

From Ambition to Action

2023-2026 - strategy refresh

better lives, together







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1. Welcome to our strategy, better lives, together

From our Chair and Chief Executive

Our 2019-23 strategic framework, the first 'better lives, together', set out our values, priorities and commitment to quality improvement, guided by our Care Trust Way approach. Our refreshed strategy for 2023-2026 builds on these strengths, reflecting the changes in the health and social care landscape and how we have developed over the last few years. It sets out our ambitions and how they will be delivered.

Along with other NHS trusts, and the impact of COVID-19, 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, means that maintaining quality and access to services, whilst delivering care to an ageing and growing population, is a real and increasing challenge. This is against a background of widening health inequalities, worsened by the impacts of climate change and a desire to continue to improve the experience of people using 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.

To do this, our strategy for 2023-2026, will balance the scale of our ambition with the scale of the challenge, with hopeful realism being a common thread throughout. This means that we will act immediately to ensure that we have sustainable services - financial, environmental and social - all built on a strong foundation, whilst looking to the future to ensure we continue to integrate, improve and innovate, adapting our offer to the changing health needs of our communities.

'Better lives, together' describes our 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.

Dr Linda Patterson Chair

Therese Patten
Chief Executive

2 Context to refreshing our strategy

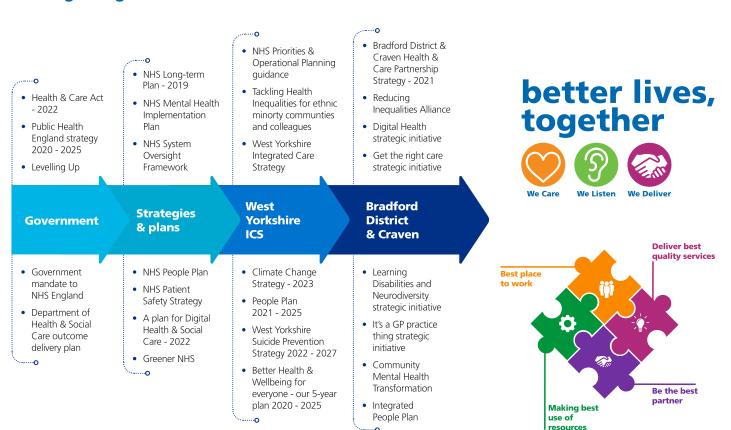
Bradford District Care NHS Foundation Trust (BDCFT) offers a wide range of services covering mental health, learning disabilities, physical health and children's public health, from before birth to the end of people's lives. Supporting people in our communities throughout their lives is a real privilege 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.

We recognise that people are leading increasingly complex lives. The number of people with multiple and long-term conditions is growing and this requires a different type of response from services, to help people to be as well as they can be, for as long as possible.

As well as thinking creatively about how we support our people and how we make our services accessible to everyone in our communities who need them, we need to think more broadly. We will continue to work with our partners across health and care, 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 will build on our strong relationships with partners to look outwards across Bradford District and Craven, West Yorkshire, and beyond.

From national to regional and local policies, our strategy is aligned, so that we can reduce duplication, intervene earlier where this will make a difference, and provide better, more seamless services, that are both financially and environmentally sustainable. Environmental sustainability is important because we know that climate change exacerbates health inequalities.

Strategic alignment



3 Who we are and who we serve

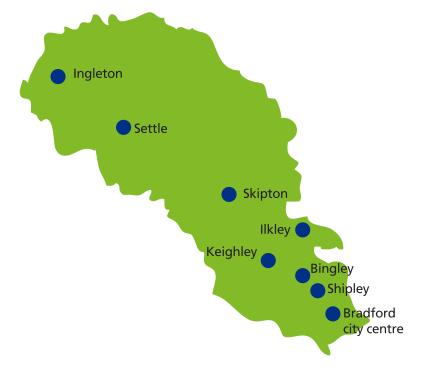
3.1 **Our community**

We are an NHS provider of mental health, community health - including specialist dental services - children's public health and specialist learning disability services. We provide 54 different services across approximately 100 sites, including two mental health hospitals, for people of all ages across Bradford, Airedale, Wharfedale and Craven.

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. Some areas of Bradford are amongst the most deprived in the country, reflected in higherthan-average demand for health services and reduced life expectancy.





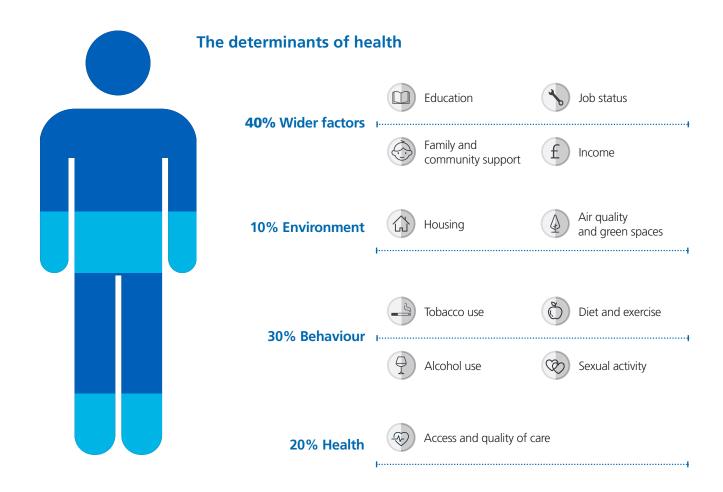
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Health characteristics and inequalities

Almost every aspect of our lives affects our health and wellbeing. These factors are usually described as the determinants of health.

In addition, there are a broad range of individual characteristics and societal factors that have been identified as contributing to health inequalities including:

- **Protected characteristics** such as age, disability, gender reassignment, marital status, maternity, race, religion or belief, gender and sexual orientation.
- **Socio-economic status** including educational attainment, income, occupation, employment status and housing.
- **Geography** including the composition of the built and natural environment e.g. access to green spaces, population composition, levels of social connectedness and features such as whether people live in an urban, rural or coastal geography.
- **Inclusion health and vulnerable groups** such as Gypsy, Roma, travellers and Boater communities, people experiencing homelessness, people with involvement with the justice system and sex workers.

