

Our Corporate Strategy

Our People, Our Patients, Our Place and Our Partners

Contents

	Page
Welcome from the Chief Executive	1
Executive Summary	2
Context	
Learning from the COVID-19 pandemic	4
Bradford District and Craven in numbers	6
People	
Our ambition for our people	8
• Looking after our people	10
• Engendering a feeling of belonging in the NHS	11
• New ways of working and delivering care	12
• Growing for the future through planning, education, training and acting as an anchor organisation for Bradford	13
Patients	
Our ambition for our patients	15
• The delivery of outstanding nursing and midwifery care	17
• Providing an outstanding patient experience	18
• The delivery of high quality services	19
• Developing a virtual hospital as part of a clinically-led service transformation	21
• Using digital technology, data and insight to transform how we deliver care	24
• We will restart and recover planned care after COVID-19	27
Place	
Our ambitions for Place	30
• We will Act as One with our Partners across Bradford District and Craven	31
• Tackling Health Inequalities: Population Health Intelligence driving Population Health Management	32
• Research for all: Building on our international reputation as a City of Research and using data to become and anchor institution for population health	34
• Strategic Estate: Fit for purpose facilities for Bradford	36
Partners	
Our ambitions for partnership working	38
• Working with the HCP and partners across West Yorkshire to address health inequalities	40
• Working with other providers of acute hospital care to best meet the needs of our shared patient populations	41
• Continue to develop the Trust as a hub for specialist services in the west of West Yorkshire	42
• We will meet our commitment to sustainability and delivery of the NHS net zero carbon target	43
Conclusion	45

People, Partners and Place

Welcome from the Chief Executive

I am delighted to present Bradford Teaching Hospitals (BTHFT) corporate strategy for 2021-2026.

Our People, Our Patients, Our Place and Our Partners explains how we will work towards our vision to be an “outstanding provider of healthcare, research and education and a great place to work”. We are proud to be part of the Bradford District & Craven Health and Care Partnership, with a shared ambition to “*act as one to keep people happy, healthy at home – meeting people where they are and working with them to access the opportunities they need to enable them to live longer in good health.*”

Our people at BTHFT are central to this strategy: throughout the COVID-19 pandemic, they have worked bravely and tirelessly in the face of extraordinary challenges. We are extremely proud of their talent, hard work and innovation; in return we must look after and develop them, value their diversity, and give them a voice and a sense of belonging.

Bradford is a unique city with a population often defined by the richness of its diversity. We know that we serve some of the most deprived areas in the country, that we have one of the youngest populations, and that there are significant health inequalities leading to wide variations in healthy life expectancy. We will ensure that the acute services we develop, and the innovative ways we deliver them, reflect the diverse needs of our local population.

Our focus will always be on delivering high quality care with kindness where and when our patients need it. But we will also support our partners in the promotion of health and wellbeing, and providing training and career opportunities for local people. This will be essential if we are to provide long term solutions to the health inequalities that currently affect our community.

These issues cannot be addressed by working alone, which is why we are absolutely committed to working with our partners in the integrated care system across West Yorkshire, and in our local “place”. For us, “Act as One” is not just a programme of work, it is a way of thinking and behaving.

These are challenging and exciting times for the Trust and our partners, as we set out to re-shape health and care services across Bradford District and Craven. I am very proud to lead the organisation, I am up for the challenge, I am excited by the possibilities, and I look forward to making the journey with you.

Mel Pickup, Chief Executive *[include photo & signature]*

1. Executive Summary

At Bradford Teaching Hospitals we are proud to be part of our local integrated care system, the Bradford District and Craven Health and Care Partnership (HCP)¹. In our HCP we have a joint vision *“to act as one to keep people Happy, Healthy at Home and to do this by always trying to meet people where they are and working with them to access the tools and opportunities they need to enable them to live longer in good health.”* Each partner in the HCP has a role to play in delivering this vision.

As a provider of acute hospital care to the people of Bradford and a large research and teaching organisation, our complementary vision at the Trust is *“to be an outstanding provider of healthcare, research and education and a great place to work.”*

Through the delivery of this vision and by working with our HCP partners to nurture our workforce and manage our finances and resources wisely we can provide new and innovative services to address inequalities. This will help us make a real difference to the health and wellbeing of the people of Bradford District and Craven.

This strategy sets out how we will do this and shapes our ambitions around four themes:

- **Our People** - we will continue to develop and nurture our people to create an environment where they can thrive and deliver outstanding care. We will value diversity and create a culture which is inclusive of all.
- **Our Patients** – we are committed to making a difference to everyone who needs our care. We recognise that that we will best do this by developing high quality, innovative services and by continuing to develop and embed a culture of kindness to ensure a positive patient experience
- **Our Place** - we are committed to making a difference for every member of our community who needs our care, wherever possible meeting them where they are and helping them to live longer in good health.
- **Our Partners** - we will work with partners across West Yorkshire; tackling problems together that cannot be resolved by individual organisations alone.

This strategy has been developed by our staff, patients, the public and our partner organisations from across the HCP. We have held engagement events to get their input and have undertaken a wide-ranging public survey with help from our friends at Healthwatch Bradford. Over a hundred people responded to the survey giving us great insight into the views and needs of the local community.

¹ Bradford District and Craven Health and Care Partnership (HCP) is our local integrated care system, it is a partnership of local health and care organisations working together and acting as one to develop and deliver health and care services in a coordinated and coherent way. It is made up of Airedale NHS Foundation Trust, Bradford Care Alliance, Bradford Care Association, Bradford District Care Foundation NHS Trust, Bradford Teaching Hospitals NHS Trust, Bradford District Voluntary and Community Sector Assembly, City of Bradford Metropolitan District Council, NHS Bradford District and Craven CCG and Primary Care Providers.

We hope that this strategy shows our ambitions not simply as a list of things we want to do but as a set of coherent and mutually reinforcing components that will ensure that we meet our strategic objectives to;

- provide outstanding care for patients
- deliver our financial plan and our performance targets
- be in the top 20% of NHS employers
- be a continually learning organisation
- collaborate effectively with local and regional partners

Each of the ambitions in this strategy are connected and interdependent, for example, the extension of virtual services will be a key element of our desire to restart and recover planned care services, but to become a virtual hospital we need to be more digitally enabled, which in turn supports our aims to improve sustainability, and of course a new teaching hospital would be essential to deliver net zero carbon. But a new hospital is unlikely to be affordable unless the virtual hospital model gives us confidence we can contain the future growth in demand for bed capacity.

We are convinced that the delivery of our ambitions will drive an upward spiral of progress and achievement at the Trust which, allied to the work of our partners across Bradford District and Craven will help power improvement in the health and wellbeing of our local population

2. Context

2.1 Learning from the COVID-19 pandemic

This strategy has been developed as the Trust has been responding to the challenge of providing high quality care throughout the COVID-19 pandemic.

The COVID-19 pandemic changed how we care and communicate with patients and our local population in many ways. Many things which seemed strange at the start of the pandemic are now accepted as normal. Undoubtedly, the environment in which we deliver care changed significantly and in some cases irreversibly.

Some of the ways we successfully did things differently are highlighted below:

- Critical care without walls - a key component of dealing with COVID-19 was increasing intensive care capacity to meet demand. This involved the implementation of 'critical care without walls' at the Trust. COVID-19 patients were provided with CPAP² (continuous positive airway pressure) machines on respiratory wards. This greatly aided patient breathing and meant that the condition of many patients did not escalate to the stage where they would need to be treated in a critical care bed. Almost a third of COVID-19 patients at our Trust received CPAP. This freed up capacity and allowed Critical Care to focus on those patients that were the most acutely unwell.
- Rollout of virtual appointments – COVID-19 has acted as a catalyst for more services to be provided virtually in the form of video or telephone consultations. These new models of working have been well received by patients who appreciate not having to travel to attend hospital for otherwise routine appointments. The pandemic has spurred a greater emphasis on working virtually and has become key strategic aim of the Trust.
- Staff redeployment – a comprehensive programme of redeployment was established during the pandemic, with many colleagues being moved away from their normal roles to help meet demand in other areas of the hospital. To enable this redeployment, training was rapidly provided and our Education department organised training courses to ensure that all staff that were redeployed were confident in their new roles.
- System wide working – we were already working closely with partners across Bradford District & Craven prior to the pandemic through the Act as One programme. However, during the pandemic, partners across Bradford District and Craven established groups to provide system-wide strategic leadership to ensure that we utilised our shared resources effectively. This approach was mirrored at a West Yorkshire level with existing collaboration and governance groups adopting a new focus on COVID-19 specific issues such as PPE supply and ICU capacity. In this

² CPAP (Continuous Positive Air Pressure) is a treatment where a stream of oxygenated air is delivered into a patient's airway through a mask or tube.

way we were able to ensure a collaborative approach that provided mutual aid where necessary.

