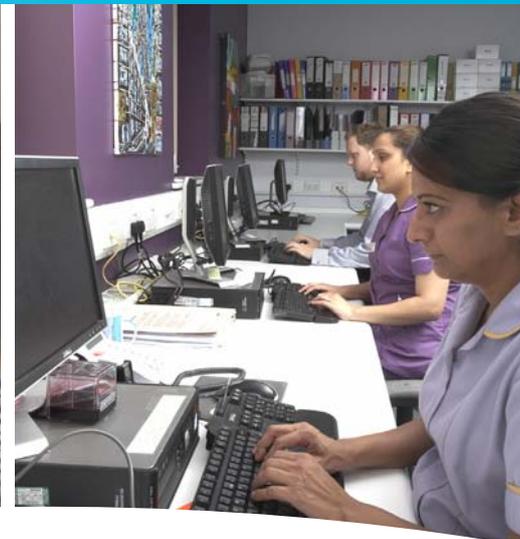
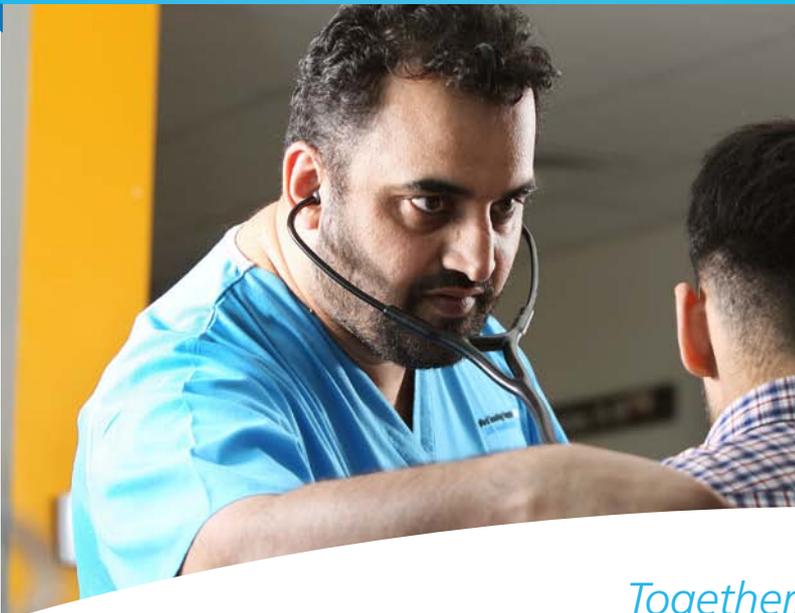




**Bradford Teaching Hospitals**  
NHS Foundation Trust



A commitment to our patients:  
*Clinical Service Strategy 2017 - 2022*



*Together, Putting Patients First*

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## FOREWORD

I am very pleased to introduce the refreshed Clinical Service Strategy for Bradford Teaching Hospitals NHS Foundation Trust.

Our Mission is to provide the highest quality healthcare at all times. For that reason, we have shaped our strategy around four themes: High Quality Care, Research-led Care & Learning, Collaborative Hospital Care and Connected Local Care. I hope you find these helpful in describing not just how we will improve the clinical services we offer, but also as a way of understanding the sort of organisation we intend to be, and how we will innovate, improve and work with our partners over the next five years.

We have done a great deal of work already to look at all of our clinical specialties. One of the most important outcomes to emerge is that we are part of a bigger system, and we need to find ways to work in partnership. In the past it was expected that we should act alone, but this model is outdated and needs to change. Across the NHS, acute hospitals like ours are having to rethink their role, and operate as part of a team.

Modern healthcare demands collaborative working, multi-disciplinary teams, and a breaking down of old boundaries. Providers who do not do this will struggle to maintain viable services for their patients, because they will not be able to meet the multiple challenges of recruiting and retaining enough skilled people, the need to deliver national standards, the difficulty of balancing planned and urgent work, and satisfying ever increasing demand.

At Bradford Teaching Hospitals we see this as a challenge we are well-placed to meet. We are one of only two teaching hospital trusts in West Yorkshire; this offers us a significant opportunity to spearhead the modernisation of the local NHS. We look forward to working with our partners in the Bradford health, care and support system, and other acute providers in West Yorkshire, to ensure the very best services for the population we serve. This refreshed Clinical Service Strategy signals the start of that journey.



A handwritten signature in black ink that reads "Clive Kay". The signature is written in a cursive, flowing style.

**CLIVE KAY**

Chief Executive

## EXECUTIVE SUMMARY

*Our vision is to be “an outstanding provider of healthcare, research and education, and a great place to work.”*



This document describes how we will develop our clinical services consistent with this vision, to meet the health needs of the people of Bradford and West Yorkshire. It is set in the context of the NHS Five Year Forward View and its 2017 update, and the West Yorkshire & Harrogate Sustainability & Transformation Plan. It outlines how we will work with partners to provide new, flexible models of care, tailored to the needs of patients. It draws on discussions with the Trust's clinicians and staff, commissioners, Healthwatch, our Foundation Trust governors, and other local stakeholders, and is written in the light of service user feedback.

### Context

As is the case with the rest of the NHS, the Trust faces many challenges due to a combination of the difficult financial climate, ageing population, rising public expectations, medical cost inflation, regulatory requirements and the competing demands for a specialist workforce.

Bradford and its surrounding district has a set of circumstances leading to significant growth in demand for health and care services, over and above the projections seen elsewhere. Population growth at each end of the age spectrum is significant, and when coupled with other factors such as deprivation, diet and housing, creates a challenging set of issues.

The way that we operate has to be dynamic and open to change, both in terms of the treatments we offer, and the way we offer them. Quality must be at the heart of everything we do. It is imperative that we embed a culture of safety into all of our processes; that we learn through our experience, and strive for ongoing improvement in patient outcomes. Nonetheless, the improvements we want to make will only be possible if we continue to meet our financial plan. Everything in this strategy will need to be affordable and provide value for money.

This makes it vital that we get the correct care models in place for future service provision, and with this in mind we have shaped our strategy around four themes, each comprising specific actions. These explain how we will strengthen our clinical services; they outline the sort of organisation we intend to be, and how we will innovate, improve and work with our partners over the next five years.

### A commitment to our patients

Our vision statement makes a commitment to our patients that, to meet their needs now and in the future, we will be *“an outstanding provider of healthcare, research and education”*. This Clinical Service Strategy explains how we will deliver our commitment to patients through the way we plan, organise and deliver our services.

We also make a commitment to our current and future staff, that we will be *“a great place to work.”* The commitment to staff is largely addressed through our People Strategy (May 2017).<sup>1</sup>



1. Our People Strategy can be found at <http://www.bradfordhospitals.nhs.uk/about/vision-and-values/people-strategy-our-people-our-future>

Our Clinical Service Strategy is shaped around four themes, each comprising specific actions:

### **High quality care**

#### **We will....**

- **provide high quality healthcare, 24 hours a day, 7 days a week** – in particular we will focus on seven day services, mortality, the deteriorating patient, surgical safety and the use of digital technology to improve care
- **take pride in being professional, compassionate, and always putting safety first** – ensuring that we behave ethically and with compassion, never compromising on patient safety

### **Research-led care and learning**

#### **We will....**

- **capitalise on our outstanding research capacity, to make the Trust a national exemplar for applying research findings to clinical practice and in improving the health of our population** - building on our internationally renowned Bradford Institute of Health Research and our planned Wolfson Centre for Applied Health Research
- **develop the Trust further as a centre of learning excellence and professional development** – through our Education Service, we will offer high quality training placements, deliver innovative education programmes, work with partner organisations in the implementation of new curricula, strengthen our nurse training offer and create capacity to deal with any expansion in medical student numbers

### **Collaborative hospital care**

#### **We will....**

- **develop the Trust as the hub for a range of specialised services in the west of West Yorkshire** – using our size, reputation, expertise and geographical location to lead the development of this model
- **work with other providers of acute hospital care, to best meet the needs of our shared patient populations** – working specifically with Airedale NHS Foundation Trust to improve services for patients, improving their quality, sustainability and resilience

### **Connected local care**

#### **We will....**

- **support people to stay out of hospital where appropriate or be safely discharged as soon as they are ready, so that the defining feature of our approach is that we are “short stay by design”** – through developing our Bradford Virtual Ward model, using increased interoperability through digital innovation, improving patient flow and working ever more closely with social and primary care

- **work with local partners and contribute to the formal establishment of a responsive integrated care system** – using current work to pilot an integrated care system via the development of an integrated diabetes service, and develop closer working with primary care services and social care in Bradford and districts organised to meet the needs of larger population groups
- **ensure the Trust remains closely connected to the community that it serves and becomes a “health-promoting hospital”** – changing the relationship that we have with the community so that we fulfil a broader role embracing community education, prevention and wellbeing

## The way forward

Our Clinical Service Strategy is dependent on a range of underpinning policies, frameworks and strategies, including for example research, digital technology and estates & facilities. We will review these in the light of the Clinical Service Strategy, and where necessary refresh them to ensure consistency.

