NHS

Bradford District Care

NHS Foundation Trust

Better Lives, Together:

Supporting Delivery Framework 2026–2031

How we will translate our strategy into priorities, programmes, plans, measures and action

Together

We Care

We Listen

We Deliver

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Contents

Together

We Care | We Listen | We Deliver

1. Purpose and status of this framework

Better Lives, Together: Supporting Delivery Framework 2026–2031 explains how Bradford District Care NHS Foundation Trust will translate the ambitions and priorities in Better Lives, Together: Our Strategy 2026–2031 into delivery.

1.1 Purpose

The strategy sets out where we are going, why change is needed and what success will look like. This framework provides the next level of detail. It brings together:

- Our values and behaviour compact.
- The delivery priorities supporting each strategic priority.
- The ten breakthrough programmes through which we will focus major organisational change.
- The foundations that enable delivery.
- The relationship with other strategies and plans across our Trust.
- The measures and arrangements through which progress will be monitored, assured, learned from and reported.

This framework is not a separate strategy. It is the principal companion document to Better Lives, Together and should be read alongside it.

1.2 How the documents work together

Better Lives, Together is delivered through a connected hierarchy:

- Our strategy defines our vision, purpose, strategic priorities, signs of success and intended picture of success for 2031.
- This Supporting Delivery Framework defines the behaviours, delivery priorities, breakthrough programmes, enabling arrangements and measurement approach.
- Annual delivery plans identify the organisation's priorities, actions, accountable leads, milestones and measures for each year.
- Breakthrough programme and service plans translate these commitments into coordinated delivery at programme and operational level.
- Team objectives and individual appraisals enable every colleague to understand and contribute to the strategy through their role.

This creates a golden thread from Board-approved ambition to everyday practice and from everyday experience back to organisational learning and decision-making.

1.3 How this framework will be used

This framework will support:

- Annual planning and prioritisation.
- Development and review of breakthrough programme plans.
- Alignment of corporate, clinical and enabling strategies.
- Service and team planning.
- Objective setting and appraisals.
- Performance, quality and programme assurance.
- Assessment of benefits, outcomes and health equity.
- Communication with colleagues, communities and partners about progress.

It is intended to provide sufficient consistency for Trust-wide alignment while allowing services and teams to respond to their local context, population needs and improvement opportunities.

1.4 Keeping the framework current

The strategic direction and priorities are set for the period to 2031. The actions, milestones and delivery assumptions needed to achieve them will evolve. This Framework will therefore be reviewed through the annual planning cycle and updated where necessary to reflect learning, evidence, changing needs, national requirements and delivery progress.

Any material change to the vision, purpose, strategic priorities or signs of success will be considered through the Trust's established governance arrangements. Changes to annual actions, milestones and delivery methods will be managed through annual planning and programme governance.



2. Our values and behaviours compact

Our Strategy describes our three values: We Care, We Listen and We Deliver. This section translates those values into observable commitments for colleagues, leaders and the organisation.

The behaviour compact is an integral part of delivery. It describes the culture and behaviours required to turn strategic intent into everyday experience. It should inform leadership practice, appraisal, team development, decision making, improvement activity and the way we work with people using our services, carers, communities and partners.

The compact should be applied alongside professional standards, employment policies and role-specific responsibilities. It does not replace them. They matter because they shape people's experiences of care and of working here, and they are essential to building trust and improving outcomes. Feedback from colleagues, partners and the people using our services shows that while our values are widely understood, they are not always consistently experienced in practice, particularly when it comes to listening, acting on feedback and delivering real change.

The behaviour compact developed for each of our values sets out clearly what this means in practice including the actions all colleagues, leaders and the organisation will take to bring our values to life. It moves us from intent to action, with a focus on being compassionate and inclusive; listening and acting on what matters; working together across boundaries; and delivering what matters most by focusing on fewer priorities and doing them well. This ensures our values are visible in everyday behaviours, decision making and delivery, not just words on a page.

We care

We show compassion by responding to need early, create a sense of belonging where people feel safe to be themselves, and consistently treat everyone with dignity and respect.

Compassion:
We notice and respond to need early.

Belonging:
We create environments where people feel and are safe to be themselves.

Respect:
We treat everyone consistently with dignity.

We care behaviour compact: compassion, respect, psychological safety, person centred

We treat people with kindness and respect, support each other, and make care feel safe, inclusive and consistent for everyone.

All colleagues – I will

- Treat everyone with kindness, dignity and respect, even when under pressure.
- Adapt my approach to people's individual needs, experiences and circumstances.
- Create a safe, inclusive environment where people feel able to be themselves and ask for help, speaking up if I am in a situation I feel care or wellbeing may be impacted.
- Support colleagues as well as service users, recognising the impact we have on each other.

Leaders will

- Model inclusive, compassionate behaviour and set clear expectations for how we treat each other, being visible, approachable and present.
- Create psychologically safe teams where people feel valued, supported, heard and able to speak up.
- Support teams to take a trauma-informed, person-centred approach in all interactions.
- Recognise and celebrate good work and effort consistently.

Organisation – we will

- Care for and support our workforce, recognising that colleagues' wellbeing, development and belonging are essential to safe, compassionate care.
- Embed a trauma-informed approach across the organisation, with clear expectations, support and measures to reduce avoidable harm.
- Create an inclusive culture where every person is valued, recognising difference and delivering on our belonging and inclusion commitments.
- Recognise, celebrate and learn from the compassion and care shown by our people, making it visible and valued in everyday practice.

We listen

We listen to understand, act on what we hear, and provide clear feedback so people know what has changed and why.

Hear:
We listen to understand.

Act:
We use feedback to make change and learn.

Feedback:
We demonstrate what has changed and why.

We listen behaviour compact: hear, act, feedback

We listen to understand, seek out all voices, and respond – showing clearly what changes as a result.

