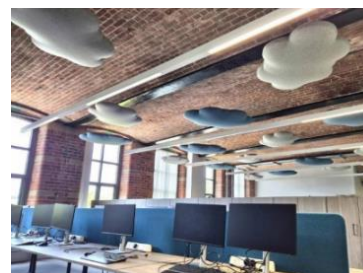
During 2025/26, Estates & Facilities continued to strengthen the Trust's care environments and staff workplaces, focusing on safety, patient experience and long-term sustainability. A major milestone this year was the Department of Health and Social Care approval of the Full Business Case for the redevelopment of Lynfield Mount Hospital's central block, securing a £65m investment and enabling the Trust to proceed with phased construction over three years while maintaining service continuity. The approved scheme includes a two-storey modular build and refurbishment that will deliver four 18- -bed inpatient wards with en-suite bathrooms, alongside upgraded communal areas and a modernised, therapeutic environment for service users and colleagues.



This year also built on the enabling works delivered in the previous year, including completion and opening of the new secure staff car park at Lynfield Mount Hospital, providing 118 spaces and 28 electric vehicle charging points, improved lighting and CCTV integration. These works have strengthened access, safety and sustainability readiness for the main redevelopment programme.



At Airedale Centre for Mental Health (ACMH), the Trust completed a domestic hot and cold-water pipework replacement scheme, addressing long-standing infrastructure risk by replacing pipework throughout the building. A key enabler of successful delivery was the use of Willow Ward at Lynfield Mount Hospital to support decanting—beginning with the temporary relocation of Fern Ward—which ensured safe delivery of works while minimising disruption to care.



The Trust also completed significant elements of the Shipley-hub Smarter Spaces programme, including refurbished shared

flexible workspaces and completion of the wider New Mill refurbishment programme handover, improving space utilisation and enabling New Mill to function increasingly as a hub for community physical health and mental health services and corporate teams.

### 3.6.2 Better Lives Charity

The Better Lives launched its new strategy in 2025



Over the next three years we'll prioritise projects that align with our areas of impact focus. We're highlighting these areas of importance as they align with the Bradford District Care NHS Foundation Trust strategy and strategic priorities, and the wider Bradford and Craven District Health and Care Partnership.

These areas of impact focus are;

1. Creating a healthier environment for people in our care as part of the rebuilding of Lynfield Mount Hospital.
2. Testing solutions in digital technology to improve care for our most vulnerable patients.
3. Delivering creative and innovative interventions that enhance purposeful and productive care for our people who are impacted by health inequalities and experience the poorest health outcomes.

During this year the Charity has delivered several fundraising events including the 4th Charity Golf Day, our most successful yet with 23 teams and full sponsorship across the

event. Staff, friends, family and people in our communities have also participated in events to raise funds, including the Great North Run, Bradford Dragon Festival and Quiz Nights. The Charity has seen increased traction with staff for charity events, with demand for places and events increasing. The charity has seen new corporate supporters and sponsors, and special thanks goes to Whitiker and leach, The Yorkshire Clinic, MHA Architecture who were some of the sponsors of the Golf Day, and Coral Windows who sponsored and paddled a Dragon Boat. Without their generous support, these events would not be possible. The Charity has raised in excess of £15,800 through these events.

This 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.

- Voyage to Recovery with the Early Intervention in Psychosis team, who took a group of 10 people who use the service on a 5 day sailing trip of the UK Coast.
- Resources for palliative care including a 5<sup>th</sup> Rise Recliner Chair and a Stories of Comfort resource for talking with children about end of life of a family member.
- Planters, seeds and a B&Q charity day for the allotment.
- Christmas gifts for all patients in hospital at Christmas

The Charity has seen some success with applications for grants from Trusts and Foundations for specific projects. These have included two successful grants from NHS Charities Together, the first was for a Children and Young People Health Inequalities Innovation Grant. With partners we successfully secured £200,000 for two years to test and scale a School Health Model within two schools. The second was a Staff Wellbeing grant for £45,000 for an avoiding harm through the disciplinary process project. We also secured a grant from the Keith Howard Foundation for a creative arts programme at Airedale Centre for Mental Health

### **3.6.3 Staff Survey**

#### **NHS Staff Survey 2025 – hearing what staff have to tell us**

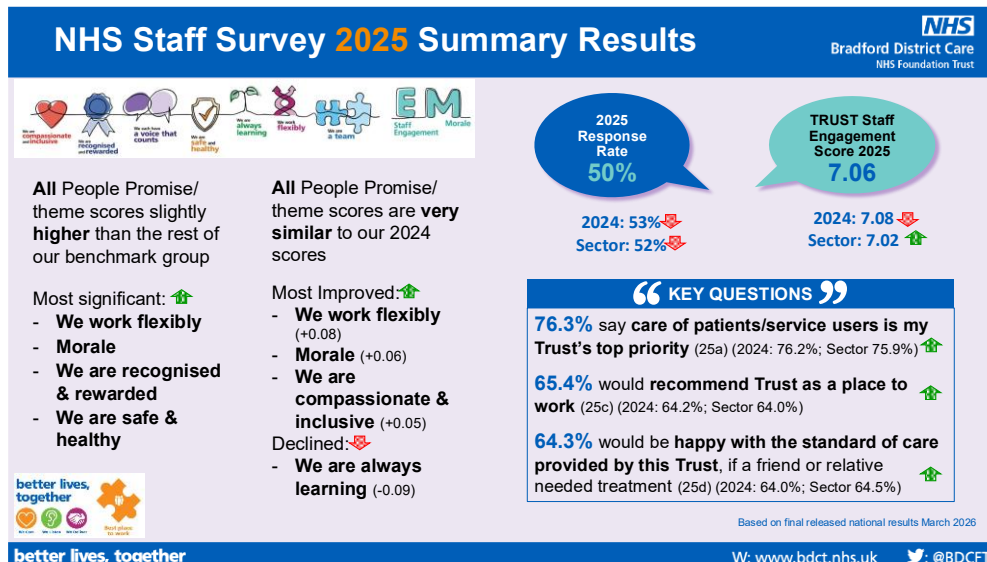
The NHS Staff Survey 2025 (NSS2025) took place from 22 September to 28 November 2025, along with a comprehensive, effective and targeted engagement programme, amongst substantive staff and Bank workers.

The Trust's NHS Staff Survey response of 50% for 2025 was down slightly from 2024 (53%) but retained the overall improvement over the last three years. The Bank Survey response rate was 22%. 1690 substantive staff participated and 238 detailed 'free-text' comments were received.

All NHS People Promise and theme scores were slightly higher than those of the sector, with most significant being 'We work flexibly', 'Morale', 'We are recognised and rewarded' and 'We are safe and healthy'. All the themes were also very similar to 2024 Trust scores, with most improved being 'We work flexibly', 'Morale', 'We are compassionate and inclusive'; and most declined being 'We are always learning'. Final Bank scores were not yet released at time of preparing the Quality Account.