Further work is now underway within our clinical divisions to translate these discussions into operational plans. This will be an iterative process taking full account of joint work with local partners and as new information becomes available.



## 1: OUR MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES



*A mission statement defines the fundamental purpose of an organisation; its reason for existing. Our mission at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) is to provide the **“highest quality healthcare at all times”** and to do this in a way that is consistent with our values:*

- we care,
- we value people,
- we strive for excellence
- we make every penny count

The Trust is one of an elite group of hospitals around the country which delivers care, teaching and research. To do well in any one of these domains is an achievement. It is an even greater challenge to excel in all three, but that is our ambition over the next five years. We intend to do so in a way that respects our workforce, gives them opportunities and backs their ideas and energy. To this end, we have a vision for the Trust that describes our ambition and where we want to be as an organisation in 5 years' time. Our vision at the Trust is to be **“an outstanding provider of healthcare, research and education and a great place to work.”**

Strategic objectives are the link between mission and vision statements, and the actions needed to deliver them. These objectives reflect our values and our aspirations, and the practical steps we will take to help deliver our clinical strategy:

1. To provide outstanding care for patients
2. To deliver our financial plan and key performance targets
3. To be in the top 20% of NHS Employers
4. To be a continually learning organisation
5. To work effectively with local and regional partners

*Figure 1: Our Mission, Vision, Strategic Objectives and Values*



## 2: CONTEXT



*Across the country, health and care services are experiencing a period of sustained change which challenges current ways of working and existing models of care.*

This is highlighted in the NHS Five Year Forward View<sup>2</sup> which sets out challenges in health and wellbeing, care and quality, and finance and efficiency.

These include a renewed emphasis on prevention and public health, and a requirement to break down the barriers between organisations, and for them to work together in new ways.

Nationally, all NHS bodies were asked to work together with partners locally to develop Sustainability and Transformation Plans (STPs). The Trust contributed to the development of the West Yorkshire and Harrogate STP<sup>3</sup> and has given a formal commitment to support its delivery. The STP sets out the scale of the challenge across the region, and together as a health and care system we have shown how we will begin to address the gaps identified. If we are to continue to meet the challenge and ambition set out in the Five Year Forward View and our STP, we need to consider the kind of organisation that we should become, the services that we will provide, and how best we deliver them. This strategy explains our response to these challenges.

2. *A copy of the NHS Five Year Forward View and the NHS Five Year Forward View – the next steps can be found at <https://www.england.nhs.uk/five-year-forward-view/>*

3. *The West Yorkshire and Harrogate STP can be found at <https://www.wakefieldccg.nhs.uk/stp/>*

## The health status of the Bradford and districts population<sup>4</sup>

Bradford and its surrounding district has a set of circumstances leading to significant growth in demand for health and care services which is over and above the projections seen elsewhere. This makes it imperative that we get the right care models in place for future service provision. The main features in relation to the health status of our local population are:

- **Population Growth** – With an estimated 530,000 population, Bradford is the fifth largest metropolitan district in England. It has a young population; a quarter is aged under 20 and we have the third highest percentage of children under 16 in England. The population is also growing rapidly: it will continue to age and by 2032 it is predicted that there will be over 100,000 people in Bradford and Airedale over the age of 65 and 33,000 people over the age of 85. Bradford as a district will therefore have significant population growth at both ends of the age spectrum, and we know it is the oldest and the very youngest citizens who typically require most support from the health and care system.

Additionally, approximately 30% of the Bradford district population is of Black and Minority Ethnic (BME) origin, with a significant proportion of people of south Asian heritage. Research has shown that people from this region have up to four times the risk of developing type 2 diabetes, heart disease and kidney disease. There is a higher prevalence of these diseases in Bradford.



4. Data taken from the City of Bradford MDC Public Health Joint Strategic Needs Assessment; <https://jsna.bradford.gov.uk/JSNA.asp>

- **Deprivation** - 31% of the population lives in areas deemed to be in the 10% most deprived in England. Bradford is the 19th most deprived Local Authority in England and the second most deprived in Yorkshire. Studies by Public Health England have shown that people in more deprived areas have shorter life expectancy and spend more of their life in poor health.

This is borne out in Bradford City CCG - in 2014 the Office for National Statistics (ONS) published data showing that Bradford City CCG was 211th out of 211 CCGs in England in terms of life expectancy and healthy life expectancy – see Figure 2

**Figure 2:** Table showing extracts from the 2014 ONS study into life expectancy and healthy life expectancy in England

CCGs	HLE (years)	LE (years)	Proportion of life in 'Good' health (%)	HLE rank	LE rank
NHS Guildford and Waverley	70.3	82.2	85.5	1	1
NHS Tower Hamlets	56.6	77.1	73.5	207	191
NHS Blackpool	55.9	74	75.6	208	209
NHS Central Manchester	55.6	75.1	74	209	208
NHS North Manchester	53.8	73.5	73.2	210	210
<b>NHS Bradford City</b>	<b>52.5</b>	<b>73.1</b>	<b>71.8</b>	<b>211</b>	<b>211</b>

- **Lifestyle Factors and Wider Determinants of Health** - Obesity is a key issue in Bradford with 11.2% of the adult registered population recorded as obese. In primary school Year 6, 22.3% of Bradford's children are classed as overweight or obese. In line with the national average, one in five adults smokes.

The higher the proportion of the population that smokes and/or is overweight or obese, the higher the levels of long term conditions and the greater the use of health and care services. Poor lifestyle factors result in a higher prevalence of long term conditions (LTCs), such as type 2 diabetes, heart disease and chronic obstructive pulmonary disease (COPD). Increasing numbers of people in Bradford now have more than one LTC and there is evidence that our population is developing LTCs from a younger age. By the age of 55, more than half the population of Bradford has one LTC and by the age of 72 more than half have 2 or more LTCs. These people are more likely to need a care or health intervention and are more likely to be admitted to hospital. National research suggests that people with LTCs account for approximately 64% of all outpatient appointments and 70% of all inpatient bed days.

Population growth and its changing ethnic mix, levels of deprivation and poverty, lifestyle factors and unfavourable wider determinants of health mean that education, prevention and self-care are vital; nonetheless Bradford will continue to place heavy reliance on its health and care provision including hospital services.

## Bradford Teaching Hospitals NHS Foundation Trust – our strengths

Bradford Teaching Hospitals NHS Foundation Trust will build on its strengths to ensure that we are able to deliver the highest quality healthcare to our local population at all times.

### *Our people*

We are extremely proud of our talented, hardworking and innovative people. Sometimes we are too modest about their remarkable dedication to giving the very best care for our patients, but a raft of national awards and shortlisting, peer recognition and testimony from service users, tells its own story. They have performed ground-breaking surgery to restore the hearing of profoundly deaf patients; they have mixed cutting edge technology with human compassion by giving mums and families a secure video link to their newborn babies when they cannot be together; and they have pioneered the electronic system by which almost every GP practice in the country assesses the frailty of elderly patients to help keep them well. It's not just the paid workforce: we have around 500 volunteers who give up their time to offer information, practical help and compassionate support to patients when it is most needed. Our people are amazing.



