

Quality Account

2023/24

Bradford District Care NHS Foundation Trust



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Who we are

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

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

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

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

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

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

Services we provide

During 2023/24 Bradford District Care NHS Foundation Trust provided 51 NHS services in the following areas:

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

Older people's mental health, including community mental health team services, acute and care home liaison services, Memory Assessment and Treatment service

Palliative Care – Palliative Care Team; Palliative Care Support Teams & Fast Track; End of life Facilitator; End of Life Care Education Facilitation Service

Podiatry – core and specialist Proactive Care Team, including Admiral Nurse Service

Primary Care Wellbeing service
Psychiatric intensive care unit

Psychiatric Rehabilitation services

Psychological Therapies - Specialist service

Public Health Nursing Children's service (Bradford)

Public Health – Health Promotion and Resources service

Public Health School Aged Immunisation Service, including Influenza (Bradford)

Public Health School Aged Immunisation Service, including Influenza (Wakefield)

Ready to Relate training

Response service

Speech and language therapy

Speech and Language Therapy for Pupils within Resourced Provisions and for Deaf Children

Specialist Mother and Baby Mental Health Service

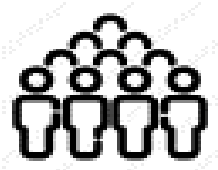
Talking Therapies (Formerly IAPT)

Tissue viability

Well Together service

Youth offending team: health team

Our Trust in Numbers

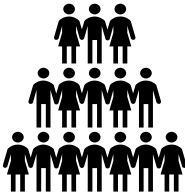


595,000
(approx.)

People we provide services to



51
services provided



3280
Substantive staff



291
Members of our workforce race equality network



GOOD
Overall CQC rating



292
Other professional including scientific and technical staff, including psychologists,



1024
Registered nursing and midwifery staff



808
Admin, estates and non-clinical staff



64
Sites we operate from



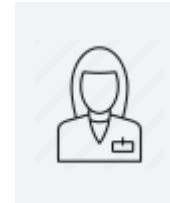
£216.1m

Annual turnover for
2023/24
Latest forecast



98

Medical staff
including
consultants,



883

Clinical staff, including
health care support
workers



462

Bank staff



195

Volunteers



122

Members of our
disability and
wellbeing network
(DaWN)



98

Medical staff
including consultants,
doctors and registrars



52

Members of our
Rainbow Alliance



175

Allied health
professionals
including occupational
therapists and
dietitians



84.4%

Staff that feel their role makes a difference to service users



195

People that have taken part in our service user network activities



5868

BDCFT X (Twitter) followers



500

Facebook posts by BDCFT in 2023/24



195

Service users and carers that have helped us develop services and research projects



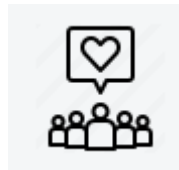
21,000

Visitors to our website each month



1060

X (Twitter) posts by BDCFT 2023/24



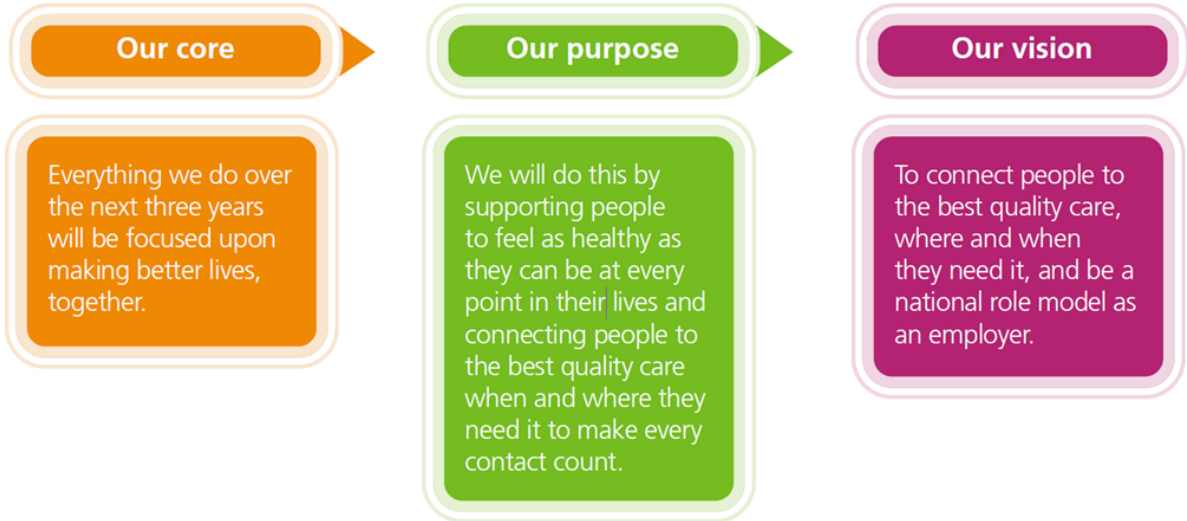
4,900

BDCFT page fans on Facebook

Better Lives Together: our shared purpose, vision and values

The Trust strategy, better lives, together, was refreshed in September 2023. It describes our role within our neighbourhoods, community and place. It lays out our ambitions for our organisation and what we hope to contribute to our communities. 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.

In 2019, we coproduced our vision with our people. This vision has not changed. The strategy refresh 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.



Our 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 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, working together so everyone is proud to work here, feels they belong and are valued

We will focus on:

- Looking after our people
- Belonging in our organisation
- New ways of working and delivering care
- Growing for the future

Deliver Best Quality Services

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

We will focus on:

- Improving access and flow
- Learning for improvement
- Improving the experience of people who use our services



Making Best Use of Resources

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

We will focus on:

- Financial Sustainability
- Our environment and workspaces
- Giving back to our communities

Be the Best Partner

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

We will focus on:

- Partnership working

Delivery of our vision and our strategic priorities is supported by the values and behaviours of the Trust. 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 Care

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



We Listen

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



We Deliver

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

SECTION ONE:

Declarations

1.1 What is a Quality Account?

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

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

The main elements of a Quality Account are:

- How we performed last year (2023/24): our prioritised activity and quality improvement work
- Information we are required to provide by law: this is reported in a strictly specified way so that we can be compared to other NHS Trusts.
- Our plans for next year (2024/25), why we have chosen these priorities, and how we will go about it.

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

1.2 Statement on quality from the Chief Executive



Therese Patten, Chief Executive

On behalf of the Board of Directors I am delighted to introduce the annual Quality Report for 2023/24. The report reflects our ambitions as a trust, details our achievements in improving the quality of our services, describes our on-going challenges and how we intend to make further improvements in 2024/25

This year has seen us refresh our Trust strategy, better lives together. 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, 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 are very proud that despite the ongoing challenges they face, 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.

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

Looking ahead, we want to continue to make sure that people are given opportunities to develop and use their skills, knowledge and experience to make those vital improvements to how services are delivered, ultimately improving the experience for people who use our 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. We will continue to work with our partners across health and social care, and more widely, to deliver services that are of good quality, are delivered by the people best skilled to deliver them and are sustainable so that they can continue to deliver for our communities.

2024/25 will see us implement the Patient Safety Incident Response Framework, in line with the NHS Patient Safety Strategy, taking us another step onwards in our journey as an organisation that is constantly seeking out opportunities to learn to drive improvement. We will also be reviewing and updating our Involvement Strategy, Your Voice Matters, a key tool to help us to understand how we will engage with our communities, services users and those others who come into contact with our services.

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

Chief Executive's Declaration

The Trust Board is confident that this Quality Report presents an accurate reflection of quality across Bradford District Care NHS Foundation Trust.

As Chief Executive of Bradford District Care NHS Foundation Trust I can confirm that, to the best of my knowledge, the information within this document is accurate.

A handwritten signature in black ink, appearing to read 'Therese Patten', with a horizontal line underneath.

Therese Patten, Chief Executive

Date: 26 June 2024

1.3 Statement of Directors Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England (previously NHS Improvement) has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2022/23 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2023 to March 2024
 - papers relating to quality reported to the board over the period April 2023 to March 2024
 - feedback from commissioners dated 30th May 2024
 - feedback from local Healthwatch organisations dated 30th May 2024
 - the latest national patient survey
 - the latest national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment
 - CQC inspection report dated September 2021
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS England's (previously NHS Improvement's) annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

SECTION TWO:

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

2.1 Priorities for quality improvement

2.1.1 Priorities for quality improvement 2023/24



**Phillipa Hubbard, Director Nursing,
Professions and Care Standards
and Deputy Chief Executive**

In our 2022/23 quality report we set out our priorities for improvement during 2023/24; these, and the progress we have made to deliver them, are summarised below.

This report also demonstrates the progress we have made in key areas during this year and describes our ambitions for the coming 12 months.

The in-year strategic objectives for Bradford District Care NHS Foundation Trust (BDCFT, 'the Trust') in 2023/24 included the following:

1. Ensuring patients and service users are equal partners in delivery

During this year we have focussed on developing the leadership which supports our ambitions to continue to embed patient and services users as equal partners in delivery. This has included:

- Creating a new leadership role, Head of Quality Assurance, Compliance and Patient Experience with the specific remit of firmly embedding patient experience within all of our quality structures
- Bringing together the Patient Advice and Complaints Team and Patient and Carer Experience and Involvement Team under the same leadership to support them working more closely together to support the Trust in understanding and delivering the best possible experience for people who experience our services.
- Continuing our progress in adopting the Triangle of Care across our services. The Triangle of Care is a therapeutic alliance between carers, service users and professionals. It aims to promote safety and recovery and to sustain wellbeing in mental health by including and supporting carers. Trusts that join the membership scheme and complete the appropriate stages for their organisation receive an award to recognise their commitment. For mental health trusts this is up to two stars and for trusts that are integrated (like BDCFT) there is a third star. BDCFT currently holds two stars – indicating that we have demonstrated an intention to become more inclusive across both our crisis and inpatient settings and our community mental health settings. At the

start of 2023 we began to roll out phase three across our community health services with the aim of completing the initial self-assessment by the end of 2024.

- At the same time we have continued to focus on enhancing how we hear from our service users and how we improve the experience of our Involvement Partners. Our Involvement Partners have been involved in a number of different activities across the last 12 months.

Highlights include:

- Taking part in over 25 recruitment and selection panels, including those for the Chief Operating Officer, a Non-Executive Director and the Deputy Director of Mental Health Service; as well as 4 Young People's recruitment panels and 1 young person being involved in Children and Adolescent Mental Health Service (CAMHS) recruitment.
- Being members of 15 different governance groups, including Quality & Safety Committee; Mental Health Legislation Committee and the Positive & Proactive Group
- Being recruited as patient/carer mentors for the Executive Directors of the trust
- Being a core part of the trust induction session
- Being part of the Inspiring Involvement Celebration Event
- Working across the Mental Health Transformation Programme both within the trust and across Bradford District and Craven Health and Care Partnership.

2. Nurturing and developing our people

This year has seen a continued focus on the health and wellbeing of our staff. As well as continuing to work on developing new roles, entry routes into careers and increasing the support on offer to our staff, we have opened our staff wellbeing room at Lynfield Mount Hospital and have offered roaming support services for men's health.

As part of our wellbeing offer and support to develop our workforce, we have had a focus on understanding and developing our management capability across the Trust, the aim of this work is to support our managers to directly support their teams. During Quarter 3 we rolled out a self-assessment for anyone who manages staff, looking at the core competencies we expect our managers to hold. This is supported by a range of support and training packages that will help our managers to become skilled across these core competencies and better support their teams.

3. Maximising the potential of services to deliver outstanding care to our communities

This year has seen an increasing focus on working collaboratively across health and social care as we continue to face significant operational challenges. Whilst the financial situation

facing the Trust and partner organisations across Bradford District and Craven, as well as the wider West Yorkshire footprint, is having a significant impact in terms of decision making, and we continue to face challenges in recruiting to our workforce, this year has seen us come together to find solutions to enable the best quality services to be delivered to our population.

We have continued to train our staff in Care Trust Way methodologies, empowering them to drive locally owned change to improve services, and we have embedded a robust, responsive approach to quality assurance that helps services to understand where they need to focus their improvement activity.

This year has also seen us develop and approve our Patient Safety Incident Response Plan. This plan will be implemented from April 2024 and will help us to continue our journey in embedding learning as a fundamental response to incidents

2.1.2 Priorities for quality improvement for 2024/25

The Trust’s 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. In September 2023, the Trust published a refreshed strategy for 2023-2026 which builds on these strengths, reflecting the changes in the health and social care landscape and how the Trust has developed over the last few years. It sets out the Trust’s ambitions for the next 3 years and how they will be delivered.

One of the key elements to the refreshed strategy is our ambition to deliver the Best Quality Services. By this we mean that 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.

Within this overarching ambition, there are 3 themes which describe how we will do this, what actions we will take and how we will know when we get there. These actions span the next three years and we expect to see incremental change over this period.

Theme 1: Access & Flow		
<p>We will</p> <ul style="list-style-type: none"> Implement ‘right care, right place, right time’ service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> We will have a coherent set of metrics to track performance and safety, highlight inequalities experienced by protected 	<p>Our Impact will be:</p> <ul style="list-style-type: none"> We are meeting locally agreed and national targets for waiting times. We will have reduced mental health out-of-

<p>working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience.</p> <ul style="list-style-type: none"> • 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 	<p>equality groups, identify improvements and consistently benchmark with others.</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p> <ul style="list-style-type: none"> • 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.
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Theme 2: Learning for improvement

We will	We will know we have been successful when:	Our Impact will be:
<ul style="list-style-type: none"> • 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, 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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

adopt innovation and reduce waste.

assurance visits, or by external inspection.

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

We will know we have been successful when:

- 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.

Our Impact will be:

- 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.

2.2 Quality Improvement Capability

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' (CTW). It is ours and we all own it.

The CTW 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.

It is with great pleasure and a sense of accomplishment that we present to you the progress we have made in embedding the CTW during 2023/24. As we reflect on the past year, we are thankful for the collaborative efforts across the Trust and beyond that have assisted in our success and continue to move us forward. Our commitment to delivering high-quality services remains central to our vision.

In an ever-changing environment, we recognise the need to not only meet but exceed the expectations of our stakeholders. To support the delivery of high-quality services, we employ quality improvement methods that are spread throughout our trust processes and systems.

The CTW continues to grow and develop each year and is key to the improvement of care and services across the organisation and beyond. It is timely and relevant to mention NHS Impact. This is the new, single, shared NHS England approach, and we're pleased to share that our methodology directly aligns with this framework and we are in a strong position nationally.

This section provides an overview of our achievements, challenges, and milestones, providing transparency into the work that supports the delivery of the strategic objectives. In a year marked by financial difficulties, staffing and challenges operationally and the

expectations to continue to deliver high-quality services, we have navigated through the complexities with a continued commitment to our values with the CTW at the core. Despite such challenges, staff continue to remain committed to providing high-quality care and services.

Staff have engaged with the CTW through training, coaching and several improvement workshops across the organisation. Staff have been actively involved in the evolution of processes, creating a sense of empowerment and ownership. This has been noticeable within the sponsor development session with first response/crisis call, engaging with staff from the team, wider services and external partners, identifying problems and developing improvement solutions. Also, the ongoing demand, capacity and flow work in collaboration with the Royal Collage of Psychiatrists with CAMHS and the Memory Assessment Team highlights the importance of staff involvement and the power of idea generation from those who do the work and our commitment to collaborative work.

BDCFT's ethos and principles have supported the further development of our working relationships with partner organisations, agencies and our growing influence at place. We recognise the role that collaboration plays in achieving shared goals, and we continue to pursue initiatives that deepen connections and foster mutual growth. This has most recently been evident in our work within the development and launch of our internal Digital Innovation Hub in collaboration with Bradford University and the Working Academy, the Bradford District and Craven Innovation Hub which sits with us at the Trust and the Improve as One venture across the place that we as a trust are leading on.

An inclusive approach is the foundation of the CTW, and whether that be through cross-functional teamwork, training, improvement and innovation forums we pride ourselves on providing platforms that encourage involvement and participation. This year we have focussed on how we engage wider with the service user, carer and family.

As a result, we continue to deliver quality improvement training to our involvement partners and encourage service user attendance at improvement workshops. To understand the success of service user participation across the organisation the development of an involvement metric is underway to measure the level of engagement.