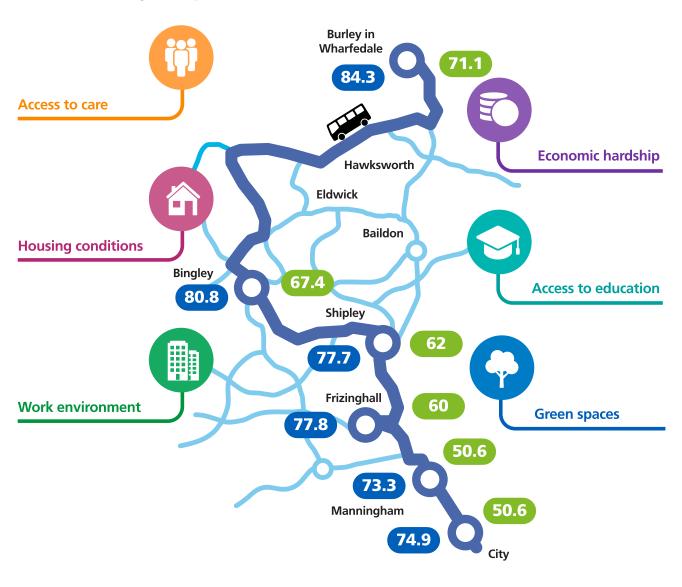


The communities we live in and offer services to, face inequalities that affect their health and wellbeing. This includes inequalities relating to everything from age, access to care and the conditions in which they live, to digital and transport. Ultimately, inequalities are associated with increased ill health and decreased life expectancy, and this is illustrated most clearly when we look at the difference in life expectancy across Bradford District and Craven.

The figure '10 miles and 20 years apart' shows that men who live in Bradford city centre have a life expectancy of approximately ten years less than those living ten miles away in Burley in Wharfedale. When considering the healthy life expectancy this gap is twenty years less.

This is one example of why it is important that we work with our partners to address the determinants of health and reduce the life expectancy gap across our communities.

10 miles and 20 years apart



- life expectancy shown in blue figures
- the length of time lived in good health shown in green figures

3.2 Our people

We employ over 3,000 people who, directly and indirectly, provide healthcare and specialist services to local people, including over,

- 1,000 registered nurses (health visitors, school nurses, district nurses, specialist nurses)
- 1,000 non-clinical roles (digital, estates and facilities, finance, HR, administration, governance)
- 500 health support worker roles
- 200 psychological therapy roles
- 150 allied health professionals (AHPs)
- 100 social workers
- 80 dental and medical roles
- 50 AHP clinical support roles
- 18 pharmacy roles

Our people are the core of what we do and without them we would be unable to deliver services. We recognise that since our last strategy was published in 2019, our people have undergone a time of significant and persistent stress and challenge, not just in their work lives but often in their home lives as well. We also know that, as many of our staff are members of our communities, living with their families and friends within Bradford District and Craven, they also experience the same health inequalities that exist in the wider population.

The wellbeing of our people is paramount within this strategy. We have worked hard to develop a robust but flexible wellbeing at work support offer, to create new opportunities for growth and development and to put in place flexible opportunities that encourage a diverse workforce that reflects our wider community. We are also looking at the places and spaces people work in, with an

Employee voice People management

Culture and values

Wellbeing at work Relationships

Personal development Work-life balance

estates strategy that supports flexible working and the creation of workspaces that meet the needs of staff and service users, as well as contributing to our sustainability ambitions.

Key to delivering this strategy is how we work together to support each other, encourage flexibility, innovation, and creativity, and ultimately create a place that people consider to be the best place to work.



4 Our approach - 'the way we do things around here'

4.1 Our values and behaviours

Our values were co-developed in 2019 and guide what we do every day. Our values are really important to us; they are the strong foundation that guide how we work together and how we develop and deliver our services. We believe our values are strongly embedded in our organisation.



We act with respect and empathy, and always value difference.

This means we are:

Compassionate

We show kindness and involve our service users, colleagues and partners in care and decision-making.

Rewarding

We recognise, acknowledge and reward good work and hard effort wherever we see it.

Purposeful

We focus everything we do on helping to safely meet people's health and care needs.



We understand people's views and respond to their individual needs.

This means we are:

Inclusive

We respect all people and treat everyone as individuals.

Constructive

We coach people to develop themselves and accept coaching to improve ourselves.

Repsonsive

We are approachable, driven by needs and feedback, and take action, openly and honestly.













We develop and provide excellent services and support our partners to do the same.

This means we are:

Resourceful

We use what we have to best effect, using creativity and determination to continuously improve and grow.

Evidence-led

We consistently adopt best practice, professional standards and Trust policies, and seek to innovate through research and feedback from our service users, staff and partners.

Quality driven

We pursue and celebrate excellence in safety, outcomes and experience, and embrace positive change.

We celebrate how, together, we live our values though our monthly Living Our Values awards.







4.2 The Care Trust Way

How we work is really important to us. We are always focusing on how we can improve our services and outcomes for those who come into contact with us. We do this by working together to improve things little by little, creating a better experience for people who work for us and service users alike. It also empowers staff to make positive changes and remove waste from the work we do.

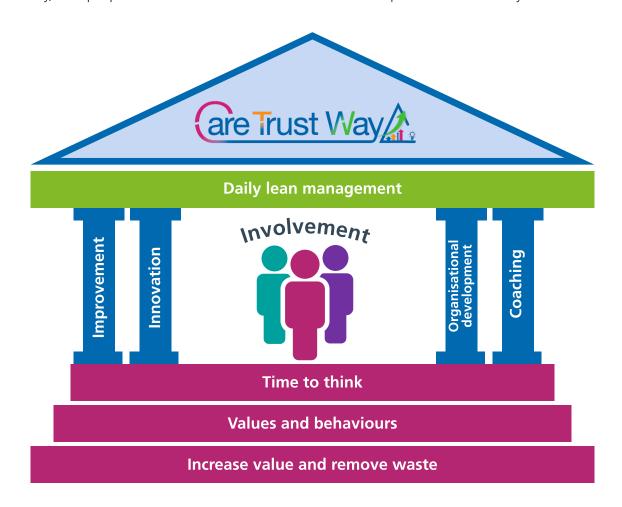
In 2019 we set out on a path of continuous improvement, innovation and growth. We intended to establish a successful quality improvement approach that would be embedded and integrated into all aspects of our operations. This improvement approach is called 'the Care Trust Way'. It is ours and we all own it.

The Care Trust way has three core ideas:

- quality improvement,
- innovation,
- and coaching.

These ideas all come together to form 'the way we do things around here' to collectively create better lives, together.