### Size and expertise

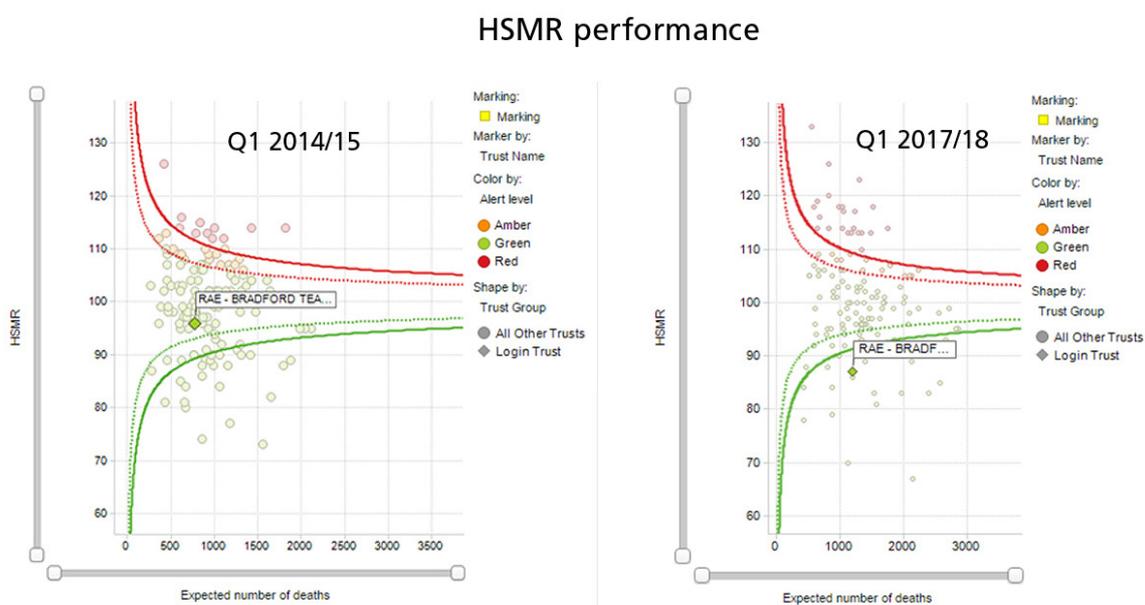
The Trust provides a comprehensive range of acute services, supported by our own extensive community service, offering a range of care provision to almost all patients. As one of only two teaching hospitals in West Yorkshire, and with a turnover of almost £400m per annum, we have the size, expertise and specialisms to be a network hub for the development and concentration of a range services in the west of the county.

### Commitment to improving patient safety

At the Trust we have a mature culture of quality and safety and we are constantly searching for ways to make our healthcare better, safer and more responsive. In part this is achieved through a cycle of continuous quality improvement.

The Trust hosts the regional Yorkshire Quality & Safety Research Group, the Improvement Academy and a National Institute for Health Research (NIHR) Patient Safety Research Centre. It has a strong track record of innovation to improve safety and quality, with an emphasis on patient involvement to achieve this goal. Examples include the development of the first ever validated measure of patient reported ward safety, and the development of the national mortality review programme. Our commitment to improving patient safety is already having a significant impact on our quality of care and the Trust delivers exceptional performance in relation to the Hospital Standardised Mortality Ratio (HSMR). HSMR is a national measure that takes into account the number of inpatient deaths within a Trust and considers it against the number of deaths that could be expected given the characteristics of the local population. There has been a marked improvement at the Trust against this indicator in the last three years; the charts below show how we have moved from an “as expected” rating to a “better than expected” rating. We are now one of the 15 Trusts in the country with the lowest HSMR.

Figure 3: Improvement in HSMR performance at BTHFT between 2014/15 and 2017/18



### ***Clinical recognition***

The Trust has an excellent reputation for its services. In many areas its clinicians are nationally and internationally recognised for their work, with awards in relation to cochlear implants, gynaecology, neonatology, ENT, dietetics, elderly care/ dementia, palliative care, therapy services, breast surgery, pain management, restorative dentistry and orthodontics.

For example, our Ophthalmology service won The Judges Award from the prestigious Bayer Awards Programme in December 2016, in recognition of the work it does in relation to research.



### ***Education***

The Trust has a superb record for the provision of training and education both to undergraduates and post-graduate trainees. We work closely with the Medical School at the University of Leeds, training a third of their medical student intake, and with the University of Bradford, as partners for their nurse training programme.

We receive excellent feedback from medical and nursing trainees and have been nationally recognised for our teaching, including our nurse training in partnership with the University of Bradford, which has been voted by the students themselves as the best in the country<sup>5</sup>.

### ***Research***

Evidence shows that research-active organisations can deliver better outcomes for patients, with quicker access to the latest treatments than those who are not research active<sup>6</sup>. Research takes place across most of our specialties and clinical professions, and the Trust benefits from a number of strengths including:

- an international reputation in applied research. This will be further developed by the extension of our state of the art facilities to create a new, £3 million Wolfson Centre for Applied Health Research on the Bradford Royal Infirmary site funded equally by the Wolfson Foundation and the Universities of Bradford and Leeds
- the Improvement Academy for Yorkshire & Humber, hosted by the Bradford Institute of Health Research (BIHR), alongside our National Patient Safety Centre.

5. [National Student Survey Results for Nursing and Midwifery](#)

6. <http://www.nih.ac.uk/news/research-active-trusts-have-better-patient-outcomes-study-shows/2715>, [Health Service Journal https://www.hsj.co.uk/Uploads/y/r/ii/Research--Impact-supplement-18th-Nov-2015.pdf](https://www.hsj.co.uk/Uploads/y/r/ii/Research--Impact-supplement-18th-Nov-2015.pdf) and [University of Leeds https://www.leeds.ac.uk/news/article/3932/bowel\\_cancer\\_patients\\_more\\_likely\\_to\\_survive\\_in\\_research-active\\_hospitals](https://www.leeds.ac.uk/news/article/3932/bowel_cancer_patients_more_likely_to_survive_in_research-active_hospitals)

## The challenges we face

Our ability to capitalise on these strengths, for the benefit of service users, is inhibited by issues which must be addressed in order to realise the full potential of our clinical services.

### *Operational Challenges*

Perhaps the most severe challenge facing the Trust is the need to continue to deliver safe services against a background of sustained financial pressure and increasing demand.

In line with the national trend, the demands on the Trust have increased in terms of the number of people presenting at our hospitals. Feedback from our clinicians also indicates that our patients are more acutely unwell when they present. This, allied to the increasing challenges faced by our local partners across Bradford in social and primary care, has meant that the Trust is caring for increasing numbers of more seriously unwell patients, as well as other service users whose needs could be met in other settings, outside the acute hospital.

As a result, we are working hard to develop our processes internally to improve efficiency and patient flow. We are also working closely with partners to analyse service delivery and to design and develop new models of care based on greater integration and better signposting of care.



### *Financial challenge*

The NHS is facing an unprecedented financial challenge with the economic outlook placing significant financial constraints on both commissioners and providers alike in health and social care. Over recent years we have demonstrated a considerable degree of success in meeting our financial challenge, which has allowed us to invest in a number of exciting developments (including our new £28m hospital wing and the Electronic Patient Record). To facilitate delivery of the Clinical Service Strategy it is imperative that the financial plan continues to be delivered on a recurrent and sustainable basis.



In many cases the opportunity to modernise and reconfigure services to meet the needs of the population will require upfront financial investment. Any shortfall in the delivery of our financial plans may affect our ability to develop services, as the income we earn will be required to maintain business as usual. The organisation has proposals to realise a sizeable proportion of our savings target, but it requires the whole organisation to invest and commit to the transformational change required to make it a reality. The Trust is working closely with local and regional partners to redesign service delivery and establish partnerships that will deliver value for money and secure sustainable clinical services for our population.

### *Operational Performance*

Whilst many of the actions in the strategy will ultimately mean our population will have improved access to better services, we acknowledge that some of these changes will take time to achieve. During the period of transformation, we will continually monitor our performance against national standards to ensure that all of our services remain responsive and can demonstrate continual improvement. We remain absolutely committed to delivering all of the constitutional standards for our patients.

### *Our estate*

The Trust has invested in, and developed, its facilities, but nonetheless some of our estate needs renewal to support the delivery of 21st century healthcare. We are part way through a £75m, five year programme of planned capital developments to improve and future-proof the built environment. A substantial part of this programme is the new £28m hospital wing at Bradford Royal Infirmary (BRI), which has been operational since spring 2017. But with the opening of the new wing, there is now little remaining space for further expansion on site.

Growing demand for services and the current configuration of BRI means that planned, “elective” work can often be interrupted by acute demand. The solution to this problem is likely to involve separate and dedicated facilities for elective work. This presents a significant challenge in the current estate layout, where planned and non-elective work is delivered side by side.

To allow for the continued development of services and to ensure we maintain our ability to deliver our elective work, the Trust has embarked on a comprehensive ward reconfiguration exercise. This is necessary, but on its own will not be enough, to meet the growing challenges of our future population and their needs.



## What our stakeholders want

Healthwatch Bradford has been leading a “Big Conversation” in 2017, a listening exercise on behalf of the local commissioning partners to canvass public opinion about the future of local health and care across Bradford District and Craven. Healthwatch currently identifies a range of concerns that service users typically raise around parking, communication and waiting times, but above all public and patients tell Healthwatch that they want their local services to be as safe and effective as anywhere else, delivered close to home where possible, and centrally only where it gives better outcomes. They are willing to travel for specialist care but need good transport links to make this possible.

We know that local and national commissioners want a well-managed, financially secure and operationally resilient organisation, co-operating with local partners to get the best outcomes for the “Bradford pound” and working with other hospitals across West Yorkshire to deliver sustainable acute care.