To ensure transparency, accountability and informed decision making we have created and implemented the CTW dashboard. The comprehensive dashboard enhances the accountability of the team and enables real-time updates, visual representation and relevant data in a timely and accessible manner. As the dashboard evolves, we aim to align it to the strategic objectives, providing a clear overview of progress. We believe that the dashboard will support our ability to manage challenges and opportunities as well as provide detailed information for all stakeholders.

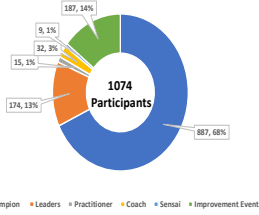
KPO DASHBOARD - 8/1/2024

Care group

- Corporate and Nursing Prof ...
- Act as One
- Adult and Children Physical H...
- Mental Health Care

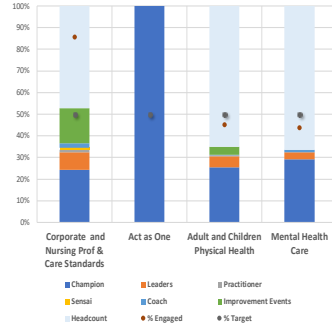
CTW training and coaching

CTW Participants engaged with by Type



Trust Headcount for engagement	4058
Target headcount for engagement (Target 50%)	2029
% Engaged against target	52.9%

CTW Participants engaged with by Care Group

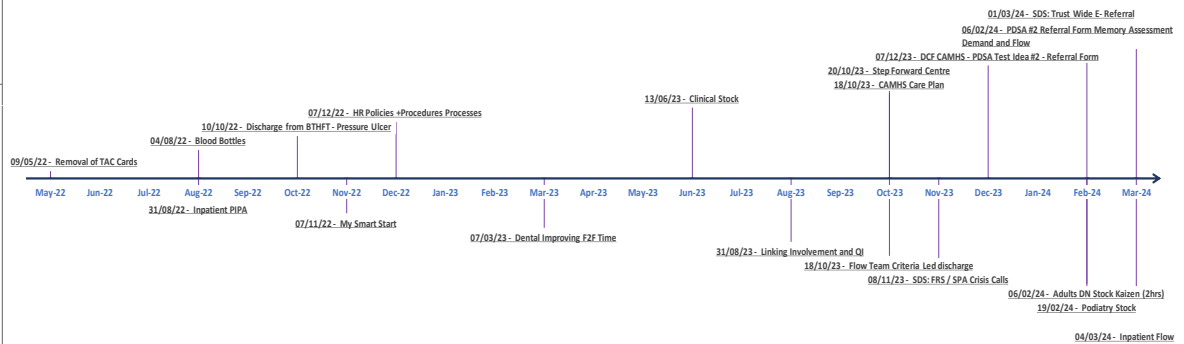


Current state	Target	Goal
75.8% 15 - Participants 20 - Target	Sensai 0.5%	One who has gone before, can certify others in The Method
35.1% 43 - Participants 123 - Target	Practitioner 3%	A leader, teacher and coach with expert knowledge and experience
21.4% 174 - Participants 812 - Target	Leader 20%	A leader and teacher in the method who applies all the core tools, knowledge and practice every day
43.7% 887 - Participants 2029 - Target	Champion 50%	Dedicated and trained in at least one core tool, uses daily and can inspire success in others
Part of Trust induction for the last four years		All Staff All staff are aware of the Care Trust Way and can describe the principals

Improvements

Year: 2022, 2023, 2024

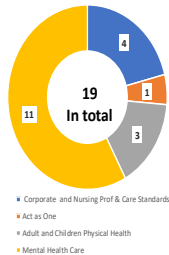
Month: Aug, Dec, Feb, Jun, Mar, May, Nov, Oct



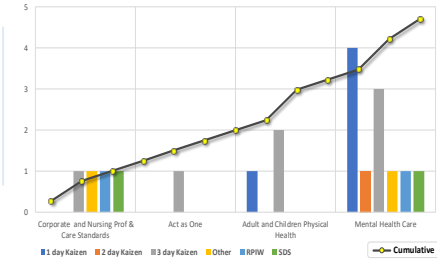
Status

Complete | On track | Stop the line

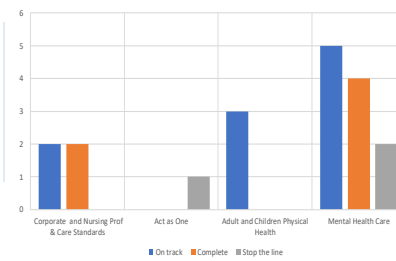
Activity By Care group



Activity By Type (May-22 - Mar-24)



Activity By Status



Improvement name

- Adults DN Stock Kaizen (2hrs)
- Blood Bottles
- CAMHS Care Plan
- Clinical Stock
- DCF CAMHS - PDSA Test Idea #2 - Referral Fo...

KPO Improvement lead

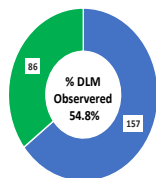
- Corporate and Nursing Prof & Care Standards
- Act as One
- Adult and Children Physical Health
- Mental Health Care

Daily Lean Management (DLM) - Go see

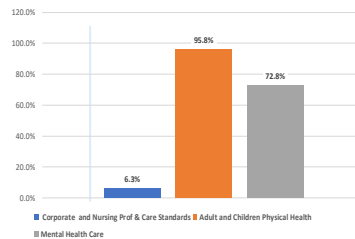
DLM Score based 2022 - Survey (Baseline)



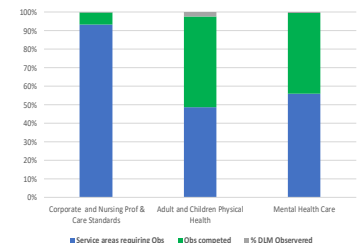
DLM service areas to observed (L2-L5) - Go see



% of Observation Score - Compliance against criteria



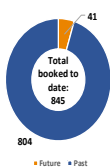
DLM service areas to observe (L2-L5) by Care Group



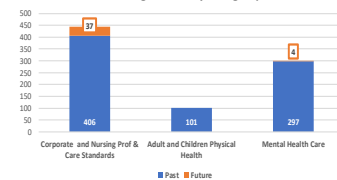
- Corporate and Nursing Prof & Care Standards - No data
 - Adult and Children Physical Health - 100%
 - Mental Health Care - 89%

Time to think

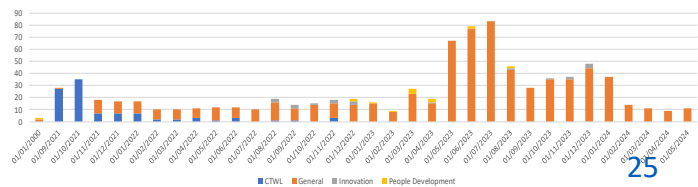
Bookings to date



Bookings to date by Care group



Bookings per month by type (Average per month - 25)



Service User Involvement

The past year has witnessed some key achievements and ongoing efforts that are testament to our commitment to excellence and the drive to continually improve, we have as always had a sustained focus on building the underlying infrastructure that will ensure sustainability for the organisation.

The next 12 months will focus on the improvements within the inpatient provision, with the aim to reduce out of area admissions and the length of stay. Key areas to be considered will be the use of PIPA, formulation and care planning. This work is connected and reliant on the work within the community mental health services. Dedicated KPO leads within the key care groups allow us to maintain oversight of the strategic work. In addition to the internal work, we will continue to foster relationships at place to realise the ambition of a system-based improvement methodology enabling us to truly improve as one.

Key Highlights	Ongoing work
<ul style="list-style-type: none"> • Online booking system for coaching and KPO Events • 3 New monthly workshops • Delivered 845 Time to Think sessions • Introduction of the new monthly CTW training and leadership orientation day • 13 RPIWs or Kaizen events taken place • Sustainable QI member and 4 staff undergoing sustainability training 	<ul style="list-style-type: none"> • Improving processes within our inpatient service • First response – improvement of internal processes in preparation for the national 111 service • Several stock control, waste reduction and 5S projects • NHS impact • Capacity, Demand and Flow in both the Memory Assessment Team (MATs), and Children and Adolescents Mental Health Services (CAMHS) in collaboration with the Royal Collage of Psychiatrists • E-referrals – trust wide improvement focussed on the implementation of electronic referrals • Limbic AI – How we can use technology to enhance our services • Act as One Innovation Hub – Lead trust, with the hub sitting with BDCFT • Improve as One – Place based standardised improvement approach

The last 12 months have highlighted the importance of the Care trust way in staff engagement and identifying improvement opportunities. As we continue to develop and improve, engagement with staff and service users will remain at the forefront. The dedication of staff, carers and partners has played a pivotal role in driving the success of initiatives. It is through the hard work, creativity and resilience of staff, carers, families and partner organisations that we will achieve milestones, improve, learn and grow.

2.3 Trust Strategies supporting delivery of quality

2.3.1 Quality Strategy

The Trust’s overarching approach to quality is set out within the main Trust strategy, better lives, together, which is described within section one of this report. One of the key strategic areas within that strategy is to deliver the Best Quality Services. The activities and outcomes we have committed to as a Trust in order to deliver this ambition are described in section under section 2.1.2 of this report

2.3.2 Patient Safety Strategy

The Trust has in place a Patient Safety Strategy. This is aligned to the NHS Patient Safety Strategy and describes our ambition to embed insight, facilitate involvement and drive improvement. Progress in achieving our Patient Safety goals is described below:

Ambition	Progress
Develop and embed a process for implementation of the Patient Safety Incident Review Framework (PSIRF);	BDCFT has an ongoing implementation plan, overseen by the PSIRF Implementation Group with accountability to the Quality and safety Committee. The trust has developed its Patient Safety incident Response Plan and will move to full implementation during 2024/25
Create and recruit into roles for Patient Safety Partners and Patient Safety Champions across the Trust;	The trust has a number of Involvement Partners who carry out the role of Patient Safety Partners on quality-focussed Committees and groups. During 2024/25 these roles will be expanded with specific training being offered.
Implement integration of high-quality data and intelligence on patient safety and quality of services into integrated business planning and oversight of delivery using the Quality Assurance Framework as an independent means of testing the safety and quality of services;	The Quality Assurance Framework has been implemented and has recently been refreshed to take into account changes to how CQC inspect services. Data quality has improved, though further work is being undertaken to improve triangulation and analysis of data.
Continue to develop the Safeguard Quality Dashboard to ensure it is	This ambition was completed. Further developments include the incorporation of complaints trends / themes and legal information.

accessible and contains useful information;	
Review and improve our approaches to sharing learning and engaging teams in discussions about patient safety and quality;	This work continues as part of the implementation of PSIRF. The Patient Safety and Learning Group has recently been refreshed with a focus on sharing learning, early identification of issues and accountability.
Work across place to develop and embed a consistent approach to patient safety and quality	The Trust is embedded in workstreams across place and West Yorkshire covering a broad spectrum of quality and safety work.

The Patient Safety Strategy is due for refresh during 2024/25 in line with implementation of the Patient Safety Incident Response Framework.

2.3.3 Clinical Professions Strategy

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

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

Delivering Best Quality Services

We will

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

We will know we have been successful when:

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

How will we see this

Examples of how our teams are showing this in action.



Dental

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

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



Nursing

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



Psychological therapies

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



Allied health professions

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



Social work

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



Pharmacy

Continue to roll out electronic prescribing systems and other digital improvements related to medicines across all services.

Work with partners to ensure that patients receive equitable access to medicines and safe transfer of care across the interface between primary and secondary care.

2.4 Statements of assurance from the Trust Board

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

2.4.1 Review of services

During 2023/24, BDCFT provided and/or subcontracted 51 NHS services. BDCFT has reviewed all the data available to it on the quality of care in all 51 of these services.

The income generated by the NHS commissioned services reviewed in 2022/23 represents 86 % of the total income generated from the provision of services by BDCFT for 2023/24

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

2.4.2 Care Quality Committee (CQC) update

Care Quality Commission registration status

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is Good.

The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2023/24

The CQC have not undertaken any investigations into Bradford District Care NHS Foundation Trust in **2023/24**

During this period the trust has made no changes to its registration status with the CQC, although a temporary update was made to our Statement of Purpose reflecting a medium-term change as we are treating a young person under the age of 18 on the Najurally Centre for a number of months.

The CQC have not carried out any service inspections during 2023/24. The CQC have undertaken a number of Mental Health Act inspections of our inpatient unit in this time, including visiting:

- Maplebeck Ward in May 2023
- Step Forward Centre in July 23
- Oakburn Ward in November 2023
- Moorland View, Baildon Ward in November 2023

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

The overall rating for the Trust is shown below.

Ratings for the whole trust

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

Rating for community health services

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

Rating for mental health services

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

2.4.3 Commissioning for quality and innovation (CQUIN) 2023/24

To support the NHS to achieve its recovery priorities CQUINs have continued to be delivered during 2023/24. Agreement was made with the ICB to sign up to 3 CQUINs covered by Trust services, as detailed below.

Except for CQUIN13 - Assessment of Lower Leg Wounds, performance data is being collected and reported through existing national data collections. There is some delay in receiving the national data but the information available to us in March 2024 indicates the following:

CQUIN01 – Flu vaccinations for frontline healthcare workers

- Target = 75% to 80% uptake of flu vaccinations by frontline staff with patient contact.

- March 2024 Position – As of 31st January 2024, 49.0% of BDCFT frontline staff had been vaccinated. This compares to 43.1% across England and 51.1% for the North East and Yorkshire.

CQUIN13 – Assessment, diagnosis, and treatment of lower leg wounds

- Target = 25% to 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.
- March 2024 Position – Data for Quarter 3 23/24 shows a Trust position of 48.0%.

CQUIN17 – Reducing the need for restrictive practice in adult/older adult settings

- Target = 75% to 90% of restrictive interventions in adult and older adult inpatient mental health settings recorded with all mandatory and required data fields completed.
- March 2024 Position – Data for Quarter 2 2023/24 shows a Trust position of 74.14%.

CQUINS 2024/25

In December 2023 the following information was published on the NHS England website indicating that CQUINs will be paused for the 2024/25 financial year ([NHS England » Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme](#)) :

Pause the nationally mandated CQUIN incentive scheme

Proposal

We propose pausing the nationally mandated CQUIN scheme for 2024/25.

Why we are proposing this amendment

We want to ensure that incentive schemes are proportionate and effective. We propose pausing the nationally mandated CQUIN scheme while a wider review of incentives for quality is undertaken.

Detail

The CQUIN incentive scheme is intended to support improvements in the quality of services and the creation of new, improved patterns of care. In the 2023/25 NHSPS, the API rules mean that CQUIN funding is part of the variable element. Providers and commissioners agree a fixed element that assumes full achievement of CQUIN criteria, with funding then paid back by providers if they achieve less than this.

We are proposing to pause the nationally mandated CQUIN incentive scheme in 2024/25. This would mean that providers' income associated with CQUIN achievement is not at risk

and there is no obligation to repay any amounts if they do not fully achieve CQUIN criteria. CQUIN funding would continue to be included in prices.

We would continue to publish CQUIN indicators as a non-mandatory list that providers and commissioners may choose to use locally. This list would comprise the 2023/24 indicators, along with those that were shortlisted but not used in 2023/24. Providers and commissioners who jointly agree to use these indicators to transact a financial arrangement should follow the API variations process to allow this.

No CQUIN performance data will be collected centrally by NHS England in 2024/25. Where a CQUIN-like scheme has been locally agreed, performance reporting/assessment procedures should be agreed locally between providers and commissioners. This does not impact data collections that are independent of CQUIN but have been used to assess CQUIN performance (such MHSDS).

In previous years, 1.25% of our contract income has been conditional on achieving the quality improvements and quality goals identified in each of the CQUINs, although this has not been actively done since the reintroduction to CQUINs post-Covid.

2.4.4 Participation in Clinical Audits

The Trust undertakes a full programme of clinical audit which is reported to our Board through the Quality and Safety Committee. We believe that a good audit programme supports clinicians, managers, service users, carers, the community, and commissioners to understand the current state and position in relation to the recommended quality standards. It also provides useful intelligence to support continuous quality improvement and help us close any gaps. Our audit activity for 2023/24 included:

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

National Clinical Audits

During 2023/24 nine national clinical audits covered relevant health services that BDCFT provides.

During that period BDCFT participated in 100% of the national clinical audits which it was eligible to participate in.