- Increased focus on inclusion and communication – it became clear during the pandemic that communication with our staff and with the people of Bradford would be vital. It was also clear that we needed to improve the ways in which we did this. Communications and engagement with our staff, patients and the public was therefore expanded and the approach we took to sharing information became more varied. We launched our largest array of communications to date to ensure that we reached communities in multiple languages and dialects such as Urdu, Punjabi, Slovak and many more. In line with our commitment to value diversity and champion inclusion much of this communication was presented by our bi-lingual staff to allow us to speak directly to our patients and diverse communities providing them with key messages. The channels used included all the main social media as well as engagement and participation in community-led groups, especially via WhatsApp; ensuring messages were accessible and heard as widely as possible.

It is clear that the pandemic made us think and act differently. It showed us how we could work together both within the Trust and with partners across Bradford to deliver high quality services in new and different ways. It demonstrated how our people could work differently and flexibly in new or different roles and it made us even more acutely aware of how important it was to look out for each other and to ensure that we focussed on inclusion and communication.

The massively disruptive impact that the pandemic had on the NHS planning cycle both nationally and locally must be recognised. It also caused a significant backlog in the delivery of planned care that the Trust will need to address through the transformation of services and the development of new models of care.

We acknowledge the fantastic work of our people and the part that volunteers, local businesses and the people of Bradford played in helping us through unprecedented times and have absorbed the lessons of the pandemic; we have taken much of what we learned during the pandemic when developing the strategic ambitions in this document.

2.2 Bradford District and Craven

Bradford District and Craven in numbers³

Population	Deprivation	Lifestyle Choices	Health Inequalities
Bradford District has a population of 539,776 – the 5 th largest metropolitan district in the country	Bradford ranks as the 21 st out of 317 most deprived local authority in England	Data shows that 63.7% of adults in the district are obese and that 20% of all adults are smokers	There are, on average, 4,400 deaths per year in Bradford District and Craven
Our population is growing quickly and is expected to reach 552,300 by 2041. We think that the over 65 population will drive this growth – increasing by 40,000 people by 2041.	A third of Bradford District and Craven's LSOAs ⁴ fall within the 10% most deprived areas in England	In 2016-17, 22.5% of 4-5 year olds in Bradford and 37.9% of 10-11 year olds were overweight or obese.	Circulatory disease is the main cause of death although proportion of deaths due to this is falling (to 27.8% in 2017) partly due to fewer deaths from stroke.
Our population is young – we have the 4 th highest proportion of residents under 16 in the country and 24.6% of our population is under 10 years old	Bradford is the 5 th most income deprived and 6 th most employment deprived local authority in England	We estimate that 92,000 people in the district drink alcohol to dangerous levels and 18% of these people are drinking at levels harmful to their health	Life expectancy for a Bradford man 77.8 years (England average is 79.6 years), a Bradford woman can expect to live for 81.6 years (England average of 83.2 years).
Infant mortality rates in Bradford District and Craven are higher (at 5.9 deaths per 1,000 live births) than the England average (3.9)	13% of working age people have no qualifications and 11% of the working age population claim an out of work benefit	Bradford has the fourth highest concentration of fast food outlets in the Yorkshire and Humber region with 142 outlets per 100,000 of the population.	However the number of years a man can expect to live in good health in Bradford is 60.1 years (England average of 63.3 years), for a woman it is 60.0 years (England average 63.9 years).
Bradford is ethnically diverse - 32.6% of our population describe themselves as being of BAME origin.	15% of the district's households are in fuel poverty		

³ All data taken from the City of Bradford MDC Public Health Joint Strategic Needs Assessment;
<https://jsna.bradford.gov.uk/>

⁴ LSOA – Lower layer Super Output Area, a geographic area designed to improve the reporting of small area statistics in England and Wales, they typically have a population of 1,500 people or 650 households

Bradford's population is large and incredibly diverse. Social deprivation, lifestyle and a large proportion of the population at both ends of the age spectrum also combine to give Bradford a set of circumstances that create health inequalities. In Bradford these inequalities often result in the earlier development of multiple chronic morbidities – ultimately increased morbidity and decreased life (and healthy life) expectancy are the consequence.

We have to be particularly mindful of these issues when developing our strategic ambitions for the next 5 years.

Our People, Our Patients, Our Plan and Our Partners

3. People

Our ambition

We will continue to develop and nurture our people to create an environment where they can thrive and deliver outstanding care. We will value diversity and create a culture which is inclusive of all.

Why this is important

We are extremely proud of our talented, hardworking and innovative people. Being shortlisted and in receipt of a raft of national awards, peer recognition and testimony from service users demonstrates the outstanding way in which they not only innovate to improve care for our local population but also deliver that care with kindness.

We think our people are amazing and it is clear from the responses to our public survey that the people of Bradford District and Craven agree. In fact 92% of respondents to our survey thought that the development and wellbeing of our people was of key importance to the Trust.

Our strategic ambitions for our people are aligned to those set out in national NHS People Plan and will be informed by lessons learned during the pandemic. They are also reflected in our own Trust People Strategy and in our Trust values⁵. We will embed more preventative health and wellbeing initiatives, tackle inequalities, lock in the benefits of new digitally enabled ways of working and attract and retain more people. We recognise that if we get the right culture for our people, we will get it right for our patients as well.

What we will focus on

- Looking after our people

Through our *Thrive* programme, we will support our people to manage and recover from the prolonged and sustained periods of intense additional effort, stress and anxiety that they have experienced as a result of the pandemic. We will ensure that staff are safe when at work, have adequate rest and refreshment facilities and are able to access a range of preventative measures to support their health and wellbeing

- Engendering a feeling of belonging in the NHS

We recognise the huge contribution made by our staff and wish to encourage their feeling of belonging and inclusion in the NHS. In 2020, we developed a Trust-wide diversity and inclusion initiative with the strapline – “We are Bradford: We will Value Diversity and Champion Inclusion”. This signalled our positive commitment to

⁵ Our Trust values were developed jointly with our staff through an extensive engagement exercise. Our values are “We care”, “We value people” and “We are one team”

embedding and mainstreaming diversity and inclusion in everything we do. We will continue to place great focus on reviewing and refreshing the role of our staff equality networks, enabling all of our diverse staff to have a voice and influence the Trust's equality and diversity agenda. We will also strive to ensure that our whole workforce at all levels is representative of our local population. Our commitment to Equality, Diversity and Inclusion (EDI) will be further formalised when we launch our new EDI Strategy in 2021.

- Developing new ways of working and delivering care

We will ensure that our people are appropriately trained and are confident in their skills to work in new and innovative ways. We will also ensure that our clinicians are empowered to lead in the development and delivery of new models of care. We will increase digital and remote working where it is possible to do so and will work with our partners to support the movement and flexible deployment of staff.

- Growing for the future through planning, education, training and acting as an anchor organisation for Bradford

We will ensure that we develop robust workforce modelling to ensure that we can anticipate our needs, develop workforce supply plans and recruit accordingly. We will train our people to ensure that they catch up on training lost when responding to COVID-19 and are confident when using new technologies in new care settings. We will also work with training and education partners across our HCP to develop outreach and participation programmes with the aim of encouraging students and residents from the local community to pursue one of the many careers available in health and care.

3.1 Looking after our people

It is clear as we write this strategy that we are still dealing with the COVID-19 pandemic and may be doing so for some time. Whilst we will take measures to continue to support our people to be mentally and physically healthy while dealing with the pandemic, we also have ambitious plans to transform the Trust so that we continue to be an outstanding place to work.

We want our people to feel valued, invested in and supported to care for their health, wellbeing and development. We want our Trust to be a community where everyone can learn, have a sense of belonging, grow and reach their full potential; a place where colleagues feel heard, are always treated with dignity and respect and are trusted to do their job.

We know that when we look after our people it has a positive impact on our patients and the wider community we serve.