All colleagues – I will	Leaders will	Organisation - we will
• Listen to understand what matters to each person. • Treat every view with respect and curiosity, taking time to understand different experiences and perspectives. • Actively seek out views, especially from those less likely to be heard, using feedback to improve what I do and continuously learn. • Explain what I have heard and what happens next. • Use my own views and lived experience to support continuous improvements and delivery of this strategy.	• Create a team culture where people feel safe to speak up, every voice is heard and valued and learning is encouraged. • Model curiosity, openness and willingness to be challenged. • Involve colleagues, service users and partners in shaping decisions and approaches. • Respond clearly to feedback, explaining what will change and what cannot and why, taking a 'you said, we did' approach. • Act as a role model and spokesperson for belonging and inclusion.	• Embed listening as an ongoing, everyday practice, with regular, joined-up opportunities to hear from colleagues, service users and partners. • Create a culture where speaking up is safe, valued and expected, with no negative consequences for raising concerns and learning is shared and celebrated. • Be responsive to feedback, acting where we can and being clear and transparent where we cannot close the loop consistently, showing 'you said, we did' and how feedback leads to visible change.

We deliver

We take ownership for what matters most, working collaboratively, simplifying how work gets done, and continuously improve outcomes through learning, evidence and action.

Own:
We take responsibility, work collaboratively and follow through on what matters.

Simplify:
We value each other's expertise and together remove unnecessary complexity making work easier to do well.

Improve:
We continuously learn together, adapt and make things better for people and in a way that delivers improved outcomes.

We deliver behaviour compact: ownership, simplification, improvement, accountability

We work together across teams, organisations and communities, focusing on what matters most to provide joined-up, person-centred care and continuously improve.

All colleagues – I will	Leaders will	Organisation - we will
• Involve people, families and carers in decisions, and see the person, not just their needs. • Work with others, share information and help people get joined-up care. • Do what I say I will do, take responsibility and speak up early when things are not going to plan. • Focus on what matters most and use what I learn to keep improving. • Engage in continuous professional development to enable me to stay informed, knowledgeable and confident.	• Set clear priorities so teams can focus on what matters most, based on data, evidence and insight. • Work collaboratively across teams, organisations and communities to provide joined-up care. • Create a culture where teams learn, improve and adapt together. • Value every contribution and support teams to work flexibly across pathways to meet people's needs.	• Build strong partnerships across health, care, voluntary and community services, recognising that we achieve more together than any organisation can alone. • Work with people, families, carers and communities to design and deliver joined-up care that is easy to navigate and centred around people's lives. • Create the conditions for collaboration, learning and continuous improvement, using feedback, evidence and insight to drive positive change. • Prioritise delivery based on evidence of need, focusing on what matters most, with clear priorities, visible progress and a commitment to learn and improve.

Vision
A future where people live healthier lives, inequalities are reduced, and communities thrive - with care closer to home, delivered together by our people and partners.

Purpose
Working together to improve health, reduce inequalities and create a compassionate, inclusive environment for all our staff and our communities.

Our values

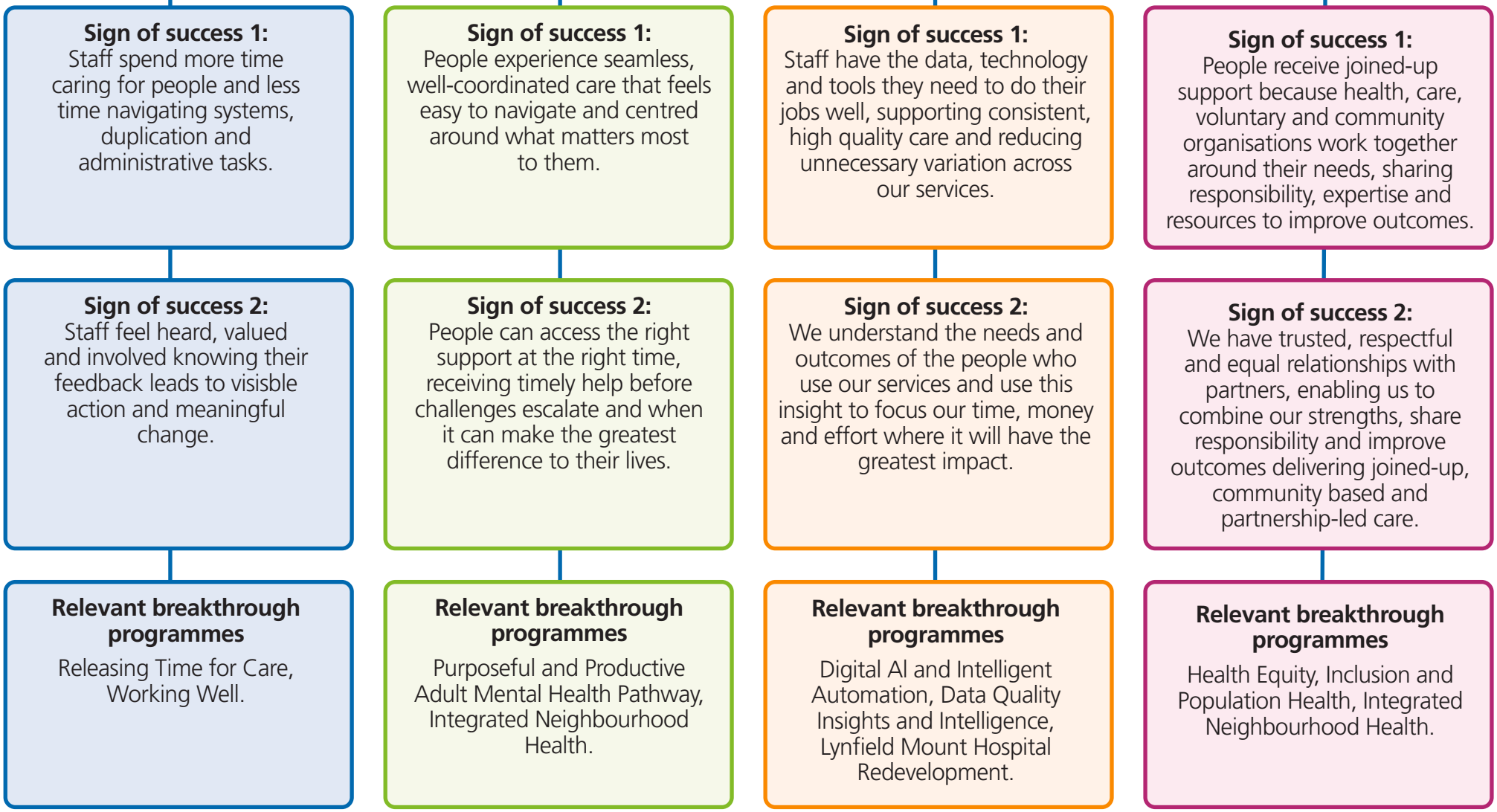
Together

We Care | **We Listen** | **We Deliver**

Our strategic priorities

- Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.
- Providing safe, effective compassionate care.
- Using our resources effectively to deliver the greatest benefit for our communities.
- Working together with partners to improve care for our communities.