The national clinical audits that BDCFT was eligible to participate in and did participate in during 2023/24 are as follows:

Relevant Body	Audit topic
NHS Digital:	<ul style="list-style-type: none"> National Diabetes Footcare (NDFA).
Royal College of Psychiatrists:	<ul style="list-style-type: none"> National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) Spotlight Dementia: Memory Services Spotlight
National Prescribing Observatory for Mental Health (POMH-UK):	<ul style="list-style-type: none"> Topic 7g: Monitoring of Patients Prescribed Lithium Topic 22a: Use of Anticholinergic Medicines in Older Peoples Mental Health Topic 23a: Sharing Best Practice Initiatives Topic 16c: Rapid Tranquillisation
Royal College of Physicians:	<ul style="list-style-type: none"> Falls and Fragility Fracture
UNICEF:	<ul style="list-style-type: none"> Baby Friendly Initiative in Health Visiting

The national clinical audits that BDCFT participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

Name and Type of Clinical Audit	Number of Cases Submitted	% Cases Submitted, as specified in guidance	Required as in	Overall Percentage Compliance
NDFA	186	N/A*		Data collection still ongoing
NCAP EIP Spotlight	100	100%		Data submitted, awaiting national results
Dementia: Memory Services Spotlight	50	100%		Data submitted, awaiting national results
POMH Topic 7g Monitoring of Patients Prescribed Lithium	73	N/A		56%

POMH Topic 22a Use of Anticholinergic Medicines in Older Peoples Mental Health	87	53%	Results currently being analysed
POMH Topic 23a Sharing Best Practice Initiatives	N/A as this was not a case-based submission	N/A	N/A as this was not a case-based submission
Topic 16c Rapid Tranquillisation	Data collection still ongoing	N/A	Data collection still ongoing
Falls and Fragility Fracture	1	100%	75%
Baby Friendly Initiative	N/A as this was an observation-based audit	100%	Accreditation achieved, upon condition of further audits

**N/A: not applicable as there was not a minimum requirement for the number of cases that should be submitted for the audit.*

National clinical audit results enable us to benchmark our performance against other participating Trusts. The audit project lead(s) for the clinical audit is/are responsible for sharing the results appropriately with all relevant staff and at all relevant meetings. This supports local learning with action plans developed to ensure improvement.

Local Clinical Audit (internally driven projects)

It is recognised that much of the clinical audit activity in NHS trusts will involve individual healthcare professionals and service managers evaluating aspects of care that they themselves have selected as being important to them and/or their team and this is classified as local clinical audit. Included in the table below is a summary of the status of all local clinical audits that have been registered between 01/04/2023 and 31/03/2024.

Local Active Clinical Audits

Clinical audit status:	In progress	Completed	Discontinued	Total
Total	16	10	0	26

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

There have been no NCEPOD studies applicable to the Trust during 2023/24.

Service User and Carer Involvement in Clinical Audit

The Involvement Partners in Clinical Audit Group, which was created in 2021/22, continued to meet during 2023. The group has representation from the Clinical Audit Team, the Patient and Carer Experience and Involvement Team and a small number of Involvement Partner representatives. The Clinical Audit Team had been sharing the results of recently completed clinical audits for the Involvement Partners to provide input around recommendations and actions in relation to the results. Some new Terms of Reference for the group have been created but the meetings have temporarily paused whilst we look at growing the membership and consider how we might move from just sharing Clinical Audit results to sharing data from Complaints and Serious Incidents too.

Clinical Audit Actions Taken/To Be Taken

National Audit

Audit title	Actions taken/to be taken
National Clinical Audit of Psychosis (NCAP): Early Intervention in Psychosis (EIP)	The NCAP EIP audit is a national quality improvement project that has been running for seven years to date. The audit aims to assess timely access to the service, the offering of psychological therapies; cognitive behavioural therapy for psychosis (CBTp) and family intervention (FI), the prescribing of clozapine treatment where appropriate, access to supported employment and education if required, access to focused education and support programmes for carers, the completion of an annual physical health check and the completion of clinical outcome measurement data. The results from the most recently completed audit show that of the nine standards audited, BDCFT are performing above the national average for eight standards and are classified as 'top performing' by the national team across all eight standards. The one standard below the national average relates to the required completion of clinical outcome measurement data however BDCFT were still categorised as 'performing well' by the national team in this area. There are many ongoing actions in relation to the audit findings. The service is continuing to develop and train staff in CBT (ensuring that trained staff have the 'psychosis' top up) and FI. Several staff have had or are in the process of completing the training. This is a

continuous cycle of skill development that is overseen by the Clinical Lead within the service. Discussions have taken place with the medical staff and the physical health team to ensure that they are all using appropriate codes on the clinical system to record information such as clozapine usage and the completion of physical health checks. This is monitored as part of monthly call out meetings. To ensure outcome measures are embedded throughout the whole service in a clinically meaningful way, a Standard Operating Procedure has been developed to provide clarity regarding the processes and responsibilities for the completion of different outcome measures at different points in care. To ensure continual overall monitoring of the audit standards, the BDCFT EIP team are now a member of the EIP regional network and there are plans to carry out an internal peer review with another EIP service in the region. Monitoring of all the audit standards is embedded into the weekly Leadership Call Out meetings to ensure that progress and performance is monitored. Data collection for the next cycle of the national audit has very recently been completed and submitted. The results will be published by the national team in the coming months.

Local Audit

Audit title	Actions taken/to be taken
<p>Re-audit of Appropriate Recall and Retention in the Community Dental Service (CDS)</p>	<p>The role of the Community Dental Service (CDS) is to provide oral health screening, assist with oral health monitoring through surveys and promote oral health education within the community. It is vital that the CDS can provide high quality and timely routine care for all those patients falling within its remit and does not retain patients who can receive appropriate care within the General Dental Services (GDS) e.g. medically healthy patients with good oral health. By retaining only those patients who have specific need for care within the CDS or by sharing care between General Dental Practitioners (GDPs) and CDS, valuable resources can be utilised in the most effective and efficient manner. A baseline audit was completed in 2020 and this re-audit formed part of the original action plan. The following standards are expected to maximise resource use and availability. Firstly, all patients retained within the service must have an active recall and the audit found that 83% did. This is an improvement of 9% in compliance since the 2020 audit. Secondly, the patients should have a recall interval appropriate to their risk status and the audit found that 79% did. This is an improvement of 32% since the 2020 audit. Finally, the patients on the recall list must fall within the remit of the service and the audit found that 87% did. This is</p>

an improvement of 6% since the 2020 audit. All clinicians have received audit results specific to their practice. The overall results have been fed back to staff with a focus on recall intervals according to risk, the need to continue using the required template for recording risk factors to prompt selecting recall interval, ensuring there is documentation of the reason for recall and that an accurate case mix score is completed for each patient. There were discussions about whether to continue with the current paper-based recall system or consider a different approach and what format this should take. An effective system has been agreed and all staff have been informed. This will be re-audited again in three years to determine progress.

2.4.5 Research

The number of patients receiving NHS services provided or sub-contracted by BDCFT in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee was 125, from 15 Clinical studies during the period. 31 of these participants were clinical staff.

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

As well, in the last three years, 20 publications have resulted from our involvement in National Institute for Health Research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

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

2.4.6 Information Governance

Data quality

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

BDCFT will be taking the following actions to improve data quality:

Electronic clinical record systems

We currently have three key electronic clinical record systems:

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

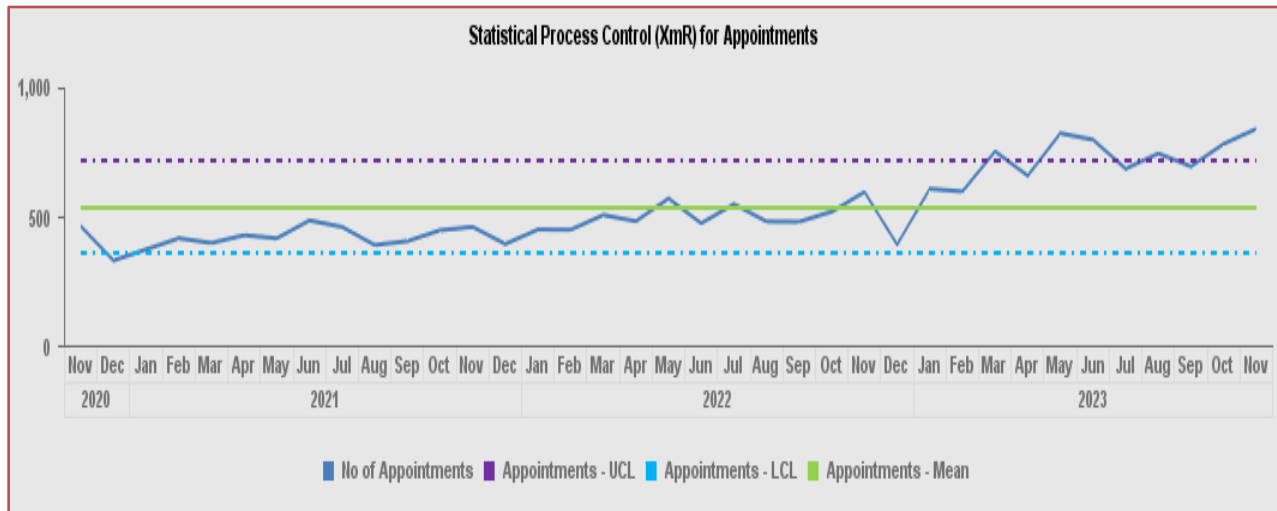
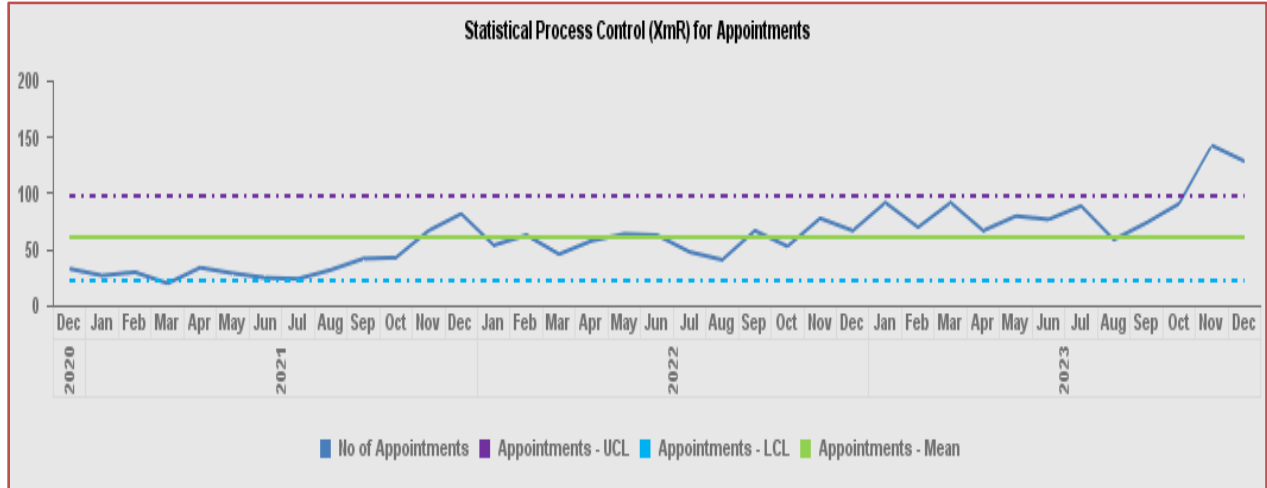
The Trust's Data Quality Policy provides the framework to ensure that high standards of data quality are clearly set, achieved and maintained for clinical and non-clinical information. The key elements of the Trust's approach are:

- Establishing and maintaining policies and procedures for data quality assurance and the effective management of clinical and corporate records;
- Undertaking and commissioning regular assessments and audits of data quality. This encompasses internal and external audit of the quality and accuracy of metrics reported to the Board and externally, including nationally mandated access and waiting times;
- Setting clear and consistent definitions of data items, in accordance with national standards, avoiding duplication of data and data flows;
- Providing tools to monitor data quality and data quality compliance to agreed standards;
- Ensuring managers take ownership of, and seek to improve, the quality of data within their services;
- Wherever possible, assuring data quality at the point of entry, and/or at each interaction with the data to address issues as close as possible to the point of entry; and
- Promoting data quality through regular reviews, procedures/user manuals and training.

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

Some of the key improvements made are:

Appointment recording where the trend in improvement for specialist services is continuing as can be seen below for Adult ADHD Service and Adult Community Mental Health Psychological Services (AD CMHps) respectively where some targeted clinical and administrative interventions were put in place.



The recording of inpatient estimated date of discharge for Acute wards has improved from 0 to 54.7% in 2023/24. To support further improvements, there is currently an RPIW planned for Inpatient admission and discharge pathways, and the suggestion has been made that the estimated date of discharge (EDD) is recorded routinely as part of the formulation process following the service users admission, and the date is amended when there are changes in the service users recovery.

Dialog (outcome measurement tool) rollout has now commenced in Adult CMHT and Older people CMHT. As of January 2024, the number has increased to 224 active clients with a Dialog record of which 33 service users had a paired PROM recorded.

The Trust also is working towards meeting the 95% data quality maturity index (DQMI) target, which was set by NHS England as of September 2023 was 94.5% (latest published data).

NHS number and general medical practice code validity

The Trust submitted records during 2023/24 to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patients valid NHS number was:

- 100% for admitted patient care (April 2023 – Nov 2023)
- 100% for outpatient care (April 2023 – Nov 2023)

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

- 100% for admitted patient care (April 2023 – Nov 2023)
- 100% for outpatient care (April 2023 – Nov 2023)
- The Trust did not submit records during 2023/24 for Community and Dental services to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data Security and Protection toolkit

The national deadline for completing the final assessment is 30th June 2024, therefore the results for 2023/24 will not be available at the time of publishing this report.

The results of the 2022/23 final assessment demonstrated that the standards were exceeded.

Clinical coding error rate

The Trust's services were not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

NHS Mental Health Implementation Plan 2019/20-2023/24

The Trust is continuing to work alongside the members of the Mental Wellbeing Partnership Board to ensure that the targets within the NHS Mental Health Implementation Plan 2019/20 – 2023/24 are delivered.

2.4.7 Patient Safety Incident Response Framework

The NHS Patient Safety Strategy (2019) describes the Patient Safety Incident Response Framework (PSIRF) as “a foundation for change” and as such, it challenges us to think and respond differently when a patient safety incident occurs.

PSIRF is very different to the way the NHS has approached patient safety in the past. It is also very exciting because, unlike previous frameworks, it is not a tweak or adaptation of what came before but a whole cultural and system shift in our thinking and response to patient safety incidents and how we work to prevent recurrence.

Our challenge is to shift the focus away from investigating incidents because they meet specific criteria in a framework, and towards an emphasis on the outcomes of patient safety incident response that support learning and improvement to prevent recurrence.

Under the PSIRF, BDCFT will be responsible for the entire process, including what to investigate and how. PSIRF gives us a set of principles that we will work to, and we welcome this opportunity to take accountability for the management of our learning responses to patient safety incidents with the aim of learning and improvement.

Investigating incidents to learn is not a new concept, however we acknowledge that in the past we have been distracted by the emphasis on identifying what happened and the production of a report, as that is how we have been measured and monitored, rather than on showing how we have made meaningful changes to what we do to keep patients safe.

We will engage with our patients, families and carers to ensure that their voice is central in all of our patient safety investigations. PSIRF sets out best principles for this engagement and our aim is to ensure this is embedded at all stages of our incident response processes.

Embracing a restorative and just culture underpins how we will approach our incident responses. We will foster a culture in which people are encouraged to highlight patient safety issues and incidents and feel safe and supported to do so. Through PSIRF, we will improve the working environment for staff in relation to their experiences of patient safety incidents and investigations. Our approach must acknowledge the importance of organisational culture and what it feels like to be involved in a patient safety incident to really support engagement in the best way to hear people’s voices and facilitate psychological wellbeing for those involved.

As we move forward into adopting this new way of managing our patient safety learning responses, we accept that we may not get it right at the beginning, but we will closely

monitor the impact and effectiveness of our PSIRF implementation and respond and adapt our approaches as needed as we progress on this journey.

In this we are supported by our commissioners, partner providers and other stakeholders to allow us to embark on this nationally driven change. Most importantly, PSIRF offers us the opportunity to learn and improve to promote the safe, effective and compassionate care of our patients, their families and carers whilst protecting the wellbeing of our staff.

We welcome the implementation of PSIRF and are ready for the challenges ahead.