The Care Trust Way is both a cultural and behavioural approach aligned to our values, and a set of tools and techniques. Our people are trained to use the tools to support them to continually look for and implement improvements and changes that will benefit how they experience working for the Trust, and ultimately, how people who come into contact with our services experience the care they receive.



Tools of the Care Trust Way



Creative problem solving Empowering staff to find solutions



Communication cell Purposeful conversations around people, performance and improvement



Coaching Right question, right time, right person



Value stream mapping Adding value for our customers



Visual management Knowing without having to ask



Leader standard work Ensuring leaders go see, ask why and show respect



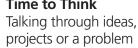
Workplace organisation 5S Having things in the right place at the right time



Time to Think



and growth



Want some

Time to Think



4.3 Fair and compassionate leadership

We are proud to be a 'trauma informed' organisation promoting a sense of safety for all.

Trauma informed care encourages all to try and understand others' behaviours and to respond with compassion. It applies to our workforce, our partners in health and social care, our communities and those seeking our help and support. Trauma informed care involves:

- Paying attention to what's happening in people's lives and what they're currently struggling with.
- Adapting our behaviour and approach to take account of people's lived experience.
- Helping people to feel safe so they can make the most of our help and progress their own recovery.

Our approach to trauma informed care has been co-created with service user involvement partners, to ensure lived experiences underpin the development of our approach. Trauma informed care is everyone's business and as a trauma informed organisation it is important that we:

- Provide people with training and development opportunities that are trauma informed, sensitive and specific.
- Ensure all supervision sessions incorporate a restorative function.
- Offer a range of wellbeing opportunities.
- Avoid or minimise risk of activities that re-traumatise people.
- Promote a sense of safety for people who work for us and those who use our services.

Being a trauma informed organisation benefits both people who work for us and those who use our services.

For those who work for us, the approach aims to:

- Reduce the risk of burnout and absence.
- Improves wellbeing by building support activities into the routine of work.
- Improves the quality of care.

For those who use our services, the approach:

- Promotes hope and empowerment.
- Improves engagement.
- Reduces time in services.
- Improves outcomes.



4.4 Equality, diversity, belonging and inclusion

Equality, diversity, belonging and inclusion is at the heart of our vision, values and behaviours. We believe that every member of our workforce plays a part in delivering our ambitions to tackle health inequalities and make our Trust the best place to work for all.

We have equality objectives which are refreshed every four years. These objectives place a diversity lens on our strategic ambitions, providing a framework to consider progress and experiences from the perspective of the groups protected under the Equality Act 2010.

We celebrate and are proud of the diversity of our workforce and continue to support their engagement through our staff equality networks, ensuring that everyone has a voice and can influence the equality, diversity and inclusion agenda at the Trust.



Our pledge and commitments are set out in our belonging and inclusion plan, underpinned by our values and behaviours.

The vision described in our plan covers the following areas:

- To provide the best quality care and meet the individual needs of our service users.
- To have a workforce that fully reflects and understands the communities that we serve and has a fair and compassionate culture, where everyone feels that they belong, are included, valued and respected, and can progress as a unique individual.
- To be an organisation that:
 - collectively, consistently and actively works to dismantle inequality wherever it is found and in all its forms;
 - ensures that barriers to progression are identified and addressed;
 - is an example of best practice.

As part of this, we will also continue to focus on improvements aligned to national standards such as the Workforce Race Equality Standard, Workforce Disability Equality Standard, and reducing the Gender Pay Gap. We are committed to taking action where we find discrimination and disproportionality, fully supporting anyone who experiences, identifies or highlights any act of discrimination or racism.

5 Our partners and partnerships

5.1 Who are our partners and how do we work together?

When we use the word 'partner' we are often talking about other providers of health and social care services, our regulators and the people who design, commission and oversee the delivery of these services. Together, these organisations form the 'system' - a structure that enables us to deliver health and social care services to our communities.

However, we believe that partnership goes beyond these organisations. We also need to work with organisations such as schools, the police, businesses and wider council services, to collectively address some of the wider causes of ill health. We recognise that, in a lot of cases, organisations that provide health services are not best placed to support people to make the changes that will help prevent ill health. This takes a broader approach and a different way of thinking, where we work together to address the key challenges facing our communities.



Finally, and most importantly, our key partners in preventing and treating ill health are the communities we serve and the people who work for us. Many of the people who work for us are members of the communities we serve. It is the people who live with us and near us who can make the changes that prevent ill health, and it is the people who experience our services - a user of services, or a carer or family member of someone who uses services - who can tell us how to do it better. Together, we can continually improve our services to support people to have better lives.

By working together with our partners, we can ensure that the person or organisation that has the right skills, in the right place, and who will have the biggest impact, is empowered to support the prevention or treatment of ill health. This is about delivering interventions or treatment as close to the individual as possible, recognising that people are unique and that the solutions that work best are often those that are tailored to suit their circumstances. This doesn't mean that everything is personalised - for some things, where the resource needed to deliver them is not readily available, or where the treatment is specialist, it is better to design services on a wider footprint. This is described within the Bradford District and Craven Partnership strategy as the 'inversion of power'.

5.2 Our communities and people who use our services

Our Trust is committed to ensuring that the voices of people who experience our services, their carers, relatives and supporters, foundation trust members, governors, the wider community, and those who deliver our services, are at the heart of shaping our healthcare services. This is the foundational partnership that will enable us to deliver better lives, together.

As well as the legal duty we share with all NHS organisations to involve 'individuals to whom the services are being or may be provided and their carers and representatives (if any)', our values of 'we care, we listen and we deliver' and our approach to continuous improvement described in the Care Trust Way, outline the fundamental value we place on listening and importantly, responding to the voice of those with experience of our services, and those who deliver our services. To deliver our strategy, better lives, together, we must and will work in collaboration with our communities and those who experience our services and those who deliver them, to help us to deliver the best quality care possible.

By embracing this partnership between our communities, the people who experience our services and those delivering them, we will:

- Ensure we are delivering the right care at the right time to the people who are using our services. By including people who access services and their carers in the design and delivery of their own care, we are better able to understand their strengths as well as their needs, and collaboratively produce plans of care resulting in better outcomes.
- Make use of different perspectives when looking to improve our services, highlighting things that we may not be aware of and ensuring our focus is on what is right for the person who will experience that change.
- Maintain a view on the quality of the services we deliver, intervening early when we see that peoples' experience is worsening, and checking that where changes have been made, this has maintained or enhanced peoples' experience.