Our strategic priorities (continued)



3. Strategic priority delivery areas

Our Better Lives, Together strategy document describes these strategic priorities in greater detail along with our 'signs of success' for each of them. The key areas of delivery for each priority can be found in the tables below. These have all been shaped and informed through engagement with colleagues, people who use our services, their carers and families, and our partners.

Strategic priority one: Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care

Intended outcomes			
Improved wellbeing and more time for care through reducing the administrative burden.	**Colleagues feel supported, heard and valued.**	**There is an inclusive, trauma-informed workforce.**	**Our workforce feels skilled and able to grow.**
Delivery priorities			
• Reduce administrative burden and duplication, focusing on what matters most to colleagues. • Simplify and standardise core processes to make work easier and more efficient.	• Embed regular high quality supervision and wellbeing conversations across all teams ensuring colleagues feel they have what the need to perform well, feel valued and fulfil their potential.	• Develop the representation of our workforce so it reflects the communities we serve through ensuring all colleagues feel valued for the unique experience they bring, delivering on the promises as set out in the belonging and inclusion plan.	• Establish transparent, inclusive progression routes from entry level through to advanced practice for career paths throughout the Trust.

- Use digital tools and technology to support safe, effective ways of working.
- Make progress visible, showing how colleagues' feedback has led to time being released.

- Listen to and act on colleague feedback through clear 'you said, we did' communication, via identified routes demonstrating how colleague feedback leads to meaningful change at Trust, service and team level.
- Expand equality networks and give them formal involvement in policy design and quality improvement (QI) activity.
- Strengthen the 'speak up, listen up' culture ensuring staff feel psychologically safe, confident and supported to raise concerns, without detriment.
- Prioritise staff wellbeing doing what we can to prevent ill health associated with work and ensuring staff feel safe and cared for.
- Create a flexible first culture where requests will be considered objectively and if they cannot be granted alternatives will be explored.

- Embed anti racism commitments through a clear action plan and introduce cultural competency workshops supported through the patient carer race equality network delivered by lived experience leaders and VCS partners.
- Roll out trauma-informed practice to all colleagues through Bradford's trauma-informed leadership model.
- Ensure staff feel safe in work and we take action to prevent violence, aggression intimidation or abuse in any form, including championing sexual safety.

- Ensure there is a clear, fair and equitable training offer led through teams.

Strategic priority two:
Providing safe, effective compassionate care delivery priorities

Intended outcomes				
We provide care that is equitable, consistent and centred around the person's needs.	**People are supported to stay well with the knowledge and confidence to manage their own health.**	**Care is safe, evidence based and personalised.**	**People feel listened to, involved in decisions, and able to shape their care alongside their families and carers.**	**People can access care more quickly and feel supported while they wait.**
Delivery priorities				
• Demonstrate strong, visible leadership on health equity and anti racism, aligning priorities, removing barriers and driving joined-up action starting at Board level. • Embed equity, diversity and inclusion into everything we do, ensuring it is reflected in decision making, operational practice and care, and supporting staff at all levels to take action.	• Embed prevention and early intervention in services and pathways, reducing avoidable harm, crisis and future demand. • Strengthen early intervention across mental health, children and young people (CYP), frailty and dementia, with proactive outreach in neighbourhoods.	• Use better data on who we see, what we do and the outcomes we achieve to improve the quality, safety and value of our services through our understanding our patient population and outcomes programme. • Ensure care plans are clear, consistent and centred on 'what matters to me', with strong ownership across teams.	• We will embed automated reminders to all services as a standard approach to reminding people of their appointment, looking to roll out patient engagement solution. • We will co-produce communications relating to services with people with lived experience.	• We will work to support colleagues to re-design pathways, taking away the 'stones in their shoes' that get in the way of maximising patient facing time through our 'releasing time for care' programme. • Work as one team around the person, improving handovers, discharge and transitions.

- Use data and insight to reduce inequalities in access, experience and outcomes, focusing effort where need is greatest and supporting measurable improvement.
- Embed our health equity delivery model in practice.
- Strengthen partnerships in schools, public health and family services to support earlier identification and joined-up support for children and families.
- Support people to manage their own health (self-management) wherever possible, increasing access to tools and digital support where appropriate.
- Embed evidence based, standardised care pathways, co-designed with people who use services and carers.
- Strengthen research and development ensuring all clinical practices and pathways are evidence-based, fully embedding patient safety and incident response framework (PSIRF) and using evidence to improve practice.
- Place people, families, carers and communities at the centre of care, strengthening involvement, making involvement accessible through multiple engagement routes.
- We will demonstrate how lived experience insight leads to tangible service improvement through 'you said, we did' feedback loops.
- Improve access, flow and responsiveness, ensuring people receive the right care, in the right place, at the right time through stronger system working, expanded community alternatives and closer partnership with acute services.
- We will ensure all people who have to wait to access services receive 'waiting well' support.