The PSIRF will replace the current Serious Incident Framework (SIF), from which it differs in the following key aspects:

- Broader scope: the PSIRF moves away from reactive and hard-to-define thresholds for 'Serious Incident' investigation and towards a proactive approach to learning from incidents. It promotes a range of proportionate safety management responses;
- Investigation approach: safety investigation is now tightly defined. Quality of investigation is the priority with the selection of incidents for safety investigation based on opportunity for learning and need to cover the range of incident outcomes;
- Experience for those affected: expectations are clearly set for informing, engaging and supporting patients, families, carers and staff involved in patient safety incidents and investigations. In accordance with a just culture, staff involved in incidents are treated with equity and fairness.

Over the last year we have been engaged in a lot of preparation work to support the full implementation of PSIRF which is scheduled for April 2024. This work included:

- Establishing a Trust implementation group to maintain oversight of progress and the preparation for implementation. Smaller 'Task and Finish' groups were also established to develop specific areas of preparation.
- Working with our commissioners and partner organisations to share ideas and information, check position progress and update the West Yorkshire wide PSIRF implementation plan.
- Developing our patient safety profile through analysis of safety data and intelligence, to inform our Patient Safety Incident Response Plan (PSIRP) which was approved by the Trust Board in November 2023.
- Creating a new Patient Safety Incident Response Policy to support the new approach to learning for improvement.
- Delivering a communications package to raise awareness of PSIRF with our service user and staff networks.

- Ensuring our internal governance arrangements and information management systems are in place to reflect the changes in response approach.
- Establishing opportunities to equip all staff with essential patient safety training.

The trust continues to progress with all areas of the PSIRF implementation process. Whilst there is still a lot of work to do, it is anticipated that the Trust will be in a well prepared position to use the new framework and will be reviewing and evaluating the impact on patient safety moving into 2024/25.

2.4.8 Learning from deaths

Learning from deaths is supported by two key policies in BDCFT; the Serious Incident policy and the Learning from Deaths policy. These policies guide and inform the organisation about reporting, investigating, and learning from deaths.

During 2023/24, 336 of Bradford District Care NHS Foundation Trust’s patients died.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients who have died	90	71	103	72

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

This group commissions reviews from a sample of deaths using the Structured Judgment Review (SJR) tool. The SJR is a national tool developed by the Royal College of Psychiatrists to allow clinicians to take an expert view of the care offered. The Group may also commission initial reviews which do not consider the full range of factors within the SJR review to understand if an SJR is appropriate, or where an SJR is not required but where there may be learning, other review methods may be used for example a Local Learning Review (LLR) methodology which takes a systems-based approach to identifying learning.

The Patient Safety Executive Panel considers the outcomes of the reviews and asks the relevant Quality and Operational (QuOp) meeting to develop an action plan in regard to any areas where it has been suggested that care should be improved. Issues that are of general relevance will be added to the trust learning hub to enable broader sharing across the organisation. For all deaths of patients who have a Learning Disability, the initial review

is shared in the Patient Safety Executive Panel and they are referred to the national Learning Disabilities Mortality Review (LeDeR) programme.

By 31.03.24, 16 Reviews (SJR's and LLR's) and 20 Serious Incident (SI) investigations have been carried out in relation to the care provided to patients who had died.

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of deaths for which a Structured Judgement or Local Learning Review was completed	2	3	6	5
Number of deaths for which a PSII was completed	5	7	3	5

The outcome of the SJRs and SI investigations was that there were no deaths judged to be 'more likely than not to have been due to problems in the care provided to the patient'.

There were 4 cases where patients had died in the previous reporting period (2022/2023) but the structured judgement reviews and Learning Reviews were completed in this reporting period (2023/24).

There were 0 serious incident investigations where deaths had occurred in the previous reporting period (2022/2023) and the investigation was completed in this reported period (2023/24).

None of the reviews or investigations into deaths which had occurred in 2022/23 which were completed in 2023/24 concluded that the deaths 'were more likely than not to have been due to problems in the care provided'

Learning and improvement

BDCFT takes a proactive approach to learning from deaths and the following summary highlights where good practice and areas identified for improvement have been highlighted during 2023/24. This learning is used to shape future quality and safety improvements.

Learning from good and excellence:

A number of reviews were conducted that concluded good and excellent care had been provided by various inpatient and community teams. The aspects of care identified as demonstrating this were:

- Seamless handover of care between NHS Trusts.
- Good demonstration of multidisciplinary team working between the nursing and medical staff and involvement of family.
- Recognising the impact of carer stress and taking steps to mitigate against this.
- Exploring a patient's historical risks to frame the care plan and risk assessment.
- Clinical teams hearing and rapidly responding to concerns raised by a patient's family.
- Evidencing professional curiosity and documenting key conversations.

- Offering advice and guidance to the GP regarding the home environment to speed up a potential 3rd party referral.
- Appropriate care plans and up-to-date comprehensive risk assessments in place.
- Good working relationship were maintained with the patient, to keep in touch throughout her cancer care treatment.

Learning for improvement:

Some learning was identified from a number of reviews where care had not gone so well, and improvements could be made. An action plan is developed for all events where learning is identified and is monitored through the mortality and quality improvement processes in the Trust. Examples of the learning identified relate to:

- Improving the availability of senior overview.
- Better consideration of appropriate skill mix and training requirements.
- Utilisation of MDT process and the effectiveness of Huddles.
- More robust co-ordination of care processes.
- Timely reporting of incidents and deaths in line with policy.
- Standardisation of crisis and contingency plans, and robust systems for escalation.
- Better alignment and interpretation of key information, to ensure timely action.
- Improving record management and documentation.
- Increasing awareness about referral/sign-posting to relevant organisations for support around domestic violence/safeguarding concerns.

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

To further support the organisation in ensuring that meaningful learning is identified from reviews, Structured Judgement Review training was provided by the YHIA in February 2024 with plans to develop a succinct internal training package during 2024.

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

The collaboration with Medical Examiners (ME's) has strengthened with a process now in place for sharing intelligence regarding non-coronial deaths. The IT system support for this process is now in place and being used. The ME's now attend the Patient Safety Group (subgroup of the System Quality Committee) on a quarterly basis with Bradford providers

and ICB Patient Safety Specialists. The ME process becomes statutory in April 2024 and BDCFT have built good foundations with the process in preparation, with plans to review how learning from deaths can be better aligned across place going forwards.

2.4.9 Inquests

Between the 1 April 2023 and 31 March 2024 we were registered by the Coroner to be involved in 69 inquests, 27 of which have been concluded.

From these inquests, BDCFT received 0 Prevention of Future Death (PFD) reports which are served by the Coroner under the Coroner's (investigations) Regulation 28.

SECTION THREE:

A review and
celebration of the quality
of services

3.1 Quality foundations

3.1.1 Performance against our mandated indicators for 2023/24

The table below shows the performance of Bradford District Care NHS Foundation trust (BDCFT, 'the Trust') against the operational performance indicators set out by NHS England (previously NHS Improvement), in the Single Oversight Framework.

Indicator	BDCFT performance data				
	Threshold	Q1	Q2	Q3	Q4
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (Dental)	92%	69.5%	61.6%	61.9%	58.5%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	60%	71%	76%	78%	85%
NHS Talking Therapies (formerly IAPT) – proportion of people completing treatment who move to recovery	50%	51%	51.0%	50%	52%
NHS Talking Therapies (formerly IAPT) – % of people waiting 6 weeks or less to begin treatment	75%	81%	90%	95%	96%
NHS Talking Therapies (formerly IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	99%	99%	99%	99%
Admissions to adult facilities of patients under 16 years old					
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area		1822	1823	1090	1047

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

3.1.2 Patient-Led Assessment of the Care Environment (PLACE)

Bradford District Care NHS Foundation Trust has been routinely rated highly in the Patient-Led Assessments of the Care Environment (PLACE) results since inception, repeatedly exceeding the national average across all areas.

The PLACE visits assess the patient environment and how well it supports and enhances the provision of clinical care and are carried out by groups of assessors including service users, relatives, carers, and patient advocates.

The annual assessments score NHS organisations on cleanliness, quality and availability of food and drink, how well the building meets the needs of the people who use it including being dementia-friendly, and how well the environment protects people’s privacy and dignity.

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

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

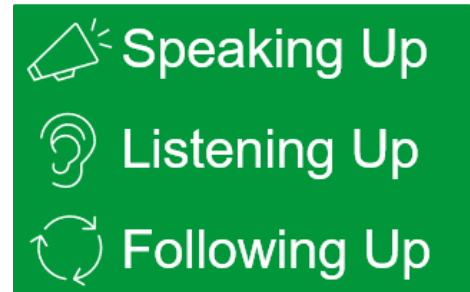
Results from PLACE-23 Assessments

	Cleanliness	Condition, Appearance & Maintenance	Dementia	Disability (accessibility)	Food & Hydration	Privacy, Dignity & Wellbeing
National Average 2023	98.10%	95.90%	82.50%	84.30%	90.90%	87.50%
Trust Average 2023	99.22%	98.87%	92.77%	90.46%	97.48%	99.17%
Airedale Centre for Mental Health	99.16%	98.33%	94.94%	88.89%	96.39%	98.36%
Lynfield Mount Hospital	99.25%	99.09%	91.86%	91.11%	97.93%	99.51%

3.1.3 Freedom to Speak Up - raising concerns within the Trust

Fundamental to making quality improvements is hearing what our staff have to tell us about the safety and quality of services.

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



Different ways staff can speak up

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

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

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

How feedback is given to those speaking up

Feedback is given via the FTSU Guardian, directly by the relevant manager within the service concerned, the relevant Executive Director or the Chief Executive, as deemed appropriate to the individual case. Feedback includes how concerns have been

investigated or responded to, any changes that have been made to processes and systems as a result, lessons learned for individual services and lessons that are transferable across the organisation.

Bi-annual reports to Board identify themes from the issues staff are speaking up about and provide assurances that staff are fed back to appropriately. Our communication strategy is also aiming to improve the feedback we give to staff across the organisation, not only to raise awareness of FTSU, but to feedback using a “You Said, We Did” approach.

How we ensure staff who speak up do not experience disadvantageous and/or demeaning treatment (‘detriment’)

The Trust policy clearly states that the organisation will ensure that staff who speak up will not experience disadvantageous and/or demeaning treatment as a result of doing so. Staff who fear victimisation by colleagues can speak up anonymously via the Freedom to Speak Up online reporting form. Colleagues can also speak up openly but ask for their information to be kept confidential via the FTSU Guardian. We monitor the number of anonymous contacts, with a low number being an indicator of staff’s confidence in the system. We also monitor the numbers of staff experiencing disadvantageous or demeaning treatment because of speaking up through our user survey and take measures to address this. Anonymised information is reported at Board and nationally to the National Guardian’s Office (NGO).

Improvement work

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



➤ Policy & Strategy

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

➤ Executive Engagement

In December 2023 the FTSU Guardian ran a Board development session which focused on key elements from the NHS England reflection and planning tool for Boards. Areas for improvement identified were added to the comprehensive action plan maintained by the team.

➤ Communication Plan

The FTSU communication plan is regularly reviewed and updated to further improve the way we ensure that the FTSU message is communicated widely to all staff groups.

This includes methods such as e-Updates, monthly rotating screensavers, promotional materials (posters, leaflets and business cards), virtual presentations, attendance at induction and other events, and messages in payslips.

➤ **Ambassadors**

The Ambassador role supports the Guardian and deputy in connecting with hard-to-reach groups of staff, promoting the speak up/listen up message, and signposting staff to different routes to speaking up. This year we have inducted 2 new cohorts of Ambassadors and continue to provide regular support sessions. The Ambassadors are proving to be a valuable additional support to the culture change within teams, as awareness of the options for speaking up is raised.

➤ **FTSU Portal**

The FTSU Connect pages on the Trust intranet have been further reviewed and updated to ensure they contain all the relevant information somebody may need if they are thinking about contacting the Guardian. A booking system is available allowing colleagues to check availability and schedule an MS Teams meeting with the Guardian at a time to suit them.

➤ **Training**

The National Guardian's Office "Speak Up" eLearning is still mandatory for staff at all levels. The "Listen Up" and "Follow Up" eLearning packages for managers are also available via the electronic staff record. Since March 2023, the FTSU team have been sharing in the monthly Corporate Induction/Welcome event for new starters. This is a powerful statement of the Trust's ambition and commitment to making speaking up 'business as usual' and we have received positive feedback about this being included right at the start of people's time with the organisation. In addition, the FTSU team have developed local training and continue to deliver online managers' study sessions which focus on the skills needed if someone raises a concern to them, such as enhanced listening and receiving feedback as a gift.



3.1.5 Infection prevention

This year has seen a move from the COVID-19 pandemic to living with COVID-19 which has brought new challenges to the trust and the infection prevention team. The trust has moved away from routine COVID-19 testing and only new admissions and symptomatic patients and staff members are tested. The trust continues to see COVID-19 outbreaks

across the organisation affecting patients and staff members. Despite these challenges the infection prevention team have worked with different services across the organisation to promote infection prevention and provide education on infection prevention techniques, processes, and procedures.

Seasonal Influenza Vaccination Campaign

The 2022/23 seasonal flu campaign for the Trust frontline healthcare workers commenced on the 19th of September 2022. This year's campaign ran alongside the COVID-19 booster campaign and went well with 50.1% frontline healthcare workers vaccinated for Flu and 28.1% vaccinated for COVID.

- Medical staff 75.5%
- Qualified nurses 65.1%
- Allied health professionals 63.8%
- Support staff 47.9%
- Total 59.1%

COVID-19 Booster Vaccination Campaign

COVID-19 vaccination is an effective defence against COVID-19, and they provide good protection against hospitalisation and death. They also reduce the risk of long-term symptoms from COVID-19. The COVID-19 booster vaccination campaign within the Trust commenced on the 20th of September 2022 with 49% of all healthcare workers were vaccinated. All eligible inpatients were also offered the COVID-19 booster vaccine.

- Medical staff 76.5%
- Qualified nurses 53.6%
- Allied health professionals 55.9%
- Support staff 36.7%
- Total 49%

3.1.4 Board 'Go See' Visits

The 'Go See' Framework

During 2023-24, the Board has continued to carry out 'Go See' visits which incorporated quality and safety walkabouts. 'Go See' is based on the concept of a Gemba walk, which was developed by Taiichi Ohno, one of the leading pioneers in the development of lean management. The Go See visit offers an opportunity for Executives to leave their daily routine, see where the real work happens and build relationships with staff based on mutual trust. Go See visits are an opportunity to get an overview of what is going on in the

workplace, offering the ability to gain insights into potential improvement opportunities. As such, the Care Trust Way embraces the principle of Go See not just for Executives, but for all leaders across the Trust including Non-Executive Board members.

Go See visits are a vehicle for the Trust to 'Know its Business, Run its Business and Improve its Business' at both an operational and a strategic level.

Know your Business – leaders will have a first-hand knowledge of the work being done, there will be strong relationships built on trust. Executives and Non-Executives are able to gain knowledge and assurance to underpin the conversations they are having and experience further opportunities for triangulation across a variety of different platforms.

Run your Business – leaders are better able to understand the opportunities for improvement, have increased visibility of what is going on in each place and are able to make better decisions because of this. Executives and Non-Executives can make better strategic decisions underpinned by an in-depth knowledge of the business and first-hand views from Trust experts on what it feels, looks, and sounds like to them and their colleagues within the service.

Improve your Business – leaders are able to support local improvement opportunities based on the first-hand knowledge and experiences they have of services. Trends and themes identified as part of Go See are collated and triangulated with other sources of learning to help Executives and Non-Executives identify systemic issues and receive assurance as to the embeddedness of improvements to further support sustainability.

The Board has been involved in the following types of Go See visit during 2023-24.

Type of visit	Purpose	Membership
Executive/Associate Director ad hoc visits	Responsive visits to probe issues / celebrate successes. The visits allow Executive/Associate Directors to support in unblocking local issues where necessary, share learning, gain additional assurance and help teams feel both supported and recognised	Executive Directors

Non-Executive Director/Executive Director planned visits	Visits to support identification of systemic issues and celebrating success. Standard work would look at high level people (morale / safety), performance (including quality & finance as well as service delivery) and improvement (work undertaken, successes celebrated, areas for improvement work identified and opportunities to share learning).	Non-Executive Directors with Executive / Associate Directors An option to be observed by Governors..
Chair/Chief Executive visits	Strategic level activity focussing on morale, improvement work and sharing vision and values	Chair / Chief Executive

3.2 Innovation and growth

3.2.1 Continuing to support innovation – our iCare Programme

Our annual Innovation Awards programme which we launched in 2021, has gone from strength to strength and in 2022/23 made available a total funding allocation of up to £20,000 to support innovative ideas which supported delivery of the Trust’s strategic objectives. We were interested in funding ideas and projects that could make a positive change at the Trust and had the potential to impact the wider healthcare sector in mental health and/or community services provision, be that for service users, patients, carers, staff or our stakeholders.