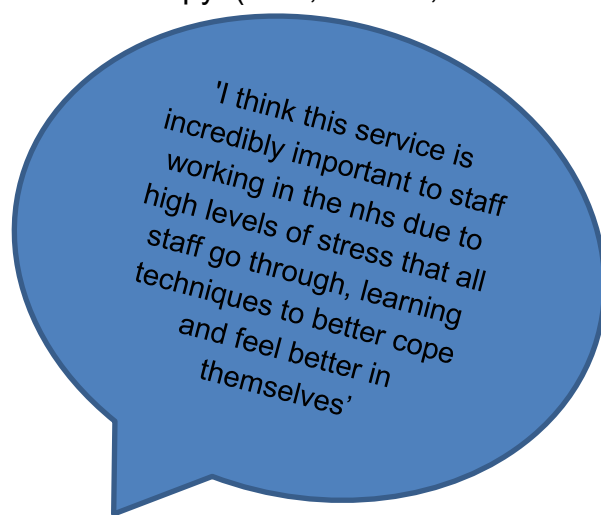
Despite the overall consistency of Trust scores over several years, detailed analysis revealed a wide variance of staff experience across the Trust's services and teams. As part of a new 'ground-up' approach to the results, the Trust held a series of World-Café style events for local teams during March and April 2026. These facilitated, supported spaces enabled teams to reflect on their results and determine strengths and priorities. Bespoke infographic reports were prepared for each team, and creative tools enabled colleagues to turn their voices into clear intentions, aligned with the NHS People Promise themes..

Building on this local intention planning, The Board, People and Culture Committee, senior leaders and People Matters are collating and identifying responses and actions towards addressing variances and embedding the People Promise themes.



### 3.6.4 Staff Support & Therapy Service

BDCFT 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 (CBT, EMDR, Counselling, Compassion Focussed Therapy, Schema Therapy and Mindfulness), 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 & PTSD, mindfulness, maintaining better relationships and dyslexia 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 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 in order 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. Continue to deliver Self Compassion workshops and the Self Compassion Group which is a psychological therapy group to staff. This consistently demonstrates that staff are willing to engage in group psychological therapy, be vulnerable and improve their self-compassion. Compassion is proven to lower stress, low mood & increase health related behaviours.
3. Developing and producing an 'Embracing Neurodiversity' booklet of tools, information and support for staff so that it is easy to find, all in one place.
4. 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. We have worked with people matters and ERostering around being able to accurately record menopause absences in the trust.
5. Continue to maintain the friends and family test rating of 'Likely' and 'Extremely likely'.
6. Continue to increase awareness of the range of offers that staff can access via the Staff Support & Therapy Service, as well as signposting staff to other relevant health and wellbeing offers.

'I really appreciate being able to access this support at work. It makes me feel a valued member of staff. It has helped me move forward from issues I was struggling with.'

I found the therapy useful. Being confident and ready to return to work

### 3.6.5 Creative Connections

#### Creative Connections – bringing Bradford 2025 to the inpatient wards

**18–21 Nov**

**Creative Connections**

A slice of Bradford 2025 UK City of Culture comes to Airedale Centre for Mental Health

Join us for live harp playing, Bhangra music and poetry.

Get involved in art, creative writing, drumming and singing.

See you there!

Healthy Minds

In November 2025 working in partnership with BDC Mind and Bradford 2025, our occupational therapists were able to bring a diverse range of culturally creative opportunities for people across our inpatient mental health wards – with a 2-week festival ‘Creative Connections’. The event was planned to support people to experience some of the creative activities on offer for Bradford 2025, with taster sessions, which they could be then supported to participate in on discharge. We had a range of artists and workshops – from live harp playing, singing, poetry and creative writing workshops, and visual arts, with activities delivered to enable people to get involved in ways they felt able with their mental health needs. Over the two weeks we had 75 patients from across both sites take part in the different workshops, with lots of feedback on

the impact it had...

- “Having special times like this makes me feel better inside. Being positive is what I like”*
- “Art makes me concentrate. Its mindful. It Occupies my mind and stops intrusive thoughts and takes me outside of the ward mentally”*
- “This session was great. I feel it reduced my depression levels, cleaned my mind and made me feel great”.*
- “That meant so much to me. So much. I didn’t think it could lift me but it really did. It made me cry and I loved it”.*

*“Bringing culture close to people is beautiful to relate with especially with our service users. The joy on their faces”*

*“I think more of this would be beneficial to us all in the future. Thank you for bringing this”*  
*“I’ve had the best two days ever. It’s something different. All that interaction, singing and dancing and drumming. This is what we needed” (staff member)*

Alongside the above, and in partnership with BDC Mind for Bradford 2025 we have created some films to showcase the support provided for people experiencing mental health challenges – the first one (linked to the above) capturing the joy of creative connection in mental health and how important it is for health and wellbeing, and the second film portraying a very powerful, personal story of mental health and how valuable having the right support is to help people when they are most unwell. Both films are being shown in Bradford Pictureville on 24<sup>th</sup> March, as part of a celebration of the legacy of Bradford 2025.

### 3.6.6 Immersive Classroom

#### **And for 2026 – Digital Innovation for Workforce Growth - development of the Immersive Classroom for Mental Health**

Working in partnership with Shipley College students we are developing an immersive classroom experience of inpatient mental health, to support recruitment, induction and training of staff for working in our mental health wards. An immersive classroom is a high-tech multi-sensory learning environment using 360-degree, floor-to-ceiling, or 3D projections, lighting, and sound to transport students into a simulated environment and offers many opportunities for training in health and care. With funding from



NHS England, we are developing this resource for mental health, creating a simulated mental health ward, to give people ‘hands on’ experience of a ward setting, which would otherwise be difficult for them to gain. The interactive experience will initially be based on ‘a day in the life of’ a health care support worker, taking students through an experience of their first day, highlighting the reality of working in this setting, through meeting patients, different member of the multidisciplinary team and taking part in activities that would be part of their role on the wards. We are hoping the immersive learning experience will help prepare people for working on the wards, with insight into the challenges but also the joy of working in this setting.

### 3.6.7 Workforce Development People Related Highlights

Making the Trust the best place to work for our people has remained a critical component of our strategy over the past year and we have continued to mostly make improvements in all our four people plan and seven people promise themes. In terms of the latter, the National Staff Survey 2025 results evidenced an around national average response rate and consistently improved scores in the majority of themes. With labour turnover at a six year low of 10% and a vacancy rate of just under 5%, our efforts to speedily recruit, smoothly onboard and retain our workforce are paying dividends. With regard to our four people plan strategic themes, we have had another good year.

**Looking after our people:** We provide a comprehensive range of health and wellbeing resources that cover physical, mental and emotional wellness, as well as a huge selection of benefits associated with working for this trust, our neighbourhood and the wider NHS. An in depth review this year, into the reach, impact and cost effectiveness of our in house and commissioned services and resources, showed that they reach mostly where they are intended and provide an effective mechanism to keep our people well at work and support them to return to wellness when the time is right. Such in-house resources as Staff Support & Therapy and the Long term Conditions services, are popular and productive additions to our offer.

