
City of Bradford Metropolitan District Council

**Bradford and District Residential and Nursing Care Homes
Provider List**

Reference: BMDC/DN420609

5.2 QUALITY CHARTER

Revised for 2024

Introduction

The Care Act 2014ⁱ places responsibility on Local Authorities for local market shaping to encourage quality, choice and sufficiency of provision. The rich diversity of Bradford District's provider market is a real strength to those individuals needing the support of a care home.

The Care Act also places duties upon the NHS, through the Integrated Care Board (NHS), to work with local authorities to help support contingency planning and sustainability of care services. The NHS is a local market shaper through initiatives such as sustainability and transformation partnerships and local initiatives developed to support local providers with emerging needs.

The Association of Directors of Adult Social Services (ADASS) supports contingency planning for provider failure and facilitates collaboration at a regional level to support market shaping.

A system wide approach ensures that individuals are supported to receive good quality care at their point of need. Providers, commissioners and other professionals are committed to working together to build sustainable and quality services to meet current and future need.

As partners there is common purpose to sustain this approach of high quality services, while recognising the value of the differences across the market and supporting good business planning. The market will be supported by commissioners through a variety of means, including: the Care Home Service Improvement Board, working groups and provider forum engagement.

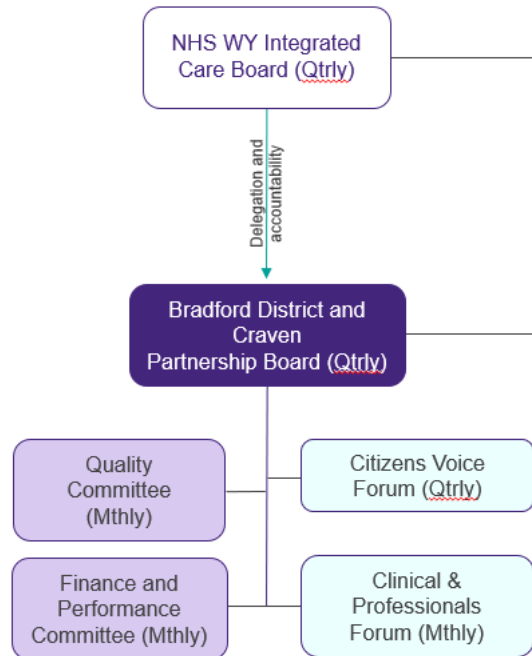
This Quality Charter outlines a system wide approach for commissioners and providers to work together to achieve high quality care over the life of the contracting agreement. It is intended to build upon and complement existing systems, to support integrated commissioning, the requirements of the regulatory body and established best practice.

Providers who deliver services on behalf of commissioners will commit to the quality approach and delivering high quality services, as outlined in the Quality Charter. Through the contract lifespan the Quality Charter will be reviewed annually to continue to reflect current best practice and any changes across the market.

Key Strategic Drivers and Partners

There are a number of Boards within the health and care system locally driving the District's strategy Happy, Healthy and at Homeⁱⁱ. These Boards establish the governance arrangements and set the direction of travel for all services within Bradford District and Craven.

The Quality Committee, as part of the NHS West Yorkshire Integrated Care Board, will have oversight of the Quality Charter and will receive a report from the annual quality review.



Strategic partners have collaborated to co-produce the Quality Charter and develop a system wide approach to quality. The strategic drivers have underpinned the principles of co-production as well as an aspiration to work efficiently and recognising the existing demand and pressure on services.

The system and strategic partners will inevitably change during the lifetime of the contract. The annual review of the Quality Charter will include an opportunity to update any relevant changes to governance structures or strategic partners.

Integrated Care Board Bradford District and Craven

NHS Integrated Care Board Bradford District and Cravenⁱⁱⁱ (NHS) is a membership organisation, serving a resident population of around 650,000 people; its members comprise of 72 local GP practices and 14 Community Partnerships.

The NHS's role is to plan, buy and monitor services to meet the needs, and improve health and wellbeing, of the local population. These services include, for example: planned hospital care, rehabilitation, most community services, urgent and emergency care, mental health, and maternity, continuing healthcare and GP primary care.

The NHS works closely with other ICBs, NHS Trusts and Local Authorities in West Yorkshire and Harrogate, as well as with NHS England/NHS Improvement and the public.