Strategic priority three:
Using our resources effectively to deliver the greatest benefit for our communities' delivery priorities

Intended outcomes			
We focus on the priorities that matter most and deliver them effectively.	**Digital and data are used routinely to improve decision making, productivity and care.**	**Our workforce and capacity are used effectively, with the right skills in the right places.**	**Our estate and resources are sustainable, efficient and deliver social value.**
Delivery priorities			
• Use a consistent approach to performance and insight to focus resources on the priorities with greatest impact. • Limit the number of priorities and stop or pause lower value or duplicate activity. • Prioritise initiatives that deliver benefit across the whole organisation. • Empower colleagues to identify and implement changes that reduce cost and improve equity and outcomes.	• Reprocure and optimise our electronic patient record (EPR) system to reduce administrative burden, improve workflows and enable information to be captured once and used effectively. • Strengthen data foundations and automate data collection, ensuring consistent recording and better information to support service improvement. • Provide a 'single version of the truth', with automated dashboards so teams can understand performance and identify opportunities from ward to board. • Safe use of artificial intelligence (AI) tools to improve triage, processes and clinical documentation.	• Improve how we plan and deploy our workforce, using better rostering, caseload management and skill mix to understand and reduce variation across teams. • Set clear job plans and activity expectations, tailored to each team and the population they serve. • Share regular productivity and performance information, so teams understand how they are performing and where they can improve. • Provide accessible, up to date workforce data, giving managers the insight and tools to deploy staff where they will have the greatest impact.	• Rationalise and improve use of our estate, creating smarter, shared spaces and multi agency hubs to support co-located neighbourhood services. • Deliver our green plan, reducing our environmental impact through energy efficiency, lower carbon estates, sustainable transport and waste reduction. • Embed social value and sustainable procurement, ensuring our spending benefits our communities, environment and local economy. • Strengthen estate resilience, using climate risk planning to protect services, infrastructure, staff and patients.

Strategic priority four:
Working together with partners to improve care for our communities' delivery priorities

Intended outcomes			
People are supported to be healthy, happy and at home through joined-up neighbourhood care.	**Our workforce supports multi-disciplinary teams working together in local communities.**	**Strong, equal partnerships with a particular focus on communities and the VCSE.**	**Partners work together with shared goals, decisions and accountability, supported by shared data and insight.**
Delivery priorities			
• Develop neighbourhood hubs with partners and communities, working as a 'team of teams' to support priority groups locally. • Integrate services within each locality, including mental health, learning disabilities and autism, community nursing, diagnostics, prevention and social prescribing. • Improve discharge and coordination, helping people leave hospital sooner with the right community support. • Create a single, clear point of access, making neighbourhood care easier to navigate.	• Create time for teams to build strong relationships with partners, enabling effective neighbourhood multi-disciplinary team (MDT) working. • Develop a flexible system workforce, through rotation roles and local training pathways with education partners. • Maintain and strengthen management capability for staff working in neighbourhoods, through consistent appraisal, supervision and development. • Align workforce planning to neighbourhoods, improving continuity of care and reducing reliance on agency staff.	• We will enhance our communities by working with partners in service design decisions on the use of our resource. • We will organise services around neighbourhoods wherever possible, creating seamless pathways instead of multiple separate services and referral rules. • We will work alongside our community partnerships focusing on how we can support prevention, reducing inequalities and wider determinants of health across the whole population. • We will develop a more formalised and structured approach to working in partnership and prioritise the development of collaborative models of care.	• Agree on shared goals to guide improvements and service delivery with measurable outcomes. • Collaborate to develop our collective system approach to governance, accountability and shared financial planning. • Create place-wide shared dashboards for flow, inequalities, prevention and outcomes, looking to understand impact through shared 'linked' data sets allowing us to evaluate our collective impact on the patient journey. We will use predictive analytics for proactive care identification. • Promote system wide shared learning, collaborative working and consistent standards when we work across BDC and the West Yorkshire (WY) collaborative.

4. Breakthrough programmes

In the Better Lives, Together strategy document our ten breakthrough programmes are described. These have been selected because they address our most significant challenges and provide the greatest opportunity to improve outcomes, support our workforce, reduce inequalities and ensure long-term sustainability. They are not separate from our strategy; they are the primary mechanisms through which we will deliver it.

Equally though, the breakthrough programmes are not intended to cover every delivery priority.

They represent areas where concentrated organisational transformation focus, investment and change are most likely to accelerate delivery of the strategy and address our most significant opportunities and risks.

Further detail on each of these programmes can be found below.

1 Releasing time for care

Strategic priority linked to: Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.

Brief description: Colleagues consistently tell us that unnecessary administration, duplication and cumbersome processes reduce the time available for care. Releasing time for care will systematically remove these barriers, simplifying how work is done through improvement, standardisation and digital enablement. This programme directly supports workforce wellbeing, productivity, patient access, responsiveness and quality whilst helping mitigate workforce capacity pressures. It is central to our ambition to deliver more care, with the same or fewer resources, without compromising quality.

By 2031 we will:	**Key outcome measures**
Have fundamentally redesigned how work is done across the Trust, increasing patient-facing time and enabling our colleagues to focus on care, improvement and prevention rather than administration.	• Staff survey score relating to ability to deliver high quality care. • Percentage of our colleagues reporting unnecessary administrative burden. • Patient-facing contact time. • Productivity improvement achieved through pathway redesign. • Improved health and workforce equity.

2 Working well

Strategic priority linked to: Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.

Brief description: The quality of care we provide is directly linked to the experience of the people delivering it. Workforce sustainability, management capability, wellbeing, inclusion and engagement feature prominently within the Trust's strategic risks.

Working well will bring together our efforts to improve wellbeing, belonging, leadership, attendance, retention, psychological safety and career development into a single organisational programme focused on creating the best possible environment for our colleagues to thrive.

By 2031 we will:	Key outcome measures
Be recognised as one of the best NHS organisations to work for, with a resilient, engaged, healthy and inclusive workforce that reflects the communities we serve.	• NHS staff survey engagement score. • Sickness absence rate. • Turnover rate. • Percentage of our colleagues recommending BDCFT as a place to work.

3 Purposeful and productive adult mental health pathway (mental health flow, recovery and service transformation)

Strategic priority linked to: Providing safe, effective compassionate care.

Brief description: Access and flow represent some of the most significant strategic challenges facing the Trust. Out-of-area placements, delayed discharge, lengthy inpatient stays, workforce pressures and increasing demand all impact on patient experience, outcomes, productivity and financial sustainability. This programme will redesign mental health pathways from crisis through to recovery, bringing together inpatient flow, community alternatives, discharge, crisis care, bed management, productivity and neighbourhood-based support. The focus is not simply on improving performance, but on creating a more responsive and sustainable mental health system.