Work is already underway on our transformation journey; in 2021 we launched *Thrive*; our way of supporting and developing our people and creating an environment of which everyone is proud to be a part.

We also want to make sure we hear the voices of all our people and will put in place mechanisms that enable us to hear more voices, from different areas, in real time. This will enable us to ensure our offer to our workforce is always aligned to what they need, when they need it.

Being there for our people.... Thrive

Thrive is an ethos, a community, and a culture to ensure the Trust is a place where everyone can be their best and thrive at work and beyond.

The first step in our *Thrive* journey has been to launch a new intranet platform dedicated to showcasing everything our people are entitled to as a member of our Trust team. It's a "one-stop shop" for everything our people will need to help in caring for their health, wellbeing and development.

Thrive has been created with our people in mind. It has been designed to be easy to navigate and accessible from personal devices such as smart phones or tablets so colleagues can access wellbeing resources, learn about development opportunities, explore staff benefits and have their voice heard at a time and in a way that is flexible for them.

We've listened to feedback from our people who told us that sometimes it can be challenging to find what they need, when they need it. So *Thrive* gathers everything together in one place - news, information, initiatives and opportunities, all designed to support colleagues at work and beyond.

We will support our current and future leaders so that they feel empowered to create conditions for their teams to thrive. We will do this by designing engaging and innovative leadership pathways that maximise our people's strengths and enable them to reach their full potential.

As we move forward, we will also continue to embed a culture of civility and compassion that is underpinned by our Trust values and a clear set of behaviours. We will engage and work with our people to do this through communications campaigns, the development of behaviour frameworks and training for all levels of staff. How we work is as important as what we do, and together we will build a future where everyone has the opportunity to thrive and make the Trust an outstanding place to work.

Our approach to looking after our people will ensure that we adapt to the needs of our workforce, taking account of their wellbeing and their changing working environment. We will grow our offer of support for our workforce to ensure we are able to support both their physical and mental health. It is our intention that, by 2026, our wellbeing offer will not only include mental health support but will be expanded to include opportunities for staff to be involved in physical activities focussed on mindfulness and physical wellbeing.

In addition to this we'll also take a number of practical steps including ensuring that everyone has the right to request a flexible working pattern from day one whether they are in a clinical or non-clinical role. We will also ensure that all our people have a meaningful appraisal within which wellbeing and career development conversations are embedded and we will continue to enhance our recognition and reward offer by improving staff facilities that are on our sites.

3.2 Engendering a feeling of belonging in the NHS

We will continue to build on our commitment in advancing equality, diversity and inclusion (EDI) across the Trust. We take pride in the diversity of our workforce and are proud that we are a diverse organisation serving our diverse patients and communities.

There has been considerable focus on EDI within the Trust over the last two years and we acknowledge that COVID-19 has shone a new spotlight on some of the existing health and workforce inequalities across the NHS.

We recognise the huge contribution made by our people and wish to encourage their feeling of belonging to the NHS.

We will continue with our commitment to advancing equality, diversity and inclusion across the Trust and will continue to support staff engagement through our staff equality networks to ensure that everyone has a voice in decision making and can influence the EDI agenda at the Trust. These objectives will be clearly set out in our Equality, Diversity and Inclusion Strategy that will be published in 2021.

We have also placed considerable focus on our EDI contractual obligations such as Workforce Race Equality Standard and Workforce Disability Equality Standards, including the Gender Pay Gap requirements. Our response to these areas of work has been very much a consultative approach with our people across the Trust to ensure we are capturing the right level of priorities and making sure these are aligned to some of the local, regional

and national priorities on EDI. Our commitments in this area will continue and our existing plans for the future are currently being refreshed in conjunction with our partners across Bradford District and Craven and wider West Yorkshire.

In August 2021 we also pledged our support for the *Root Out Racism* movement, making a commitment to fully support any colleague or patient who highlights any act of racism to us and vigorously tackle each issue raised. This commitment includes a focus on anti-racism in our training and development programmes.

3.3 New ways of working and delivering care

During the COVID-19 pandemic we empowered our clinicians to lead in the development and delivery of new service models. This led to the creation and successful operation of a Clinical Reference Group (CRG) in which senior clinical and operational decision makers were able to make important decisions about the development and delivery of services to patients. The CRG was so effective that this approach will continue in the form of a Hospital Management Group (HMG) and will be one of the ways in which the Trust will empower clinical leadership, enabling senior clinicians to be more involved in resolving key issues at the Trust; providing proactive direction and guidance.

As highlighted throughout this document we intend to develop and expand new ways of working. The use of digital and data will be instrumental in this and it will be essential that technology is applied in a consistent and inclusive way. With this in mind, we will ensure that our people are appropriately trained and are confident in their skills to provide hospital level care in a digital or virtual way.

For our colleagues who are able to work remotely we will ensure that they have the right equipment and training to enable them to work effectively. We will also put in place measures to ensure that these people do not feel isolated and continue to feel that they belong to their teams and to the Trust and NHS as a whole. One way to resolve this issue will be the use of flexible working hubs to allow people to work from home part of the time and to come into the office at other times in order to interact more fully with colleagues. Pilot schemes are currently underway with our corporate teams to test the viability of this approach. Particular focus will be placed on the impact on deliverables such as productivity, quality of service for user departments, work/life balance for staff and opportunities for staff development and training.

We will continue to extend the offer of flexible working patterns and employment contract flexibilities; improving our employment offer to new staff and helping to retain existing employees as their needs and circumstances change through their career.

We will also work with partners across our Bradford District and Craven HCP to explore the potential to pool or share staff in order to deploy them flexibly through the digital staff passport initiative, making the best use of our workforce. This will include the review of clinical pathways across organisation boundaries in order to improve services and ensure that they operate seamlessly.

One of things that we learned from the COVID-19 pandemic was that we need to ensure that we fully utilise the skills of our people and that we should also create and recruit to roles that are more appropriately suited to modern healthcare. To do this we will develop and

expand clinical practice for nurses, AHPs⁶, pharmacists and healthcare scientists⁷ so that these people can practise to their maximum professional ability. We will also develop and recruit to alternative healthcare professional roles across the Trust such as that of Physician Associate⁸.

3.4 Growing for the future through planning, education, training and acting as an anchor organisation for Bradford

COVID-19 has affected the NHS workforce in many ways; one of the, perhaps unexpected, impacts has been the opportunity to attract interest in working in the NHS from people in our community who would not have previously considered a career in healthcare.

Growing our workforce for the future will be critical and it is essential that we continue to recruit and retain the very best people if we are to provide high quality care to our local population. We will develop and maintain robust workforce modelling to ensure that we can anticipate our workforce requirements and develop workforce supply plans and recognise that we must embrace both traditional and new workforce models if we are to achieve this.

We will also work hand in hand with training and education providers and with our Bradford District and Craven ICP to ensure that we have a strong pipeline of future staff, across all professional groups and grades, especially locally.

As reflected in our Trust Education Strategy, it is vital that we support our people to develop professionally if we are to recruit and retain the very best people. We will achieve this through a range of training programmes for clinical and non-clinical staff. New training programmes will be specifically designed and delivered to ensure our people are confident using new technologies and caring for our patients in new ways, particularly in relation to virtual services and using digital technology. We will also ensure that training and education modules missed by staff whilst they were dealing with the COVID-19 pandemic are provided so that our people are not delayed in progressing their careers.

In line with our work on providing digitally enabled or virtual services we will explore provision of online, virtual and augmented reality training. This work will link in with our ambitions to provide training facilities in ward and clinical areas in order that the Trust can provide more simulation based learning to its students.

⁶ AHP – Allied Health Professional, a group of staff from professions allied to healthcare such as Paramedics, Dietitians, Occupational Therapists, Radiographers and Physiotherapists

⁷ Healthcare Scientist – a group of staff that help prevent, diagnose and treat illness using their knowledge of science and their technical skills. They work in four main areas – life sciences, physiological sciences, physical sciences & biomedical engineering and bioinformatics. Examples of roles include Specialist Biomedical Scientist, Clinical Scientist, Lab support technician and Clinical Pharmaceutical Scientist.

⁸ A Physician Associate is a healthcare professional that supports doctors in the diagnosis and management of patients

Opportunities for our local population

Socio-economic factors are key determinants of health for any population and this is particularly true in Bradford which is the fifth most income deprived and sixth most employment deprived local authority in England. Improvements in income and employment within a population invariably lead to an improvement in living standards and general health.