Despite the benefits of providing such a significant level of support for our colleagues, we have experienced sustained and high levels of sickness absence over the year, mostly in the range of 6% of working time lost due to sickness. This has broken down into two thirds of absences being long term and over half of absences being as a result of mental unwellness, followed by musculoskeletal injuries and conditions. Work has continued under the auspices of the Organisational Sustainability Programme Board, to refresh and enable management actions, to better address the support needs of our colleagues when they are unwell and ensure that signposting to appropriate resources meets their demands.

**Belonging and inclusion:** Our three staff networks grow from strength to strength in terms of their membership numbers and the influence that have in how we behave and develop as an organisation. In practical terms, we have had some changes in network leadership and there has been no lack of enthusiasm from members to step forward into the roles. Executive team sponsorship also adds value to the networks and that vital link between colleagues and the Trust Board. Our Belonging & Inclusion Plan gathered momentum over the year, with many inroads in terms of performing well in our Workforce Race and Disability Equality Schemes, as well as evidencing a commendably low Gender Pay Gap mean score of 5.62%, which benchmarks very favourably nationally. We are also collecting data in advance of the forthcoming need to report on Ethnicity and Disability Pay Gaps and are looking to not be an outlier in that respect either.

We submitted an annual declaration evidencing how we meet our obligations under the Public Sector Equality Duty. The narrative and accompanying data painted a positive

picture of how we prove the link between equality and the quality of the care we deliver, as well as providing a positive employment experience for our workforce. Our declaration shows how equality performance scrutiny and discussions happen regularly throughout our governance and engagement processes and demonstrates our strong compliance with the Equality Act 2010 Public Sector Duties.

**Growing our Workforce:** We grow our workforce in many and varied ways, not just in terms of headcount and whole time equivalents, by speedy, effective and enjoyable recruitment, onboarding, workforce planning, and apprenticeship developments. Our Medical Directorate had the opportunity to work with colleagues in Kerala (India) to strengthen Mental Health Services. Recruitment activity remained strong and was underpinned by collaboration with Place partners, education providers, and local authorities to expand entry-level employment and training. We locally developed career pathways for young people and those who are currently workless, thereby growing the local health and social care workforce pipeline. This was linked to our development of an assessment centre approach to support recruitment to our Health Care Support Worker roles.

Performance has exceeded expectations, with an average time to hire of 21 days from advertisement to unconditional offer, against a 65-day target, reducing the risk of losing candidates through prolonged processes. Our recruitment reporting indicates that key performance indicators were achieved by a significant margin, contributing to sustained new starter flow and supporting improved retention alongside decreasing turnover. Continuous improvement actions include further streamlining pre-employment checks and resolving system technical issues that may affect transaction speed or data accuracy. Workforce planning continues for the Lynfield Mount Hospital Full Business Case, including assurance to the Department of Health & Social Care regarding the Trust's recruitment pipeline. Apprenticeship activity has secured £600,000 in external funding, enabling approximately 40 colleagues to undertake digital skills programmes; a dedicated committee presentation will provide further details. The future for continuously developing our workforce is looking very bright indeed.

**New ways of working and delivering care:** Over the past year, we have maintained our momentum in strengthening workforce development approaches and employee relations case management arrangements in particular. Not just internally, but also across Bradford District & Craven Place, work progressed to explore and develop Student Supported Service opportunities, utilising higher-level students in Nursing and Allied Health Professional training pathways across community based services as a pilot. We also committed a national Memorandum of Understanding to implement the NHSE Core Skills Framework for mandatory training content and renewal cycles, ensuring consistency with national expectations for all NHS organisations. This will enable us to be consistent with best practice in delivery of statutory and mandatory training, as well as confirm portability of training compliance between organisations.

With our Employee Relations casework activities, we applied a refreshed triage approach to support a just culture and eliminate avoidable harm. Informed by WRES findings regarding the experiences of ethnically diverse colleagues entering formal processes, this approach has revolutionised the way we open and investigate cases as they arise. ER caseload has halved compared with the same period last year and remains below 20 live cases, with fewer complex investigations. Case management performance has improved, with 75% of cases now resolved within an average of 85 days, reducing lost working time and supporting colleague wellbeing. An Internal Audit review recommended our improvement from limited to significant assurance and our case load numbers and time to agreeably resolve, benchmark commendably nationally now.

In summary, a solid year of successes in terms of our service delivery, financial and overall organisational performance. We can only succeed in meeting our population health needs as well as our statutory, regulatory and moral obligations as an employer if we look after our workforce. Our people are largely from within our local population, so the adage that “happy staff make happy patients” rings very true with us. Keeping our colleagues happy, health and well, will inevitably contribute towards the wellness of our community.

### 3.6.8 Green & Sustainable Initiatives

#### Expanding the offer of Green Therapy within BDCFT

Work to bring more connection with Nature within our mental health services continues to grow. We have been expanding our existing groups across the district.



The adult allotment has been renovated through a volunteer day from B&Q and now features a roof on the pergola, a dedicated composting area and a fence. It also won 3<sup>rd</sup> prize in Bloomin Keighley allotment competition 2025.

Through some funding through Morley Glass, we have been able to get some accessible planters fitted which has greatly increased our growing area.

***Glass visit to the allotment site. They were so pleased with our work they immediately donated another £500***

We have been building our community partnerships offering new opportunities for our service users. Working with the Canal and Rivers Trust we have been able to hold two programmes of walking and canoeing sessions. We have also run several trips to the Yorkshire Dales with the Yorkshire Dales National Park Authority for walking groups. These included an evening stargazing trip in January to Grassington. Going forward we have even more trips planned for this year including a 4-week programme for the adult



***Staff & service user canoeing along the Liverpool Leeds Canal***



***Staff and service users planting trees above Silsden***



***Staff and service users at Malham Cove***

community team that will incorporate different

themes into each session around wildlife, heritage and sustainability.

With YorgreenCIC, a local green organisation specialising in tree planting, we carried out a tree planting session with service users. In 2026 we have more tree planting sessions planned for both service users and staff.



*The Blooming Together sign at the community allotment*

The Pieces Project – An art charity from Leeds have been attending our art group once a month to deliver a nature artwork session. These sessions differ depending on the time of the year but have recently including decorating the name of the group “Blooming Together” which the group then attached to the allotment fence at the following session. These sessions are set to continue and will also include a trip to their base in Leeds to go alpaca trekking.



*The butterfly that now calls our allotment its home*

As part of Bradford 2025 we arranged two trips to “The Wild Uplands” in Haworth for service users. These were walks and talks around the art installations there with a local artist followed by an indoor art session. One of the installations featured 99 marble butterflies, from which we were gifted one, which is now proudly part of our allotment.

We have recently had workshops from the Aire River Trust under their new “Roots in the River” programme. This is all around local conservation efforts and will include practical sessions with them in summer to improve local river paths and woodlands.