Working with partner organisations in the District the NHS's shared vision is for people to be *Happy, Healthy and at Home*:

- people will be healthier, happier and have access to high quality care
- people will be supported to stay healthy, well and independent throughout their whole life
- when people need care and support, it will be a joined up health, care and wellbeing service which is designed around their needs, and as close to home as possible

To achieve this, the NHS works with patients to transform their experiences of health services and significantly improve their outcomes. It uses its member practices, creativity, talent and ability to innovate local services to help people live longer and healthier lives.

Care Quality Commission

The Care Quality Commission^{iv} (CQC) are the independent regulator in England. CQC's role is to register all providers of regulated activities and to monitor, inspect and rate services. The regulator also, when required, takes action to protect people in receipt of services. As an independent body CQC speak out on matters of quality and publish their findings in the public domain. CQC work with strategic partners in the Bradford District to drive improvement in quality and to support providers to deliver of high calibre services.

The care home sector is subject to regulations and the CQC publish guidance and information to all registered providers on key lines of enquiry, which form the basis of the inspection framework. Inspection reports are published on the CQC website and are a valuable resource to providers and commissioners when assessing the quality of provision being delivered.

Healthwatch Bradford & District

There is a local Healthwatch^v in every area of England.

Healthwatch are the independent national champion for people who use health and social care services. Healthwatch are here to find out what matters to people, and help make sure their views shape the support they need.

Healthwatch support the people of Bradford & District's to find out what people like about services, and what could be improved, we share these views with those with the power to make change happen. Healthwatch also help people find the information they need about services in their area.

Nationally and locally, Healthwatch have the power to make sure that those in charge of health and social care services hear people's voices. As well as seeking the public's views,

Healthwatch also encourage health and social care services to involve people in decisions that affect them.

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

People's views come first - especially those who find it hardest to be heard.

Safeguarding Adults Board

The Safeguarding Adults Board^{vi} (SAB) is a multi-agency partnership, which has statutory functions under the Care Act 2014. The SAB's main function is to ensure that local safeguarding procedures work effectively to ensure that adults at risk (as defined by the Care Act 2014 [a person aged over 18 years old and has care and support needs]) are able to live their lives free from abuse and neglect.

The Joint Multi-Agency Safeguarding Adults Policy & Procedures: West Yorkshire, North Yorkshire and York provide a framework of how to respond to concerns raised about abuse and neglect of adults at risk. All organisations involved in the delivery of services within the District must adopt this policy and procedures and fulfil the roles, responsibilities and functions as outlined in the policy and procedures. Where a provider is delivering services on behalf of commissioners outside of the Bradford District then local safeguarding policies and procedures must be adhered to.

Bradford Care Association

The Bradford Care Association^{vii} (BCA) is a not for profit organisation, limited by guarantee. The association is made up of members who are providers of social care services in the Bradford District. The BCA has a board of directors and a CEO, who carries out duties on behalf of its members and the independent care sector. The aims of BCA are:

- To promote and support the highest quality of care in the Bradford District.
- To support the sustainability of care services in the Bradford District.
- To encourage and support the exchange of ideas by representing the independent care sector at a strategic level.
- To promote and enable collaboration between members, commissioners and other partners, to support developments and respond to challenges across the health and social care sector.

Bradford Provider Alliance and Airedale, Wharfedale and Craven Provider Alliance

The Bradford Provider Alliance is an alliance of local health, care, voluntary and community organisations who are working together to improve health and social care across the Bradford District. There are two Provider Alliances in the Bradford District:

- Bradford Provider Alliance^{viii}

- Airedale, Wharfedale and Craven Provider Alliance^{ix}

The focus of both alliances is to deliver high quality and sustainable services that put individuals at the centre of their care.

Care Home Providers

There is a diverse range of care home providers in the Bradford District. Services range from smaller independent homes to large regional and national providers. There is a mix of single location organisations and multi-site providers. Care homes in the District are also diverse in terms of premises that they deliver services from, with some being purpose built and others developed from residential dwellings. The diverse market provides individuals with choice when searching for a placement that meets their needs and personal preference.

Providers are important partners who deliver services. Commissioners are mindful of the pressures and demands on all providers alongside delivering high quality care and are committed to working efficiently to monitor and support providers in their service delivery.

What is Quality?

The Bradford District has a unified and cohesive approach to quality, which is that residential and nursing homes deliver care that is safe, effective, responsive, caring, well-led and person centred. The Quality Charter approach to quality is reflective of the CQC's fundamental standards^x and in line with the five key questions^{xi} asked during an inspection. The Quality Charter is also aligned with Quality Matters^{xii} and a single approach to quality.