As one of the largest employers in Bradford, the Trust is a position to take a lead in making a positive impact in the city by offering careers to local people in the NHS.

As well as providing apprenticeships, career development and job opportunities at the Trust for local people, we will also develop outreach programmes with local schools and colleges where staff from all disciplines (medical, nursing, AHP, pharmacy, health sciences, digital, data insight, human resources, finance, strategy and planning and communications) will provide visits to encourage local students to think about and pursue careers in healthcare and the NHS more generally.

In this way acting as an anchor organisation within Bradford we will begin to address some of the socio-economic factors that affect the health of the local population. We can also better ensure that our workforce at all levels is representative of our local population.

4. Our Patients

Our ambition

We are committed to making a difference to everyone who needs our care. We recognise that that we will best do this by developing high quality, innovative services and by continuing to develop and embed a culture of kindness to ensure a positive patient experience.

Why this is important

Bradford District and Craven has a set of circumstances that lead to significant growth in demand for health and care services over and above the projections seen elsewhere. Our local population also experiences significant health inequalities and inequalities in life and healthy life expectancy compared with other districts across West Yorkshire and nationally. This makes it imperative that we get the right care models in place for future service provision and that these models provide high quality care delivered with kindness.

High demand for our services will also mean that we will need to be innovative and take advantage of opportunities to work with partners and our local community to develop new ways of delivering care. This will include making them more accessible and efficient by using virtual services through better use of digital technology, data and insight.

What we will focus on

- The delivery of outstanding nursing and midwifery care

We will refresh our Nursing and Midwifery and AHP strategies and put in place processes to encourage and develop our people in relation to leadership, education and professional development as well as ensuring that they have the right skills and mind-set in relation to patient experience and working in partnership. In this way we will ensure that our nurses, midwives and AHPs are suitably equipped to deliver outstanding care.

- Providing an outstanding patient experience

We are committed to ensuring that our patients and their families have a positive care experience. In order to do this we have a number of patient experience work programmes but key amongst them will be our commitment to embed kindness in everything we do in order to ease the recovery of our patients, support their families and improve the wellbeing of our colleagues

- The delivery of high quality services

We will deliver high quality care and will support our people to improve services and implement specific programmes of work designed to look at how we provide care and how we can improve. We will forge ahead with our existing work to create a culture of continuous improvement.

- Developing a “Virtual Hospital” as part of a clinically-led service transformation

We already have a number of virtual services and their development has accelerated during the COVID-19 pandemic. We intend to build on our existing services and further improve care for our patients through the use of, often digitally enabled, virtual services so that we are “virtual by default” and can provide “*high quality care anywhere*”.

- Using digital technology and data to transform how we deliver care in multiple ways

As one of the most digitally advanced Trusts in the country, during COVID-19, we used our data, digital tools and skills to deliver safe and efficient care. In delivering digital transformation we will apply the culture, practices, processes and technologies of the internet era to the way in which we organise and deliver care. Digital technology will also help us to more effectively learn and teach, conduct research and innovate. We will further develop our use of information technology, data and insight to transform services with patients, their carers and communities.

- We will restart and recover planned care after COVID-19

Throughout the pandemic we continued to care for our most urgent patients. However, many routine procedures and appointments had to be postponed and we will focus on restarting these services for patients and recovering waiting times.

4.1 *The delivery of outstanding nursing and midwifery care*

As a Trust, we are developing a number of interconnected strategies in relation to Nursing and Midwifery, AHPs, Quality and Clinical Risk Management that when taken together will form a clinical strategy. Through these strategies we will put in place work programmes and appropriately train and equip our people to ensure that we can deliver high quality care at all times.

We are currently in the process of refreshing our Nursing and Midwifery Strategy with an overall aim of ensuring that we are working together to ensure outstanding nursing and midwifery care.

The new Nursing and Midwifery Strategy will focus on 6 key areas:

- Leadership
- Education and Development
- Patient Experience
- Staff Experience
- Partnership working
- Quality and Safety of Care

These 6 areas will directly support this Trust Strategy from a nursing and midwifery perspective in several of its long term ambitions that are dealt with elsewhere in this document. This is particularly the case in relation to;

- Ensuring that senior clinical staff are empowered to resolve key issues and lead in the development of services
- Looking after our people and improving staff wellbeing and experience
- Training, education and professional development as a means to recruit and retain the very best people
- Our commitment to safety and continuous quality improvement.

One of the most vital objectives of our new Nursing and Midwifery Strategy will be to ensure that our patients and their families have a positive experience whilst in our care. There are many ways in which we can ensure a positive patient experience, for example we can promote and support patient choice, we can provide patient and family centred care and we can advocate for patients, engage with them and ensure that they have a strong voice when telling us about the care that they received but most importantly we can treat patients with kindness.

4.2 Providing outstanding patient experience

The single most vital factor in providing patients and their families with a positive care experience is ensuring that we treat them with kindness. We know from our own experience that this is what patients and their families value the most and we recognise that kindness costs nothing but can mean everything.

Providing care with kindness not only improves outcomes for our patients, it also improves the working experience for our people, increasing job satisfaction and creating a better sense of health and wellbeing.

Our Patient Experience Strategy, *Embracing Kindness*, clearly sets out our commitment to providing compassionate and outstanding patient care. We have started our kindness journey through our “Embedding Kindness” programme which seeks to embed kindness into the culture and working practices of the Trust. It seeks to ensure that kindness is reflected in everything that we do, from being greeted warmly by the first person a patient meets at the beginning of their care and then throughout their care experience until they are discharged.

As part of the continuing “Embedding Kindness” programme colleagues learn about the value that kindness can bring. They make a commitment to listen and learn about the importance of kindness and how simple acts of kindness can make a huge difference to the recovery of our patients and the wellbeing of their colleagues. Colleagues then pledge to undertake random acts of kindness on a regular basis.

We will continue to deliver the embedding kindness programme, seeking to expand and refine it until kindness is truly reflected in everything we do. Key areas for development in the future include:

- delivering a kindness and patient experience conference to share awareness
- creating embedding kindness and patient experience ambassadors at ward level to create a sense of ownership and to help clinicians explore their own ideas
- delivery of short learning bursts on themed topics related to Embedding Kindness
- use of patient and staff surveys on kindness to find out which parts of the programme are impactful and working well and which parts are not
- collaborative working with other trusts (such as Leeds Teaching Hospitals NHS Trust and Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust) to share and develop new ideas
- create annual embedding kindness awards as part of the Trust’s annual award cycle

We will also take steps to ensure that we engage with our patients so that they have a voice and are more easily able to provide feedback about the care that they receive. This will enable us to monitor the quality of our care and change how we do things to continually improve. We will continue to do this through collating and analysing results from the Friends and Family Test, from national surveys, specific patient experience projects and from complaints and compliments.

4.3 The delivery of high quality services

We will shortly be publishing our new Quality Strategy which will confirm our commitment to delivering high quality services and to continuous quality improvement.

At the Trust we have adopted the World Health Organisation's definition of quality and aligned it to our Trust vision *"to be an outstanding provider of healthcare, research and education and a great place to work"*. This definition of quality suggests that we should seek to make improvements in six areas to ensure that our care is Safe, Timely, Effective, Efficient, Equitable and Patient Centred.



Figure 1: The WHO 6 domains of quality

Our approach to continuous improvement is designed to add the maximum amount of value to patients who use our services and to improve health outcomes for the people of Bradford by looking for opportunities to learn and improve as well as improving the working lives of our people.

We have adopted a philosophy of incremental and continuous improvement, co-ordinated to achieve our Trust strategic ambitions and led by our people providing front-line services. We ensure that this is underpinned by standardisation, eliminating unnecessary variation and waste from our systems and processes, and achieved through the improvement of patient pathways.

We have started on our improvement journey, but we are committed to expand and refine our approach by challenging ourselves to continually learn. This will require a shift in culture and mind-set and the adoption of new ways of working to empower our front-line teams. We will also link in with the ambitions in our People Strategy to create the right culture for clinical and operational leaders to flourish at all levels of the organisation.

These commitments will be detailed in our forthcoming Quality Strategy that will outline our approach to improvement, building on what we have learned from our past and current transformation programmes and quality improvement projects. This will include the consistent adoption of measurement for improvement and the need to build capacity and capability at all levels within the organisation.