Regulators expect us to meet national standards, in terms of performance (for example waiting times, and financial balance) and quality (including required standards for safe, effective care). Social care partners want to prioritise citizens’ health and wellbeing, where the presumption is “home first,” to support people to stay well, receive timely help if they need it, and avoid unnecessary hospital admissions. Our clinicians and staff want rewarding roles, and a state of the art environment to improve their services for patients.

Public health colleagues are undertaking work to consider the impact, for different clinical specialties, of the growth in co-morbidities. This will help us to more accurately model the range and capacity of services we will need to provide in future. The challenge is to ensure that there is the right balance of services, to best meet the needs of our population, in the right places, at the right time. Our discussions with stakeholders will continue, and will be iterative, as this clinical strategy is implemented and we work through some of the detailed options for service provision.

## Links to other Trust strategies

Our refreshed Clinical Service Strategy will set the direction for the progress we need to make towards being **“an outstanding provider of healthcare, research and education”**.

Our other supporting strategies – for IM&T, training, research, estates & facilities, and so on – will be refreshed to ensure consistency. But the most important asset we have, and the key to our commitment to patients, is our people.



Our People Strategy (2017) explains how we will foster a culture where our people feel valued, motivated, engaged and well-led, and are truly representative of the community that we serve. Getting this right for our people will, in turn, mean that we get it right for our patients too.

***The People Strategy has five aims:***

- 1** To attract and recruit quality people representative of our communities and who share our values.
- 2** To support the development of our people, equipping them with the skills to deliver high quality care wherever and whenever the patient needs it.
- 3** To retain our people by ensuring they are proud to work for the Trust.
- 4** To ensure our staff are happy, healthy and here.
- 5** To ensure that our people are well led.

### 3: A COMMITMENT TO OUR PATIENTS



*Our Vision is to be an “outstanding provider of healthcare, research and education, and a great place to work.” In light of this, and the analysis in section 2 of this strategy, we have shaped our Clinical Service Strategy around four themes. Each comprises specific actions.*

#### High Quality Care

***We will provide high quality healthcare, 24 hours a day, 7 days a week***

We will further develop our Quality Improvement (QI) strategy to ensure that there is sustained improvement in clinical care and patient experience.

The QI strategy describes a commitment to ongoing, incremental gains in specific clinical areas and in developing a culture of quality improvement. Our commitment to the continued development of our Quality Improvement processes is borne out through our membership of NHS Quest. NHS Quest is a small group of Foundation Trusts who wish to focus intently on improving patient safety and quality of care. Members of NHS Quest work together, share challenges and design innovative solutions to provide the best possible care for patients. Much of the work outlined below will be approached using a methodology shared across NHS Quest and a growing number of other NHS organisations including NHS Improvement.

We intend that all clinical areas will focus on quality improvement in their day-to-day practice and through their own governance mechanisms. In addition to locally-led quality improvement work we will undertake a range of Trust-wide initiatives, including:

**Seven day services:** There are clear healthcare benefits to patients from ensuring that they have access to timely diagnostics, senior clinician decision-making, and consultant-led interventions and follow-up, to ensure that variability in outcomes is minimised across seven days. The Trust will further analyse the challenges that it faces in order to comply with the NHS England standards for the provision of seven day services, and will put mechanisms in place to meet these standards.

**Mortality:** The Trust currently performs well in comparative measures, with hospital mortality that is either at or better than the expected level. The Trust has developed the new UK mortality review programme as part of its work with the Improvement Academy. This has led to innovative approaches to learning from hospital deaths to improve safety. We will continue to strengthen our mortality monitoring and governance processes and will ensure the process of mortality review is embedded in clinical governance mechanisms in all specialities and in all service developments.

**The deteriorating patient:** The early detection of the clinical deterioration of acutely unwell patients is important in preventing adverse outcomes and mortality. The Trust is committed to reducing the number of potentially avoidable deaths and will explore mechanisms for the recognition, escalation and management of acutely deteriorating patients with an aim of reducing mortality by 30% by December 2018. The data and alerts provided by our new EPR system will be a key tool in doing this.

**Surgical/procedural safety:** The World Health Organisation (WHO) developed a surgical safety checklist in 2009 with the intention of providing a reliable system for improving surgical processes. The Trust has implemented a project to ensure that the WHO safety checks are being completed and is now focused on achieving 100% compliance. We will continue to embed the culture of safety into practice for all high risk procedures performed across the Trust. We have also developed safety huddles and are rolling the initiative out across the Trust, with good evidence of a positive impact.



***The effective use of technology and the provision of digitally driven care:***

Our new Electronic Patient Record has been developed and is being implemented as a joint product with Calderdale & Huddersfield NHS Foundation Trust. It will be a vital enabler in enhancing patient safety through;

- providing access to patient information, anywhere, anytime
- providing in-built decision support to clinicians and issuing automated safety alerts (for example in relation to over-prescribing)
- providing alerts for deteriorating patients
- delivering high levels of inter-operability so that different healthcare providers can see each other's records. This will help with the integration of services and will also allow for safer transfers of patients between healthcare teams



We also intend to become a national digital exemplar; EPR will hold a wealth of data that will be at the fingertips of our clinicians; and our ambition is that this data is used to drive quality improvement and applied health research. We will also learn from the growing amount of data in order to gain insight into the way our services are used, better manage patient flow and optimise the configuration of services. At the same time, we will use this data to consider how we can make our care more personalised and relevant to individual patients, at each stage of their journey through the health and care system, learning from other sectors where this approach is increasingly common practice.

**Getting It Right First Time (GIRFT):** GIRFT is a national programme led by frontline clinicians, that has been created to improve the quality of care in the NHS by identifying and reducing unwarranted variations in services and working practices. GIRFT entails a Trust receiving a visit from other clinicians to look at the information available, review the service delivered, share best practice and discuss the challenges faced in that specialty. GIRFT initially focused on orthopaedic surgery in a few organisations but has now expanded nationally to include over 30 clinical specialties. The Trust will embrace the GIRFT programme across all of its services, in order to identify and reduce inefficiencies in the way we practise.

It is a national requirement that the Trust develops and publishes an annual Quality Account. In this document we must set quality objectives, and whilst we will continue to focus on a broad range of quality projects, we have identified four main areas of work. These are linked to (and formalise) some of the programmes detailed above. The main priorities in our current Quality Account<sup>7</sup> are:

- the Mortality Review Improvement programme
- the Deteriorating Patient programme
- the Safer Procedures programme
- a continued focus on key Patient Experience measures

In addition to these specific programmes of work, it is also important to ensure that any changes we make to the ways in which we deliver care are relevant, safe and achieve the required outcomes. Therefore, we will build upon and improve our existing processes to ensure that all proposed clinical service developments are rigorously assessed against criteria for quality and safety before their implementation.



There is a large body of evidence that demonstrates a clear link to the improvement of patient safety outcomes when clinicians and research activity are closely aligned. In these models of translational research, clinicians apply evidence-based practice to their clinical care to achieve ongoing improvement in clinical quality. At our Bradford Institute of Health Research we host one of three newly created National Patient Safety Research Centres. These centres focus on translating patient healthcare safety research into clinical practice. We will work closely with BIHR to pilot, implement and analyse clinical safety improvement initiatives for the benefit of our patients.

7. *Our Quality Account can be found with our Annual Report and Accounts at [http://www.bradfordhospitals.nhs.uk/uploads/uploaded\\_file/final\\_annual\\_report-20170706121232.pdf](http://www.bradfordhospitals.nhs.uk/uploads/uploaded_file/final_annual_report-20170706121232.pdf)*

***We will take pride in being professional, compassionate, and always putting safety first***

From time to time there will be an increased risk that one or more of the challenges we face, nationally or locally, will constrain the way in which we deliver our services. However, the Trust is clear that the one area in which we will never accept compromise is in relation to the safety of our patients.

We will always support our staff in:

- ***Treating our patients with compassion and dignity;*** we realise that patients and their families are often at their most vulnerable when they are in our care. We will ensure that we offer care with dignity to each patient, and support and compassion to patients and their families
- ***Making clinical decisions that are in the best interest of the patient;*** our clinicians will be empowered in every instance to make clinical decisions based on the best course of action for the patient, this is especially the case when making decisions on the best location to provide care (i.e. in hospital or closer to home) or use of step up or step down and our “virtual” facilities
- ***Behaving ethically and with propriety;*** never compromising on care to meet a performance target or “tick a box”. For example the Trust will never admit patients to trolleys in order to meet access targets such as the Emergency Care (4 hour) Standard. But we will always consider the safety of patients in our Emergency Department, and will take whatever steps are necessary to ensure this.

Staff will know that they are empowered to take clinical decisions in the best interests of the patient and with the intention of treating them with compassion and dignity, and that wherever they have done this they will receive the full support of the Trust. This will be the case even if a performance target is missed.