As part of Bradford 2025 and with ‘Word Up North’ we

were accompanied by local poet Andy Craven Griffiths for BDCFTs Nature Week 2025. Taking part in a variety of community and inpatient sessions across the Trust, he wrote a nature poem together with service users on the allotment which was published, with a copy given to each member of the group and read out at Word Up North’s poetry event in Bradford. We are currently waiting on news of a funding bid to hold a longer nature poetry programme in 2026.

**We have also benefitted from one off sessions from organisations such as The Yorkshire Wildlife Trust who made wicker bird feeders with the group, and ‘Get Out More’ who delivered a Christmas Wreath Making session for the group.**



*Poet Andy Craven Griffiths writing a poem with service users on the allotment*



And comments from the staff involved in the groups:

*“There is opportunity for people to have different roles and responsibilities. The transformation of people’s skills and confidence growing. People can take ownership and lead on the group. Especially coming back as volunteers”.*

*“Makes people smile being in wildlife and vitamin D”*

*“Staff seem to really enjoy and benefit from being out of the office”*

We have also supported service users into volunteering roles as it’s made such a difference to their lives, with volunteers now helping to run the allotment groups. One of these volunteers has also become a volunteer with The Canal & River Trust through our work with them and now leads any walks we do with them.

We are now planning to fit planters at our sites in Skipton and Horton Park Medical Centre to allow the team there to start their own allotment groups with service users.

### *Nature in Mind*

2025 saw the start of a collaboration between BDCFT and Bradford District and Craven Mind. This was to replicate the nature therapy work we had already been doing but expanding out to new areas such as central Bradford.

Mind have employed two Nature Support Workers just for this project and it has started with 3 groups in community:

- A walking group every Wednesday in Peel Park, Bradford – this is a nature walk followed by an indoor nature session.
- A walking group from Hirst Wood, Saltaire every Thursday.
- A gardening group at Wibsey Community Gardens in Wibsey, Bradford.

The programme will include collaborations with all the organisations we are currently working with on the NHS project.

### *Nature Ranger*

We are pleased to be working with the National Centre for Sustainable Health Care, hosting a nature ranger for our inpatient sites, building on work started within inpatients to strengthen the links for people with Nature during their admission.

### *Nature Week 2025*

We also held our second Trust Nature Week in 2025 which focusses on nature for wellbeing – especially for our staff, for ‘Best Place to Work’. This included canal boat trips and a litter picking walk from New Mill with the Canal and Rivers Trust, nature creative writing class led by poet Andy Griffiths, forest bathing sessions and a nature photo competition. In April 2026 we will hold another nature week which shall also include a trip to the Yorkshire Dales and a tree planting day for staff.



We continue to be asked to share our work with others



locally and nationally, growing opportunities for people more widely. This has included having a feature article within OT News, linking with Trusts across the UK to inform their green projects, growing links with universities (Bradford, Huddersfield and Worcester) to offer Green Therapy lectures, and Green Therapy placements for students in partnership with Canal and Rivers Trust, and finally taking part in a podcast for BBC Gardeners World Magazine as part of their Wellbeing series.

<https://www.globalplayer.com/podcasts/episodes/7Drx8gz/>

We have even hosted a visit from a local MP Robbie Moore.



For further information on any of our Green Therapy initiatives please contact:

[joseph.courtney@bdct.nhs.uk](mailto:joseph.courtney@bdct.nhs.uk),  
[emma.clarke@bdct.mhs.uk](mailto:emma.clarke@bdct.mhs.uk) or  
[catherine.schofield@bdct.nhs.uk](mailto:catherine.schofield@bdct.nhs.uk)

We have also benefitted from one off sessions from organisations such as The Yorkshire Wildlife Trust who made wicker bird feeders with the group, and 'Get Out More' who delivered a Christmas Wreath Making session for the group.

## 3.7 Listening to the Voice of Experience

### 3.7.1 Patient & Carer Experience

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 of 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. Some examples of involvement are;

### **Recruitment and Selection**

BDCFT is dedicated to ensuring that the voice of experience is included in recruitment and selection activities when 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 worked with the People Matters (formerly 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, further feedback from that session has been implemented and now 3 sessions a year are being delivered to Involvement Partners who are interested in being involved in recruitment activity within the Trust.

### **Community Mental Health Transformation**

Two Involvement Partners were selected to be part of two task and finish groups; 'Complex Emotional Needs' and '4 Week wait'. They have met regularly and are helping to shape and design both pathways.

### **PLACE assessments**

Patient Led Assessment of the Care Environment (PLACE) take place every year in October and November, and results are published to help drive improvements in the care environment. The results can be used for national benchmarking. Assessment teams are a collaboration between staff and patient assessors, with patient assessors making up at least 50% of the assessment team. Each year the PCEI team supports estates and facilities to involve patient assessors. This year for the first time younger adults were included as part of the patient assessor team, recruited from Young Dynamos.

### 3.7.2 Patient and Carer Race Equality Framework (PCREF)

The Patient and Carer Race Equality Framework (PCREF) is a national initiative designed to tackle racial inequalities within mental health services, ensuring that racially and ethnically diverse communities receive equitable, high-quality care.

In January 2024, the Trust formally launched the PCREF Partnership to lead this important work. Since then, steps have been taken to develop and embed practices that promote inclusion and cultural sensitivity, while developing long-term plans to implement the wider requirements set out within the framework.

There is a separate annual report for the PCREF available on the Trusts website under the equality publication scheme pages.

Our goal is to embed the PCREF principles at every level of mental health services within the Trust, ensuring that service users, carers, and staff from all backgrounds are at the centre of our commitment to deliver better lives, together. The plan is set out below under the headings of PCREF's three components:

- Leadership & Governance,
- Organisational Competencies, and
- The Patient & Carers Feedback Mechanism.



The PCREF programme is an integral part in delivering our Belonging and Inclusion Plan aspirations and it supports our organisational Ambition to Action which aims to deliver the Best Quality Services to all.

Over the past year the Trust has established a PCREF Accountability Partnership chaired by the Executive Lead for the programme and seven workstreams delivering on the work plan.

Key achievements this year are:

- Reaffirming the Board pledge to be an Anti-Racist organisation and the relaunch of the Anti-Racist Tool Kit and e-learning.
- Equality impact assessing three services that support communities around mental health with a strong racial equity lens using the NHS Equality Delivery System Framework. This process identified good practice to spread and areas of improvement. An action plan is in place to deliver on those priorities.
- Refreshed our policy for managing racial and other types of discrimination from patients and the public to staff and evaluated the implementation of it via an anonymous survey.
- Developed an equality training offer and trained 430 staff in 2025. The training included cultural humility, building inclusive teams, identifying, reducing and addressing racial and other types of abuse from patients to staff, equality impact assessments and interpreting and translation.
- Launched a Health Equity Tool Kit and a series of intranet resources for staff to use.
- Designed a PCREF Passport.