To understand peoples' experience of care, we need to make sure that we are asking the right questions. Involvement occurs in many different forms. It is important that we enable as many ways to listen and respond to the voices of people who experience our services, as possible.

5.3 Bradford District and Craven Health and Care Partnership

We are active members of the Bradford District and Craven Health and Care Partnership. As such, we have agreed to be part of the 'Act as One' approach to delivering health and social care services with our partners across our collective communities. The 'Act as One' approach is a way of working together to support the people who live in Bradford District and Craven to be healthier, happier at home, and have access to high quality care that is clinically, operationally and financially sustainable. We are part of a big system, with many partners.

Community and primary care

- 60 GP practices
- 12 primary care networks
- 13 community partnerships
- 6 localities
- 100+ care homes

Local authorities:

- City of Bradford Metropolitan District Council
- North Yorkshire County Council

Voluntary and charitable sector:

- 2 umbrella VCS organisations
- Thousands of individual organisations
- 2 Healthwatch organisations

NHS

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust

Independent care sector:

- Bradford Care Association
- The Yorkshire Clinic (Ramsay)
- Yorkshire Eye Hospital (Optegra)
- Westcliffe Health innovations

Research and education

- Bradford University
- 200+ schools
- Bradford Institute of Health Research

Working collaboratively, the Partnership's focus is on preventing ill-health as much as possible, creating opportunities to help people stay healthy, well and independent, and tackling inequalities across our communities. 'Act as One' prioritises early intervention, fostering healthy lifestyles, self-care and nurturing active communities, so that people are happier, healthier and more independent. The strategy focuses on four pillars: purpose, place, population and people.

Our strategic priorities will contribute towards reducing health inequalities and the wider determinants of health. We will work with our partners to coordinate our actions so that we make the biggest impact possible, whilst delivering services for our patients and service users. We will do this by working with our partners to contribute towards the following jointly owned key measures for reducing health inequalities:

Healthy life expectancy

Wider determinants of health

- Level of development at reception.
- School attainment.
- Education/employment/training 16-17 years.
- Low-income households (living wage).
- Employment rate in deprived areas.
- Air pollution related death.
- Housing quality.
- Digital connectivity.

Integrated health and care

- Premature death (infant mortality, cancer, cardiovascular disease, respiratory, serious mental illness).
- GP appointments per head.
- Secondary/community care-based on need.
- Children and young people access to mental health and learning disability services.
- Workforce development (against equality, diversity and inclusion objectives).

Communities

- Mental wellbeing (happiness).
- Health equality embedded in community projects.
- Community cohesion.
- Community saftey perception.
- Strength and diversity of local partnerships.
- Reducing racism and discrimination.
- Health literacy.
- Transport to support and services.

Behaviours and lifestyles

- Smoking rate.
- Obesity rates.
- Physical activity.
- Alcohol related admissions.
- Accessing green spaces.

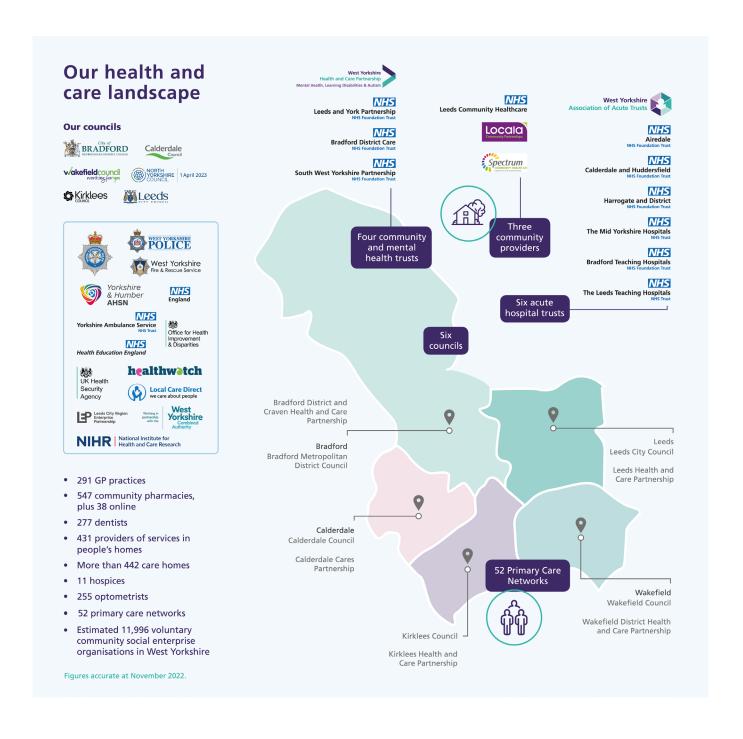
The Bradford District and Craven Health and Care Partnership has five priorities:

- Access to care.
- Children and young people.
- Health communities.
- Healthy minds.
- People development.

By aligning our strategic priorities, we can make sure that we are Acting as One to achieve the best outcomes for our local communities.

5.4 West Yorkshire Health and Care Partnership

We are also active members of the West Yorkshire Health and Care Partnership, which is the Integrated Care System that works in partnership with NHS organisations, councils, Healthwatch, charities and the community voluntary and social enterprise sector, to improve the health and wellbeing of local people living in Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield.



The partnership, which is one of the largest and most mature Integrated Care Systems in England, works hard to build the relationships needed to deliver better health and care locally and across West Yorkshire, so that we can support people to improve their lives. They have 10 big ambitions to:

- Increase the years of life that people live in good health in West Yorkshire.
- Increase our early diagnosis rates for cancer.
- Reduce suicide rates.
- Reduce antimicrobial resistant infections.
- Reduce stillbirths, neonatal deaths, brain injuries and maternal mortality.
- Reduce the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population.
- Address the health inequality gap for children living in households with the lowest incomes.
- Have a more diverse leadership.
- Tackle climate change.
- Strengthen the local economy.

By aligning our strategic priorities with these ambitions we can contribute to better health and wellbeing for communities across West Yorkshire.

6 Our vision

In 2019, we coproduced our vision with our people. This vision has not changed. This strategy refresh has enabled us to take stock of our progress in achieving our vision and make sure that the steps we need to take are relevant in the context of the national and local priorities. Importantly, it also allowed us to check in with the people who work for us that the vision remains relevant and the steps we were taking are meaningful and relevant to them.