We will be open, accountable and fully observe the duty of candour. We will always be accountable for our actions and decisions and will inform the patient and their families if something has gone wrong with their care. We will always expect our people to speak up when they have a concern. We will support our Freedom to Speak Up<sup>8</sup> Guardian, the Chief Nurse, in addressing concerns. These can relate to unsafe patient care, unsafe working conditions, inadequate training or induction of staff, suspicions of fraud or concerns regarding a culture of bullying. In turn we will promise to investigate each concern and provide any support needed by the staff members concerned.



8. [More details on Freedom to Speak Up and the role of the Freedom to Speak Up Guardian can be found at https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/](https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/)

## Research-led care and learning

***We will capitalise on our outstanding research capacity, to make the Trust a national exemplar for applying research findings to clinical practice and in improving the health of our population***

The Trust has invested over £5m in the development of the Bradford Institute of Health Research (BIHR). The BIHR is a unique partnership of primary care, secondary care and universities, established to support the faster translation of health research into patient benefit.

We intend to promote research and innovation throughout our wards and departments, always looking for, and being open to, new ways of working which will benefit our staff and patients. We intend to be a national exemplar for applying research findings to clinical practice. Our ambition is that research and innovation will be integral to the daily work of all our healthcare professionals and their interactions with patients, carers and each other. Bradford will set the standard for learning from and putting research into practice, and this will improve not just our clinical care but also our teaching.

However, our commitment to research goes wider than just improving the outcomes for patients under our direct care; new approaches to improving health and reducing inequalities will also be key to our success in improving the health and quality of life of the people of Bradford as whole. Over 30,000 Bradfordians are actively involved in our research programmes which include the internationally acclaimed Born in Bradford and Better Start Bradford<sup>9</sup> studies. All 88 general practices are involved in our Connected Bradford<sup>10</sup> programme that harnesses data linkage to redesign care pathways. Over 100 primary schools are involved in our Starting Schools programme. We are a leading city in the UK with regard to the depth and scope of research involvement and we intend to use this superb and unparalleled infrastructure as a platform to promote the concept of Bradford as a “City of Research”. Our programme will build on our city-wide partnership to embed research and innovation into everything that we do; to underpin our work to reduce health inequalities and improve the health of the people. The City of Research programme will support evaluation of new interventions, quality and safety improvement initiatives as well as wider social and public health initiatives. In support of this we want the Trust to be a national exemplar for applying research findings to clinical practice and improving the health of our local population.

We will further extend our state of the art facilities, through joint work with the Universities of Leeds and Bradford, to create the new £3m Wolfson Centre for Applied Health Research on the BRI site. This centre will be funded equally by the Wolfson Institute and both Universities, and will provide a creative space to co-locate innovators and practitioners from different institutions and disciplines.

9. *Details of the Born in Bradford and Better Start Bradford studies can be found at <https://borninbradford.nhs.uk/> and <https://betterstartbradford.org.uk/>*

10. *Details relating to the Connected Bradford study can be found as part of the Connected Health Cities programme <https://www.connectedhealthcities.org/2017/02/health-data-used-bradford/>*

The Trust's Bradford Institute of Health Research (BIHR) has a reputation as one of the leading centres in applied health research in the UK. Applied health research is aimed at improving health by preventing illnesses and improving healthcare through community-based and hospital-based research and methodological innovations. Notable areas of work at BIHR are:

- **Centre for Ageing**

This unit is one of the leading centres for research into ageing, stroke and health services delivery for older people. It has been established for over twenty years and has a national and international reputation.

- **Born in Bradford**

Established in 2007, the Born in Bradford research programme is one of the largest health research projects in the UK. By focusing on key public health priorities for families and conducting cutting edge research it is exploring the reasons why some people fall ill and others stay healthy. This information is being used to develop and evaluate interventions to improve the lives of families.



- **Quality and Safety Research Team**

The Yorkshire Quality and Safety Research team undertakes research that directly addresses the issues facing the NHS. For example, in recent years they have developed and evaluated pioneering tools for gaining feedback from patients about the safety of their care, prompting requests from researchers and hospital managers as far afield as Brazil and Israel to use these tools.

- **Alliance with NPSA**

BIHR will host the newly created National Patient Safety Research Centre. This centre will translate patient healthcare safety research into daily clinical practice. Working with the Universities of Bradford and Leeds, the Centre will deliver incremental improvements in patient safety through its translational arms in the Regional Patient Safety Collaborative and the Improvement Academy. Clinical teams within BTHFT, and partners in primary care, will pilot, implement, analyse and refine improvements in patient safety best practice, ultimately for dissemination to the wider NHS.

***The Born in Bradford initiative, in particular, has improved health outcomes through changing clinical practice and factors that determine health, e.g.***

- the UK's first universal glucose tolerance screening programme
- the establishment of a regional congenital anomalies register
- introduction of routine vitamin D supplementation and improvements in vitamin uptake
- improved monitoring and identification of overweight and obesity
- improvements in quality of care of midwives and health visitors
- reduction in air pollution from diesel buses.

***We will develop the Trust further as a centre of learning excellence and professional development***

Our status as a teaching hospital marks out the Trust from its peers, helping us to develop the existing and future NHS workforce and assisting in providing improved outcomes for our patients. The Trust will continue to enhance its training and education offer to all staff. This commitment to training extends to all staff and is not confined to clinicians. The Trust is committed to developing its apprenticeship and leadership programmes and we will also ensure that our people have access to, and are able to complete, statutory and mandatory training.

We will also continue to make efficient and effective use of our excellent training facilities, including our Simulation Centre. This is a flexible environment designed to facilitate the development of clinical skills, situational awareness, and team training through interactive scenarios across a range of clinical settings. We have a dedicated team of educators, technicians and administrators with a wide range of teaching experience and expertise from utilising critical incidents, key patient safety agenda and specific curriculum competencies.

The centre has a large multipurpose area which can be set up as an Anaesthetic room, Emergency Department, Resuscitation room, Obstetrics or Theatre environment. There is full SMOTS™ AV for video debrief within the two discussion rooms and a link to a four-bedded ward area with its own dedicated AV equipment. This allows course directors to develop fully immersive skills and simulation training programmes across a range of venues including transfer to and from emergency vehicles.



A training strategy will be developed to underpin this clinical service strategy. Through our Education Service, the Trust will:

- offer high quality training placements supported by excellent supervision, achieved through further enhancements of our training attachments in an environment that is caring and supportive, with training that is delivered by trained, competent and motivated educators
- deliver innovative education programmes, including team-based simulation training exercises, local and regional education events, and 'on the job' learning from incidents and investigations, augmented with effective induction and mandatory training programmes
- work with partner organisations on the implementation of new curricula and work-based training.



We will continue to embed training and clinical teaching into our culture, so that teaching is a part of all that we do and we increasingly become an organisation with a strong learning culture. This will also help us ensure that our people are able to develop as professionals throughout their career at the Trust, gaining new skills and taking on new roles and responsibilities. Clear pathways are in place to allow nursing staff to develop their skills and take advantage of opportunities to take on roles such as Clinical Nurse Specialists or Advanced Practitioners<sup>11</sup>

*11. These members of staff work in a variety of acute and community settings, specialising in particular areas of practice such as general practice, mental health, children's nursing, learning disability nursing and district nursing. They can work in isolation or as part of a multidisciplinary team. The quality of care and support that specialist nurses offer has been instrumental in reducing unnecessary hospital admissions and readmissions, reducing waiting times, freeing up the consultant's time to treat other patients, improving access to care, educating health and social care professionals and supporting patients in the community*

We will link our training offer to our commitment to become a national exemplar for research, and ensure that our people have opportunities for professional development through our research programmes.

As one of only two teaching hospital trusts in West Yorkshire, we will ensure that we have capacity to deal with any expansion in medical student numbers as a result of the University of Bradford being successful in its ambition to establish a Medical School, and to build upon our ongoing commitment to the University of Leeds in medical training.

The Trust is proud to be one of only two Trusts in the Yorkshire and the Humber region that offer a fully integrated education programme, where medical, nursing and other professional staff learn alongside one another, just as they will work alongside each other once qualified. We will further develop this programme so that we continue to be recognised as a centre for learning excellence.

The Trust will also look at more diverse ways to support the emergence of the next generation of health professionals, e.g. through providing a focus for local schools and colleges in their coursework and potentially in other ways such as shadowing, mentoring, and outreach. As part of this we are supporting the application for a new free school close to the BRI site, which would offer a curriculum based on health, science and technology.