By 2031 we will:	Key outcome measures
Deliver a mental health system where people receive timely care closer to home, out-of-area placements have become the exception, and pathways consistently support recovery, independence and flow.	• Out-of-area placement bed days. • Average inpatient length of stay. • Percentage of people receiving care within agreed access standards. • Number of people supported through community alternatives to admission. • Improved mental health equity.

4 Health equity, inclusion and population health

Strategic priority linked to: Providing safe, effective compassionate care.

Brief description: The greatest opportunities to improve outcomes often lie with the people who currently experience the greatest barriers. Persistent inequalities in access, experience and outcomes remain a significant challenge across our communities. This programme brings together the health equity strategy, patient and carer race equality framework, inclusion, anti-racism, population health management and community engagement into a single organisational commitment to reducing avoidable inequality.

By 2031 we will:	Key outcome measures
Demonstrate measurable reductions in health inequalities, ensuring our services consistently improve access, experience and outcomes for the communities that need us most.	• Reduction in inequality gaps in access, patient experience and health outcomes for agreed priority populations. • Completeness of protected characteristics data. • Access equity indicators by service. • Patient experience scores for underserved communities.

5 Data quality, insight and intelligence

Strategic priority linked to: Using our resources effectively to deliver the greatest benefit for our communities.

Brief description: High quality information underpins every strategic decision we make. Without accurate data, the Trust cannot effectively improve quality, understand inequalities, optimise productivity, benchmark performance or plan services. This programme responds directly to the Trust's data quality strategic risk and will strengthen how data is collected, interpreted and used to drive improvement. It will support better operational, clinical, workforce and financial decision making from ward to Board.

By 2031 we will:	Key outcome measures
Be recognised as a data-driven organisation where decisions are routinely informed by high quality intelligence, predictive insight and measurable outcomes.	• Data quality compliance across key data sets. • Performance improvement. • Percentage of key decisions supported by real-time dashboards. • Benchmarking performance against peer organisations.

6 Digital, Artificial Intelligence (AI) and intelligent automation

Strategic priority linked to: Using our resources effectively to deliver the greatest benefit for our communities.

Brief description: Using digital, AI and automation to release workforce capacity, improve patient access, strengthen operational flow, support joined-up care and improve organisational productivity. This will be structured around five strategic domains: workforce productivity and capacity optimisation, digital access and patient engagement, operational flow and performance improvement, connected and coordinated care and digital resilience and assurance. It is explicitly intended to release clinical capacity, reduce administrative burden, improve service flow and strengthen financial sustainability.

By 2031 we will:

Have transformed how services are delivered through digital, AI and intelligent automation, enabling our colleagues to spend more time caring, people to access services more easily, and leaders to make decisions using timely, trusted intelligence.

Key outcome measures

- Hours of workforce capacity released through digital and automation.
- Patient digital engagement rates.
- Reduction in paper-based and manual processes.

7 Lynfield Mount Hospital redevelopment and mental health campus transformation

Strategic priority linked to: Using our resources effectively to deliver the greatest benefit for our communities.

Brief description: This goes far beyond replacing buildings. Lynfield Mount represents a once-in-a-generation opportunity to redesign inpatient mental health care, therapeutic environments, workforce experience, clinical pathways and recovery-focused care. The redevelopment directly supports strategic priorities around quality, experience, safety, workforce and sustainability.

By 2031 we will:

Provide modern therapeutic environments that support recovery, improve colleague and patient experience, and enable new models of mental health care.

Key outcome measures

- Inpatient patient experience.
- Restrictive practice indicators.
- Colleague experience within inpatient services.
- Estate condition and utilisation measures.
- Increase in staff satisfaction and workforce retention.

8 Smarter spaces

Strategic priority linked to: Using our resources effectively to deliver the greatest benefit for our communities.

Brief description: Our estate is one of the Trust's most valuable assets and must evolve to support modern healthcare delivery. Changes in clinical practice, flexible working, digital technology and integrated models of care require us to rethink how our buildings support services. This programme is already underway and is seeking to create modern, flexible and sustainable environments that improve care, colleague experience and productivity. Through a hub-and-spoke approach, smarter use of space and closer partnership working, we will ensure our estate supports future models of care, makes best use of public resources and meets the needs of our communities.

By 2031 we will:	Key outcome measures
Have a modern, flexible and sustainable estate that supports integrated care, enables our workforce to thrive, makes best use of public resources and provides high quality environments for the people and communities we serve.	• Estate utilisation and occupancy rates. • Reduction in estate running costs and backlog maintenance liabilities. • Colleague satisfaction with working environments. • Carbon reduction and environmental sustainability measures.

9 Integrated Neighbourhood Health

Strategic priority linked to: Working together with partners to improve care for our communities.

Brief description: Demand cannot be met through hospital based models alone. Future success depends upon stronger prevention, early intervention and care organised around neighbourhoods rather than organisational structures. This programme will bring together community health, mental health, primary care, social care, VCSE partners and local communities to provide more coordinated support closer to home.

By 2031 we will:	Key outcome measures
Operate mature neighbourhood-based models of care that help people stay healthier, independent and connected to their communities for longer.	• Percentage of care delivered in neighbourhood settings. • Avoidable hospital attendance/admission rates. • Multi-disciplinary team participation and integration indicators. • Patient experience of coordinated care.

10 Place partnership and integrated provider leadership

Strategic priority linked to: Working together with partners to improve care for our communities.

Brief description: This programme provides the leadership, governance and delivery arrangements required to translate our joint strategic ambition and emerging Place Provider Partnership arrangements into measurable improvements for our population.

By 2031 we will:

Be recognised as a leading partner in an integrated place-based system that consistently improves outcomes, reduces inequalities and makes better use of collective public resources.

Key outcome measures

- Shared system outcomes delivered.
- Joint programmes successfully implemented.
- Reduction in duplication across organisations.
- Population-level health and wellbeing indicators.
- Agreed social value commitments and supporting measures.