7 Strategic priorities

Better lives, together describes our role within our neighbourhoods, community and place. It lays out our ambitions for our organisation, what we hope to contribute to our communities and sets out our path for the next three years. As our overall strategy, it informs all the other strategies and plans for the Trust, acting as the 'true North' for the organisation and allowing us to keep checking we are heading in the right direction.

Strategic priorities allow us to focus on specific ambitions that together, will enable us to deliver our overall strategy. These ensure we are taking the right actions and moving in the right direction. Our strategic priorities have been refreshed to reflect the changes in our communities and how health and care is being delivered. They allow us to address our current challenges whilst enabling us to continue to deliver our vision in a more sustainable way, embedding hopeful realism as a means of creating achievable but stretching goals for the next three years.



Best place to work

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

Deliver best quality services

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

Making best use of resources

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

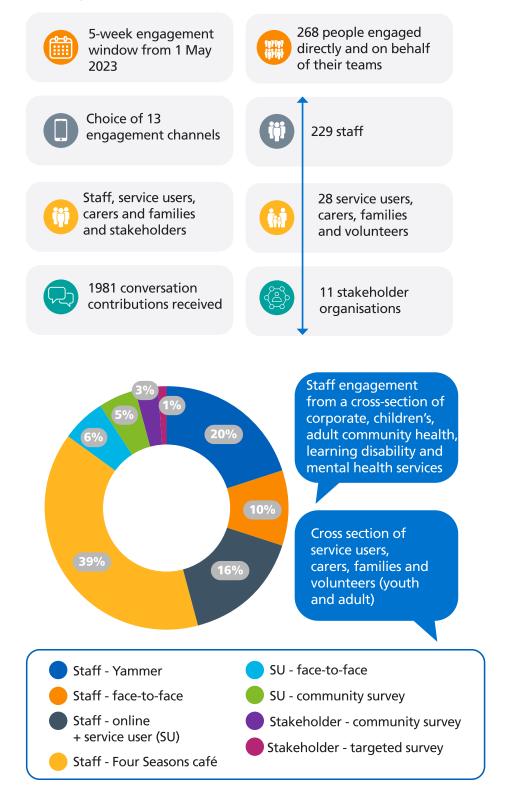
Be the best partner

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

7.1 Hearing from our people, service users and stakeholders

As part of refreshing our strategy, it was really important to us that we listened to the people who work for us, people who use our services and our partners and stakeholders, and what the revised priorities meant to them. During May 2023, we held a 'big conversation' for people to tell us what they thought.

Engagement activity



7.2 What the strategic priorities mean for me



We asked our people, service users and stakeholders what the priorities meant for them, and this is what they told us:



Best place to work

"It means having somewhere where you feel good about going to work because you know that it is a safe environment, where you are welcomed as a person with ideas that can be shared, and comfortable to raise concerns. As well as access to other support."

"It means having an employer who values me and my skills and helps me to deliver a great service. It also means having a workplace where I feel comfortable and can benefit from being around my colleagues."

"We understand what we do, how it contributes to the Trust, our patients and our communities - this makes our work meaningful."

"It means family friendly. Supportive and understanding. At present my team is the best place to work for me..."

"To me, having a "best place to work" is having a positive and active culture and environment, where we can support each other to make changes. Definitely more cross team and cross service working...!"

"That the Trust is a place that staff want to work. That we are proud to work for the Trust. That we speak positively about it and encourage others to come and work here."



Best quality services

"...means more services will get better faster..."

"Providing best quality person centered care to patients and looking after staff also..."

"(Means) consistent support with the same clinician in the same location."

"(Means) making every contact count is essential."

"Changing ways of working, streamlining our pathways and improving what we do through the Care Trust Way - benefits of this work..."

"Capturing and measuring quality through people's experience as a key principle - more than FFT..."

"Ensuring shifts are safely staffed so staff are able to deliver good quality care..."

"Providing a service that is right for the service user, that is sustainable, high quality."

"To put the patients at the centre of each and every consultation. To make sure people feel valued when they are spoken to."

"All professionals coming together in supporting patients."



Best use of resources

"It means streamlining as much as possible. Prioritising what is essential and dropping things that aren't. Encouraging staff to take breaks, be honest in their appropriateness to be at work if they are over tired.. being clear with everyone.... what is and is not achievable and what we are working towards..."

"How do we bring more value? - prioritising where the needs are and saving on the right things. Reduce the waste and increase the value."

"As a patient being offered services close to where I live is paramount to being an effective service and helps to lessen the environmental footprint and adds social value within local communities."

"Allowing clinicians to work as they have been trained.....supporting individual strengths; focus on systemic interventions, not just individual ones; working with...stakeholders in and outside...NHS to create wider change; supporting staff within their roles to reduce burnout/ turnover...offering opportunities for progression; hearing service user voices and ...offer what is useful and accessible."

Using our resources in the most efficient and effective way possible. Using technology, being innovative, improving, moving with the times."

"We work collaboratively...share...learn and.....develop together so... resources (people or finances) are used to the best of ability for patients."



Best partner

"...working more collaboratively? More funding for clinicians so that clinicians have the time to work more in partnership and not just managing risk..."

"This means to collaborate with our health partners across Bradford district and Craven to Act as One across all our communities to be happy, healthy and at home."

"Being the best partner means not always agreeing but also professionally challenging."

"Working with local services, organisations, to provide best care to patients. Having good network and relationships... being able to liaise effectively, and effectively signpost to.. services, and vice versa...so.. patients are accessing the best care the first time..."

"We each deliver what we are best at, where we have the better skill set and knowledge and not compete."

"Making positive contributions to integrated models of care...care of staff...sharing best practice in approaches and outcomes."

"Works... internally/externally - mix of mindset and active contribution to be a best partner but also clarity at the outset on expectations (what do others expect of a 'best partner?)"

7.3 Being the best place to work



Best place to work

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

What is the best place to work?

Our Trust is not just a place to come to work, it is a community. Many of the people who work here live within the place we serve, and they, their families and people they know will use one or more of our services during their lifetimes.

As an organisation that has over 3,000 employees, we want to be more than just another job. We believe we can and should use our size and the infrastructure we have to reduce the barriers caused by traditional routes into employment for some members of our communities. In doing so, we want to help reduce inequality and improve opportunities in our communities.

When people do come to work for us, we want to make sure they have opportunities to progress in their desired career, to develop and grow in line with their own ambitions. We want to make sure that everyone is treated fairly and that when things go wrong, we listen and learn from our mistakes.