A panel of judges selected the winners from projects across the Trust. Winners of the awards received funding to further develop their ideas over a twelve-month period.

Beth Chesworth, Occupational Therapist used the funding to enhance the inpatient experience by creating a sensory and edible garden area in which to develop and deliver a therapeutic horticultural programme for service users at Airedale Centre for Mental Health. An aim of the therapeutic horticultural programme is that it would engage service users of different ages, interests and abilities with nature-based activities to meet a therapeutic goal. The edible garden was packed with plenty of fruit and vegetables that patients could take the time to grow to support their mental health and wellbeing by being in nature and taking pride in cultivating their own plants. Service users and staff have credited the horticultural groups with improving mood and inspiring others to engage in more nature-based activities in the future.

Samantha Kumbula, Assistant Psychologists, CAMHS utilised sensory toys as a therapeutic intervention for young people presenting in crisis. Sensory toys work by allowing young people to manage anxiety and emotions by redirecting their physical and emotional energy into an object during stressful and challenging situations. Since using this approach, young people have stated that the sensory toys helped them manage and regulate their emotions by providing a positive distraction and calming effect and increased feelings of wellbeing.

Charlotte Hunter Didrichsen, Assistant Psychologist, CAMHS and Amy Holmes, SEND Coordinator created neurodevelopmental team webpages on the Trust's website to improve the support offered to service users and families while on the waiting list for an Autism or ADHD assessment. Content on the webpages was developed to address some of the common difficulties and challenges that families face, alongside a range of advice, self-help resources and a video from a young person sharing their experience of the assessment process. The webpages have had a positive impact on service users and families removing some of the anxiety of preparing for an Autism or ADHD assessment.

Rachel Archer, Lead Occupational Therapist, Catherine Swales and Emma Celli, Community Team Leaders developed staff training videos on the usage of hospital beds in community settings. These videos provide an accessible visual reference point to assist registered clinicians in the selection of beds and bed rails. They have been shared with professionals in the Trust and their usage and impact will be evaluated to guide next steps.

All of our 2022/23 winners presented an overview of their projects and the outcomes they had achieved, at an innovation showcase event in October 2023. Our 2023/24 winning projects were also announced live at the event:

- Dr Charlotte Scott - improving the experience of interpreting services during therapy
- Nicola Campana - improving the health passport given to children in care prior to becoming care leavers
- Clair McMaster - assessment and treatment card deck
- Anokh Goodman - expansion and roll out of the Stepping Stones Project
- Frederique Lindh - sensory maps of inpatient sites at Lynfield Mount Hospital
- Kirsty Shepherd - equipment and assessments to trial with people living with functional neurological disorder
- Claire Elson - student led clinics



iCare Innovation Award Winners 2022/23 Pictured with Therese Patten, Helen Burns and Farhan Rafiq are: top left Samantha Kumbula and Monica Goyal, top right: Charlotte Hunter Didrichsen, bottom right: Beth Chesworth and bottom left: Rachel Archer, Catherine Swales and Emma Celli

3.2.2 Better Lives Charity

The Better Lives Charity Strategy 2021-2024 aims to increase funds going into the Trust Charity and therefore increase charitable spending to improve the experience, health, and wellbeing of service users and staff, whilst ensuring the future sustainability and growth of the charity. There are 3 main areas of delivery for the strategy:

Funds in 

Deliver charitable fundraising through diverse funding streams which will ensure the charity not only survives, but also thrives.



Funds out 

Ensure funds are used to have the greatest impact on achieving our charity vision to create better lives by improving the physical and mental wellbeing of our patients, service users, carers and staff.

Well-led 

Ensure the charity operates in an inclusive, equitable and transparent way, meeting all its obligations within charity law and fundraising codes of practice.

During this year the Charity has delivered a number of fundraising events including a Charity Golf Day and the Inaugural Imagination ball. Staff, friends, family and people in our communities have also participated in events to raise funds, including the Great North Run, The Yorkshire 3 Peaks, Bradford Dragon Festival and Saltaire Arts festival. The charity has seen new corporate supporters and sponsors, and special thanks goes to the Yorkshire Clinic who were the headline sponsor of the Golf Day, and Enable2 the headline sponsor of the Imagination Ball. Without their generous support, these events would not be possible. The Charity has raised in excess of £35,000 through these events.

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

- Distraction resources for the dental surgery environments to help vulnerable and anxious dental clients feel more relaxed resulting in better treatment outcomes.
- Pain and Symptom Management course, funded for a specialist nurse in Palliative Care to enhance knowledge and skill.
- Video interaction guidance is a recognised and evidence-based therapy for improving parent-child relationships. It works by filming play sessions between parents and children, and then micro-analysing moments of connection and positive interaction in a separate session with the parents to enhance their understanding of their child and improve their self-belief as parents. The Charity has funded 2 video cameras to enable these sessions.
- Palliative Care have purchased a range of resources to help patients and their families these include a Recliner Chair, this simple resource has already benefited 7 patients and due to demand a second chair has been purchased, PIP kits which support children who's parent/carer has a palliative care diagnosis.
- Food, bedding and a new hutch for the two Therapy Rabbits and Moorlands View low secure unit.
- Resources to support the dental National Smile week events.
- Equipment for an older peoples mental health exercise group, to support frail older people who are at risk of falling.

The Charity has also seen significant success with applications for Grants from Trusts and Foundations for specific projects. These have included.

- Development of a sensory room at the Dementia Assessment Unit funded by the Masonic Foundation
- Delivery of the VIP Red Bag project for people with learning disabilities funded by the National Lottery Awards for All
- An Interactive Cardio wall for the Recreational Hall at Lynfield Mount funded by Sport England
- Creative Arts Sessions for inpatients funded by the Keith Howard Foundation

Dance United Yorkshire project for young people on the CAMHS waiting list funded by the Manny Cussins Foundation.

3.3 Supporting staff – supporting the conditions for quality improvement

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.

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. All of this will help us, as an organisation, to support the conditions that foster a culture of quality improvement and innovation.

3.3.1 Staff survey – hearing what staff have to tell us

Following the receipt and analysis of the 2022 NHS Staff Survey results Senior leaders provided support and feedback to address ongoing staff concerns regarding work pressure, staff numbers and remuneration, identifying the services most under pressure. Results provided intelligence to senior leaders and corporate services in the enable action planning. For example,

- Using the 'We are Learning' data to target further training in delivering effective appraisals,
- Opening a new Wellbeing Room for staff at Lynfield Mount Hospital to build on the ambitious action to address staff health and wellbeing needs,
- Using the 'Voice' and 'Engagement' scores to ensure appropriate reach in the engaging staff in the Trust's 'Better Lives, Together' strategy refresh in May 2023.

All teams and services were encouraged to view their own results and explore together areas for improvement and celebration and identify and embed required actions. For example

- CAMHS proposed actions towards team cohesiveness,
- Dental Services undertook appraisal refresher training,
- Anticipatory Care held an engagement event in July 2023 to promote joint working and team voice.
- Community Learning Disabilities Team celebrated higher scores than both the previous year and the Trust average across all 9 theme areas, providing the basis for a best-practice case study.

Conscious that National Staff Survey (NSS) 2022 attracted a response rate of 41%, the Trust embarked upon a comprehensive programme of engaging with colleagues across all Care Groups, to promote positive participation in the 2023 NSS. This involved personal visits, or “Road Shows” to services by senior leaders, as well as Organisational Development Practitioners from the People Development Team, particularly to areas where there was a theme of less-than-optimal engagement.

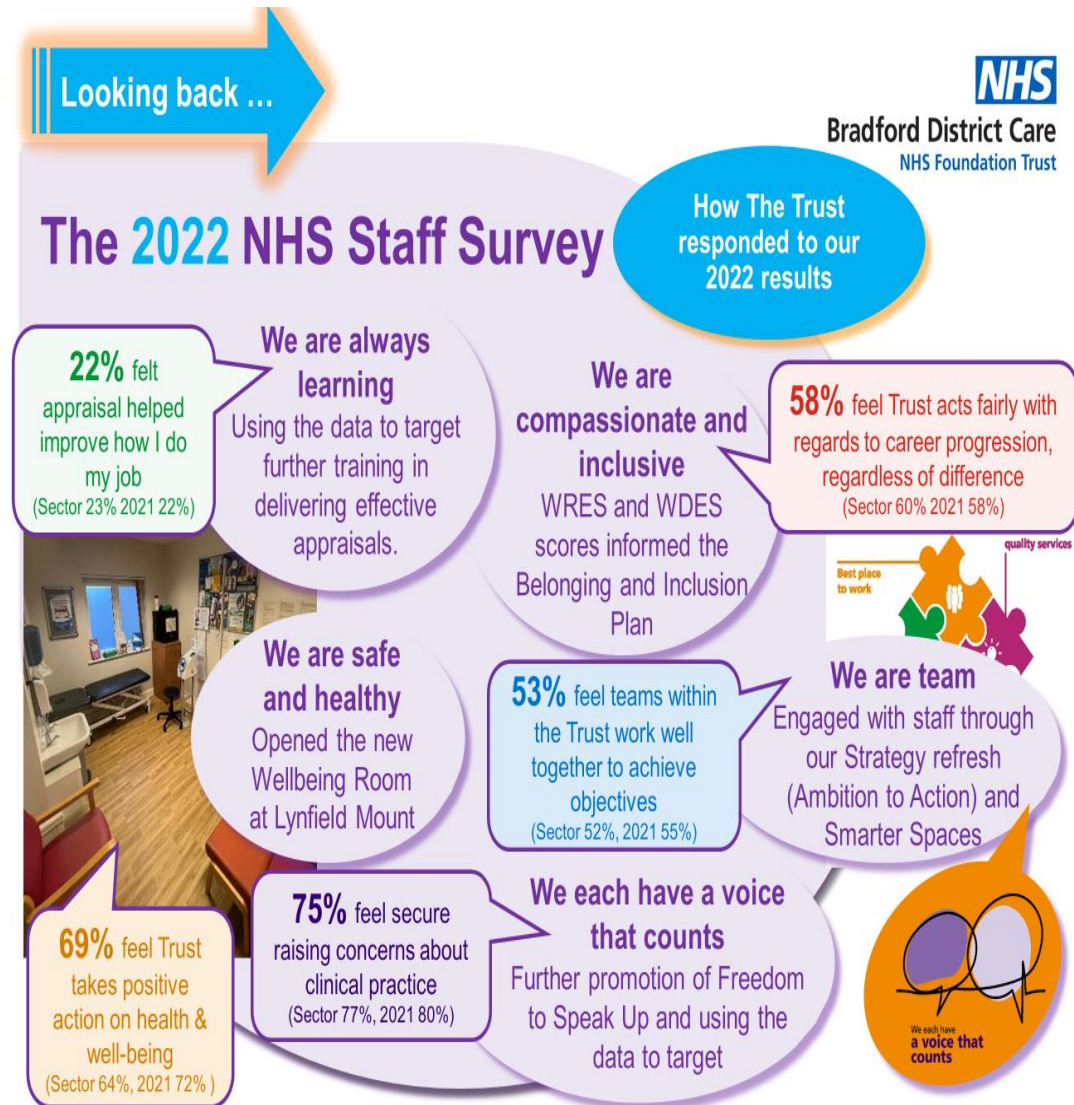
The methodology used in these service visits, was to demystify common misunderstandings and barriers to involvement amongst colleagues. These approaches included:

- Sharing in detail, the responses from NSS 2022 at team level and identifying where recommendations for improvements had been followed up and where successes had been shared and embedded as good practice. Examples of this included expanding the content and reach of Trust wellbeing resources and facilities and improving communications from and visibility of senior leaders.
- Eliminate or minimise any factors to participation, such as protected time of 15 minutes, for individuals or groups to complete their surveys and reassure those concerned, that the results of the survey are completely anonymous and whilst it was really important to gain the views and opinions of colleagues at team level (For groups of eleven or more personnel) to understand their needs and demands. We also provided access to suitable devices for colleagues to submit their survey questionnaires, where they worked in roles or services without regular access to computers.
- The Road Shows and smaller, more intimate visits to services, also provided an opportunity to feedback to colleagues on their levels of participation in relation to other teams and so create an element of “healthy competition”, with prizes and awards to recognise improvements in participation and response rates.
- For the first time this year, we also promoted participation on a bespoke survey designed specifically for Bank Workers, so as to engage them more fully in having a

voice and letting the Trust know how they feel about their experiences of working with us.

Internal work progresses continuously, in which the outcomes of surveys are shared at team level to understand what they mean and what actions need to be commenced to perpetuate the cycle of continuous improvement. This includes smart analysis of the raw and refined data and critical appraisal of the free text contributions. Each year provides us with the opportunity to refine our approach to encouraging participation in the survey itself and analysing the results to inform how we will improve our performance in relation to the People Promises and achieve and sustain our strategic ambition to be “Best Place to Work”.

The following graphic summarises the key themes of the responses.



3.3.2 The Primary Care Wellbeing Services (PCWBS) New Pilot Rehabilitation Pathway for Staff

PCWBS is a specialist interdisciplinary team of health professionals. They specialise in offering interventions with a holistic approach to address social, physical and mental health needs. The team is proud to share the role out of the vocational rehab pathway pilot based on the success of the COVID Rehab pathway.

The Vocational Rehab pathway has been developed to support staff who are experiencing frequent or long-term sickness. We aim to reduce barriers to return to and remain in work whilst improving quality of life.

Modelled on the highly innovative and successful evidence-based award-winning Primary Care Wellbeing Persistent Physical Symptoms Pathway, and COVID Rehab Pathway, the Staff Rehabilitation pathway pilot is the first of its kind to provide integrated care with a psychology led interdisciplinary team for staff where they may experience more than one issue or health condition, such as:

- Work related Stress/burnout
- A long-term health condition(s) and persistent physical symptoms
- Depression and other mental health problems
- Financial worries
- Social challenges

Staff Rehabilitation support

What's on offer?	Benefits of working with us.
<ul style="list-style-type: none"> • A self-referral system for BDCFT staff who are on long-term sick or frequent sickness monitoring. • Access to courses and/or one-to-one intervention dependent on needs identified through assessment(s) with our interdisciplinary team: Physiotherapy, Occupational Therapy, Psychology, a Specialist GP, Speech and Language Therapy, Nutrition, and Support Navigation. 	<ul style="list-style-type: none"> • Working with others –needs-led supportive liaisons with Human Resources, Occupational Health, managers, and staff support services. This helps support streamlined and informed care and workability. • How to manage physical and mental health symptoms – include optimising sleep and diet, activity and stress management strategies. Liaising with GP and other health professionals. • Optimising your ability to work (workability) – including managing work life balance, support

- Support to utilise relevant policies, procedures and services around return-to-work decisions,
- Practical return-to-work and in-work support.
- Personalised advice around reasonable adjustments is central to our vocational rehab pathway.
- in understanding and implementing reasonable adjustments.
- How to improve your resilience – including support to stay as happy and healthy in work and at home as possible, gaining skills in compassion, assertiveness and resilience, support with communication and neurodiversity.
- Planning for the future - Managing setbacks, signposting for continued support.

Evaluation of the Staff Rehabilitation pilot:

Evaluation of BDCFT's unique Staff Rehabilitation pathway is underway with clear clinical outcomes related to return-to-work data in conjunction with relevant patient reported outcomes and qualitative feedback. The service is open to referrals and has accepted the first cohort of Staff members to the pilot.

3.3.3 Primary Care Wellbeing Service – Recovering from COVID 7 Week course workbooks

How this project improves quality for our patients/staff.

- Meeting the needs of our communities and reducing health inequalities.
- Improving the experience of people who use our services.
- Safe and effective
- Making every contact count.

The Recovering COVID course is an evidence based 7-week virtual course for individuals suffering with Long COVID. The virtual course combines self-management tools alongside specialist support including Psychology, Physiotherapy, Occupational Therapy, Nutrition and Speech and Language Therapy. The course is provided for patients across the Bradford and Craven districts as well as staff within the Bradford District Care NHS Foundation Trust who have long COVID. Course participants are encouraged to attend a minimum of 4 out of the 7 topics. Attendance of the course has shown improvements in quality of life and overall health.