The focus for 2026 is to ensure community voice and involvement is weaved throughout the programme and that coproduction is strengthened through strong networks.

### **3.7.3 Health Equity at Bradford District Care Foundation Trust**

Identifying, addressing and reducing health inequalities is central to the Trusts equality objectives and Belonging and Inclusion Plan. During 2025 the Trust developed a draft Health Equity Approach through development sessions with the Trust Board. This approach will be embedded into the revised organisational strategy in 2026 and sets out our priorities and ambitions to embed health equity into everything we do.

The Trust has developed an integrated dashboard for mental health services which enables services to look at access data by equality group and index of multiple deprivation. This data is used to support service decisions, target and prioritise engagement and service improvement work and equality impact assessment processes. Training is being developed to support Trust staff in using and applying this information into day to day work.

The Trusts equality impact assessment process has been embedded into the business case and decision making process. Training is available to staff to support them in carrying out assessments and plan appropriate interventions.

A network of EDI Influencers has been established across the Trust. These people are delivering health equity interventions and projects within their role in their team and service. The group have produced case studies of their health equity work some examples include:

- South Asian Heritage – A case study webinar of reflections on heritage, belonging and culturally adapted therapy in the BDCFT Talking Therapies Service and practical tips on how to be inclusive to South Asian communities.
- Stepping Stones to Wellbeing Group in Community Mental Health - a community-driven approach to mental health support. Co-created with service users, staff, and partners like Mind in Bradford, this 9-week group offer was designed to decolonise traditional models, strengthen connection and belonging, and celebrate cultural diversity. By prioritising inclusivity and racial equity, these groups create safe spaces where people feel valued and empowered.
- [Stepping-Stones-Poster--A2---59.4-x-42-cm-](#)
- Sensory Friendly Inpatient Environments - This case study explores how we have transformed inpatient mental health wards to better support neurodivergent individuals and those with sensory processing challenges. Through staff training, environmental adaptations, and innovative resources like sensory suitcases and adaptable spaces, the project reduced incidents of violence, improved patient engagement and enhanced recovery outcomes. It demonstrates how small, practical changes can create safer, more inclusive environments for service users and staff.
- Culturally Appropriate Food Texture Advice - this project addresses a gap in care for people with swallowing difficulties by creating safe, culturally relevant guidance for Bradford's Pakistani Mirpuri community. Traditional NHS resources often focus on a white British diet, leaving families without practical advice for adapting their own meals. Working with patients and families, the team co-produced bilingual resources, clear instructions and recipes that make favourite dishes safer without losing cultural identity. The approach respects faith, language and family traditions, and is now expanding to other communities such as Sylheti Bengali and Pashto. This work shows how inclusive, personalised care improves safety, dignity and health outcomes.

### **3.7.4 Patient Advice and Complaints Service (PACS)**

It is important to us that any person using the services of our organisation can seek advice,

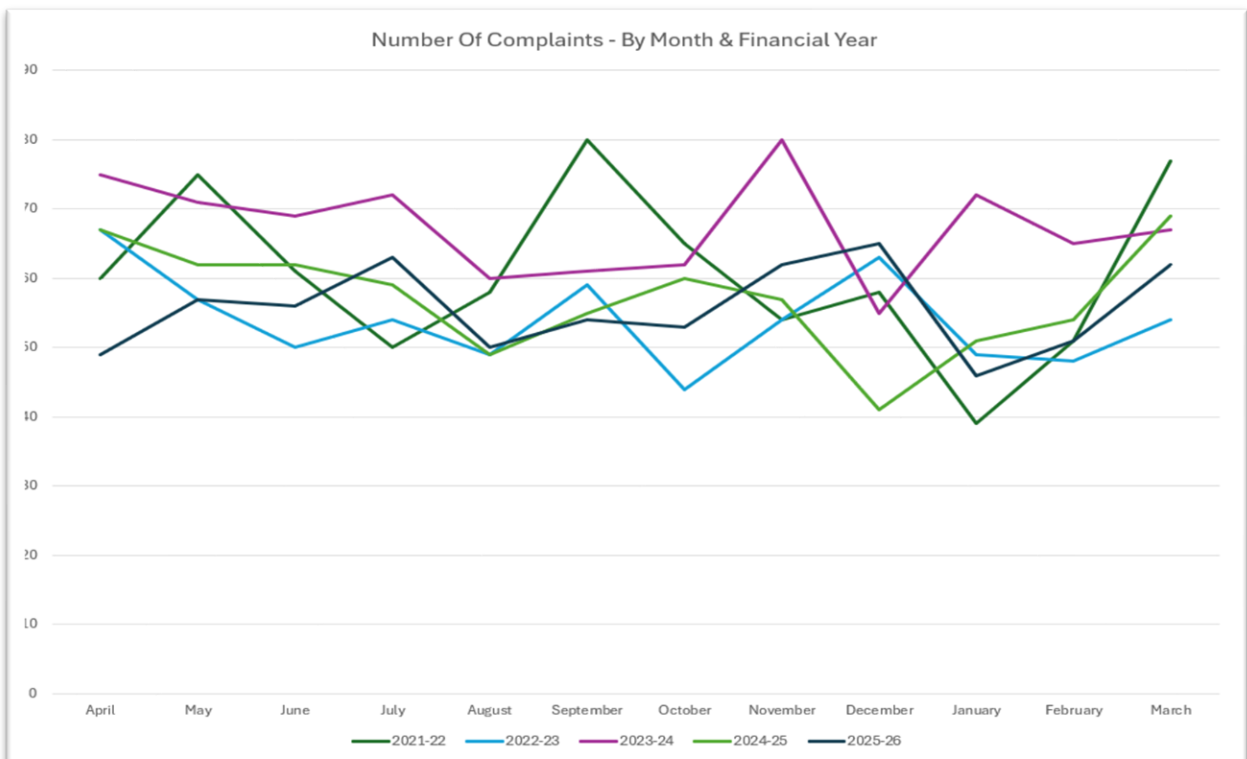
raise concerns or make a complaint. The PACS team provide a point of contact for signposting enquiries, and listening to concerns and complaints.

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 2025/26 the PACS handled 556 enquiries (of which 297 required signposting elsewhere) and 668 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 2025/26 the PHSO reviewed 7 of our complaint cases.

## Learning from Complaints

In 2025/26 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.)
- Length of waiting list. (Where the complainant felt the length of time they were on a waiting list prior to assessment or treatment was too long.)

The table below demonstrates examples of actions taken in response to complaints made in 2025/26, to improve our services:

Service Area	Improvement action taken
Unplanned Care	The pathway has been reviewed to ensure that it is sufficiently

<b>Team</b>	robust in order that suction machines are easily accessible when required.
<b>A&amp;E Liaison</b>	A focused reflective session took place for the team to look at cultural competence, trauma-informed communication, and responding appropriately to disclosures of previous discriminatory or harmful contact with police.
<b>Pharmacy</b>	Additional training delivered to ensure pharmacy staff can interpret external medication administration charts correctly.
<b>First Response Service</b>	Noise cancelling equipment has been introduced, to significantly reduce background noise on calls.
<b>Podiatry</b>	Incorrect information removed from the Trust's Podiatry webpage.