Care homes must deliver services that keep people safe, free from harm or abuse. People should be able to experience a good quality of life while in receipt of care, and services must ensure that best practice is adopted to enable people are continually experiencing high quality care provision.

Good quality care ensures that people in receipt of services have a positive and dignified experience which meets their needs at the right time. People in receipt of care should always remain the focal point of service delivery and be empowered to be involved in decision-making about their care. Individuals should be supported in a manner that enables them to maintain their independence.

Providers will remain open and transparent with the people they care for, their relatives and commissioners. There is an expectation that services embrace continuous improvement.

Services will be resourceful in meeting the needs of people they care for and ensure the sustainability of high calibre provision.

How Will We Measure Quality?

Quality will be continually measured by a variety of methods during the life of the contract. Commissioners recognise the pressure on services and have sought opportunities to streamline monitoring procedures to efficiently oversee quality within services. Data will only be collected that is meaningful and informs commissioners of service quality. Providers will receive feedback about performance and quality through Service Improvement Boards, provider forums and newsletters, to understand market trends and quality across the sector.

Data captured as part of the quality approach will be collated and reported via an annual quality review process, which is set out further in this document. This data will highlight areas of achievement in the sector and will also help to identify areas for further improvement. Where themes are identified commissioners will consider how to support improvements across the sector.

In order for local area sector data analysis to be undertaken, providers will be required to submit the information listed in the table below. Commissioners have worked to streamline this process and to support providers by utilising information already produced for the regulator (Provider Information Return [PIR]^{xiii}) wherever possible. During the lifetime of the contract commissioners will endeavour to support the further development of this by working with CQC to enable access to its data as part of their own processes, thus removing the requirement to submit data separately. Providers will also be expected to analyse their own data to understand service performance and quality.

Measure	How This Will Be Collected	Who Is Responsible
Data Returns*	Provider to submit PIR data to commissioners on an annual basis ^{xiv}	Provider to submit and analyse CBMDC and NHS to monitor
Changes at the Service*	Providers to submit a notification form ^{xv} in relation to changes at the service	Provider to submit and analyse CBMDC and NHS to monitor

Notifications*	Providers to submit notification form ^{xv} in relation to any accidents, incidents and significant events at a service	Provider to submit and analyse CBMDC and NHS to monitor
Payment Information	Providers will submit accurate payment information in a timely manner	Provider to submit CBMDC Financial Support Services to monitor
Capacity Tracker*	Providers will submit data returns to the Capacity Tracker ^{xvi} and data will provide live information about vacancies and business continuity	Provider to submit and analyse CBMDC and NHS to monitor and share as appropriate
Workforce Data Submission*	Providers will submit data to the Adult Social Care Workforce Data Set ^{xvii} . Providers submitting data are able to access funding for qualifications and learning programmes	Provider to submit and analyse CBMDC, NHS and Skills for Care to monitor and work with providers to support training offer
Visits (where contract monitoring visits may be restricted alternative methods may be implemented via telephone or utilising technology)	Commissioners and Healthwatch will complete site visits to undertake contract monitoring and quality assurance. Visits will include: documentation checks, consultations, observations and sharing good practice. Feedback will include recommendations to improve quality. Visits will be coordinated with the regulator in order to reduce pressure on services and desktop intelligence will inform visit priorities	CBMDC, NHS and Healthwatch to share visit findings and monitor Providers to implement recommendations
Enhanced and Risk Based Validation (RBV) Visits	Commissioners will support providers with enhanced monitoring visits or conduct RBV visits to address specific areas of risk or concern. Visits will be informed by Serious Concern Procedure and arranged with providers in advance	CBMDC and NHS to share visit findings and monitor Providers to implement recommendations
Safeguarding Enquiry Visits	Commissioners will work with the Safeguarding Service and providers to respond to safeguarding referrals. Visits will be conducted, in line with the Joint Multi-Agency Safeguarding Adults Policy and Procedures (West Yorkshire), and may be announced or unannounced	CBMDC, NHS and safeguarding to share visit findings and monitor Providers to implement recommendations

CQC Inspections and Ratings	Inspection reports and ratings will inform whether providers are delivering quality care	CBMDC and NHS to monitor
Legislation	Providers will be expected to operate in line with current legislation and recognised standards	Providers to monitor and inform commissioners of any breaches via the notification form
Best Practice*	Providers will have systems in place to remain engaged in current best practice (e.g. NICE ^{xviii} , DSPT) and local initiatives ^{xix} . This will be monitored during contract visits	Providers to engage in best practice CBMDC and NHS to share best practice and monitor engagement
Provider Events and Strategic Initiatives*	Providers are expected to engage in networking events such as provider forums, the Service Improvement Board and care home forums / conferences held in the District	CBMDC and NHS to monitor via attendance lists CBMDC to share SIB minutes on Connect to Support Provider Zone

*Where providers are not located within the Bradford District they will be expected to meet the quality standards of their local commissioning authority and to consider adopting national initiatives (for example, Capacity Tracker and Workforce Data Submission).