We will support our people to improve services and implement specific programmes of improvement aligned to our strategic aims and improvement goals. We will continue to create a culture for continuous improvement through the implementation of improvement methodologies and leadership development.

Linking in with our strategic ambitions on research, we will strengthen working relationships with our healthcare research partners to maximise opportunities to improve services and health outcomes and to reduce health inequalities. This will involve working with the Bradford Institute for Health Research, the NIHR Applied Research Collaboration for Yorkshire and Humber, the Academic Health Science Network and the Improvement Academy.

The philosophy behind our approach will be based on the Institute for Healthcare Improvement's "Quadruple Aim" which includes:

- The patient being at the centre of every element of change
- The requirement for cultural change across the organisation; a shift to all staff "doing the work" and "improving the work" to deliver continuous improvement through constant re-testing of the patient pathway and redesign of processes
- Improvements led by frontline staff with only the people doing the work designing the solutions to the problems they have identified supported by robust escalation processes
- Equal voices for all
- Use of improvement measures for all improvement programmes delivered

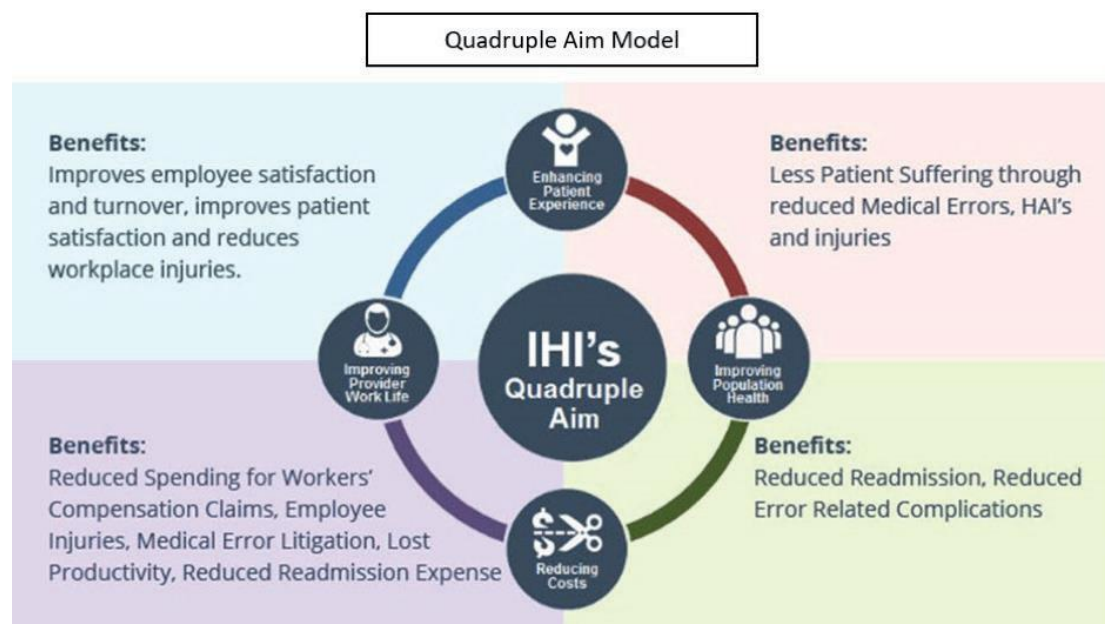


Figure 2: Institute for Healthcare Improvement Quadruple Aim model

4.4 Delivering a Virtual Hospital as part of a clinically-led service transformation

A virtual hospital and virtual services are methods that we use to give hospital standard care to patients closer to, and often within, their own home. Not only can we deliver clinical care safely but importantly patients are spared the need to travel to, or stay in, hospital. The use of virtual services to enable early discharge was highlighted as important by respondents to our public survey.

Often, although not always, this care is enabled by digital technology or artificial intelligence.

The Trust already has a number of virtual services and the development and use of virtual and digital alternatives to more conventional models of care accelerated considerably during the COVID-19 pandemic. The benefits of virtual services are well evidenced as they;

- allow the patient to be cared for at home in familiar, and often more comfortable, surroundings
- can provide GPs with the ability to discuss or seek advice from senior medical staff at the Trust about appropriate treatment plans without the need to refer the patient to hospital for either an outpatient appointment or even an inpatient admission
- are available for use at every stage of a care pathway utilising technology and innovative solutions to assess the condition of existing patients and to intervene early to prevent escalation/admission or to diagnose new patients and treat them at home
- can be used to support early clinical prioritisation of patients to ensure those most in need of care and treatment can access it sooner
- help to reduce inequalities between patients in access to, and outcomes from, healthcare services
- increase collaboration and cooperation between hospital and community based services as lower risk patients can be identified earlier and directed to community based treatment pathways rather than being referred to hospital unnecessarily
- help save hospital inpatient and physical capacity for the sickest patients or those requiring surgery and other procedures that cannot be provided at home
- improve patient attendance rates, especially in the case of video and/or telephone outpatient appointments

What's a Virtual Service?

Supporting Optimal Discharge - The Diagnostic Virtual Ward

The diagnostic virtual ward works across many specialties in the hospital and is used for low risk patients who are clinically stable and well enough to go home but who still require at least one further investigation (such as a colonoscopy, MRI scan or blood test) in a prompt timeframe. In a conventional care setting these patients would wait in hospital and would not be discharged until they had received this test. This often adds 2 to 3 days to their inpatient stay. However, the diagnostic virtual ward allows the patient to go home then return to hospital in the next few days to have their diagnostic investigation.

Care Anywhere; Home Monitoring - The COVID-19 Pulse Oximetry Virtual Ward

It became clear during the pandemic that a number of our younger, lower risk, inpatients who were recovering from COVID-19 could be cared for at home rather than in a hospital bed provided that we were able to monitor their oxygen levels. This is beneficial to the patient as they are much more comfortable at home and are able to recover more quickly in familiar surroundings. It also freed up bed space for other, sicker, patients at the height of the pandemic.

Patients are shown how to use an oximeter⁹ on the ward along with an “app” to record the readings from the oximeter. The patient is then allowed to go home, use their oximeter and upload their data to the “app”. Clinicians at the hospital contact the patient to discuss their oximeter readings on a daily basis. The oximeter data is also monitored on a 24 hour basis by the Trust via the “app” and the patient is contacted should abnormal readings be received.

We are going to build on the work that we've done already and embrace technology even more to further improve the experience of our patients through the use of virtual services, often using digital technology.

Self-care - Patient Education

Often patients or their families just need advice, guidance or reassurance rather than treatment. Virtual services can offer this by providing information through a range of different media, whether through patient education video streams, text messaging, voice or video calls.

We will develop resources jointly with patients and their families that can be used to provide advice and education about a range of conditions. Our initial focus will be on Children and Young People on the Healthier Together programme.

⁹ An oximeter is a small device that is attached to a patient's finger and measures heart rate and how much oxygen is in the blood.

Virtual services offer huge potential to do much more and provide care and treatment in many different ways, reaching a wider group of people. If people are unable to use digital technology then accessing care in a more traditional way will still be possible. We do however, want to help and enable more people to use virtual services through a programme of work to improve digital skills and digital literacy. Working with partners we will also look to improve access to digital technologies and essential connectivity to the internet. We know that many patients can, and would prefer, to receive care and treatment at home or at their GP practice and we want to respond to this demand.

So it is our ambition to transform our services so that we are “virtual by default” and deliver truly outstanding care by developing, often digitally enabled, virtual services at scale. To do this we have developed our Virtual Royal Infirmary¹⁰ (or VRI) programme.

The VRI programme will work closely with other programmes in the Trust to ensure that we take an integrated and coherent approach to developing services that improve efficiency and benefit patients. To facilitate this we have developed five key workstreams that will be led by people with first-hand clinical and operational knowledge of delivering services and caring for our patients

Our 5 work programmes are

- Outpatient Services

This workstream will have a deliverable of ensuring that we make non face-to-face, telephone or video outpatient appointments the norm (unless it is clinically necessary for them to be delivered physically).

- Expansion of the Virtual Ward

The key deliverable for this workstream will be improve admission avoidance or early discharge through step-up and step-down care, diagnostics and remote monitoring so that patients receive hospital-led care in their place of residence. It is the aim to ensure that every speciality across the Trust has some form of virtual ward provision by 2023.

- Patient readiness for treatment

This workstream will aim to work with Primary Care to ensure that all patients referred to the Trust are optimally fit for treatment and receive maximum benefit from their care.