We recognise that the people who work for us have a wealth of experience - both in terms of how services work best and also how we can reach our communities. We value that experience and know we can't deliver services without it. We want to make sure that people have the skills and freedom to use their knowledge and experience to make positive changes to the services they work in, to innovate and experiment, and to know that this is supported, encouraged and celebrated.

Most of all we want people to feel welcome, valued and respected. We recognise that diversity is a real strength, and we want to foster a culture where people feel confident to bring their whole selves to work without fear of discrimination or judgement. We also recognise that the work our people do, can at times be emotionally taxing. Embracing the principles of a trauma informed approach, we will actively support people in doing that work, ensuring our employees' health and wellbeing is maintained and they have timely access to support if needed.

This strategic priority tells us:

- What actions we will take to become the best place to work.
- How we will know if we've been successful in undertaking those actions.
- What the measurable impact of those actions will be that we can use to see if we are making progress.

Do well

Caring workplaces and supportive teams are valued, where a culture of inclusion and collaboration is encouraged.



"Volunteer support network is good and welcome the investment made by the Trust in individuals to work and get involved."



Do more

More could be done to extend positive work cultures of compassion and kindness within all teams; collaborative relationships across teams and services, and parity amongst professional groups.

"More focus on sharing learning across our business units; we do great work in Bradford but forget to share it."

7.3.1 What actions will we take?

Theme 1:

Looking after our people

We will:

- Ensure our people have a voice that counts.
- Strengthen the recognition and reward offers for our people.
- Support our people to be active in improvement and innovation efforts inside and outside the organisation.
- Embrace the principles of trauma informed practice across all of our services.

Theme 2:

Belonging in our organisation

We will:

- Continue to nurture compassionate, supportive and inclusive teams in our Trust.
- Build on our collective learning to shape an increasingly diverse, culturally competent, flexible and inclusive workforce that represents our communities.
- Continue to empower our staff networks, ensuring people can engage and act as a voice for the unheard voices.
- Continue to measure and improve the experiences and progression of our staff from protected equality groups.
- Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance.
- Organise all our leaders to lead by example and demonstrate values, behaviours and accountability in action.

Theme 3:

New ways of working and delivering care

• Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working with our partner organisations.

We will:

• Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation.

Theme 4:

Growing for the future

• Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities.

We will:

7.3.2 How will we know if we have been successful?

Theme 1:

Looking after our people

- We have increased engagement with the NHS staff survey, with a focus on teams we hear less from.
- The staff survey and local surveys tell us our people feel valued.
- Our people recognise that our people promise that reflects our commitment to them and ambition to be a supportive employer and is meaningful to them.

Theme 2:

Belonging in our organisation

- We can demonstrate that our workforce, including our senior leadership, is representative of the community it serves.
- Our people tell us they feel supported and developed.

Theme 3:

New ways of working and delivering care

- Our people are digitally confident, have consistently positive experiences using devices, applications and workspaces, that enable them to do their job effectively, supported by clinical digital leaders.
- We have tested creative hybrid roles across community and mental health.
- We have developed and implemented transformation programmes that change the way we deliver services and take a more creative approach to skill mix and developing the workforce.

Theme 4:

Growing for the future

- Working with our education and training providers, we've developed pathways to increase the number and variety of roles that can be accessed through a vocational route.
- A resourcing and recruitment programme, that recruits, trains and supports members of our local communities to become our future workforce.
- Introduce 'earn while you learn' with student nurses from local Higher Education Institutes, by joining the Trust bank alongside their academic training, with the first cohort by April 2024 as a feasibility pilot, with the potential to widen to a Bradford District and Craven offer from 2024 onwards.



7.3.3 How will we measure the impact of what we are doing?

Theme 1:

Looking after our people

- Staff survey engagement scores improve year-on-year in particular 'would recommend the trust as a place to work' increases and is above both the sector and national average.
- There is a phased reduction in labour turnover rate from 16% to 10% by April 2026.
- There is reduced sickness absence related to stress / anxiety (especially work-related stress).

Theme 2:

Belonging in our organisation

- By 2026 Workforce Race Equality Standard (WRES)/Workforce Disability Equality Standard (WDES) data demonstrates a better alignment with our communities.
- We will have made progress in reducing the gender pay gap and bonus gender pay gap.
- We have achieved and maintain over 80% of people having an annual appraisal each year.
- We will have reduced the number of grievances involving discrimination.

Theme 3:

New ways of working and delivering care

- We will have reduced our reliance on agency workers by growing our internal bank.
- We will have feedback from staff that demonstrates an increasing level of confidence in using digital technologies relevant to their roles.
- We will have reduced vacancy rates across clinical services in line with transformational workforce plans.

Theme 4:

Growing for the future

- We will have increased the number of apprenticeships undertaken each year.
- We will have increased the number of 'new' roles recruited to across the organisation, including nursing associates and advanced clinical practitioners.
- We will have reduced spend on agency by £4m by April 2024, with a further reduction of £1.2m by April 2025.

7.4 Delivering best quality services



Deliver best quality services

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

What are the best quality services?

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. As many of the people who work for us live within the place we serve, we know that they, their families and people they know, will use one or more of our services during their lifetimes.

We know that many of the communities we serve face inequalities when accessing health services, including those offered by the Trust. We need to listen to the voice of experiences from those communities, the people who work for us and evidence from what has worked elsewhere, to design better ways of doing things that reduce the barriers that historic ways of delivering services have created.

We know that people who come to work for us want to make a difference by delivering effective, high quality services to our communities, that have a real impact on their health and wellbeing. We want to make sure that people are given opportunities to develop and use their skills, knowledge and experience to make improvements to how services are delivered, ultimately improving the experience for people who use those services.

We are very proud that even during the challenging times over the past three years, 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 to do 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.

We know that by adopting a trauma informed approach we can help people to feel safe enough to fully use what we can provide, reducing time in services, promoting recovery and an improved quality of life.

This strategic priority tells us:

- What actions we will take to deliver the best quality services.
- How we will know if we've been successful in undertaking those actions.
- What the measurable impact of those actions will be that we can use to see if we are making progress.

Do well

Opportunities to engage in improvement, innovation and learning are valued, creating a culture of continuous development.



IAPT - "tailoring pathways and development of specialist interest groups led by staff and aim to improve access and delivery for specific groups - is working and team beginning to embrace and taking forward."