How Providers Will Be Supported To Meet Expected Quality Standards?

Providers are expected to be rated as “Good” or “Outstanding” by CQC. Providers rated as “Requires Improvement” or “Inadequate” should aspire to improve their rating. Services rated as “Requires Improvement” will be required to complete a Service Improvement Plan^{xx} and submit this to commissioners on a quarterly basis to provide an update on required actions. Services rated as “Inadequate” will be supported through enhanced monitoring visits and will be required to produce a Service Improvement Plan. Providers are also encouraged to engage in support from other sources (for example, manager mentoring from the BCA).

All providers will be expected to engage in continuous service improvement to ensure expected quality standards are maintained and high quality care is delivered.

Providers with an overall rating of “Inadequate” or with the safe domain rated as “Inadequate” by CQC will be supported through the Serious Concerns Procedure^{xxi}. CBMDC and the NHS will employ both the Serious Concerns Procedure and the safeguarding enquiries to monitor services not meeting expected quality standards. Providers subject to these procedures must comply with supportive enhanced monitoring visits to analyse the implementation of improvements to address issues of quality.

Commissioners will work with providers to deliver high quality care by hosting provider events, conferences and sharing good practice. Training will be advertised to the sector and supported to develop in response to emerging trends, as identified through the Service Improvement Board and to improve quality. Providers are expected to engage with training that is offered^{xxii} and ensure that they remain informed of local initiatives^{xxiii}. Providers must ensure that they have adequate training in place for staff and systems in place to test the effectiveness of the training offered. A record of training should be kept by the provider and a training matrix should inform managers when staff require refresher training.

Providers operating outside of the District must engage in their local commissioning authorities risk management procedure and must inform commissioners when they are subject to these procedures.

How Provider’s Good Practice and Quality Improvements Will Be Shared?

Commissioners and key strategic partners will champion good practice and high quality care delivery through sharing case studies at provider events and conferences. Sector wide newsletters will share nationally recognised best practice and learning about the care home market as well as championing good practice, as demonstrated by local providers. Services will also be encouraged to share good practice with other providers to champion quality across the sector.

All partners are required to remain informed of changes to current legislation and best practice and to share information across the wider system to ensure the sustainability of a resilient market that delivers high quality care. Where a provider is engaging in a pilot study, research or has established best practice they are encouraged to share this with commissioners in order to disseminate learning across the sector.

Where there are identified themes for improvement we will work with providers to co-design solutions and to seek appropriate opportunities for training where required. The Provider Bulletin regularly circulates training and learning opportunities, as well as information being

shared through Service Improvement Board and will be published in the Provider Zone of Connect to Support.

The data collections set out in this charter enables individual locations to compare peer benchmarking data to identify outlying areas of performance. This will enable providers to review their own processes and strengthen governance arrangements. This will benefit the locations, providers, sector and system wide as we support a continuous improvement model.

Annual Quality Review

The annual quality review will provide an opportunity to assess quality at a sector wide level across the District. Themes and trends will be identified from the data submitted by providers (see “How we will measure Quality”) and also by information held by partners in the District, as set out below.

The annual review will be undertaken between the months of November to January. The review will be conducted by the Care Home Service Improvement Board (SIB), which is comprised of representatives from the Local Authority, NHS, Healthwatch and providers.

In order to review quality in the sector annually an extra ordinary SIB meeting will be convened. The data, outlined in the table below, will be presented at the meeting, by the lead organisations. This will enable the SIB partners to review data and co-design an approach that is embedded across the system. Data will be analysed and key outlying areas identified. Where good practice is demonstrated commissioners will seek to identify the mechanisms by which this was achieved. Where there are areas for development commissioners will review these and agree actions required to seek system wide solutions. These areas will form the basis of a report and action plan for the year ahead, which will be embedded within the Quality Charter as key areas during the forthcoming year.