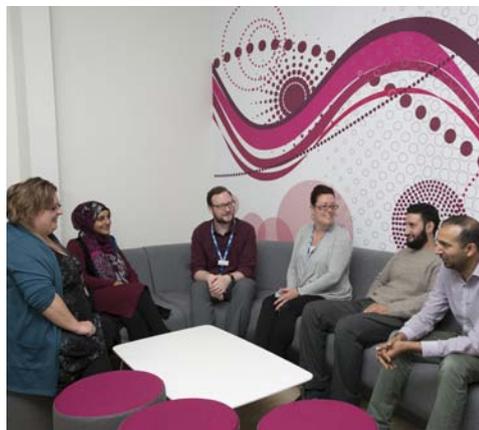


Our highly regarded nurse training, in partnership with the University of Bradford, has been nationally recognised. We want to capitalise on this success and the goodwill it generates, so that we increase the overall number of nurses in training here, and we increase the proportion of these nurses who are employed by the Trust after they qualify. To achieve these twin aims we intend to work with the University to strengthen the “brand,” and consider the potential for new approaches that may be required to increase the conversion rate of graduates joining the Trust.

## Collaborative Hospital Care

### ***We will develop the Trust as the hub for a range of specialised services in the west of West Yorkshire***

Specialised services need to be sustainable, in the face of workforce shortages and in order to meet national standards. This requires us to plan these services collaboratively, not just with our commissioners but also with other providers, underpinned by shared clinical networks to drive up standards of care, standardise protocols, undertake research, and so on. At the same time, we must preserve good access to secondary care for our local populations, and ensure robust operational management of all services. Our response to this challenge is that the Trust will:



1. fully participate in West Yorkshire-wide clinical networks, where our clinicians collaborate with each other to drive the highest standards of care;
2. continue to provide a wide range of secondary services, as now, for our local population;
3. actively promote a model for specialised services in the west of West Yorkshire where - through working collaboratively – the acute providers can become hubs for specific services, to ensure coherent coverage;
4. work with Leeds Teaching Hospitals NHS Trust to expand the range of tertiary services that we offer for West Yorkshire.

It is clear that Bradford Teaching Hospitals has the size, range of expertise and location necessary to remain a hub for a range of specialised services in West Yorkshire. We will work with our West Yorkshire Association of Acute Trusts (WYAAT)<sup>12</sup> partners to develop a co-ordinated response to STP-wide challenges. As part of this we will continue to provide regional expertise and unique training opportunities through sub-specialisation, enabling our clinicians to practise leading edge care not available elsewhere, and ensuring coherent pathways across the wider West Yorkshire area. Maintaining good relationships with our neighbouring acute providers at Airedale NHS Foundation Trust and Calderdale & Huddersfield NHS Foundation Trust, who share responsibility for the provision of acute care in the west of the county, will be vital.

*12. The West Yorkshire Association of Acute Trusts (WYAAT) is an innovative collaboration which brings together the NHS trusts who deliver acute hospital services across West Yorkshire and Harrogate. It is about local hospitals working in partnership with one another to give patients access to the very best facilities and staff. WYAAT comprises Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust and The Mid Yorkshire Hospitals NHS Trust*

Some of the most highly specialised services will continue to be concentrated in Leeds, and our Clinical Service Strategy recognises the need to ensure there are coherent and effective pathways for those patients who need to access them. But this is not an argument for wholesale centralisation: there are potential capacity constraints, patient access, resilience issues and service dependencies to consider in any debate about further concentration in one location.

Given the large population of West Yorkshire, its geographic scale and diversity, and the established patient flows, there is a clear logic for a model of care which features co-ordinated and operationally independent arrangements for specialised services in the west of West Yorkshire, with collaboration between providers to also address the need for some local secondary care services to be made more sustainable. Such an area would include Bradford, Craven, Calderdale and Huddersfield, and would cover more than 1.1 million residents, comfortably large enough for the provision of most specialist services requiring a minimum population size to be viable. This approach would enable the respective acute providers to provide a full range of secondary and some specialised tertiary services for their shared populations.

We envisage collaborating with neighbouring organisations to develop this west of West Yorkshire model. At the same time, WYAAT provides an organisational vehicle for ensuring co-ordinated and effective arrangements for services which need to be managed across the wider geography. And in general we would expect clinical networks to be West Yorkshire-wide, irrespective of the operational delivery arrangements.

Nothing that we do to develop specialised services will undermine our provision of planned care. We will ensure our elective care services continue to be both relevant to the needs of the local population, and responsive to the needs of individual patients who access them.



***We will work with other providers of acute hospital care, to best meet the needs of our shared patient populations***

It makes sense for acute providers to consider working together and jointly to provide business support (“back office”), clinical support, and core clinical services. If the case for change suggests there is potential in collaboration, then WYAAT offers a forum for exploring the options. There are multiple projects underway already through WYAAT, and the Trust will participate fully, including through the collective “Committee in Common” decision-making process. Our Board will ultimately decide the extent that we work together with our partners.

The drivers for working together may be to cover workforce shortages, achieve economies of scale, meet national commissioning standards, stabilise a fragile service, tackle unwarranted clinical variation, and so on. The Trust already works in partnership with other providers: for example a number of our clinical pathways include specialist regional provision at Leeds; we currently operate a shared rota for vascular services with Calderdale & Huddersfield NHS Foundation Trust, and we are also in a joint project with them to implement a comprehensive electronic patient record system.

There are also several services, such as Stroke, Renal Medicine and Medical Oncology where we currently provide services to Airedale NHS Foundation Trust (AFT), and there are other examples of informal support provided between our Trusts. We have established a formal joint venture with AFT, establishing two Limited Liability Partnerships, for the provision of pathology services. So - collaboration is nothing new.



The Trust and AFT are only 12 miles apart and we now have a programme of work underway to identify the potential to work together to improve services for our shared patient population.

We have agreed in the first instance to focus our discussions on just a few specialties, and will use these to establish a way of working with clinical leadership and management support. The initial priorities will be in the following areas:

**Gastroenterology** – our Gastroenterology service is already significant in both size and expertise being a west of West Yorkshire hub for a number of services. There is the potential to work with AFT to allow the more effective use of physical capacity, strengthen clinical rotas and possibly, through the rotation of clinical staff, allow the development of a more robust highly skilled gastroenterology workforce. In short, collaboration would allow the development of a service better designed to meet the needs of the people of Bradford and Airedale.

**Stroke service** – The Trust and AFT already collaborate on the provision of stroke services. It is clear from this work that there is scope to further develop and improve the services provided, ensuring that patients are treated in the most effective and efficient way. The development of an optimum model for Stroke services (particularly in relation to hyper acute services and acute rehabilitation services) is highlighted as a key priority in the STP and plans for developing the stroke service would be in alignment with this priority.

**Ear, Nose and Throat (ENT)** – much of the ENT service already delivered at AFT is provided by the Trust. We will investigate the potential for further collaboration particularly around the effective use of capacity in service provision, both in terms of staffing and making best use of the available capacity.

It is anticipated that the learning derived from optimising these first few specialties will be used to assess the rationale for, and the approach for other services provided by both BTHFT and AFT. In particular, we are keen to exploit opportunities to:

- improve the sustainability and resilience of each service for our local population
- standardise and maintain outcomes relating to clinical quality
- meet staffing challenges and create a more flexible workforce, improving medical and nurse staffing cover and ensuring more robust on call rotas
- make better use of facilities, especially the theatre, clinic and ward estate at each Trust
- improve training, skills and experience by rotating and exposing staff at both Trusts to a more varied patient cohort with differing levels of acuity
- ensure that service specifications are met in terms of population size and procedure numbers

## Connected Local Care

***We will support people to stay out of hospital where appropriate or be safely discharged as soon as they are ready, so that the defining feature of our approach is that we are “short stay by design”***

Given the increasing demand for services in Bradford driven by population growth, high levels of deprivation and lifestyle choices it is vital that we consider new models of care.

It is equally important to ensure that the care that we provide offers the best possible overall patient experience. Many of these new models of care are capable of significantly enhancing patient experience through either a shorter hospital stay, being more ‘joined up’ or by delivering care that is closer to the patient’s home.

There are three main ways in which we will achieve this commitment;

### ***i. Build on the pioneering Bradford “Virtual Ward” model***

Admission to hospital for some patients will be unavoidable and these patients will be admitted and given the highest quality inpatient care. However, in many cases it is more beneficial for the patient, and they can achieve better outcomes, if they are cared for outside the inpatient setting. Across Bradford the mind-set adopted by health and care providers is “Happy, healthy and at home,” and in keeping with this, we will continue our work to support people to stay out of hospital where appropriate. Where admission has been unavoidable, we will look to discharge patients as soon as it most beneficial for them to leave offering the right care to patients in the right place at the right time.