- Management of long term conditions

The key deliverable here will be to provide virtual services so that patients with long term conditions can receive care in an out of hospital environment wherever possible reducing escalations and the need for hospital attendance or admission

¹⁰ For more information on the VRI programme follow our twitter account at https://twitter.com/BTHFT_VRI

- Patient education

We will deliver material on-line so that patients can access support, education and self-management resources that are bespoke to their condition.

Further detail on our VRI programme will be available in our forthcoming Virtual Services Strategy – *“High Quality Care Anywhere”*.

4.5 Using digital technology, data and insight to transform how we deliver care

We are in a unique position at the Trust due to the success of our Electronic Patient Record, Command Centre and our high degree of digitisation generally. We are one of the most digitally advanced Trusts in the country.

During COVID-19, this position allowed us to use our data, tools and skills for even safer and efficient care of our patients. It also enabled us to more effectively learn and teach, conduct research and drive innovation for our local population.

In our public survey almost 90% of respondents thought that developing digital services and our increasing use of technology would be important for the future. We have an ambition to use technology to fundamentally change the way in which we deliver services and to ensure that our people and the processes that they use are digitally enabled. It is also important that every patient is supported on their own personal, digital journey through increasing their skills, improving their access and developing their confidence. This will therefore be a key ambition for the Trust. However we must also remain cognisant of the fact that much of the innovation and expansion of new ways of working will be dependent on digital and data transformation; this in turn, will be dependent on the Trust remaining financially sustainable. Only in this way will we have a solid foundation on which to base future development and growth of new ideas.

In order to move forward with digital and data in a clear and coherent way we intend to focus on three key areas;

- Digital and data infrastructure

This will ensure that we have a stable foundation on which to build our digital ambitions. Our shorthand for work in this area is “Brilliant Basics”, directed at ensuring that our digital infrastructure is safe and secure, that we have the right devices in sufficient quantities and that we have adequately thought through our future strategy for key assets such as our Data Centre and Patient Portal. With our partners across the West Yorkshire Association of Acute Trusts (WYAAT)¹¹ we will upgrade and replace those digital clinical systems (such as the Laboratory Information System) that are vital to delivering modern, integrated, high quality diagnostic services. We will also ensure that our Information Governance arrangements are robust and adapt to the changing ways in which we deliver care

¹¹ WYAAT is a partnership of 6 acute Trusts with the aim of working together to give the people of West Yorkshire and Harrogate access to the very best acute services – it is made up of 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

and treatment. Likewise we will need to develop our workforce so that they have the skills and capacity to use new digital and data tools effectively and identify opportunities for innovation as they arise. Our work in this area will focus on IT as a utility ensuring that it is “always on”, secure and available to support the Trust in serving the local population across all models of care and specialisms.

- Digital and data supporting transformation

It is clear that our work in digital and data is fundamental to the development, delivery and operation of services and plays a core role in transforming how we provide care to our population in the future. As highlighted above, one of the most tangible examples of this will be the delivery of virtual services as we support patients to monitor their own vital signs or we conduct MDT¹² meetings and undertake telephone or video consultations remotely. We will expand the role of our Electronic Patient Record in capturing vital clinical information, providing essential decision support and enabling us to optimise patient flow through the hospital and into services that are provided closer to, or indeed within, people’s homes. We will look to extend its scope to include allied health professions and therapies, in addition to recording accurately and comprehensively the care plans of patients cared for in a virtual setting.

We will enhance the training and support offer we provide to clinical staff to ensure they use existing and new digital systems optimally and provide dedicated educational resources to administrative colleagues to ensure that data is captured accurately and used effectively first time and every time.

Our digital and data teams will also need to support the transformation of models of care across our HCP. We will actively increase our work to allow us to share information for the purposes of direct care and service planning, research and population health management in line with the Caldicott principles and with the full support and confidence of our professional colleagues and the population we serve. We will guard against developing systems and processes in isolation that do not fit in with wider plans and ambitions across Bradford District and Craven or wider West Yorkshire. For example, we have ambitions to develop our Command Centre across the HCP in order to communicate and co-ordinate care with, and on behalf of, patients as efficiently as possible. In addition we will also support partners across wider West Yorkshire to deliver projects in relation to Scan4Safety¹³ and the Yorkshire Imaging Collaborative¹⁴.

¹² An MDT (Multi-Disciplinary Team) meeting is a meeting of a group of professionals from different clinical disciplines who together discuss a patient’s condition and jointly make decisions regarding their recommended treatment

¹³ Scan4Safety uses a barcode and scanning technology to improve patient safety and experience by ensuring ‘right patient, right product, right treatment’. Based on Department of Health assessments, the programme is estimated to deliver annual financial savings of £7-10 million across West Yorkshire.

¹⁴ The Yorkshire Imaging Collaborative (YIC) is a transformation programme across the six WYAAT Trusts and three regional partner Trusts (Hull University Hospitals NHS Trust, North Lincolnshire & Goole NHS Foundation Trust and York Teaching Hospitals NHS Foundation Trust), enabled by technology. Its aim is to provide a joined-up radiology service across each Trust that is responsive to the needs of patients.

Accurate and timely data on a HCP basis will also be a key driver in the delivery of our Population Health Management Enabling Programme (see section 5.2 of this strategy). This programme will allow the Trust to link data with our partners in health and care across Bradford District and Craven, using it to design new models of preventative and proactive care that can deliver improvements in health and wellbeing, make best use of our shared resources and begin to address the impact of health inequalities on our local population.

- Digital and data capacity and capability

Given our strategic ambition to use digital and data more widely it is essential that we ensure that our staff, our patients and their families are able to access digital services and use them competently and with confidence.

As such we will need to consider the training needs of our staff and how we ensure that we cater for those people in our local population that may not have access to electronic devices or connectivity or for whom English is not their first language. We appreciate that many in our population do not have basic digital skills or are not internet users. Research has shown that in our over 75s population, 62% of women and 49% of men are not online and never use the internet. As a result we will work closely with our partners across the Bradford District and Craven HCP to ensure that we effectively address digital inclusion. We will work with BIHR and the University of Bradford on Digital Inclusion and create our own Trust Informatics Inclusion Group to identify ways in which we can improve access for our staff and our local community. For example, we will provide specific training for staff and provide pop-up help centres where the local community can receive information and advice about the use of digital services or are provided with help to access services in a care hub.

It is clear that, as the digital and data transformation gathers pace, the local population will receive ever increasing amounts of information and data about health and care. This was evident during the COVID-19 pandemic when the public received a great deal of information in a short space of time, the accuracy and clarity of which was often clouded by misinformation spread via social media. One of our key ambitions is to ensure that we provide sufficient advice and guidance to our local population so that they become educated consumers of data and insight, using it to make better informed decisions about their health and care.

We will also create mechanisms where people can share information and insights about their preferences to shape the services we provide so that they are in tune with their expectations and experiences. We want to use digital technology to provide educational resources that support individuals make the best decisions (for example ahead of surgery) so that they are medically fit for admission and that assist them post operatively in their rehabilitation so that they recover more quickly.

4.6 We will restart and recover planned care after COVID-19

At the Trust, we continued to care for our most urgent patients throughout the COVID-19 pandemic, relocating a number of services to allow us to do this safely. Some of these relocations have now been made permanent with the Trust opening the “Meadows Unit” at Eccleshill Community Hospital to house our haematology and oncology outpatient clinics and our Oncology Day Unit.

However it is true that many more routine procedures and appointments scheduled at the Trust had to be postponed as a result of the pandemic. We must now focus on our processes to restart these services and recover patient waiting times.

However, we must do this safely and ensure that we treat patients on the basis of clinical need. Work in this area has already begun and there are a number of immediate actions implemented with the aim of meeting key targets by March 2022.

Immediate Actions

We have taken a number of immediate actions with the aim of achieving the following by March 2022:

- Eliminate RTT waits of over **104 weeks** except where patients choose to wait longer
- Hold or where possible reduce the number of patients waiting over **52 weeks**
- Stabilise **RTT waiting lists** around the level seen at the end of September 2021
- Return the number of people waiting for longer than 62 days on **cancer pathways** to the level we saw in February 2020
- Delivery of 89% of 2019/20 baseline of **completed pathways**.

Long Term Actions – our Operational Improvement Plan

Whilst we have taken a number of immediate actions, it is clear that recovery from the COVID-19 pandemic will take some time and will not be delivered without significant service transformation.