Workbooks are a part of the evidence based published course and cover the key information presented in the slides and includes useful links and helpful resources. Following attendance of the course all participants are sent a weekly workbook.

Participants are encouraged to take their time when revisiting the material. The workbooks also act as a reference guide if required in the future. The aims of the workbooks are;

- Model pacing and grading activity through the booklet format of the traffic light system
- Reduce fatigue and brain fog from reading and learning tasks.
- Improve navigation of workbooks
- Empowering choice and learning
- Model self-compassion and psychological flexibility
- Clearer language
- Increasing accessibility including supporting access for neurodiversity

Fatigue and brain fog are common symptoms of Long COVID which may make reading and learning new information more challenging. Pacing and grading activity is key skill in managing fatigue. The traffic light system aims to support individuals to learn at a pace that is right for them and work within the limits of their current energy levels. The workbooks have also incorporated BDCFT advice around supporting neurodiversity with documents and taking into account the average reading age in Bradford of 7.

The sections of the workbooks are divided into Green, Amber, and Red. The green section of the book aims to be the least demanding in terms participant energy and provide a summary of the essential information. The amber section is moderately demanding and gives further understanding of the essential information. The red section is the most demanding section of the workbook. This section offers wider reading, including scientific references to enhance understanding of Long Covid and recovery. This section also acts a signpost to useful resources.

3.3.4 Staff Support and Therapy Service

BDCFT is committed to providing a culture where staff feel able to seek support and take care of their health and wellbeing needs. The Staff Support and Therapy Service is the internal offer that provides confidential individual psychological therapy (CBT, EMDR, Counselling, Compassion Focussed Therapy, Schema Therapy and Mindfulness), rapid access to speak to an experienced and accredited psychotherapist, a wide range of psychologically informed workshops on topics such as menopause, anxiety, mindfulness, resilience, dyslexia, loss and sleep to all staff across the trust. The Staff Support and Therapy Service offers training on topics related to health and wellbeing. This includes REACT training for managers, menopause awareness for managers and managing difficulties at work.

3.3.5 Self-Compassion for Staff

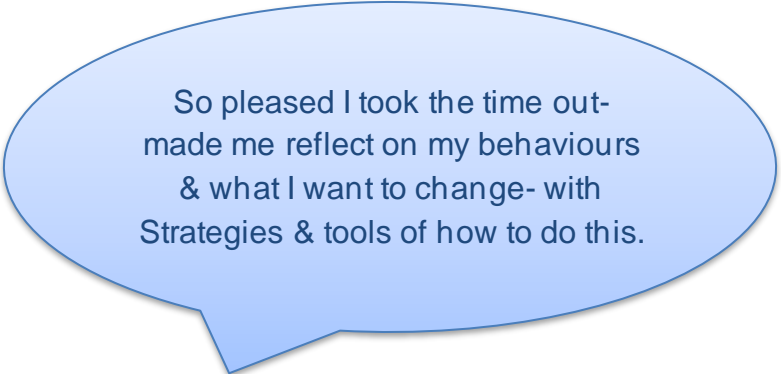
Compassion is one of NHS England's 6C's (2015) and The Kinds Fund (2020a) recognition of the importance of compassion at every level, this year the Staff Support & Therapy Service (SSTS) are putting the spotlight on the Self-Compassion workshop.

- 15 Self-Compassion Workshops have been delivered to 146 members of staff since it was first offered in August 2022.
- 100% of attendees at the Self-Compassion Workshop said that they would recommend the workshop to a colleague.

Some feedback from staff who have attended the Self-Compassion Workshop:

"The reflective nature of the space was useful. I liked hearing others experiences. My favourite bits were the small, but effective, tools for self-compassion e.g. the self-compassion break."

"The facilitators were so down-to-earth and made the participants feel welcomed, able to share their experiences and valued their views"



So pleased I took the time out-
made me reflect on my behaviours
& what I want to change- with
Strategies & tools of how to do this.

"Fabulous facilitators and easy to follow presentation. The activities were enjoyable and relevant; this made sure the session wasn't too heavy but interactive and I enjoyed the discussions with the group and facilitators".

"Time to reflect on myself and strategies to help own self compassion".

"The trainers were lovely and made everyone feel very comfortable to share experiences - there was also no pressure to share if people were less comfortable".

3.3.6 Personal Safety Devices

In 2023 we have significantly increased our deployment of personal safety devices to our community workforce, rolling out over 500 of these devices to staff members to support in minimising lone working risk to our clinical staff working across the district.



Working in the community our staff can be working alone for a significant amount of time, and as such may be at increased risk of verbal abuse, physical assault and at increased risk posed from injury due to road traffic accident or slip, trip and fall within the community.

These personal safety devices are provided as additional personal protective equipment to staff members to allow them to raise an alarm in the event of a staff member being involved in a risky or dangerous situation whilst out in the community working on their own, and they are able to summon assistance at the touch of a button

3.4 Listening to the voice of experience

3.4.1 Patient and Carer Experience and Involvement

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

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

Service User involvement

In BDCFT, Involvement is open-access and anyone who has an experience of BDCFT services will be offered opportunities to share their voice of experience – and be listened to. The Patient and Carer Experience and Involvement (PCEI) Team play a key role in

ensuring that Experience and Involvement is at the very heart of all Trust activities. Involvement Partners in BDCFT are allocated, recognised roles, where people who have experienced Trust services, or are invested in the delivery of best quality services, can participate in structured activities designed to support and improve care.

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

The variety of involvement activities:

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

Type of involvement	No. of Involvement Partners attending
Mental Health Legislation Committee	2
Quality and Safety Committee	1
Community Mental Health Transformation Project	2
Healthy Minds Board	1 to 6 people
Transdiagnostic Pathway Involvement	3
DBT Organisation Group	4
Suicide reduction steering group	1
Psychological Therapies Involvement Group/ Psychological Therapies Council	5
Positive and Proactive Involvement Group	2
Admin Involvement Group	2
Research and knowledge forum-	1
Ligature, Environment, Risk and Safety (LERS)	1
Medicines Management Group	2
Neurodiversity Group	1
Tobacco Dependency Group	1
PICU Lived Experience Group (External)	1
Trust Inductions- Rotates between	Rotates between 3 people
Green Strategy Group	2
Trauma Informed Care meetings	2
Patient Mentors	5 adult and 2 Young people

Examples of Involvement

Involvement in the BDCFT Staff Induction

The PCEI Team and Involvement Partners have been working together to deliver Involvement information sessions to New Starters within BDCFT at their Trust induction. This includes giving information on the different activities which Involvement Partners can participate in, the importance of carer involvement and the Triangle of Care and providing resources on effective coproduction.



This photo shows the Patient and Care Experience and Involvement Team display board at the Trust Induction event.

Coproducing the Stepping Stones Project

Recently, Involvement Partners had the opportunity, alongside staff, to participate in the 'Stepping Stones to Wellbeing' coproduction work to redesign the Community Mental Health Coping Skills group. This activity was facilitated by Anokh Goodman, Principle Clinical Psychologist, who intentionally facilitated this work to be coproduced between clinicians and people with experience of accessing clinical services. This activity involved BDCFT staff and people who had experienced BDCFT services working together, to develop a new therapeutic groupwork intervention and resources. An Involvement Partner who participated in this activity shared details of their experience in a letter to Therese Patten (CEO, BDCFT):

'In my role, I have had the privilege of working with clinicians and administration teams at all levels. I have consistently felt valued, respected, and listened to, which is a testament to the positive and inclusive culture that you have fostered within the Trust.'

We recently completed a project called "Stepping Stones," lead by Anokh Goodman, Clinical Lead for Cultural Connection, which launched last week. This initiative, akin to Peer Support, offers an 8-week program to assist individuals on their journey of discovery and wellness. It serves as a valuable resource for those awaiting therapy, ensuring they receive support during this critical period.

I wanted to take a moment to acknowledge the importance of the work being done by your teams. The commitment to improving patient experiences and outcomes is evident in every aspect of the Trust's operations. The impact of these efforts extends far beyond the

immediate care provided; it instils hope, fosters resilience, and empowers individuals to actively participate in their recovery process'

- Pauline Soper, Involvement Partner.

Recruitment and Selection Involvement opportunities

BDCFT is dedicated to ensuring that the Voice of Experience is included in recruitment and selection activities in recruiting new staff. Involvement partners are provided training in recruitment activities, which includes being on an interview panel, asking questions and providing feedback. The team at Waddiloves Learning Disabilities services recently facilitated a recruitment and selection training session for a group of their Involvement partners, so that they can sit on future interview panels.

Some feedback from BDCFT staff to an involvement partner interview panellist, who invited feedback for their involvement:

'The panel are all in agreement that you were engaged, knowledgeable and really added some good insights to the panel. We found you professional and courteous towards the candidates, and warm in your interactions with everyone so thank you!'



This photo shows the Waddiloves Team and Involvement Partners having completed their recruitment and selection training.

Feedback from the Interview Lead for a panel, shared with the Patient and Carer Experience and Involvement Team:

'I just wanted to share our gratitude in you arranging for [the young person who is an involvement partner] to support us with the interviews today. We were really impressed with her interview style and her ability to evaluate the interviewee's responses in line with service expectations and trust values'.

The Young Dynamos celebration event – August 2023

The PCEI team ran a celebration event during the school holidays to recognise the hard work of the children and young people who participate in the Young Dynamos Involvement group. This group is facilitated by Emma Holmes (Senior Patient Experience, Involvement & Inclusion Officer) and Penny Wild (BDCFT Volunteer) and focusses on research and

development opportunities for young people across BDCFT services, as well as promoting partnership working with a range of external partners, including the Born in Bradford project and Leeds Beckett University. The celebration event included a 'look back' over the year of all the different groups the young people had participated in, and they had a shared lunch together. Dr David Sims (Medical Director, BDCFT) also attended the event and gave an address to the young people, who shared that they were pleased at the opportunity to hear from him.



This photo shows Dr David Sims addressing the Young Dynamos at their Summer Celebration.

3.4.2 Patient Advice and Complaints Service (PACS)

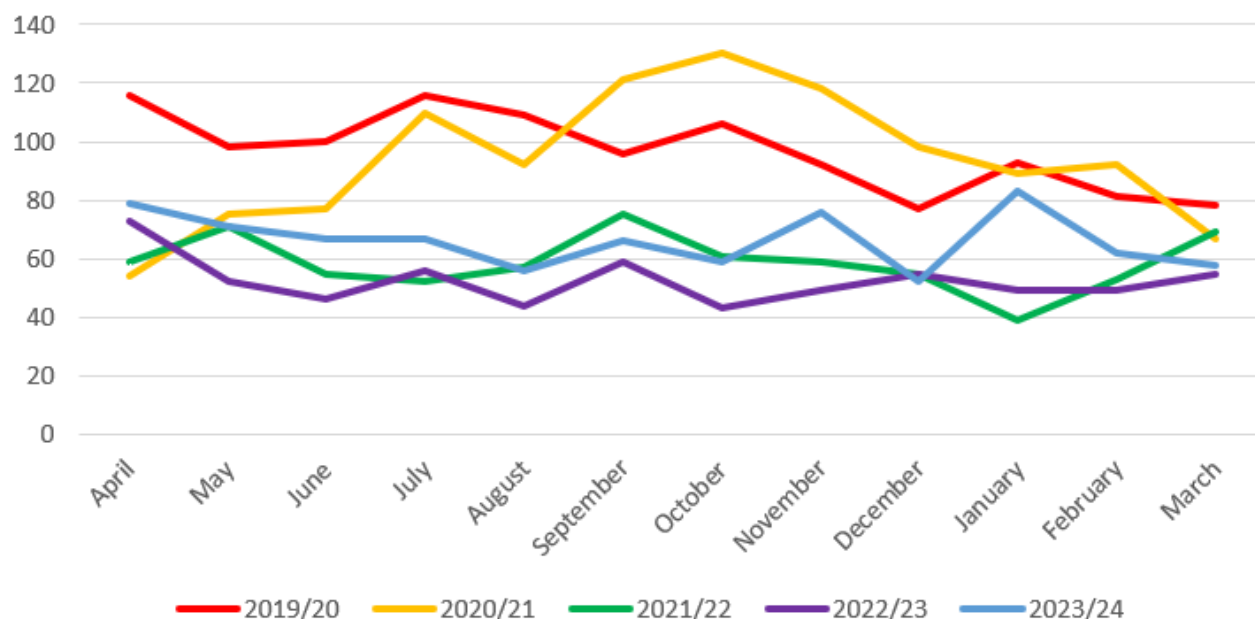
It is important to us that any person using the services of our organisation can seek advice, raise concerns or make a complaint. The PACS team provide a point of contact for signposting enquiries, and listening to concerns and complaints.

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

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

During 2023/24 the PACS handled 156 enquiries and 761 complaints.

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



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

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

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

We continue to engage with the Parliamentary and Health Service Ombudsman (PHSO) as needed. In 2023/24 the PHSO reviewed 3 of our complaint cases.

Learning from Complaints

In 2023/24 the top three most complained about areas were:

- Lack of support
- Attitude of staff
- Length of waiting list

The table below demonstrates examples of actions taken in response to complaints made in 2023/24, to improve our services:

Service Area	Improvement action taken
Dental services	Dental services have improved the main access to the clinical building, by ensuring appropriate signage is in place to inform patients that the door swings outwards.
Airewharfe Community Mental Health Team	Airewharfe Community Mental Health Team have taken steps to ensure that Carer Support Information Displays and leaflets are available in public areas of their service buildings. Poster and leaflets are now available in the waiting room at Meridian house.
Child and Adolescent Mental Health services	Child and Adolescent Mental Health services have worked to address the long waiting list for the Attention Deficit and Hyperactivity Disorder (ADHD) assessment and prescribing, by recruiting two new staff to commence ADHD prescribing clinics. Patient Advice and Complaints Service have also provided information on wellbeing and support available for young people in Bradford District and provided the guidance leaflets/information regarding the national shortage of ADHD meds.
Acute inpatient mental health wards	Acute inpatient mental health wards have recruited more activity coordinators, with the intention of ensuring there are two activity coordinators per ward, to support a greater provision of meaningful and therapeutic activity across inpatient services.

Podiatry services	Podiatry services have taken immediate steps to update the Wound Care Domiciliary Protocol, detailing the referral process for patients requiring referral to vascular care services, to ensure a clear process and smooth transition to meet health care needs.
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Review of PACS and improvement plans

We commenced a review of our PACS following an Internal Audit in summer 2023, and the introduction of new leadership roles, which highlighted areas where we needed to improve our service.

The team have undertaken a series of time out sessions as part of the review. These focused on the process in place and how we could improve it. This included:

- providing as many ways as practicable for people to raise a concern or make a complaint
- enhancing the service telephone access
- making the process for complaints more focused on the issues of complaint to ensure that these are fully addressed
- making the process more efficient and effective to ensure we respond as early as possible
- making improvements to our system for recording complaint information to help us better manage the process; and provide improved reports on this information

We are currently bringing all of the information we gathered together to refresh our complaints procedure and policy.

We have also been working to reduce the number of complaints we have open, particularly cases that have been open for 6 months and over.

Of the 26 complaint cases which were open 6 months and over, 22 have now been progressed and closed. The four remaining complaint cases are progressing through the approval process and are anticipated to be closed by 12 April 2024.

3.4.3 Well Together

Well Together have continued to recover and grow following COVID and the lifting of all infection prevention restrictions. There are currently 120 volunteers delivering 57 regular group activities (4 virtual, 25 face to face activity groups, and 28 walks). Volunteers have provided 2864.50 hours of volunteering time.

This year the service has received 260 referrals, 171 new people have attended a Well Together group activity. Including the existing group numbers a total of 726 people have attended the sessions with a total of 8402 attendances (numbers correct as of 1st Nov 23)

There have been a number of new groups start this year, with a particular focus on the Cravan area, new groups including Post Cancer support groups in Bentham and Settle, a Movement to Music group in Settle. There have also been some new walking groups including one in Addingham, Wibsey and in partnership with Roshni Ghar. Well Together have also been working in partnership with the Volunteer Service to develop walking groups for Lynfield Mount and Airedale Centre for Mental Health.

3.4.4 Volunteering

The Volunteer Strategy for 2021-24 focuses on embedding an effective and supported volunteer culture to enable the Volunteer Service to develop and scale up new and existing volunteer opportunities across the Trust, ensuring individual volunteers and the organisation can realise the full positive impact of volunteering.