The Trust started the Care of the Elderly Bradford Virtual Ward in 2012, as a discharge-to-assess model. Discharge-to-assess means conducting a realistic assessment of someone’s care needs in the place where they usually live, rather than keeping them in hospital until a pre-determined level of function is possible. The over-riding theme of this approach is that the patient receives integrated care from a range of clinicians (including consultants) and from social care without having to be in hospital. The team is multidisciplinary and multi-organisational, and comprises therapists, qualified nurses, advanced nurse practitioners, rehabilitation support workers, administrators, local authority social care staff and consultant geriatricians.

In 2015, the Trust further developed this theme with partners, creating an Intermediate Care Hub staffed by a multidisciplinary team taking direct referrals from primary care practitioners. Across seven days a week, between 8am and 8pm, the hub can assess and triage referrals to escalate support, initiate rehabilitation-at-home, or directly admit to a community bed. This allows patients, who otherwise would have been admitted to hospital, to be cared for closer to home (with the principle being “home first”). This is known as “step up” support.

With regard to “step down” facilities, the Intermediate Care Hub can, for frail elderly people, help with the discharge process from our acute wards, allowing patients to be discharged from hospital to their normal place of residence with a “wrap around” care package or into a community bed for rehabilitation or supportive care prior to discharge. We intend to extend this “step down” co-ordinated discharge service, using the multi-agency integrated discharge team, to patients from every specialty across the Trust with complex needs (not just frail elderly). This will be delivered from September 2017 onwards and will operate as part of a planned and proactive discharge process.



The Bradford Virtual Ward won the Health Service Journal 2017 national award for improving value in the care of frail older patients. Other developments are in train and the “virtual” theme was taken a step further in 2016 with the creation of the Bradford Diagnostic Virtual Ward. Previously the Trust had a cohort of patients who remained in hospital awaiting final investigations, but were otherwise medically fit for discharge. For these patients, the timescale for an outpatient investigation would have been too long to wait. The Bradford Diagnostic Virtual Ward enables the patient to be discharged, but their follow up is managed by an administrator so they can return to hospital for their investigation in a timescale identical to that of an inpatient. This has the twin benefit of providing significantly improved patient experience, and freeing up bed capacity on the wards for other patients.

Both initiatives - the Care of the Elderly Virtual Ward, and Diagnostic Virtual Ward – have the potential to allow more patients to receive the same quality of care and speed of response as if they were in-patient, but away from a hospital setting wherever it is safe and appropriate. We intend to adopt this model throughout our services. Our shorthand for this approach is the “Bradford Virtual Hospital.”

This integrated approach will benefit greatly from the development of our EPR system which will allow the development of new integrated care pathways, through improved interoperability and the ability to share records. With greater potential for agile working there will be more scope to provide care closer to home and outside the traditional hospital setting.

### *ii. Focus relentlessly on improving “patient flow”*

Nobody chooses to spend time in hospital. Our data shows that the Trust is already achieving low average lengths of stay, and many patients spend only one day with us. But we know we can do even better and our aim is to bring each individual stay down - from 4 days to 3 days, or from 3 days to 2 days, and so on. In other words, we want to become a “short stay hospital” by design.

Patients in the Trust should move smoothly through the different stages of their care, with no unnecessary delays or extra time spent waiting for tests or procedures, and with a clear focus on a planned early discharge. This is commonly referred to as “patient flow”, and doing it well means ensuring the right patient is in the right place, at the right time receiving the right care.

Patient flow is not just an issue for any one specialty, though it is often associated with emergency medicine (because without effective arrangements in place to smooth the patient’s journey through the hospital, it is inevitably the Emergency Department where the resulting problems are most acutely felt). At the Trust, we will aim to improve every stage of the patient pathway, and this requires working with partners outside the hospital as well as our own teams within.

We want to ensure there are adequate arrangements in place to help avoid admissions, through integration with community services, and clear signposting of the different types of support available. We will embed arrangements for primary care-led triage in the Emergency Department, so that attendees are quickly “streamed” and effectively guided to self-care or the right service, which may include GP appointments or the minor injuries and ambulatory care units for those patients not requiring treatment in the main department.

Through our ongoing programme of ward reconfiguration, we are working to ease the pressure on beds, with a short stay ward to focus attention on patients who may be ready for discharge soonest, and we are developing improved, multi-specialty assessment facilities, and “right-size” wards to reflect the relative demands of different specialties.



Our adoption of the “SAFER”<sup>13</sup> initiative means every day a patient spends in our hospitals will be actively managed to support their early discharge home. “SAFER” is an initiative designed to improve patient flow – it refers to:

- **Senior review** – all patients will have a consultant review before 12 noon each day
- **Assessment** – all patients or relatives/ carers will be informed of the expected date of discharge within 24 hours of admission
- **Flow** – wards that routinely accept patients from assessment units are expected to start accepting patients before 10am each day
- **Early discharge** – 50% of patients planned for discharge that day will be discharged before 12 noon
- **Regular review** – there will be a weekly review of all patients with lengths of stay of 9 days or more



Board and ward rounds<sup>14</sup> will be consistently undertaken earlier, with more active use of our discharge lounge in the morning, and take-home medicines routinely planned in advance. This means discharges are phased throughout the day, easing pressure on the system all the way back to the Emergency Department.

This streamlined approach will connect to our integrated care provision, co-ordinated by a multi agency, integrated discharge hub, in future supporting all our specialties, and with the close co-operation of the social care team, our own community teams, and dedicated “step down” facilities.

Improving flow leads to a better patient experience, and a calmer environment in the hospital, which in turn makes it possible to process patients even when attendances are high and the hospital is at its busiest. It is in this way that we will ensure that we continue to meet the overarching principles of both the original NHS Five Year Forward View and its 2017 update. Our work on “flow” will give us the best possible chance to achieve our acute Emergency Care (four hour) Standard targets and also to achieve all other quality and elective access standards.

13. *The SAFER bundle blends five elements of best practice. When followed consistently, length of stay reduces and patient flow and safety improves. It is a practical tool to reduce delays for patients in adult inpatient wards.*
14. *A ward round is a group led by a consultant, with junior doctors, nurses and other healthcare professionals, moving from patient to patient to review each patient's progress and update the care plan as required. The main difference with a board round is that it usually will not take place around the patient's bed. Instead, the multi-disciplinary team gather around a visual management board highlighting key information about the patient, including diagnosis, admission date, care management plan and expected date of discharge. The aim of the board round is to ensure momentum towards discharge is maintained; it provides an opportunity to pool information so that any potential hiccups that may prevent timely discharge can be identified and plans put in place to resolve issues early on.*

*iii. Work with the Bradford Care Alliance to develop the provision of care in a primary care setting*



GP practices across Bradford have formed a Community Interest Company (CIC) called the Bradford Care Alliance (BCA). The primary purpose of the BCA is to allow the individual GP practices in Bradford to act with one voice in order to play a full role in the design and delivery of new models of care. For example the BCA are actively involved, along with the Trust, in developing diabetes services as a pilot for the proposed integrated care system in Bradford.

We will discuss with the BCA the potential for elements of services currently provided by the Trust to be delivered in a primary care setting, as part of a different way of working which plans and delivers services on the basis of population groupings of around 50,000 patients, and blurs the boundary between hospital-based acute care and community-based primary care. These discussions will involve our lead clinicians and will build on the excellent working relationships forged by our community teams, which already make a significant contribution to keeping patients out of hospital and/or help discharge them once admitted. There may be scope to refocus resources to prevent or slow down deterioration in health and hospital admissions through better diet or through physiotherapy, occupational therapy or clinical psychology interventions. Likewise, it would also be possible to use community services on the hospital wards to improve and speed up the discharge process with a positive impact on patient flow.

As well as allowing patients to receive appropriate care closer to home, and utilising the full range of skills of the primary care team, this could free up capacity within the Trust to deliver our core activity.

We will also consider how our Care of the Elderly service could develop the use of day hospitals as an effective means of providing the comprehensive assessment of frail older people. A Care of the Elderly day hospital would involve existing outpatient work being located in a "day unit" which would operate as a one-stop clinic on a daily basis and would support the intermediate care hub as well as the Emergency Department, playing an active and effective role at the interface between primary and secondary care.

***We will work with local partners and contribute to the formal establishment of a responsive, integrated care system***

We are working with partner organisations in Bradford and district to develop shared ways of working and, ultimately, a more formal partnership arrangement so that we create a responsive integrated care system. The benefits of this type of approach are that service users receive care and support which:

- is more centred on the person, and focused on higher risk patients and service users, with more emphasis on public health, self-care, prevention and condition management to prevent escalations and unplanned interventions
- provides more coherent and effective care, as separate commissioners and providers pool their expertise and combine their efforts
- is more efficient because there are incentives for providers to work together in driving down cost, and share in risk and reward

The initial focus has been to develop this model for the provision of diabetes services, with a view to subsequent expansion to encompass a much broader range of conditions and services. This is in line with the requirements of the NHS Five Year Forward View and is a priority for Bradford District and Craven in the STP. It builds on existing collaborative models of care designed to support elderly residents to stay well and avoid unnecessary hospital admissions – Bradford already has extremely effective arrangements for supportive early discharge, and joint working between the Trust and social care staff.