Do more



More could be done to involve people with lived experience in service development and enhance opportunities for digital access to information.

Children's services - "committed to staff and service user engagement e.g. patient/parent involvement group, but process of becoming an involvement partner is off-putting for some."

7.4.1 What actions will we take?

Theme 1:

Improving access and flow

We will:

- Implement 'right care, right place, right time' service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience.
- Enhance collaboration between mental, physical community health services, and social care and system partners for all services to 'make every contact count' and to bring new and innovative ways of working to our communities.
- Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximise the impact and outcomes.

Theme 2:

Learning for improvement

We will:

- Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families.
- Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste.

Theme 3:

Improving the experience of people who use our services

We will:

- Embrace and apply the principles of trauma informed care in the way we offer services to people and their families consistently, underpinned by training and development for staff.
- Ensure the voices of people in our services help shape our continuous improvement journey.
- Enable better decision-making and choice on care provision and clinical practice through more active involvement of our service users, in particular those disproportionately represented in our services whose voices we don't hear.

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7.4.2 How will we know if we have been successful?

Theme 1:

Improving access and flow

- We will have a coherent set of metrics to track performance and safety, highlight inequalities experienced by protected equality groups, identify improvements and consistently benchmark with others.
- We can demonstrate equitable access to all of our services.
- Use high quality information and analysis to drive predictive health interventions, clinical decision making and service planning to reduce health inequalities.
- Service users have the choice to access our services using safe and secure digital tools where appropriate, to stay as healthy as possible.

Theme 2:

Learning for improvement

- We consistently adopt a continuous improvement approach, share learning and creating opportunities for our people to develop their improvement and innovation skills.
- We have a vibrant portfolio of research that guides clinical and service decisions.

Theme 3:

Improving the experience of people who use our services

- People who use our services are telling us that they have had a positive experience, including those who are waiting for treatment.
- We have embedded service user involvement throughout the organisation, including developing patient leadership roles.
- We have a coordinated approach to supporting children, young people, carers and their families that improves outcomes and experience.
- We have reduced the reliance on temporary staffing across services.
- We have implemented the Patient and Carer Race Equality Framework requirements.



7.4.3 How will we measure the impact of what we are doing?

Theme 1:

Improving access and flow

- We are meeting locally agreed and national targets for waiting times.
- We will have reduced mental health out-of-area bed days from 8,411 to 4,757 by April 2024, reducing further to 1,259 bed days by April 2025 and eliminating out of area placements by April 2026.
- We have reduced the number of people with an inpatient length of stay of less than three days and over 60 days.
- Service user feedback indicates that patients and carers have a positive experience when accessing services where there is a digital offer.

Theme 2:

Learning for improvement

- We are meeting our ambitions for the proportion of staff trained as a Care Trust Way: champion (50%); leader (20%); practitioner (3%) or sensei (0.5%).
- More patients have been offered and are participating in research studies.
- More service users and carers are involved in quality improvement projects.
- Services are rated as good or outstanding when assessed by internal quality assurance visits, or by external inspection.

Theme 3:

Improving the experience of people who use our services

- We are demonstrating an overall reduction in restrictive practices, and we are closing the gap in levels of restrictive practice based on race.
- We have seen a reduction in the number of patient safety incidents and complaints relating to people's experience whilst on a waiting list for our services.
- The Friends and Family test, and other local experience surveys, have an overall positive patient experience score of 90% or above.
- There has been a reduction in the number of patient safety incidents resulting in moderate or major harm.

7.5 Making best use of resources



Making best use of resources

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

How do we make best use of our resources?

As an organisation that delivers services from multiple sites, with a workforce that travels across our communities to deliver care, and a geography that spans urban and rural areas, we know that delivery of our services has a significant environmental impact. We believe we have a responsibility to reduce that impact where possible. We are committed to finding new and innovative ways of delivering services, supporting our infrastructure and working with partners to reduce this impact.

Through doing this, we have the opportunity to explore co-location of services and create workspaces that are welcoming, well equipped and suitable for their purpose, that have additional quality benefits for our workforce and people accessing services. We can also impact on the wider determinants of heath for our communities, for example by reducing our carbon footprint and reducing local pollution levels.

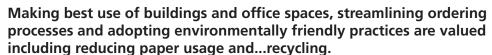
We also know that we have a responsibility to make sure that we make the most effective use of the available funding to deliver services that have the most impact on the health and wellbeing of our communities. We are committed to continually improving services, reducing waste and making the most effective use of all of the resources - buildings, infrastructure, people and relationships - available to us, but this goes further than that. This is about making decisions wisely, investing in services that will have the biggest impact on the health and wellbeing of local communities based on their individual needs, being adaptable and willing to work collaboratively with partners to avoid duplication and using our resources where they have the best effect.

As a large organisation within our local community, we believe that making the best use of our resources also means thinking about how we give back to that community - what social value we add beyond the health care services we deliver. This is everything from how we invest in alternative routes into employment and volunteering opportunities, to support for carers. It is also how we develop our estate, invest in community spaces and support the growth of the local voluntary and community sector.

This strategic priority tells us:

- What actions we will take to make best use of resources.
- How we will know if we've been successful in undertaking those actions.
- What the measurable impact of those actions will be that we can use to see if we are making progress.

Do well





The Trust's "green plan and sustainability agenda has lots of key tips and hints and ways to make best use of resources. Care Trust Way principles are embedded across the organisation which is heavily angled on this."



Do more

More could be done to ensure the estate is geographically accessible and meets staff and patient needs, promote public transport, and provide more recycling initiatives across work environments.

"More community rooms which are easy to book, all areas - rooms accessible to all - family friendly settings."

7.5.1 What actions will we take?

Theme 1:

Financial sustainability

We will:

• Ensure that all operational services and corporate functions optimise the use of resources, deliver best value and reduce waste within agreed budgets and with regard to environmental and social impacts.

Theme 2:

Our environment and workspaces

We will:

- Ensure that our people have opportunities to shape, test and implement digital solutions to stimulate innovation and creativity in service delivery.
- Co-design a revised green plan to embed sustainable healthcare models and to continually drive environmental improvements and innovation.
- Co-design spaces that meet the needs of our people and service users, are energy efficient and decarbonising and, where possible, use existing facilities in our neighbourhoods to reduce duplication and deliver care closer to home.
- Provide a robust, resilient and secure digital infrastructure that enables our people to do their job from anywhere, anytime.