**Review of PACS and improvement plans**

There have been some changes in leadership within PACS. The newly recruited substantive Complaints Manager joined the service in June 2025.

PACS are now using a new version of our complaints recording system, to log complaints, which is improving data quality and supporting the new processes as outlined in the updated complaints policy.

The improvement work is continuing into 2026/27 with plans to:

- make further improvements to our processes and systems
- provide further training for our complaint handlers
- roll out newly developed 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.

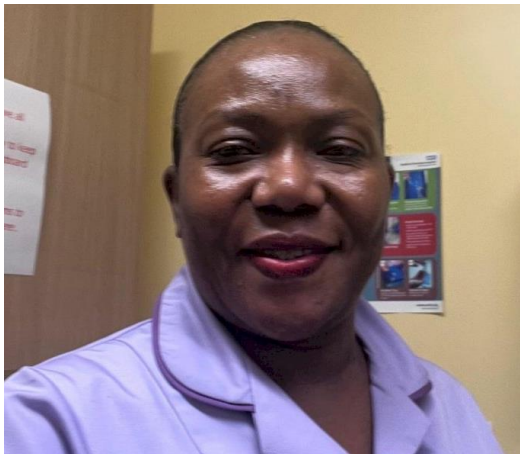
During 2025/26 the Trust recorded 199 compliments. Compliments are an important measure of patient experience. We recognise that as an organisation we could improve the recording of compliments alongside our other methods of feedback so that we can

see a full picture of the experience of users of our services.

### 3.7.5 Volunteering & Well Together

The Volunteer Service and the Well Together Service have continued to see growth and development in volunteer led activity, with 194 volunteers currently active, so far this year they have gifted 6135.5 hours of their time to volunteer. We continue to see significant traction within Trust Services with volunteer roles being developed in response to specific challenges services experience, with a key focus on releasing clinical capacity through volunteer activity. Whilst The Well Together Service have seen a growth in activity which responds to and supports people experiencing health inequalities and/or specific health conditions.

We have continued to see great Volunteer to Career success, with recorded outcomes of further education or employment within the health/care/statuary sector for 30 volunteers since we started the programme in 2021. Through our partnership with Helpforce we have seen significant local and national press coverage of our volunteer to career success stories.



- [SENIOR NIGERIAN NURSE BACKS 'VOLUNTEER TO CAREER' SCHEME AIDING STRETCHED NHS WORKFORCE - Black news from the most important news sources in UK](#)



- [Helpforce's Volunteer to Career is helping people into healthcare jobs | Bradford Telegraph and Argus](#)



- <https://www.thetelegraphandargus.co.uk/news/25545830.helpforce-calls-government-led-nhs-volunteer-recruitment-drive/>
- [Here's how to make positive change as hospitals and hospices prepare for influx of volunteers](#)

This year the Volunteer Service has received 156 applications for 28 advertised roles. New roles this year have included;

- The first weekend role which was also the first role for Adult Physical Health. The volunteer will welcome people attending the District Nursing dressing clinic at Meridian House
- An Oral Health volunteer to support the fluoride varnish programme at schools
- Recruitment of more Memory Clinic volunteers at South and West Older People's Community Mental Health Team.
- A new Check in and Chat role for the Treatment Team in Community Mental Health, calling people for the first 6 weeks in the transition from Care Coordination to Treatment Team.
- 12 of our volunteers supported BD25's Creative Connections programme of creative activities at Lynfield and ACMH in November

820 people have attended the 50 Well Together groups this year, as always we see a fluctuation in groups as some close and new ones begin, some new groups this year include

- West End Walkers group from St Oswalds church in BD5 supporting people on low incomes and with health inequalities.
- Vision Aid sight loss group in Settle, a peer support group for people with partial or full sight loss.
- Holistic therapy, these are 1-1 fully clothed massage sessions to help service users who attend the Cancer support and better days rethinking pain groups in Settle.

- Healthy Hearts walking group. A group that is led by specialist heart failure physiotherapist Helen Goulding providing a selection of gentle walks across the Bradford District for those who are recovering from heart conditions.
- Sewing Zone at Women's Zone, a 12 week sewing programme.
- Settle Public living rooms providing socialising and craft activities twice a week,
- Shipley walkers and Clake Foley walk.
- 'Talking drums' drumming group at The Place in Settle, supporting mental health and social isolation.

### 3.8 Clinical Administration Service

Our Clinical Administration Service provides essential administrative support across inpatient and community teams, ensuring that clinical staff have the information, coordination and systems they need to deliver safe and effective care. These teams have improved quality in many ways over the last year. Examples include:

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#### CENTRAL ADMINISTRATION

##### Releasing Time to Care

- Created **7 new Service Coordinator posts** to support Children's and Community Mental Health Services, releasing clinical time to care.
- Provided administrative support for multiple clinical service meetings, freeing clinicians to focus on patient care.

##### Workforce Capacity

- Recruited **Band 2 and Band 3 administrators** to the Staff Bank, increasing availability of temporary administrative support.

##### Operational Support

- Expanded support to the **Unplanned Care team**, including:
  - Coordinating aseptic technique and fit-testing training
  - Supporting the daily call-out process
  - Providing ICE support
  - Maintaining SharePoint resources to ensure clinicians have quick access to essential documentation

##### Data Quality

- Supported data collection for **flu vaccine uptake** across District Nursing teams.

#### CHILDREN'S ADMINISTRATION (including CHIS)

## Releasing Time to Care

- Realigned **School Immunisations Administration** from clinical teams to Admin Services, improving resilience and releasing clinical time.
- Supported Health Visiting with administration of **6–8-week visits** and **12-month reviews**, releasing further clinical time.

## Improving Data Quality

- Completed an initial cleanse of **45,000 entries** in the Family Health SystemOne unit.
- Continued to support ongoing data quality improvements.

## Supporting Clinical Pathways

- Coordinated **Education Health and Care Plan (EHCP)** reviews to ensure timely completion.
- Sent SMS reminders for satellite clinic appointments, reducing DNAs.
- Sent follow-up SMS messages to reduce missed routine immunisations.

## Service Integration

- Transferred administration for the **Vulnerable Children Information Team** into the Children's Admin team to release more clinical time.

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## MENTAL HEALTH ADMINISTRATION

- Provided administrative support to additional weekly **Memory Assessment & Treatment Service (MATS)** clinics for Bradford City and North Older People's Mental Health.
- Streamlined waiting lists by moving from spreadsheets to **SystemOne**, ensuring timely appointments.
- Supported communication with patients affected by the relocation of clinical services to Somerset House.

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## PHYSICAL HEALTH ADMINISTRATION

### Sustainability & Efficiency

- Coordinated the **Uniform Laundering Service**, enabling reuse of community nursing uniforms:
  - **£9,500 saved**
  - **1,500 kg CO<sub>2</sub> reduction**
- Expanded the **Uniform Reuse Scheme** across multiple services, achieving **3+ tonnes carbon savings** (equivalent to 6,500 miles driven).