- Volunteers will be supported to realise their full potential by establishing their volunteer pathway, whether to support recovery, for future career opportunities or for personal wellbeing.
- The organisation will innovate, celebrate and embed, ensuring volunteering is a proactive enabler in achieving its strategic programmes. Priority areas include:
- Recovery - by increasing the provision of therapeutic activity and volunteering becoming part of the recovery pathway for individuals.
- Future Workforce – from inspiring young people to consider health as a future career option to providing volunteer to career opportunities for people ready for work.

During the last 12 months volunteering has gathered significant pace, with new volunteer roles being introduced across a range of clinical and non-clinical services including clinical administration, health promotion in baby clinics and library volunteer roles. Volunteer to Career continues to grow with the offer being rolled out to all volunteers. All volunteers are now asked if they are interested in a career in health and social care, with a growing offer of training and mentorship available to those who say yes. The BDCFT Volunteer Service

has been working with the Bradford Teaching Hospitals Foundation Trust Volunteer Service, maternity wards at Bradford Royal Infirmary and Airedale Hospital, and voluntary sector partners under Act as One to develop a Volunteer to Career project for the maternity pathway. This year 87 people have volunteered for the Volunteer Service with 34 roles advertised and 60 applicants currently being processed, working towards a maintained target of 150 active volunteers by the end of 2024. Since 1st April 23 volunteers have recorded 1639 hours of volunteering, with 16 completing their National Volunteer Certificate which includes training and 60 hours of volunteering.

This year the Volunteer to Career programme has expanded, with all volunteers now asked during recruitment if they are interested in a career in health and care. 8 people have left their volunteering this year for employment including roles in the NHS, teaching and the Arts. 4 people left to start education and a further 11 have started education or employment and have continued their volunteering including 6 people studying health and social care and 2 people starting jobs in the NHS.

3.5 Medicines Optimisation

3.5.1 District Nursing/Community Nursing

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

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

Over the past year, the lead pharmacy technician has collaborated with various community nursing teams, initiating with the Windhill Team and subsequently extending support to the Bingley, Holyfield, Kilmeny, Ilkley, Affinity (Shipley), and Silsden teams. Additionally, the role has accommodated referrals from other areas when deemed appropriate. The success of the initiative is evident in the recorded 688 face-to-face patient contacts in the electronic

patient record, SystmOne from October 2022 to September 2023. A survey conducted among community nursing staff revealed unanimous satisfaction, with 100% reporting that patients supported by the pharmacy technician required fewer medication-related visits and sought less guidance/reassurance. Furthermore, all respondents noted that collaboration with a pharmacy technician and increased support with medications had positively impacted their workload.

The lead pharmacy technician role has proven to be highly beneficial for both staff and patients. Identified opportunities to collaborate with care home staff and home care providers through the Local Authority present the potential for further expansion, contingent on available resources. This extension could bring additional benefits through training and support within the broader community system.

3.5.2 Proactive Care (PACT) team

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

3.5.3 Community Mental Health Pharmacy Team

As part of community mental health transformation, a team of specialist mental health pharmacists and a pharmacy technician were recruited to work in adult community mental health teams. This team works with consultant psychiatrists and the wider multidisciplinary team to support them with medicines related queries, complex case reviews, advising on physical health related matters and working with primary care networks to improve the management of medicines across the primary care and secondary care interface. The team deal with approximately 60 complex queries a month as well as work with individual patients where needed to help them understand their medicines better so they can get the best possible outcomes from their medicines. The team are also supporting the review of medicines related processes such as the administration of antipsychotic depots within community clinics and audits on medicines storage to ensure compliance with CQC standards. This team has been well received by the community mental health teams with positive feedback on the work they have been undertaking.

3.6 Mental health services

3.6.1 Managing restrictive practices in the Low Secure services

At Moorlands View, where the three Low Secure Wards are based, we have taken the reduction of Restrictive Practices to heart in everything we do. From the time of the Restrictive Practices CQUIN (Commissioning for Quality and Innovation framework) we reviewed every Restrictive Practice and asked the question: “Is this reasonable, proportionate, and necessary?”

This piece of work led to (not exclusively or exhaustively the following)

- Mobile Phone access for all unless there are risks identified.
- Free WiFi access for all Service Users.
- Digital Poverty equipment, available for all Service Users to use.
- Vape access for all Service Users, with ward based vape spaces.
- Snack Kitchens on all wards.
- Caffeine access for all Service Users.
- Smart Device access for all Service Users.
- Static Gym Equipment on our Admissions ward.

Every agenda for every meeting has “Restrictive Practices” as an agenda item for discussion, whether it’s the Risk Meeting, Relational Security Meeting, Quality and Operations (QUOPs), or the Service Users Community Meeting. Every forum has the explicit obligation to review what restrictions we have, and whether they are Reasonable, Proportionate, and Necessary.

We have daily “Call Out” meetings for all the wards to discuss the wards effectivity, and the penultimate agenda item is “Restrictive Practices”. This is for discussion with the Service Manager and is regarding making assurances that we are operating in a Least Restrictive manner.

We have weekly Service Manager Call Out Meetings where we review all Blanket Restrictions and Restrictive Practices.

All wards have a “You Said, We Did” boards where restrictive practices can be reviewed and a narrative provided for further discussion.

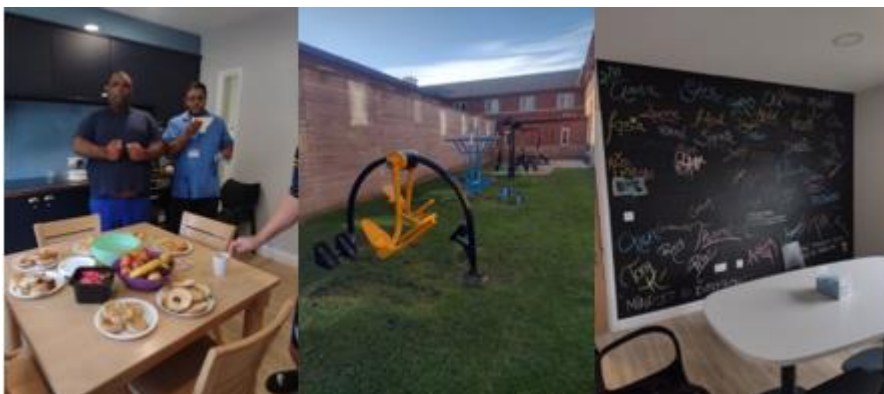
Restrictive Practices Training (including Blanket Restrictions) is mandatory and provided annually for all staff, forming part of our Security Training and Relational Security Training.

3.6.2 Thornton Ward improvements

Thornton Team recognised that much of their incidents revolved around anti-social behaviour linked to delayed gratification, impulse control, and “them and us” culture. Thornton challenged this by implementing a 70/30 stable door on the staff office, under the rule that the top 30% of the door must remain open unless a confidential call is taking place. The ward manager also implemented an open-door policy for their office, where if the office is in use, then the door must remain open unless a confidential conversation is taking place. This allowed Service Users the opportunity to interact with staff more effectively and reduce the sense of separation. It is evident from data provided to the ward that anti-social incidents have reduced since the implementation of these two actions.

It was also recognised that due to restriction on movement of Thornton Service Users in the initial stages of their admission, they were unable to access health promotion activities as readily as other wards. A lack of exercise, increased medication, and poor diet led to the majority of Service Users gaining significant weight in the months following admission. In response (and with the support of charitable funds) Thornton installed 5 pieces of static gym equipment in their yard area, and Activity Room designed to promote exercise and healthy choices.

Thornton also installed a fully equipped “snack kitchen” where service users can access and prepare a range of healthy food options.



3.6.3 Ilkley Ward improvements

Ilkley ward is the low secure services Rehabilitation Ward operated for those Service Users whose discharge pathway is on to more independent living. As such the ward recognised that its in-house facilities did not accommodate for developing certain skills prior to

discharge. As a result, Ilkley spent 14 months reviewing and adapting its current spaces into more environments designed to promote more independence and skills learning.

Ilkley have installed a large training kitchen where two Service Users can simultaneously prepare cooked meals, under supervision of staff. In association with the Trust, Ilkley arranged for Service Users to choose self-catering, where instead of the Trust providing meals, they would allocate those funds to the Service User so they could do their own food shopping and prepare their own meals.

Ilkley also invested in more laundry equipment so patients could have access to a range of equipment where they could more easily wash, dry, and iron their own clothing.



An independent living flat was renovated to bring up to date with more modern amenities and functionality, to better represent a discharge environment.

Ilkley has also adopted two therapy rabbits, which are fully cared for by the Service Users, where their hutch, run, and diet are tended to by our service users. This has seen the biggest impact on our service users in improving a caring culture on the ward, and statistically reducing abusive and antisocial incidents on the ward.

3.6.4 Refurbishment of the 136 suite

In 2023 we had a complete refurbishment of our health-based place of safety (S136 suite) at Lynfield Mount Hospital, the previous facility was no longer fit for purpose to deliver modern therapeutic care and due to this often required a significant number of staff to safely support a person admitted to the suite.

The refurbishment has enabled improved vision and control of spaces, introducing modern facilities with a less restrictive therapeutic space for the most distressed, in addition to provision of spaces for staff and the police to monitor the service user safely.



3.6.5 Lynfield Mount Activities



Lynfield Mount Hospital hosts a number of activities to support the wellbeing of our service users. Examples include:

- The Café at Lynfield Mount hospital hosts a variety of activities for all the wards this includes Art workshops, music groups and coming soon is the drumming sessions.
- The secret Garden (pic on right) located in Helios Day Centre– in the secret garden we have been working on to support green therapy as a meaningful occupation.

- The Occupational therapists have worked on larger seasonal events (Halloween and Christmas) for patients to support with socialisation, building confidence and functional abilities.
- They have also been involved with third sector charities such as HIVE which have completed sessions such as clay making with service users which have been part of a wider exhibition through displaying these in the café.
- Linking in patients with charities prior to admission encourages them to engage post admission which supports recovery in the community.
- The ongoing development/refurbishment of the Recreation Hall this encourages physical exercise which links to wider NHS values on healthy living. We were also successful with a charity bid for the CardioWall and the interactive screens.

3.6.6 Airedale Centre For Mental Health Activities



At Airedale centre of mental health, the therapy team and activity workers offer a large range of activity sessions and groups all which promote social skills and meaningful/therapeutic development. These groups are planned and are all person centred

on individual values and suggestions from our clients. They also work on individual client's independence being able to suggest ideas, help set up sessions promoting self-confidence and self - belief. These are all activities and skills that can be transferred on their pathway back into the community.

Cooking and baking	Arts and crafts	Knit and natter	Coffee afternoon
Creative writing	Pamper session	Walking group	Movie night
Walking group	Gardening	Games	

Our OT team offer a range of therapeutic and sessions that builds on new or ongoing skills such as gardening and relaxation, breakfast session.

We are in contact with Rachel Jones who is working alongside the Occupational therapists and activity co-ordinators to offer more resources and contacts with specialised tutors for future planned sessions such as music, pottery, gaming and green therapy.

We are in contact and have weekly groups with an outside organisation called Roshni Ghar. Roshni Ghar is **a mental health and wellbeing charity that provides culturally appropriate and responsive** services, aimed predominantly at South Asian women

**Heather Ward
Weekly
Timetable**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	08:00AM	08:00AM	08:00AM	08:00AM	08:00AM	08:00AM	08:00AM
Morning	Kitchen Cooking Session	Quiet Room Quizzes Roshni Ghar	OT Breakfast Group Gardening Group	Quiet Room Simple Origami	Art room Arts and crafts	Smoothies	Music/Art session Art room
Lunch time	12:00PM	12:00PM	12:00PM	12:00PM	12:00PM	12:00PM	12:00PM
Walking groups after lunch daily? Afternoon	Art Room Arts and crafts	Walking group Art room Creative Writing	Baking and organising music bingo	Day Area Music Bingo Coffee & Cakes	Quiet room Pamper session	Walking Group	Kitchen Bread making
Tea time	5:00PM	5:00PM	5:00PM	5:00PM	5:00PM	5:00PM	5:00PM
Evening	Knit and Natter group	Day Area Games night	Day Area Movie night with popcorn	Art Room Still life drawing	Day area – Mocktails, snacks and music	Day Area Movie night	Easy desserts
Supper time	8:00PM	8:00PM	8:00PM	8:00PM	8:00PM	8:00PM	8:00PM

3.6.7 Purposeful Inpatient Admission (PIPA) meetings at the Najurally Centre

Purposeful Inpatient Admission, or PIPA, is a process which was first implemented within Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) as a new way of working to streamline process to maximize the effectiveness and quality of working within an Acute Mental Health Service. The PIPA process and some of its early outcomes are documented within the “Old Problems, New Solutions: Improving acute psychiatric care for adults in England” report, published in February 2016. Some of the clinical issues that this process had sought to address were having a lack of clear structure or plan for a patient’s pathway; a lack of consistency in Multi-disciplinary team (MDT) approaches and involvement across services and a high number of ward-based incidents.

What is the aim of PIPA?

- To centralize and maximize MDT discussions about patient care, ensuring that the patients voice is central to discussions.
- To ensure that clear goals for admission and recovery are set in a timely manner.
- To promote MDT conversations and the identification of actions and accountability for completing these actions.
- To implement the use of a visual control board, where the MDT can check progress, delays, and gaps at a glance.
- To allow a continuous flow of decision making in relation to patient care and recovery.

PIPA meetings were introduced to the Najurally Centre in 2023, and a mixed methodology review was undertaken in the summer of 2023, using survey and observational analysis of the process. Recommendations for improvement have been shared with the team and these have been implemented with the aim of increasing its utility for the Najurally Centre.

3.7 Learning Disabilities and Autism Services

3.7.1 Improving Accessibility and Developing Neuroaffirmative Acute Community ‘Crisis’ and Psychological Services

We are a small group of autistic, ADHD (attention deficit hyperactivity disorder), AUDHD (the coexistence of autism and ADHD) and neurodivergent staff, who have both delivered and received services and who are dedicated to improving the quality of care and the experience of everyone, including neurodivergent clients, supporters and staff that use and deliver our services.

Neurodivergence is simply a way of referring to the different ways that people process information. It does not cause mental health difficulties. However, the lack of recognition and understanding of neurodivergence, and the mistreatment commonly experienced by neurodivergent folk in response to difference, does lead to judgement, stigma, exclusion and difficulty.

Through our experiences of receiving and delivering services, we recognised a lack of recognition and understanding of autism, ADHD and other neurodiversity that led to difficulties in accessing and engaging with services. Evidence tells us that there is a high prevalence of clients presenting to mental health care who are neurodivergent and that these clients are at a far greater risk of harm, in terms of mistreatment and abuse and exclusion by others and from self-harm and suicide.

We have worked with staff and experts-by-experience from the Masters Course in Critical Autism Studies at Edge Hill University, to collaborate on 'Autism and Trauma' training, to further develop the knowledge and skills of the staff. We co-produced a 'Top Tips' booklet of practical suggestions that staff could use day to day to support a neuroaffirmative approach; to help increase accessibility and make every contact count and be as therapeutic and helpful as possible. We were invited to co-present this work at the 2024 Leeds Autisticon Event.

We co-produced a workshop 'Neurodivergence and Improving Accessibility to Psychological Therapy' and presented this at the Trust Psychological Therapies Council and the Bradford Dialectical Therapy (DBT) team, promoting awareness and discussion and neuroaffirmative action amongst staff. We are soon to facilitate a workshop at the Acute Liaison Psychiatry Service based at Bradford Royal Infirmary about improving accessibility of crisis and in-reach mental health assessments and interventions.

Our work aims to improve understanding and develop positive attitudes towards neurodiversity. This will lead to improved equity of access to the right care, right treatment, right time in the right place. We believe this is the trust values of we care, we listen and we deliver in action.

We have made a start and continue to be committed to developing and improving the compassion, quality and effectiveness of what we do.

3.7.2 Keeping My Chest Healthy – Improving the respiratory health of people with a learning disability

In Bradford, respiratory disease has been the leading cause of death for people with a learning disability for a number of years. Around 4 years ago we started to explore this issue further. We wanted to shift our focus from responding when people were unwell, to a more preventative and proactive model of care.

The BDCFT respiratory pathway is the result of this work. It was developed with the aim of identifying the people who were at the highest risk of respiratory illness and then working with them in a coordinated and holistic way, to identify and manage those risk factors.