The following evidence should be included in the annual review meeting:

Data	Details	Who Is Responsible	How Information Will Be Captured
Number of Placements	The number of new funded residential and nursing placements within the 12 months	CBMDC Commissioning Team	ContrOcc Data Capacity Tracker
Vacancies	The number of vacancies at residential and nursing homes in the District within the 12 months	CBMDC Commissioning Team NHS	Capacity Tracker
Home Closures	The number of locations closed within the last 12	CBMDC Commissioning Team	ContrOcc Data

	months and the number of bed spaces		
New Locations	The number of locations opened within the last 12 months and the number of bed spaces	CBMDC Commissioning Team	ContrOcc Data
Market Information	Market position statement	CBMDC Commissioning Team	Market position statement
Market Stability	Market position statement	CBMDC Commissioning Team	Market position statement
Workforce Data	Annual report for Adult Social Care Workforce Dataset	CBMDC Commissioning Team	Dataset report
Service User Feedback	Trends and themes identified over the last 12 months via Healthwatch and the annual survey	NHS, Healthwatch, CBMDC	NHS – Grass Roots Report Healthwatch report Annual Survey Report
Complaints and Concerns	The number of complaints and concerns received within the last 12 months. Themes and trends identified	CBMDC Commissioning Team, NHS, Healthwatch	Complaints reports
Ombudsman Investigations	The number of complaints raised with the ombudsman within the last 12 months. Themes and trends identified.	CBMDC Corporate Complaints Team	Complaints reports
Accidents and Incidents	Themes and trends monitored through the notifications sent from providers within the last 12 months	CBMDC Commissioning Team, NHS	Notification Form Reports
Serious Incidents	Themes and trends monitored through the notifications sent from providers within the last 12 months	CBMDC Commissioning Team, NHS	Notification Form Reports
Serious Concerns	Themes and trends of providers monitored through the procedure within the last 12 months	CBMDC Commissioning Team	Report from Serious Concerns meetings
Infection Prevention Control	Scores of infection control visits over the last 12 months	Public Health	Overview report
Health Data	Tissue viability, hospital admission data, District nurse teams, care home profiles	NHS, CBMDC population data	Reports from data collected

Visits	Themes and trends identified by visits (contract, quality or enhanced monitoring) to providers	CBMDC Commissioning Team, NHS, Healthwatch	Overview reports
Payments	Themes and trends identified by processing payments	CBMDC Payments Team, Financial Support Services	ContrOcc Report
CQC Ratings	Ratings over the last 12 months. CQC Area Profile and State of Care Report	CBMDC Commissioning Team	CQC Data Report
Themes and Trends	Feedback about identified themes and trends in relation to quality across the sector	CBMDC Commissioning Team, NHS, Healthwatch, Providers, Skills for Care, Reviewing Team	Reports
New Initiatives	New training, best practice or guidance issued that will improve quality for the sector	CBMDC Commissioning Team, NHS, Healthwatch, Providers, Skills for Care, Enhanced Health In Care Homes	Reports
Blocks	Areas identified as presenting blockages in the sector and impacting on quality	CBMDC Commissioning Team, NHS, Healthwatch, Providers, Skills for Care	Reports
Feedback From Other Boards	Relevant feedback that will inform quality or any themes or trends	CBMDC Commissioning Team, NHS, Providers, Care Home Service Improvement Board	Reports
Feedback From Other Partners	Relevant feedback from Community Partnerships and the voluntary and community sector	CBMDC Commissioning Team, NHS, Covid Support Team, Community Partnerships	Reports
Feedback From Other Professionals	Relevant feedback from teams visiting or delivering training to providers, including the number of attendees and sessions delivered over the last 12 months. A record of the number	End of life team, tissue viability team, continence team, falls team, MCA team, Safeguarding, Social Work Teams, Review Teams	Reports

	of referrals received by a service		
Feedback From Providers	Relevant information about the effectiveness of the Quality Charter	Providers via representatives at the Care Home SIB or through communication sent to CBMDC commissioning team	Reports
Other Information	Any other relevant information	CBMDC Commissioning Team / NHS / Healthwatch / Providers / Skills for Care	Reports

Quality Charter Review

The Quality Charter was coproduced by key strategic partners and forms part of the contract documentation for residential and nursing homes which was implemented on 1st November 2021. The Quality Charter will be reviewed annually and reflect best practice, changes in legislation, inspection practice and / or political advancement in the sector. The Annual Quality Review (detailed above) will produce a report with recommendations which is submitted to key strategic partners and considered by commissioners to inform the Quality Charter annual review.