5. Foundations for delivery

Our strategy has six inter-connected foundations for delivery as set out in our diagram below. Further detail on each our foundations are also set out in further detail.

The Care Trust Way
How we work.

Annual delivery planning
How we translate strategy into action.

Innovations, research and continuous improvement
How we learn and improve.

Co-production
How we ensure change is shaped by people who experience it.

Digital
How we enable delivery.

Quality Performance and Management System (QPMS)
The management system that supports delivery of the Care Trust Way.

The Care Trust Way – how we work

Throughout the strategy refresh, our colleagues, people using our services, carers, families and partners told us something important. They agreed with the direction of travel but wanted greater confidence that this strategy would lead to visible change in everyday practice. They wanted to understand not only what we will do, but how we will deliver it.

The Care Trust Way is our response to that challenge.

The Care Trust Way is how we translate strategy into action. It brings together our values, leadership behaviours, quality management approach, improvement methods, performance arrangements and daily ways of working into a single delivery system, that helps us focus on what matters most and continuously improve outcomes for the people we serve.

It creates a clear line of sight between the ambitions set out within this strategy and the work undertaken every day by teams across the Trust. By providing clear priorities, meaningful measures, visible leadership and a shared approach to improvement, the Care Trust Way supports individuals, teams and services to understand their contribution, solve problems, remove barriers and improve the quality of care they provide.

The Care Trust Way is built on the belief that everybody improves. We also believe that the best improvements are developed with the people who experience our services. Through co-production, we will work alongside people using our services, carers, families, volunteers, communities and partners to shape decisions, redesign pathways and improve services. We will move beyond simply gathering feedback to involving people in identifying priorities, developing solutions and evaluating whether changes have made a difference. In doing so, we will ensure that lived experience remains central to how we deliver Better Lives, Together.

Whether we are providing care directly, supporting services behind the scenes or working with partners across the system, every colleague has a role to play in delivering Better Lives, Together. It supports our commitment to listening, acting on what we hear, and demonstrating how feedback leads to improvement. In this way, it helps us move from aspiration to delivery and from engagement to action.

The Care Trust Way is not a programme, a project or a separate initiative. It is the way we will work together to deliver this strategy. It provides the foundation upon which our breakthrough programmes, digital transformation, partnerships and service improvements will be delivered. By creating a stronger culture of learning, accountability and continuous improvement, it will help us turn our vision for Better Lives, Together into meaningful and lasting improvements for the people and communities we serve.

Annual delivery planning – how we translate strategy into action

The Care Trust Way will provide the framework for turning this strategy into action. Through annual planning, it will create a clear golden thread from our strategic priorities to the work of teams and individuals across the Trust.

Our strategy will only succeed if it is owned by everyone. The engagement process highlighted both the scale of the challenges we face and the commitment of our colleagues, people who use services, carers and partners, to improve things. By building on the strengths that already exist across our organisation, we can turn ambition into meaningful change.

This strategy sets out what matters most. Delivering it will depend on the decisions we make, how we work together, and the actions we take every day. Everyone has a role to play, and leaders at every level have a responsibility to create the conditions in which people can thrive, innovate and improve.

As individuals, we should regularly ask ourselves:

- What does this strategy mean for my role?
- What could I do differently?
- How can I contribute to our strategic priorities?

The answers will be different for each of us, but all of us can contribute. Our contribution as a team will be documented within our annual plans. Our contribution as an individual will be in our appraisals.

Examples of the types of actions teams and individuals can consider are in the table below:

Strategic priority	Examples of actions
Supporting and valuing our workforce, creating the conditions they need to deliver safe, high quality care.	Develop new skills, share knowledge, support colleagues and create inclusive teams where people feel valued and able to thrive.
Providing safe, effective compassionate care.	Use data and feedback to improve services, personalise care, monitor outcomes and focus improvement on what matters most to people and communities.
Using our resources effectively to deliver the greatest benefit for our communities.	Identify duplication, reduce waste, simplify processes and make the best use of available resources.
Working together with partners to improve care for our communities.	Work with other services and organisations to improve outcomes, strengthen relationships and develop more joined-up pathways.

If we succeed, people across the Trust will be able to say with confidence:

'We knew what mattered most. We played our part. We made a difference. We achieved it together'.

Better Lives, Together sets a consistent direction to 2031, but delivery will take place in a changing environment. Annual planning will provide the mechanism for reviewing progress, agreeing priorities and sequencing delivery for the year ahead.

Each annual planning cycle will:

- Review progress against the strategic priorities, signs of success and programme outcomes.
- Consider changes in population need, evidence, national policy, resources, risks and partnership arrangements.
- Identify the limited number of actions and milestones requiring particular organisational focus.
- Confirm accountable leadership, delivery capacity and resource implications.
- Agree measures, expected benefits and health equity considerations.
- Identify dependencies between programmes, services and partners.
- Translate agreed priorities into directorate, service, team and individual objectives.

Learning from delivery will be used to adapt actions and methods while protecting the overall direction and intent of the strategy. This will help us remain responsive without losing focus.

Annual planning will translate our strategic priorities into measurable objectives at every level of the organisation. This will help ensure everyone understands their contribution, what they are accountable for, and how progress will be measured.

Using the Care Trust Way, teams will be supported to identify problems, test improvements, measure impact and share learning. By taking this approach consistently across the organisation, we will turn strategic intent into practical action.

We will celebrate progress and recognise the contribution that individuals, teams and services make towards our shared ambition for 2031. While this strategy describes a journey rather than a destination, every improvement brings us closer to achieving our vision.

Innovation, research and continuous improvement – how we learn and improve

For us, innovation is not simply about adopting new technology. It is about creating a culture where people are encouraged to identify problems, test ideas, learn quickly and improve continuously. Innovation can come from anywhere – from frontline teams, people using our services, carers, partners, volunteers, communities, researchers and industry. Our role is to create the conditions where good ideas can be developed, evaluated and scaled when they demonstrate value.