## Stock & Resource Management

- Expanded and centralised stock ordering across **20 Podiatry sites**, reducing duplication and minimising stock levels.

## Supporting Patient Care

- Followed up **Tissue Viability DNAs** to ensure patients receive required care.
- Supported **Speech and Language Therapy (SALT)** workshops by booking and rebooking appointments directly into SystemOne.
- Managed the **Stammering Paediatrics Parent Advice Group Opt-In** process, including letters, bookings and discharges.
- Sent **~5,000 SMS messages** to support Continence service patient engagement and feedback.

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## INPATIENT ADMINISTRATION

- Supported staff development, including completion of **ILM Level 5** courses.
- Lynfield Mount Hospital reception staff continued to allocate, distribute and audit keys/alarms for all Acute ward agency staff.
- Two service administrators supported **13 ward managers** with diary management, ESR and KPI reporting.
- Following a **Rapid Process Improvement Week (RPIW)**, ward administrators ensured patient journey plans were booked within **72 hours** of admission.

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## SINGLE POINT OF ACCESS (SPA)

- Following consultation, SPA staff were integrated into relevant admin teams, delivering **significant financial savings** and supporting Trust financial targets.
- Cross-training increased the number of staff available to take calls.
- Through vacancy management, all affected staff secured roles within the service.

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## SERVICE-WIDE IMPROVEMENTS

### Workforce & Development

- Leaders supported the Staff Bank to build a flexible admin workforce able to fill ad-hoc, short-term and long-term roles, reducing agency costs and speeding up recruitment.
- Many staff were promoted within the service or across the Trust due to strong induction and training programmes.
- Several staff received **Thanks a Bunch** and **Living Our Values** awards.

## Quality & Performance

- Close monitoring of colour printing achieved **£20,000 savings**.
- A rolling audit programme reviewed:
  - Quality of letters typed from BigHand
  - Interview recording paperwork
  - SystemOne blanks and event recording errors
  - Visitor sign-in sheets
  - Quality of patient phone call management
- Findings and actions were shared across the service.
- FFT improvements increased responses from **1–2 per year** to **11 per month**, with an average rating of **4.2/5**.

## Digital Innovation

- Continued rollout of **Patient Knows Best (PKB)** and **Synertec** across Podiatry, Continence, Adult Mental Health and Children's Services.
  - **16,375 patients registered**
  - **33,771 letters produced**
  - **51% read online**
- Leadership team piloted **Copilot** and participated in the **Multiverse apprenticeship** to enhance digital capability.

## Efficiency & Impact

- Delivered **over 1 million activities** for the **9th consecutive year**.
- Released **~45,000 clinical hours** cumulatively, including **~22,000 hours this year**.
- On average, each administrator now releases **5 hours per week** of clinical time compared with 2022.

# SECTION FOUR:

Statements from our  
Partners

## 4.1. Healthwatch Bradford



Healthwatch Bradford and District welcomes this opportunity to comment on the Bradford District Care NHS Foundation Trust Quality Account for 2025/26.

As the independent champion for people using health and care services, we welcome the Trust's continued commitment to embedding the voices of service users, carers and families within service development, governance and improvement activity. We recognise the ongoing work to strengthen engagement and involvement across services and the importance placed on patient experience as a driver for quality improvement.

We acknowledge that the Trust has continued to operate in a challenging health and care environment during 2025/26, including sustained demand for services, workforce pressures, and wider system constraints. Despite this, we note, and value, the organisation's continued focus on maintaining service quality, improving access, and strengthening care pathways across mental health, community health and specialist services.

We are pleased to see continued progress in key areas including equality, inclusion and health equity. In particular, the development and implementation of the Patient and Carer Race Equality Framework (PCREF), alongside work to address health inequalities and improve outcomes for underserved communities, demonstrates a clear commitment to reducing inequity in access, experience and outcomes.

We also recognise the range of initiatives aimed at improving both patient and staff experience, including developments in workforce wellbeing, innovative service models, digital approaches, therapeutic environments, and community and nature-based interventions. These initiatives reflect a positive and holistic approach to quality improvement.

The Quality Account provides a clear overview of achievements over the past year, alongside areas for continued development. It is evident that feedback from patients, carers and staff continues to inform service improvement, and that there is a strong commitment to learning from complaints, compliments and engagement activity.

Healthwatch Bradford and District continues to value its constructive working relationship with Bradford District Care NHS Foundation Trust and welcomes the openness and engagement demonstrated with our organisation.

We look forward to continuing to work collaboratively over the coming year to ensure that the voice of local people continues to shape services and improve outcomes.

**Helen Rushworth**  
**Chief Executive**  
**Healthwatch Bradford and District**  
**June 2026**

### **Healthwatch Bradford & District**

Cardigan House, Ferncliffe Road, Bingley, BD16 2TA

01274 78122 | [info@healthwatchbradford.co.uk](mailto:info@healthwatchbradford.co.uk) | <https://www.healthwatchbradford.co.uk/>

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## 4.2 West Yorkshire ICB



Scorex House  
1 Bolton Road  
Bradford  
BD1 4AS

5th June 2026

### The Bradford District Care Foundation Trust Quality Accounts 2025/2026

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 2025/26. The Quality Account has been shared with key members across the Bradford District and Craven Health and Care Partnership, and this response is on behalf of the organisation.

The priorities set out in 2024/2025 have been linked to three key themes and I note the key achievements mapped against last year's priorities, which include:

#### Theme 1 – Improving Access and Flow:

- The organisation focused on improving access to services and patient flow by ensuring people receive appropriate care promptly and consistently. Several services achieved measurable progress using continuous improvement methods.
- A key example is the Memory Assessment and Treatment Service (MATS), which redesigned its pathway, improved triage, and strengthened multidisciplinary working. As a result, waiting times reduced from about 18 months to 6 months despite increased demand. The service now has a standardised pathway, clearer referral criteria, better digital processes, and enhanced patient communication, including a co-designed information leaflet and a volunteer "Waiting Well" support programme.
- Digital innovation also contributed to improved access. The Talking Therapies service introduced AI-enabled triage and care tools through a partnership with Limbic, leading to wider access, high referral-to-assessment conversion rates, and reduced pressure on clinical teams. This work received national recognition through an HSJ award.
- Further digital improvements are being expanded across community services, including wider use of Patient Knows Best (PKB), e-referrals, and SMS communication to improve access, reduce variation, and streamline processes.
- The text concludes by noting that sustaining these improvements depends on strengthening learning across teams, which forms the organisation's second priority.