The first Annual Quality Review has been completed and the Executive Summary and recommendations are available on the Provider Zone section of Connect to Support and can be viewed on the link below:

[Care Home - Annual Quality Review Report 2022-23](#)

References

Introduction

ⁱ Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

Key Strategic Drivers and Partners

ⁱⁱ Happy, Healthy and at Home Strategy – <https://bdp.bradford.gov.uk/our-strategies/health-and-wellbeing-strategies/>

ⁱⁱⁱ NHS Integrated Care Board Bradford District and Craven – [Bradford District and Craven :: West Yorkshire Health & Care Partnership \(icb.nhs.uk\)](http://Bradford%20District%20and%20Craven%20::%20West%20Yorkshire%20Health%20&%20Care%20Partnership%20(icb.nhs.uk))

^{iv} Care Quality Commission - www.cqc.org.uk

^v Healthwatch Bradford - <http://www.healthwatchbradford.co.uk>

^{vi} Safeguarding Adults Board – www.saferbradford.co.uk

^{vii} Bradford Care Association - www.bradfordcareassociation.org

^{viii} Bradford Provider Alliance – www.bradfordprovideralliance.org.uk

^{ix} Airedale, Wharfedale and Craven Provider Alliance – www.wacalliance.co.uk

What is Quality?

^x CQC – fundamental standards www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards

^{xi} CQC – five key questions www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask

^{xii} Quality Matters - www.gov.uk/government/publications/adult-social-care-quality-matters-overview

How Will We Measure Quality?

^{xiii} CQC Provider Information Return - <https://www.cqc.org.uk/guidance-providers/adult-social-care/provider-information-return-pir-adult-social-care-services>

^{xiv} See Appendix 1 – Guidance on Submitting PIR Data

^{xv} See Appendix 2 – Guidance on Submitting a Notification Form

^{xvi} NHS Capacity Tracker – <https://carehomes.necsu.nhs.uk/>

^{xvii} Adult Social Care Workforce Data Set – <https://asc-wds.skillsforcare.org.uk/>

^{xviii} NICE – www.nice.org.uk/guidance/settings/care-homes

^{xix} Assessment tools:

- GULP Dehydration Risk Screening Tool Assessment
- Malnutrition Universal Screening Tool
- Alzheimer’s Society Making your Care or Nursing Home Dementia-Friendly
- Cryer Falls Assessment
- Waterlow / Maelor Assessment (Pressure Sore)
- Barthel Assessment
- [Restore2 Mini](#)
- National Care Forum – IPC Compliance Assessment Tool
- Gold Standard Framework (www.goldstandardsframework.org.uk)
- Dementia – NICE Guidance 97 (Dementia: assessment, management and support for people living with dementia and their carers) www.nice.org.uk/guidance/ng97

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- Oral Health – NICE Guidance 48 (Oral Hygiene for Adults in Care Homes) www.nice.org.uk/guidance/ng48
 - Heatwave – Public Health England, Heatwave Plan for England (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429600/Heatwave-Care_Home_Managers.pdf)
 - Mental Capacity Assessment – Mental Capacity Act 2005, Code of Practice (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)
 - Data Security and Protection Toolkit (DSPT) <http://www.dsptoolkit.nhs.uk>

This is not an exhaustive list and will be reviewed annually

How Providers Will Be Supported To Meet Expected Quality Standards?

^{xx} Appendix 3 – Sample Service Improvement Plan Template

^{xxi} Serious Concerns Procedure – The new Joint Multi-Agency Safeguarding Adults Policy and Procedures were introduced in 2020 and fit alongside the current Serious Concerns procedure, which has been reviewed in 2024.

^{xxii} Existing training offer includes:

- End of Life (including advance care planning)
- [Restore2 Mini](#)
- ReSPECT
- React to Red
- Nutrition Support Team – STEW Training
- Falls Training
- CBMDC Safeguarding Training
- Mental Capacity and Deprivation of Liberty Safeguards training
- Training available via Evolve (https://bradford-external.sabacloud.com/Saba/Web_spf/EU2PRD0022/guest/guestlearningcatalog) or on Altura (<https://www.alturalearning.co.uk/initiative/free-courses-for-bradford-care-providers/>)
- Further training courses will be circulated from commissioninginbox@bradford.gov.uk

This is not an exhaustive list and will be reviewed annually

^{xxiii} Other local initiatives:

- Red Bag Hospital Transfer Pathway

To request a copy of associated appendix documents please email commissioninginbox@bradford.gov.uk