The Trust, City of Bradford Metropolitan District Council, Bradford District Care NHS Foundation Trust, the Bradford Care Alliance and Bradford Voluntary and Community Sector Alliance are currently working together as the Bradford Provider Alliance to consider the clinical, care and support pathways and contractual arrangements which may be required.

The Trust will continue to support these developments, to drive improvements in public health, healthcare and support, but also to manage any unintended consequences for our broader service offer to patients which may arise from the potentially significant changes in the model of contracting.

The development of our Electronic Patient Record is likely to be a key enabler in developing these new models of care, as it could allow different health and care providers with the right permissions to see each other's records. This will help with the integration of services and will also allow for safer transfers of patients between different teams. In time there will be greater potential for staff to work remotely. This could provide more flexibility in the locations in which care can be administered, increasing the scope to deliver care closer to home and outside the traditional hospital setting.

***We will ensure the Trust remains closely connected to the community that it serves and becomes a “health-promoting hospital”***

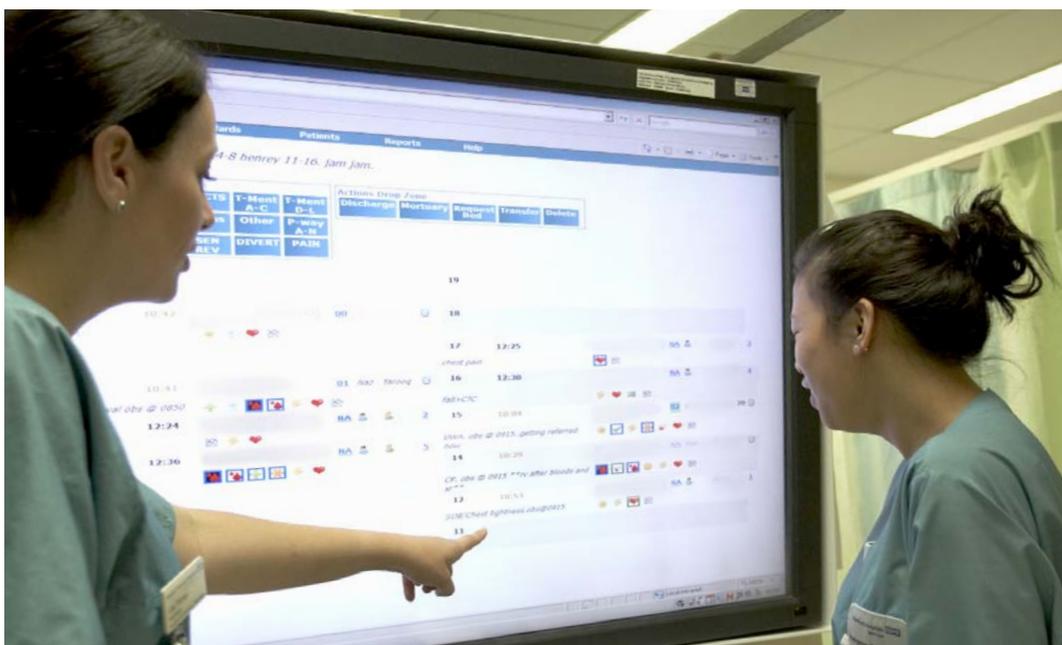
Despite its significant presence as one of Bradford’s largest employers, an economic hub, and a centre of professional expertise, for most people the Trust simply represents the place they go to when they need NHS hospital care. This purely transactional relationship is a weakness; there are many reasons why strengthening the bond between the Trust and the community it serves would be good for patients, good for the Trust, good for public health in general and consistent with an effective clinical service strategy.

Reconnecting hospital and community would offer an opportunity to increase understanding and awareness of the appropriate use of health and services, signposting users to the most suitable place. It would be a conduit for public health and education messages, and a way for the Trust to learn more about the needs of its community. It would also be an important early step in beginning to deliver the aims of the STP in relation to prevention and self-care. This is vital given the poor health of the district and the growing demand for services both in Bradford and in the wider NHS.

The Trust previously identified the need for work in this area, being one of the first acute Trusts in the country to develop a public health strategy (in June 2005), which stated its intention to:

- create a healthy place to work and visit
- reduce inequalities in health
- promote partnerships and regeneration

As part of our work with the local community we will re-visit this to consider how we can go a step further to become a “health-promoting hospital” in 2017 and beyond.





Bradford has a unique demographic age distribution, with a higher than average proportion of young people. By working with local schools and colleges, the Trust therefore has an opportunity to connect with the workforce of tomorrow, and build loyalty and an enduring relationship, to safeguard the supply of future clinicians, staff and volunteers.

We will play a more active role in connecting with our local community, through specific health and wellbeing initiatives like “Well Bradford”, of which the Trust is the host organisation - the only one of 10 “Well North”<sup>15</sup> pathfinders to be anchored in an acute trust - and “Project Search”, which gives vital experience and opportunities to young adults with learning disabilities, to help them access employment<sup>16</sup>. We will look to support local schools and colleges in their education programmes, and open up the work of the Trust to improve understanding and mutual cooperation. As part of this we are offering “Summer Schools” designed to inform and raise the aspirations of local students who may be interested in pursuing a career in medicine. Alongside these, we also offer one day courses, held on a Saturday, for school students. The first of these gives an introduction to medicine and a second course, held in October, provides interview practice for potential medical students. We will, of course, also continue to offer local students the opportunity to gain work experience through work shadowing.

*15. Details on Well Bradford can be found at <http://www.wellnorth.co.uk/pathfinders/well-bradford>*

*16. Details on Project Search can be found at <http://projectsearchbradford.org.uk/>*

## 4: THE WAY FORWARD



### From strategy to implementation

On its own, this Clinical Service Strategy will not be enough to achieve the necessary transformation. It is dependent on a range of enabling frameworks and strategies, and we will review these, and where necessary refresh them to ensure consistency.

*Figure 5: The Clinical Strategy is dependent on a range of enabling strategies*



Ultimately, this strategy will shape all of our service developments and help to ensure consistency of approach, coherent business planning and alignment of investment decisions.

We have had many discussions already with our senior clinicians to look at all of our clinical specialties, and to identify the challenges and potential opportunities facing each area. This document reflects the outcome of those discussions.

Further work is now underway within our clinical divisions to translate these discussions into operational plans. This will need to be an iterative process taking full account of developments in acute collaboration, joint work with local health and care partners, and new information as it becomes available, such as the outputs of the Healthwatch “Big Conversation,” the public health assessment of the impact on each specialty of increasing morbidities, and the Trust’s implementation of a new patient level information costing system (PLICS)<sup>17</sup>.

### Monitoring and review of this Clinical Service Strategy

As part of the process for developing the Trust’s Mission, Vision and Strategic Objectives, a set of performance measures has been developed to help us understand the progress we are making. These will be monitored at regular intervals, and will help provide an indication of whether we are achieving the commitments set out in this strategy.



*17. PLICS helps Trusts to understand how resources are used at an individual inpatient level, and to gain more information on the key economic and financial drivers in our organisation. In turn it will allow us to use our resources more efficiently and effectively.*

## 5: CONCLUSION

This clinical service strategy has been built up from our discussions with the Trust's clinical teams, and with external stakeholders. It also reflects wider developments, in Bradford and beyond, and the need to explore new collaborative ways of working to cope with demographic pressures, financial constraints, national standards, and service user expectations of good, responsive access to high quality care.

The strategy also highlights how much we value our people; our commitment to provide them with opportunities to continually learn and develop, research and innovate, and to make the Trust a great place to work.

Like any strategy it is forward-looking, and seeks to explain what sort of organisation we intend to be, and how we will strengthen our clinical services, working with our partners over the next five years for the benefit of the patients we serve. But it is also grounded in the "here and now", reflecting areas of considerable strength in our current offer, and some of the constraints we have to overcome. This twin approach – a forward look and an assessment of the present - gives us a clear framework for our operational planning. It provides a narrative which will help the Trust to explain its role, and to play its full part as a leading service provider, a major employer, and a landmark in our diverse and dynamic city.

We intend to be an outstanding provider of healthcare, research and education, and a great place to work. Our clinical service strategy describes the ways in which we will achieve this vision.