#### Theme 2 – Learning for Improvement:

- This focuses on strengthening how the organisation learns from practice and uses that learning to improve quality, safety, and outcomes. In 2025/26, the emphasis shifted toward *learning through doing*, using structured improvement methods, coaching, and collaboration.
- A major example is the Culture of Care programme inpatient services, where three wards tested changes related to therapeutic relationships, communication, routines, and staff wellbeing. Learning was shared through networks and report-outs, with early feedback showing clearer expectations of care, better multidisciplinary working and more consistent attention to patient and family experience.
- Improvement work also progressed in Community Mental Health Teams, where large-scale staff engagement examined assessment and allocation processes. Using

value-stream mapping and data, teams identified evidence-based priorities such as waiting-list management, role clarity and freeing up time for direct care.

- Improvement coaching, structured learning mechanisms, and real-time data continue to support the spread of learning and inform service redesign.

#### Theme 3 – Enhancing Patient Experience and Involvement:

- You aimed to make care consistently person-centred, trauma-informed and co-produced with people who use services. In 2025/26, the focus was on turning lived-experience insight into practical improvements.
- In MATS, patient, and carer feedback shaped pathway redesign, resulting in clearer communication, an accessible co-designed leaflet, and additional non-clinical support during waiting periods. These changes reduced uncertainty and improved overall experience.
- In inpatient services, the Culture of Care programme responded to service-user feedback that standard personal-care products did not meet diverse cultural needs. Wards tested multicultural hair-care products using a structured PDSA approach, recognising hair care as an aspect of dignity and inclusion. Learning is being shared to support wider adoption.
- Co-production, peer support, volunteering, and QI activity continue to embed lived experience into service design and delivery, promoting compassionate, respectful, and inclusive care.

You have made further strategic quality improvement priorities by ensuring that quality is embedded. The most notable improvements include:

- Ensuring quality improvement is everyone's business.
- Over 1,000 staff have received some form of QI training, from introductory awareness and local QI champions through to CTW (The Care Trust Way) Practitioners and a growing cohort of CTW Sensei who coach and support others.
- Daily Lean Management (DLM) huddles are now routine in many teams, enabling frontline staff to identify and solve problems in real time.
- Alignment with NHS Impact has been strengthened, with BDCFT sharing learning at regional forums on how a common QI language supports quality during challenging periods.
- Quality improvement is being used to underpin the Better Lives, Together 2023–26 Strategy. This includes full implementation of PSIRF, a shift towards learning-focused safety responses, and growing staff engagement in improvement, reflected in improved NHS Staff Survey results. Sustainability is also embedded, with QI projects reducing waste, paper use, and environmental impact in line with your Green Plan.

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 2025/2026 and commend you on this.

I note the key local priorities for quality improvement for 2026/27 will be a continued and enhancing focus on:

- Embedding your Trust-wide Quality Management System
  - Taking a more systemic approach to staff sickness absence and workforce productivity
  - Making purposeful use of innovation, AI, and automation
  - Establish a Strategic Innovation Lead role to ensure innovation activity is focused, evidence-led, and aligned with Trust priorities.
- 
- Continue to invest in future-ready capability, expanding development opportunities through Multiverse digital, data, and AI programmes.

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.

Yours sincerely



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
AAR – After Action Review	A structured, team-based reflective process used to understand what happened, why it happened, and how learning can be applied to future practice.
ACE – Adverse Childhood Experiences	Potentially traumatic events occurring in childhood that can impact long-term health and wellbeing.
AHP – Allied Health Professional	A group of regulated health professionals including occupational therapists, physiotherapists, dietitians, speech and language therapists, podiatrists and others.
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.
BFI – Baby Friendly Initiative	A UNICEF accreditation programme supporting breastfeeding and infant feeding best practice.
Benchmarking	To evaluate something (e.g. a service) by comparison with a standard.
CAMHS – Child and Adolescent Mental Health Services	Specialist NHS services for children and young people experiencing mental health difficulties.
Care Quality Commission (CQC)	The national regulator that checks the quality and safety of NHS services.
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. <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443</a>

DLM – Daily Lean Management	Short, structured team huddles used to identify issues, review performance and support continuous improvement.
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.
EPMA – Electronic Prescribing and Medicines Administration	A digital system for prescribing and administering medicines safely.
Equality Impact Assessment (EIA)	A structured process to assess how a policy or decision may affect different groups.
FFT – Friends and Family Test	A national patient experience measure asking whether people would recommend a service.
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.
FTSU – Freedom to Speak Up	A national initiative enabling staff to raise concerns safely
Gemba Walk / Go See	A leadership practice where leaders visit clinical areas to observe work, listen to staff and identify improvement opportunities.
Healthwatch	An independent consumer champion for both health and social care that replaced LINK from 1 April 2013.
HSJ – Health Service Journal	A national publication covering NHS policy, performance and innovation.
ICB – Integrated Care Board	The statutory NHS organisation responsible for planning and funding health services in a local area.
Involvement Partner	A person with lived experience who contributes to service design, recruitment or improvement activity.
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
LeDeR – Learning from Lives and Deaths (Learning Disability and Autism)	A national programme reviewing the deaths of people with learning disabilities or autism.
LLR – Local Learning Review	A structured, proportionate review of an incident or death to identify learning.
MATS – Memory Assessment and Treatment Service	A specialist service assessing and supporting people with suspected dementia.
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
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
NCEPOD – National Confidential Enquiry into Patient Outcome and Death	A national programme reviewing clinical outcomes to improve care.
NHSEI – NHS England and NHS Improvement	NHS England and NHS Improvement joined together from 1 <sup>st</sup> April 2019. They support the NHS to deliver improved care for patients. <a href="https://www.england.nhs.uk/about">https://www.england.nhs.uk/about</a>
NHS staff survey	- An annual anonymous survey to staff in all NHS organisations <a href="http://www.nhsstaffsurveys.com/Page/1019/Latest-Results">http://www.nhsstaffsurveys.com/Page/1019/Latest-Results</a>
NICE	The National Institute of Clinical Excellence <a href="https://www.nice.org.uk/">https://www.nice.org.uk/</a>
PACT – Proactive Care Team	A multidisciplinary team providing early intervention and support to people at risk of deterioration.
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 Account	A quality account 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 accounts 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.
SJR – Structured Judgement Review	A national method for reviewing the quality of care provided to a patient who has died.
Talking Therapies	The national NHS programme providing psychological therapies for anxiety and depression.
Volunteering – Volunteer to Career	A structured pathway supporting volunteers into NHS employment.
Waiting Well Programme	A volunteer-supported initiative helping people awaiting assessment to stay informed and supported.
WREN – Workforce Race Equality Network	BDCFT's staff network for colleagues from ethnically diverse backgrounds.

# 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:

Email:  
[communications@bdct.nhs.uk](mailto:communications@bdct.nhs.uk)

 X Follow @BDCFT

## Patient Advice and Complaints Department (PACS)

Tel: 01274 251440

Email: [advice.complaints@bdct.nhs.uk](mailto:advice.complaints@bdct.nhs.uk)

## Bradford District Care NHS Foundation Trust

Tel: 01274 228300

Trust Headquarters New  
Mill

Victoria Road, Saltaire

Shiplay BD18 3LD