Some of this transformation will be provided through the development of virtual services and use of digital to deliver care in new ways as referenced elsewhere in this strategy. Healthcare data and Population Health Management will also help us use our resources better but we recognise that at the core of these developments there needs to be a central Operational Improvement Plan, aimed at delivering operational excellence within the Trust and driving performance to new levels over the period of this strategy.

Our Operational Improvement Plan has workstreams for Urgent and Emergency Care, Planned Care and Cancer Care. Our overall aim is to be within the top quartile of trusts against our Key Performance Indicators by April 2023.

Urgent and Emergency Care (UEC)

Within our UEC transformation programme we will deliver our Command Centre¹⁵ functionality and tools roll-out initiative across the Trust to improve decision-making and patient experience. This will lead to outstanding patient placement and provide better patient flow. Alongside this we will also develop a Surgical Same Day Emergency Care (SDEC) model to release bed capacity and improve patient flow.

Continuing the theme of releasing bed capacity we will also look to design and implement a Medical Day Case Unit.

Planned Care

In relation to Planned Care we have developed our Outstanding Theatres Programme and our Transforming Outpatients Programme. Both of these programmes will look to deliver optimal capacity within theatres and outpatients and recover backlogs using enhanced tools to track clinic and theatre utilisation to ensure efficiency and sustainability.

Strong links have been developed with the Virtual Royal Infirmary (VRI) programme in relation to this work, particularly in relation to delivering outpatient appointments and providing education and pre-habilitation of patients virtually.

Plans are also in place to develop a Peri-Operative Medicine Unit (POMU) model to improve the condition of patients and their care prior and post treatment to aid and speed their recovery providing better outcomes for the patient and allowing them to leave hospital sooner.

Cancer Care

In relation to Cancer care we will look to work closely with partners on the Airedale and Bradford Cancer Programme and the Cancer Alliance to develop optimal pathways ensuring earlier diagnosis and treatment for patients. We also intend to utilise capacity with independent sector partners to maintain services in relation to breast and skin cancer surgery within the 62 days target and to clear backlogs for diagnostics pathways.

We will continue with our Access to Health collaboration on pre-habilitation for cancer treatment and enhanced recovery and with our work to improve referral quality.

Our Access Meetings and Weekly Cancer Huddles will continue to monitor and focus on ensuring timely patient progression.

Acting as one to transform service delivery

A common factor throughout each of the workstreams highlighted above is that we will continue to Act as One as part of our Access to Health programme with partners across Bradford District and Craven. In particular we will continue to work with Primary Care to review pathways, consider alternative community services and expand e-consultations as a

¹⁵ The Command Centre was developed alongside GE Healthcare and is Europe's first hospital command centre powered by artificial intelligence, it provides a clear and real-time overview across our inpatient beds and helps staff make quick and informed decisions on how best to manage patient care.

means to expand capacity and reduce delays in accessing specialist care which would otherwise be dependent on attending the Trust.

Digital and virtual

As highlighted elsewhere in this strategy, we intend to develop our use of digital and virtual services in order to help us meet demand and provide services that provide a better patient experience. Some of this work is already beginning to impact positively on our post COVID-19 recovery and we intend to increase its use.

All of our specialties have reviewed the way in which outpatient services are delivered and many have adopted non face-to-face appointments within new outpatient schedules. Most of this is being achieved through the use of telephone appointments but video consultations are increasingly being used. Specialities will be supported to embed this new approach through our “*Virtual Hospital*” and Outpatient Transformation programmes that aim to provide infrastructure and policies to deliver virtual services and improve our safe capacity for face-to-face appointments.

Handing control and flexibility to the patient... use of PIFU

We intend to roll out our use on Patient Initiated Follow Up (PIFU) appointments to enhance our outpatient offer.

Following a hospital appointment it is often necessary to arrange follow-up appointments for ongoing care. Traditionally, these appointments are offered at routine intervals but in some cases, patients feel that they need a follow-up appointment sooner or may agree with their clinician that a follow-up is not required.

To give patients more control and the flexibility to arrange their follow-up appointments we will use PIFU.

Adopting this approach will make it easier and more convenient for patients to receive care and support when they need it and avoid otherwise unnecessary trips to hospital.

5. Place

Our ambition

We are committed to making a difference for everyone that needs our care, meeting them where they are, wherever possible, and helping them to live longer in good health.

Why this is important

It is only by working with our partners across Bradford District and Craven that we will provide genuine opportunities for change that will lead to improvements in health for local people. There are a number of ways in which we can do this, for example via the development of services to make them more accessible and efficient, or by acting as one to pool staffing resources and capacity and developing seamless care pathways or by using Research and Population Health Management to focus on prevention and the efficient focusing of interventions. But one overriding factor is clear; we must work together if we are to help people to live longer in good health.

What we will focus on

- We will Act as One with our partners across Bradford District and Craven

Our public survey revealed that over 90% of respondents thought that working in partnership with other health and care organisations to reduce health inequalities was really important. We recognise that we will need to work closely with partners across West Yorkshire and play a lead role in the West Yorkshire Health and Care Partnership. However, we view the partnerships within our Bradford District and Craven HCP as being the most important if we are to make the greatest strides in delivering health equality for local people.

- Tackling Health Inequalities: Population Health Management

Tackling health inequalities across Bradford District and Craven is a task that must be addressed jointly by partners in our HCP. By using Act as One as our guiding principle and working together we will make a real difference towards delivering health equality for local people through the use of Population Health Management (PHM).

- Research for all – Bradford as a City of Research and using data to become an anchor institution for population health

We will develop our reputation as a City of Research, using data to become an anchor organisation for population health through our Connected Bradford project.

- Strategic Estate: Fit for purpose facilities for Bradford

The Trust faces a significant challenge in relation to the age of its buildings and their suitability for providing modern healthcare. This is an issue that is common across our provider partners in our HCP. We will explore the building of a new teaching hospital for Bradford whilst also supporting the development of an HCP-wide estate strategy.

5.1 We will Act as One with our Partners across Bradford District and Craven

Our public survey revealed that over 90% of respondents thought that working in partnership with other health and care organisations to reduce health inequalities was really important.

We recognise that we will need to work closely with partners across West Yorkshire and play a lead role in the West Yorkshire Health and Care Partnership if we are to address health inequalities in the population of West Yorkshire. We will also ensure that we work with other providers of acute hospital care across West Yorkshire to configure and deliver services across a regional footprint so that they best meet the needs of our shared patient populations.

However, we view the partnerships within our Bradford District and Craven HCP as being the most important in delivering our strategic ambitions and in providing real opportunities for change that will improve health equality for local people. We agreed and signed a 'Strategic Partnering Agreement' with 13 partners across Bradford District and Craven at the end of March 2019 and reviewed and further strengthened this SPA following its first year in existence.

This SPA has informed our continued development as a HCP on a range of topics with the aim to ensure the development and delivery of a system-wide strategy, system-wide budget setting and delivery of system-wide financial balance. Of particular importance is the ability of the Trust to work together with HCP partners to secure system-wide financial balance - financial sustainability and stability will guarantee our local HCP a stable foundation from which initiatives such as our Act as One Programme can prosper.

Act as One is the new operating model developed with our health and care partner organisations across Bradford District and Craven. It is a leap forward in ensuring that we work together to provide system-wide, efficient solutions to the provision of care.

At a basic level, it includes a number of key work programmes aimed at helping people to take action to stay healthy, well and independent through prevention and early intervention. These work programmes cover prevention and care in relation to Diabetes, ensuring "Better Births", Respiratory Health, ensuring that our older residents are Ageing Well, providing equitable Access to Healthcare, looking after Children and Young People's Mental Health and ensuring better Cardiovascular health.

However, at a wider level, Act as One provides the framework to allow all health and care organisations to work together to address the big issues which cannot be tackled by individual organisations alone but which affect the health and wellbeing many of the people of Bradford. These issues include addressing health inequalities brought about by higher levels of social deprivation, poor dietary choices and a lack of training and employment opportunities.

5.2 Tackling Health Inequalities: Population Health Intelligence driving Population Health Management

We, along with partners in our Bradford District and Craven HCP, have recognised that tackling health inequalities across our local area is not a task that any of us can hope to achieve on our own. However, by using Act as One as our guiding principle and working together we intend to make a real difference towards delivering health equality. One of our key tools for doing this will be our Bradford District and Craven Population Health Management Enabling Programme.