Theme 3:

Giving back to our communities

We will:

• Contribute to the social, economic and cultural development of our place through social value led approaches, programmes and procurement.



7.5.2 How will we know if we have been successful?

Theme 1:

Financial sustainability

- We are consistently delivering a financially balanced position at Trust and care group level.
- We can demonstrate the return on investment and value for money of investments in our physical and digital infrastructure.

Theme 2:

Our environment and workspaces

- Services are co-located in shared health and care delivery spaces across Bradford and Craven, reducing our overall footprint.
- Sustainability and efficiency are embedded into all refurbishment and new build projects, using sustainability principles, completing sustainability impact assessments and taking account of NHS England's targets and guidance.
- We will have achieved the targets set out in our Trust's green plan by focusing on reducing waste, increasing recycling and reducing our carbon emissions.
- We have assessed our organisation as being digitally mature, including meeting/ exceeding all 10 standards within the data security protection toolkit.

Theme 3:

Giving back to our communities

- We can demonstrate that social value is built into all material investment and procurements.
- We have delivered the ambitions in our joint climate change adaptation plan, shared with Bradford Teaching Hospitals NHS Trust and Airedale NHS Foundation Trust.

7.5.3 How will we measure the impact of what we are doing?

Theme 1:

Financial sustainability

- We will have reduced spend on out-of-area placements from £7.1m to £3.8m by April 2024, and to £1m by April 2025.
- We will have reduced spend on agency workers by £4m by April 2024, with a further reduction of £1.2m by April 2025.
- We will achieve a break-even position in 2024/25.
- We are consistently reporting on the quantified return on investment of our physical and digital infrastructure.

Theme 2:

Our environment and workspaces

- We have reduced our estate from 77 operation locations to 30, by April 2026, including five multi-agency hub locations saving up to £1m in annual running costs, and potential capital receipts of £1.4m.
- We have reduced clinical waste by 20% by April 2024.
- A minimum of 5% of non-clinical items will be reused items by 2024.
- We are reducing our carbon footprint by 10% year on year.
- We will consistently achieve annual Data Security Protection Toolkit compliance.
- We will have reached level four maturity as assessed by the Data Maturity Assessment by April 2025.

Theme 3:

Giving back to our communities

• There is proactive reporting of the quantified social value generated through investment and procurements to Board and Committees.

7.6 Being the best partner



Be the best partner

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

How do we become the best partner?

We recognise that people are leading increasingly complex lives. The number of people with multiple and longterm conditions is increasing and this requires a different type of response from services, to help people be as well as possible for as long as possible.

As well as thinking creatively about the services our organisation provides to patients, service users and their families, we need to think wider than this. We will continue to work with our partners 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 will build on our strong relationships with partners to look outwards across Bradford District and Craven, West Yorkshire and beyond, so that we can work collaboratively to design and deliver services on the most effective footprint possible.

We know that people who work for us, and our partners, are sometimes frustrated about how organisational barriers can get in the way of them delivering the care that individuals need. We also know that people in our communities can 'fall between the gaps' where one service offer ends and another begins. By working more collaboratively and integrating service offers, we want to improve how individuals experience the support they receive, ensuring a seamless transition when the support they need changes.

Our experiences of the past few years have shown us that by working together with our partners from across health, social care and the voluntary and community sector, we can deliver innovative and responsive services that better meet the needs of individuals. To do this we need to work together to make information flow more easily, to remove the need for repeated assessments when this adds no value, and to enable a flexible approach to ensure that the holistic needs of individuals are being met by the service or team best placed to meet them.

Our strategic priority tells us:

- What actions we will take to become the best partner.
- How we will know if we've been successful in undertaking those actions.
- What the measurable impact of those actions will be that we can use to see if we are making progress.

Do well

Multi-disciplinary team (MDT) working, support to colleagues and staff support groups/wellbeing initiatives are valued.



"Working with MDT teams, care coordinators, social workers, advocates, carers and family to provide the best care for our service users."

Do more



More could be done to identify unique strengths to benefit partnerships, provide resources to minimise waiting lists, implement effective projects, use plain language for common understanding and reduce duplication of assessments and documentation.

"Organisations vary in size. Identifying what we can bring to the partnership - our USP - to inform our approach e.g. how we allocate our resources, to benefit the partnership."

7.6.1 What actions will we take?

Partnership

We will:

- Operate and be an active partner in Bradford and Craven and West Yorkshire Health and Care Partnerships, leading the 'learn as one' and 'innovate as one' elements of the Act as One approach.
- Work with health, social care, community, and voluntary sector partners, to deliver services when and where needed.
- Involve our communities in service design and decisions on use of resources.
- Collaborate with partners on wellness, prevention and health promotion, so that people can be healthy at home.
- Drive a sustained focus on data to measure improvements, ensuring it can be shared securely, to support seamless services.

7.6.2 How will we know if we have been successful?

Partnership

- We have active roles in decision-making forums across all our partnerships and understand how we can best support integrated care that maximises independence and wellness.
- We have developed innovative approaches for co-delivery of services that improve experiences and outcomes.
- We have quantified how we're contributing to wellness, prevention and health promotion activities, drawing on and contributing to the evidence base.
- We can demonstrate genuine co-production of services with our communities.
- Digital access is central to service planning, so data can flow across and between services with increased confidence.

7.6.3 How will we measure the impact of what we are doing?

Partnership

- There will be quantified opportunities for recovery focused integrated services that deliver person-centred care and support.
- There will be defined place-based approaches to improving community mental health services, contributing to reduce length of stay in acute inpatient mental health settings.
- We will have delegated tasks to care providers under district nursing to reduce duplication, increase productivity and improve the experience of patients and our people.
- We will demonstrate growth in the Bradford Enablement Support Service Team (BEST) model further, to prevent unnecessary hospital admission and support fast hospital discharges back home.
- More user-led organisations will be supporting engagement and co-production of the design and delivery of new services.
- There will be an enhanced technology enabled care offer across place leading to a universal offer for people across our communities by 2026.





better lives, together







Please post any feedback to: Communications Department Bradford District Care Trust New Mill, Victoria Road Shipley, BD18 3LD

Or telephone: 01274 228300 www.bdct.nhs.uk



Your opinions are valuable to us. If you have any views about this report please contact us at the above address. If you need any help to understand this document, or need it in a different format, please contact our communications team via 01274 228300 or email communications@bdct.nhs.uk