A key catalyst for innovation and improvement is 'Better Lives' the official NHS charity for BDCFT. Acting as enabler, the charity supports innovation and activity that cannot be covered by core NHS budgets, transforming the everyday experiences of patients, service users, carers, volunteers and staff. The charity secures charitable donations through fundraising and charitable grants, and spends these guided by its charitable aims and charity strategy 2025-28.

Innovation at BDCFT will be supported through a connected improvement and innovation ecosystem that brings together frontline improvement, research, digital transformation, data and analytics, artificial intelligence (AI), knowledge sharing and external partnerships. By creating stronger links between these capabilities, we will accelerate the identification, testing, spread and adoption of ideas that improve outcomes, reduce inequalities, release time for care and create value for our communities.

We will take a disciplined approach to innovation, using the Care Trust Way to ensure new ideas are grounded in evidence, aligned to strategic priorities and focused on improving outcomes, experience, productivity and value.

Co-production – how we ensure change is shaped by the people who experience it

Our ambition is to ensure the Trust involves service users, patients, carers and communities in the planning, delivery and continuous quality improvement of services. We will support co-production and shared decision making in service design and quality improvement, to actively contribute to improved quality, safety, and patient outcomes and experience.

Our future strategy will align to NHS England's statutory guidance 'Working in Partnership with People and Communities' and the new Quality Strategy published July 2026.

We'll seek to promote meaningful partnerships with our colleagues, service users, carers and communities, and to embed inclusive, accessible involvement approaches that reflect the diversity of the population we serve.

It will be our aim to contribute to reducing health inequalities by actively involving yet-to-reach communities and those who may be under-represented or experience poorer access to services.

We will ensure all involvement activity aligns with national duties, best practice and regulatory expectations. There will be an emphasis on the importance of clear roles and responsibilities that support safe, meaningful, and consistent involvement across the Trust. This will be underpinned by demonstrating transparency and accountability by providing feedback on how involvement has influenced decisions.

Our work to apply the Patient and Carer Race Equality Framework (PCREF) to strengthen culturally competent, ethical involvement will continue, to support the wider Trust ambition to improve the experience, access, and participation of racialised communities.

We will support staff to undertake involvement activity that is respectful, purposeful and grounded in lived experience.

Digital – how we enable delivery

Digital is not a separate strategy or a standalone programme of work. It is one of the key enablers through which we will deliver Better Lives, Together.

The challenges facing health and care cannot be addressed through additional effort alone. Growing demand, workforce pressures, financial constraints and rising expectations require us to work differently. Digital, data, AI, and automation will help us create capacity, improve productivity, strengthen decision making and make it easier for people to access care and support. Digital therefore has a role to play in every strategic priority within this strategy.

Our approach is focused on delivering measurable improvements in outcomes, experience and value. We will prioritise digital investment where it helps release time for care, reduce administrative burden, improve service flow, strengthen communication with patients and carers, improve access to services, support operational decision making and contribute to long term financial sustainability.

To support this, our digital portfolio is organised around five connected domains:

- Optimised workforce.
- Enhanced digital experience.
- Improvement in operational flow.
- Streamlined, connected care.
- Effective resilience.

These domains reflect the areas where digital can make the greatest contribution to the ambitions set out within this strategy.

For our workforce, digital will help create more time for care through simplifying processes, reducing duplication and automating routine tasks. Technologies such as Generative Artificial Intelligence (GenAI), ambient voice technology, workflow automation and optimisation of clinical systems will support colleagues to spend less time on administration and more time delivering care, improvement and prevention across all care settings.

For people using our services, digital will support easier access, better communication and more convenient ways of interacting with services. This includes expanding on multichannel communications, a digital front door centred on patient preferences and personalised digital services that help people access support at the right time and in the way that best meets their health.

For operational efficiencies, digital will improve visibility of demand, capacity, flow and outcomes. Better data quality, real-time reporting, operational dashboards and advanced analytics will help teams identify unwarranted variation, improve productivity, support service improvement and make more informed decisions from ward to Board.

Digital will also help to strengthen joined-up care. Through improved interoperability, information sharing and connected systems, colleagues and partners will have access to the information they need to deliver safer, more streamlined care. This will help reduce duplication, improve transitions between services and support neighbourhood based models of care.

Productivity improvement is a particularly important focus over the life of this strategy. Digital on its own does not create value; value is realised when technology is combined with pathway redesign, new ways of working and continuous improvement. We will therefore focus on using digital to release capacity, reduce waste and enable colleagues to work at the top of their licence, ensuring that productivity gains are translated into improvements in access, quality, outcomes and financial sustainability.

Finally, strong digital foundations are essential. Cyber security, digital infrastructure, information governance, resilience and modern clinical systems are critical to maintaining safe and reliable services. Over the next five years we will continue to invest in these foundations, including the future electronic patient record, ensuring that our technology estate is secure, resilient and capable of supporting future models of care.

Quality Performance and Management System (QPMS) – how we manage and measure delivery

The Quality Performance and Management System (QPMS) is the management system that supports delivery of the Care Trust Way. It sets out how we manage and measure our performance. The QPMS brings together annual planning, performance management, quality improvement, assurance, accountability and organisational learning into a single delivery system. It provides the structures, standards, measures and routines that enable delivery at every level of the organisation, ensuring that strategic priorities are translated into annual objectives, service plans, improvement activity, performance management and day-to-day decision making. In doing so, it creates a clear golden thread from Board priorities through to frontline teams, helping everyone understand what matters most, how success will be measured and how they contribute to delivering Better Lives, Together.

Through the Care Trust Way and QPMS, we will use data, research, insight, lived experience and equality impact assessments to guide decision making, identify opportunities for improvement and monitor progress against our signs of success, overarching measures and health equity measures.

This will help ensure we remain focused on improving outcomes, reducing inequalities, supporting our workforce and making the best possible use of our resources.

6. Connected strategies and plans

Our refreshed Better Lives, Together strategy will be an enabler for other key Trust strategies outlined below. The strategy is high level with much of the detail being developed within specific strategies and action plans. The ambitions, strategic priorities and signs of success as set out in this strategy will also shape the content of related strategies going forward, making sure that they are clearly linked. Many of these strategies and their role in delivering this refreshed Better Lives, Together strategy is shown in the graphic that follows.