Increasing people's awareness and knowledge around respiratory health, the risk factors and how to carry out particular interventions has always been a challenge. We work with a range of care providers, across different settings, with the high turnover of staff within social care. Also, for many of the families we support, English isn't their first language so it can be difficult for them to access the resources currently available, they can find it hard to attend any formal training sessions, often have limited access to formal support.

We wanted to create a resource where people could find all the information, they needed in one place, that was easily accessible, fully translatable and linked people to trusted and local resources.

Keeping My Chest Healthy is the respiratory health education digital resource that has been developed to address this. It is an online, fully translatable resource with four key sections:



3.8 Children and Young People's Services

3.8.1 The role of Family Support Worker in schools

In September 2022, BDCFT and Dixons Academy Trust began trialling the use of a jointly owned Family Support Worker, to improve health support to children, including in school and by helping them access health services in the community. The Family Support Worker is part of the Public Health School Nursing Service and is based in and works across two adjacent Dixons schools (Trinity and Music Primary) and is jointly managed by Dixons and the Community Children's Services at BDFCT. This Family Support Worker has more regular access to children and families than most health professionals, and better access to health information, advice and professionals than is usually available to school staff.

Evaluation of our first-year programme is still underway and is being undertaken by our colleagues at the Centre for Applied Education Research, Bradford, however, preliminary results show that:

"Partnering with Bradford District Care Foundation Trust has unlocked a huge amount of support for our students and their families. By hosting a BCDFT Family Support Worker at school, we have provided intensive, ongoing support to over 30 students and families, and offered broader health and wellbeing support to many more. It has been a vital next step in boosting attendance, physical health, emotional health, and wellbeing." - Assistant Vice Principal, Dixons Trinity Academy

3.8.2 Chat Health

Communications culture is changing, and we recognise the prolific growth in use of text messaging and instant messaging. Chat Health is a new anonymous text messaging service available for all school aged children to ask school nurses health related questions, for parent of 0-5's to ask health visitors questions and for parents to ask the infant feeding team questions.

We are keen for our services to be accessible and for service users to be able to contact us in the most convenient and timely way. We recognise that service users and staff value messaging as a communications medium and therefore wanted to enable this as a communication route for people who access our services. The service is open 24/7, but staff work 8.30 to 4.30 Monday to Friday (excluding bank holidays) and will answer messages during those times.

3.8.3 Baby Friendly Initiative

The UNICEF Baby Friendly Initiative (BFI) was developed as part of a wider global partnership between the World Health Organisation (WHO) and UNICEF. These standards provide a roadmap to allow Trusts to improve the care and support that they offer to new mothers. The intention is to promote good feeding practices and help new parents to build a close and loving relationship with their baby.

In May 2023, Children's services underwent re-assessment at stage 3 Accreditation with UNICEF BFI – there were 4 areas identified as needing improvement – a follow up assessment in December 2023 showed that staff had improved in all areas, and we are now awaiting a further audit. We are then hoping to apply for the Gold Award Accreditation from UNICEF in Spring 2024.

3.9 Adult Physical Health Services

3.9.1 Well Leg

Wound care presents a significant health problem for Bradford forming 40% of community nursing caseloads generating 30% of the wound care activity in the recent audit carried out.

Studies show that 55% of venous leg ulcer reoccur within 12 months with the highest rates of recurrence within the first 3 months after healing, and the majority reoccurring within 12 months, a pattern of events which is often sustained over decades. Other studies suggest that males have a higher rate of recurrence.

The introduction of Well Leg Service supports the reduction of wound care treatment within the district nursing teams. With a core focus of anticipatory care, the well leg service provides a broad spectrum of lower leg management, guidance advice and education for patients who have recovered from lower leg wound. Housebound patients are supported by the Self-Management Facilitator role, with an established pathway and support from the Tissue Viability Team.

Current audit figure shows a recurrence rate of 15% with patients who are on the Well Leg Pathway.

3.9.2 Transformation of Adult Physical Health Services

For the past two years, BDCFT has undertaken a transformation of adult physical health services to align with the priorities in the NHS Long Term Plan and configured services to reflect the changing requirements of the local population. In 2023, new Planned, Unplanned, Anticipatory and Specialist Care portfolios have been established aimed at improving quality and increasing capacity to ensure the needs of the community are met efficiently. A leadership team of Community Leads and other new roles have been created including self-management facilitators, senior community nursing staff posts and administrative roles to help release clinicians' time. Partnership working with Voluntary Community Social Enterprise (VCSE), Local NHS Trusts, and the Local Authority have resulted in improvements to quality and patient care including the launching of new pathways and reducing A&E attendances.

3.9.3 Admin support in Planned and Unplanned Care

Following transformation within the Adult Physical Health team four new Band 4 Service Coordinator posts and four new Band 3 Service Administrator posts were created in the Central Admin Team to support the new Community Nursing teams for planned and unplanned care. The main aim for these eight new posts was to release time to care. The team have worked hard taking on new tasks, supporting with setting up new processes and visiting sites to better understand how we can further support them to free up time to care. A time and motion study was carried out over two weeks in September, which showed that after only a couple of months we were already freeing up time to care. Over the two weeks, 322 hours we released to allow time to care for the clinical teams. This continues to grow every month with new tasks being identified by everyone involved in both teams.

3.9.4 Admin Services – Quality Team

It's been a busy year for the admin service quality team. In addition to our regular audits, we have continued to review and update Standard Operating Procedures and Service Level Agreements to support our staff and maintain a culture of continuous improvement, with additional role specific handbooks added to our document library.

Admin were pleased to start a service user involvement group in June of this year. We have four regular attendees and meet approximately every six weeks, achieving the following improvements for our service users:

- Collaboratively created a service user information leaflet to inform service users about the service we provide.

- Reviewed the Redbox Privacy notice, developing a simplified version to help service users to understand our call recording processes.
- Reviewed our processes for receiving post to promote confidence in receiving assessment forms into services.
- Collaboratively reviewed our Friends & Family survey to make it easier for service users to provide feedback on the service we provide.
- Audited and reviewed our service induction process to make it easier to complete, ensuring that all staff receive a comprehensive induction relevant to their role.
- Successfully arranged for Acute Community (Crisis) Services to set up a service user involvement group to address concerns raised around Acute Liaison Psychiatry at A&E and First Response.
- Developed processes to support staff within our service and to enable them to provide a consistent service across all areas.
- Provided information as to how service users who educate their children from home can access school nursing services.
- We now have a regular stall at the corporate inductions which proves to be very popular in supporting new staff to our service and staff new to the clinical services we support.

In addition to the above the admin service quality team have progressed their staff survey working action group into a staff involvement group to work with staff to make quality improvements to our service.

- We have a regular 'Check in' staff survey to regularly monitor how staff are feeling and whether they have any areas of concern/improvement/feedback.
- This year we also checked up on how staff were feeling about various areas of our service including appraisals, career opportunities, communications etc. As a result, we are liaising with People Development with a view to providing interview/application training to our service.
- We are responsible for creating regular newsletters both for our own service and the wider Trust to communicate the wonderful work our staff do and in form of developments within our service.
- Following a successful recruitment campaign, admin services look forward to welcoming volunteer workers into our service, for the first time, in the new year.
- We are immensely proud of the developments we have made to standardise and collate our health and safety checks throughout the areas we work in. Our processes have been so successful that we will be taking on AED (automated external defibrillator) checks for all the areas we are based, in the new year.

SECTION FOUR:

Statements from our
Partners

4.1 Bradford Healthwatch



Healthwatch Bradford and District welcomes this opportunity to comment on the Bradford District Care Foundation Trust Quality Report for 2023/24.

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

We also recognise the challenges that industrial action by nurses and junior doctors has had on service delivery of care as well as the challenging financial circumstances faced by the Trust and the wider Integrated Care System.

It is pleasing that the ongoing strategy of the Trust continues to “put the person at the centre of decision making” and that the vision of “Better Lives Together” remains in place to drive strategy and subsequently service delivery.

We continue to maintain an effective working relationship with colleagues at all levels across the Trust and look forward to developing this further with the newly merged patient Advice and Complaints Team and Patient and Carer Experience and Involvement Team. We look forward to the positive impact this new structure has on patient experience.

In addition to our direct work with Trust colleagues we influence Trust work via our membership of key strategic Boards and Committees across the wider system where policy and patient experience is robustly challenged.

Healthwatch are particularly pleased to have seen the significant improvement in the delivery of children’s mental health services over the last year. The commitment and leadership demonstrated to oversee this work is commendable. It has been a pleasure to work directly with key Trust personnel to provide support and challenge to both strategy and delivery.

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

Helen Rushworth
Lead Officer
Healthwatch Bradford & District

June 2024

29 May 2024

The Bradford District Care Foundation Trust Quality Accounts 2023/2024.

On behalf of NHS Bradford District and Craven Health and Care Partnership West Yorkshire Integrated Care Board (WYICB), I welcome the opportunity to feedback to Bradford District Care Foundation Trust on its 2023/2024 Quality Report. The Quality Account has been shared with key members across the Bradford and Craven Health and Care Partnership (BCHCP).

I acknowledge and congratulate the Trust's achievements for 2023/2024:

- The Trust has published a refreshed strategy for 2023-2026
- The Trust's improvement approach the 'Care Trust Way' continues to grow and develop, with the implementation of a dashboard.
- Continued ambition to deliver the Best Quality Services with a focus on reducing health inequalities.
- Continued progress in adopting the Triangle of Care across services, a therapeutic alliance between carers, service users and professionals.
- The introduction of Well Leg Service to support the reduction of wound care treatment within the district nursing teams.
- Continued focus on the health and wellbeing of staff.
- Continued focus on enhancing how the Trust hears from service users and improving the experience of Involvement Partners
- The Patient and Carer Experience and Involvement team continue to promote and support the active involvement of people who access and experience services.
- The Trust has been routinely rated highly in the Patient-Led Assessments of the Care Environment results.
- The development and launch of the internal Digital Innovation Hub in collaboration with Bradford University and the Working Academy.
- The collaboration with Medical Examiners has strengthened and with a process now in place for sharing intelligence regarding non-coronial deaths.
- The Trust's Quality Assurance Framework has been refreshed to consider changes to how CQC inspect services.
- A complete refurbishment of the health-based place of safety (Section 136 suite) at Lynfield Mount Hospital

2024/2025 Quality Account Priorities.

It was pleasing to see a continued focus on the quality of services, including metrics to measure this by. The priorities focus on improving and empowering staff, service users and their families.

- To deliver the Best Quality Services - consistently deliver good quality, safe and effective services, making every contact count and meeting the needs of communities, with a focus on reducing health inequalities.
- Implement 'right care, right place, right time' service delivery models to improve choice, access, reduce waiting times and enhance continuity in care.
- Focus on the improvements within the inpatient provision, with the aim to reduce out of area admissions and the length of stay.
- Enhance collaboration between mental, physical community health services, and social care and system partners for all services to 'make every contact count'.
- 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.
- 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
- Ensure the voices of people in services help shape the Trust's continuous improvement journey.
- Enable better decision-making and choice on care provision and clinical practice through more active involvement of service users, in particular those disproportionately represented in services.

I acknowledge the Trust has transitioned from the previous Serious Incident framework to the Patient Safety Incident Response Framework which changes the way the NHS responds to patient safety incidents. I note the Trust has developed its Patient Safety incident Response Plan which was approved by the Trust Board in November 2023 and will move to full implementation during 2024/2025. It is welcoming that the Trust has embraced a just and learning culture, with work ongoing to embed this to create an environment where staff feel empowered and supported to be involved in learning when things do not go as expected.

I note the Trust's Freedom to Speak Up policy underwent an annual review and the Trust's strategy actions plan continue to drive improvement efforts.

It is welcoming that the Trust's current Care Quality Commission CQC registration status is 'Good'. I note the CQC has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2023/2024.

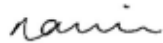
I note the Trust's continued engagement in clinical research/audit which demonstrates the Trust's commitment to improving the quality of care and contributing to wider health improvement.

It is evident that the Trust takes a proactive approach to learning from deaths and that the Trust continues to strengthen opportunities to improve how we learn from deaths.

I would like to thank you and your staff for all the achievements made in 2023/2024. The Trust Quality Account for 2023 to 2024 is an excellent demonstration of the Trust's on-going commitment to continuously improve the quality and safety of patient focused care.

Finally, I am required to confirm that NHS Bradford Districts and Craven Health Care Partnership, West Yorkshire Integrated Care Board (WYICB) has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of Bradford District Care Foundation Trust quality initiatives and activities over the last year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'nani', written in a cursive style.

Nancy O'Neill
Director of Partnerships and Place
Bradford District Health and Care Partnership

4.3 Independent Auditors Report

In response to the COVID-19 pandemic there is no requirement to obtain an independent Auditors Report. The production of this report has followed the existing governance framework developed over previous years and is, in our opinion, compliant with national guidance.

Glossary

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS jargon used in these pages.

Term	Definition
Audit	Audit is the process used by health professionals to assess, evaluate, and improve care of patients in a systematic way in order to enhance their health and quality of life.
Benchmarking	To evaluate something (e.g. a service) by comparison with a standard.
CAMHS	Child and Adolescent Mental Health Services. This is the name for the NHS service that assess and treat young people with behavioural and emotional or mental health difficulties.
Care Quality Commission (CQC)	The independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. The organisation aims to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. The CQC seeks to protect the interests of people whose rights are restricted under the Mental Health Act.
Care Trust Way (CTW)	The CTW is our system of continuous improvement, bringing together the quality improvement methodologies of Kaizen, innovation and coaching, in order to work together to improve the experience for staff and service users, to collectively create Better Lives, Together.
CBT	Cognitive Behavioural Therapy - A talking therapy that can help you manage your problems by changing the way you think and behave.
Commissioner	Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning groups (CCG's) are the key organisations responsible for commissioning healthcare services for their areas. They commission services (including acute care, primary care, and mental healthcare) for the whole of their population, with a view to improving their population's health.
CQUIN	(commissioning for quality and innovation payment framework) - 'High Quality Care for All' included a commitment to make a proportion of providers' income conditional on quality and innovation, through the commissioning for quality and innovation (CQUIN) payment framework. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443
Data definitions	The indicators reported within this quality report are a combination of key performance indicators with national definitions and local indicators with an agreed local definition.
EMDR	Eye movement desensitisation and reprocessing therapy. This is a therapy for treating trauma or post-traumatic stress disorder (PTSD).
Foundation Trust (FT)	Foundation Trusts are still part of the NHS, and still have NHS inspections and standards to meet. Foundation Trust's are still accountable to Parliament, but differ from standard NHS Trusts

	primarily due to the accountability to local people who can register as members and be elected as governors.
Healthwatch	An independent consumer champion for both health and social care that replaced LINK from 1 April 2013.
Kaizen	Kaizen refers to activities that continuously improve all functions and involve all employees from the Chief Executive to front line staff. In Japanese, 'Kaizen' is derived from two words – 'Kai' meaning 'change', and 'zen' meaning good. This translates literally to 'change for the better'.
LEAN Management	Lean management is an approach to managing an organisation that supports the concept of continuous improvement
NHSEI – NHS England and NHS Improvement	NHS England and NHS Improvement joined together from 1 st April 2019. They support the NHS to deliver improved care for patients. https://www.england.nhs.uk/about
NHS staff survey	- An annual anonymous survey to staff in all NHS organisations http://www.nhsstaffsurveys.com/Page/1019/Latest-Results
NICE	The National Institute of Clinical Excellence https://www.nice.org.uk/
Quality	Quality is defined by Lord Darzi in 'High Quality Care for All' (2008) as an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. Quality is an NHS that delivers high quality care for all users of services in all aspects, not just some.
Quality report	A quality report is an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing. Quality reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
Quality and Safety Committee (QSC)	The quality and safety committee is a committee of the Trust Board that monitors, reviews and reports to the board on the adequacy of the Trust's processes in the areas of clinical and social care governance. It ensures the Trust is effectively organised to meet the requirements of external inspectorate bodies and seeks assurance that systems and processes are in place to demonstrate that the quality of services is of a high standard.
Rapid Process Improvement Workshop (RPIW)	A five-day workshop that focuses on empowering the people who do the work to eliminate waste and reduce the burden of work for a particular process while adding value for patient, service users and customers.
REACT training -	Recognise Engage Actively listen Check risk Talk about specific options (active management / support). We have been trained to deliver the REACT framework to staff.
R4	The Trust's clinical information system for salaried dental services.
Schema Therapy	A type of cognitive therapy.

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