Each connected strategy will explicitly demonstrate how it contributes to one or more Better Lives, Together strategic priorities, signs of success, breakthrough programmes and delivery outcomes. When strategies are refreshed, they will clearly articulate those links and describe how delivery will be aligned through annual planning and the QPMS.

7. Measuring, assuring and reporting progress

7.1 Our measurement approach

We will use a balanced set of information to understand whether Better Lives, Together is making a difference. No single measure can provide a complete picture. Our approach will combine:

- The signs of success identified through engagement.
- Overarching measures for each strategic priority.
- Health equity measures.
- Breakthrough programme outcome and benefit measures.
- Quality, safety, workforce, operational and financial information.
- Feedback and lived experience from colleagues, people using services, carers, families and partners.
- Research, evaluation and improvement learning.

Measures will be used to support learning and action, not merely to report activity. We will seek to understand what is changing, for whom, where variation exists and whether improvement is being experienced fairly.

7.2 From measures to action

Through QPMS, progress will be reviewed at the appropriate level of the organisation.

Reviews will consider:

- Whether agreed actions and milestones are on track.
- Whether outcomes and experience are improving.
- Whether benefits are being realised.
- Whether inequalities are reducing or widening.
- Whether risks, constraints or unintended consequences require action.
- What has been learned and what needs to change.

Where progress is not on track, the focus will be on understanding the causes, agreeing corrective action, removing barriers and escalating issues that cannot be resolved at the level at which they arise.

7.3 Reporting and assurance

Reporting will be proportionate and designed around existing governance wherever possible. It will provide clear line of sight from breakthrough programmes and annual delivery plans to the strategic priorities and signs of success considered by the Board.

Public and colleague-facing updates will describe not only what has been delivered, but the difference it has made. We will use clear 'you said, we did, we learned' communication to show how feedback and evidence have influenced action.

7.4 Benefits realisation

Each breakthrough programme will identify its intended benefits, the people or groups expected to benefit, how those benefits will be measured, and how they will be sustained. Benefits will include relevant improvements in outcomes, experience, equity, quality, workforce capacity, productivity, sustainability and use of resources.

Benefits will not be treated as achieved solely because an activity or milestone has been completed. We will seek evidence that change has produced a meaningful and sustainable improvement.

This is especially important given the strategy's strong emphasis on outcomes rather than output and on creating value from every pound, hour and asset.

8. Glossary and references

Glossary

Term	Definition
Annual delivery plans	Annual delivery plans identify the organisation's priorities, actions, accountable leads, milestones and measures for each year.
Better Lives, Together	Better Lives, Together: Our Strategy 2026–2031 sets out our shared direction for the next five years. It describes the needs of our population, what our colleagues, communities and partners have told us, the choices we have made and the difference we want people to experience by 2031.
Breakthrough programmes	Our ten breakthrough programmes are vehicles through which we will focus major organisational change. They translate commitments in the strategy into coordinated delivery at programme and operational level.
Care Trust Way	The Care Trust Way is how we translate strategy into action. It brings together our values, leadership behaviours, quality management approach, improvement methods, performance arrangements and daily ways of working into a single delivery system that helps us focus on what matters most and continuously improve outcomes for the people we serve.
Co-production	Co-production is how we involve service users, patients, carers and communities in the planning, delivery and continuous quality improvement of services.
Health equity	Health equity means that everyone has a fair and just chance to be as healthy as possible. It removes unfair barriers like poverty, discrimination, and lack of care. This goal means giving extra help to groups who face more obstacles so everyone can reach good health.

Quality Performance and Management System (QPMS)	Our QPMS is the management system that supports delivery of the Care Trust Way. It sets out how we manage and measure our performance. The QPMS brings together annual planning, performance management, quality improvement, assurance, accountability and organisational learning into a single delivery system.
Population health	Population health is an approach to health that aims to improve the physical and mental wellbeing of an entire group or community while reducing health inequalities.
Signs of success	Our signs of success, developed though engagement, describe the difference that people have told us matter most and help us understand whether change is being experienced in practice.
Social value	Social value is how BDCFT will maximise the wider social, economic and environmental value it creates for Bradford District and Craven through its role as an employer, purchaser, partner, estate owner and community organisation.
Strategic priorities	Our strategic priorities set out the broad areas for change, and our delivery outcomes set out what will be different because of that.
Supporting delivery framework	The Supporting Delivery Framework provides the next level of detail down from our Better Lives, Together strategy document, including our values and behaviour compact, strategic delivery priorities, breakthrough programme outcomes, foundations for delivery, connected strategies, and the arrangements through which progress will be planned, measured, assured and reviewed.

Abbreviations

Abbreviation	Definition
AI	Artificial intelligence (AI) is computer software or a machine built to do tasks that normally require human thinking, such as learning, reasoning, and solving problems.
BDC	Bradford District and Craven. The geographical area that covers the communities we serve.
BDCFT	Bradford District Care NHS Foundation Trust. Our organisation.
EPR	Electronic Patient Record. This is a digital software system that contains a person's medical history, test results and other information in relation to their care.
INH	Integrated Neighbourhood Health. A programme that looks at bringing together primary care, community services, mental health, social care and VCSE partners to deliver coordinated neighbourhood-based care.
MDT	Multi-disciplinary teams. Teams working together in a local area to address a person's health and care needs.
PCREF	The Patient and Carer Race Equality Framework designed to illuminate racial inequalities in services.
PPP	Place Provider Partnership. These partnerships will take on some of the commissioning, governance and leadership responsibilities that were once held by NHS Integrated Care Boards. The PPP will work alongside primary care, local authorities, VCSE and range of healthcare support organisations as key partners in delivering integrated, preventative and community based care, particularly through Integrated Neighbourhood Health and Children and Young People pathways.
QPMS	Quality Performance and Management System (QPMS). Our QPMS is the management system that supports delivery of the Care Trust Way. It sets out how we manage and measure our performance.
VCSE	Voluntary, Community and Social Enterprises. Organisations whose reach into communities is critical to support prevention, early intervention and tackling inequalities.

NHS

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