Population Health Management Enabling Programme

Population Health Management (PHM) is a relatively new technique that allows partners in local health and care systems to pool their data and use it to design new models of preventative and actual care so that we deliver improvements in health and wellbeing and make best use of our shared resources.

In order to ensure that we have a robust approach to PHM in our Bradford District and Craven HCP we have set up an Enabling Programme. This programme will be overseen by a programme board that will lead the development of an HCP-wide PHM function that will bring together our disparate sources of data, analyse them and develop conclusions based on this intelligence. It will then provide senior decision makers within our HCP with choices and recommendations to allow them to transform service delivery to reduce health inequalities and improve population health.

As part of this programme we will create one integrated system-wide business intelligence function for our HCP and develop the skills and competencies in Primary Care Networks¹⁶ and Community Partnerships¹⁷ so that they can use the PHM approach to also make decisions on service delivery based on more detailed and complete intelligence.

We recognise that engagement is a vital factor when trying to implement strong PHM systems. So one of our key tasks is to present data clearly and flexibly to ensure that it can be interpreted easily and in ways which are appropriate for multiple users across our HCP. As a result, we are working with users to find out what they would like to see in terms of content and usability. We will then develop ways to provide this data as required.

The PHM approach that we intend to adopt will build from the intelligence that we have gathered, identify effective and evidence based interventions and then implement them. It will not necessarily be about making wholesale changes to the local health and care environment but will see where existing services can be improved so that they work better for local people and balance services in favour of prevention and long term wellbeing.

¹⁶ To meet the needs of their local populations GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as Primary Care Networks (PCNs). Each PCN is based on GP registered patient lists, typically serving natural communities of between 30,000 to 50,000 people.

¹⁷ These include Voluntary, Community and Social Enterprises (VCSE). The Voluntary, Community and Social Enterprise (VCSE) sector is an important partner for statutory health and social care agencies and play a key role in improving health, well-being and care outcomes. Community Partnerships typically operate on a 30,000 to 60,000 population footprint.

Within our HCP we have already implemented some interventions to improve population health. One of the first has been the Reducing Inequalities in Cities (RIC) Programme. The RIC programme began in 2019 with a view to reduce premature mortality in the population living in some of the most deprived areas in central Bradford. It identified that work was needed specifically in relation to pre-conception, maternity care and children, and prevention and education work to reduce mortality in relation to cancer and cardiovascular and respiratory conditions.

It is now intended to expand the RIC programme across the rest of the city using big data supplied and analysed by the Bradford Inequalities Research Unit.

Our Community Partnerships also have interventions that are operational or in development. They operate alongside our PCNs and engage proactively with communities focussing on prevention. For example within the Windhill, Idle and Saltaire Happy and Healthy (WISHH) Community Partnership there is a service called the proactive care team which targets people aged 65 or over with moderate frailty and supports them to remain in their own home. Similarly, the Airedale Community Partnership and Keighley Prevention and Early Help pilot have worked together to identify opportunities for early detection of emerging problems and the mobilisation of resources to support individuals and families – preventing escalations such as GP or hospital attendance. We will use PHM on a larger scale to help us direct resources to the right kind of programmes in the right locations within our HCP thus reducing health inequalities and demand for services generally.

How will we use PHM at the Trust?

Internally, within the Trust we will use PHM data to identify where we need to change or develop services and plan for increases in demand. For example it is clear from some of the population health factors highlighted earlier in this strategy in relation to children that we need to be developing our offer in Paediatric Care; particularly in relation to neonatal services as well as respiratory, diabetes and allergy services.

This will involve assessing service needs and developing innovative new models of care so that we work with partners, use technology and develop virtual services to both prevent illness, reduce the need for interventions and provide care closer to home.

We will also look to tackle health inequalities through our specific Act as One Programmes.

Use of triage pathways

Following the launch of “Talk before you walk” or “111 First”, we have been able to identify people attending our Emergency Department when there should have been an alternative provision in our HCP. This is either as a result of there not being a pathway, staff not knowing about a pathway or patients being unable to navigate what can sometimes be a complex health and care system. This is especially the case for some of our communities in more deprived areas or who may not have English as their first language. We will systematically work through each of these areas to ensure we improve availability and access to these alternative and more appropriate services for our local population.

We have already planned some pilot work in relation to access to same day care, which is often a challenge for patients. Local Care Direct has developed a paediatric clinic which coincides with the busy time of 4pm to 7pm when parents often need to access care for their young children. The clinic is located within the heart of one of the most deprived neighbourhoods within Bradford and is to be accessible both via 111 and through onward referral from ED. We are working with primary care colleagues to strengthen the pathways and consider the roll out of similar services, where required.

5.3 Research for all: Building on our international reputation as a City of Research and using data to become and anchor institution for population health

At the Trust we are rightly proud of our internationally renowned Bradford Institute for Health Research¹⁸ (BIHR). BIHR is a unique partnership of primary care, secondary care and universities, established to support the faster translation of health research into patient benefit.

BIHR – our key role during the pandemic

The Trust benefits from the national and international reputation of our Bradford Institute for Health Research (BIHR).

BIHR has also played a leading role in the national COVID-19 vaccine trials and has harnessed its research expertise and infrastructure to support our local response and recovery from the pandemic through the creation of a COVID-19 scientific advisory group. Work has particularly focussed on

- providing insight to support the roll out of COVID-19 vaccinations in the district
- investigating (as part of Born in Bradford) how COVID-19 is affecting the lives of children and families in Bradford
- providing additional insights on COVID-19 epidemiology and the wider impacts on health services
- understanding the impact of our COVID-19 response on our people

We will capitalise on this outstanding research capacity, experience and infrastructure to deliver high quality research and provide the opportunity for patients and all Bradford citizens to take part in research that will improve health and wellbeing within our local population.

We intend to promote research throughout our wards and departments, always looking for, and being open to, new ways of working which will benefit our staff and patients. Our ambition is that research 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. This will improve not just our clinical care but also our teaching.

¹⁸ More information on BIHR can be found here www.bradfordresearch.nhs.uk

Our commitment to research goes wider than just improving the outcomes for patients under our direct care; our approaches to improving health and reducing inequalities will also be vital in improving the health and quality of life of the people of Bradford as a whole and our aim is to promote the concept of Bradford as a “City of Research”¹⁹.

City of Research

In November 2020, the BIHR was recognised by the National Institute for Health Research as one of its five new National Patient Recruitment Centres (NPRCs). We now wish to take our ambitions further so that we *Act as One* with research functions across our IPC to truly turn Bradford into a “City of Research”.

Over 50,000 Bradford citizens are actively involved in our research programmes which include the internationally acclaimed Born in Bradford and Better Start Bradford studies.

The Born in Bradford research study is one of the largest research studies in the World, tracking the lives of over 30,000 Bradford people to find out what influences the health and wellbeing of families. Born in Bradford is beginning a new and exciting research project called “Age of Wonder” following the lives of 13,500 of children within the study that were born between 2007 and 2011 to explore why some families stay healthy and others remain or become ill.

No other city in the country can boast the same number of research participants as Bradford; we are a leading city in the UK with regard to the depth and scope of research involvement. It is this superb and unparalleled infrastructure that we intend to use as a platform to continue to promote our concept of the “City of Research”.

The COVID-19 pandemic has shown how policy and practice can be led by science and research. But in Bradford District and Craven, we have a second, silent pandemic of non-communicable disease in the UK. We will work with our partners across the HCP to embed research and innovation into everything that we do; to underpin our work aimed at these diseases and to reduce health inequalities, improving the health of the people Bradford District and Craven. It is our ultimate aim, with BIHR, to embed research into the city’s culture so that every single Bradford citizen is offered an opportunity to (and would want to) take part in a research programme. This is particularly the case in relation to those programmes aimed at preventing ill health and reducing health inequalities. We will work with research partners across our Bradford District and Craven HCP to create one, people-powered, data-driven, collaborative research function for the whole of the HCP that is dedicated to turning Bradford into a City of Research.

Connected Bradford

Part of the work to develop Bradford as a City of Research will involve the promotion of the Connected Bradford programme. Connected Bradford is part of the Population Health Management initiative highlighted elsewhere in this strategy. It will involve the use of linked data sets to give a comprehensive view of the health needs of the local population and the different levels of service that the various parts of the population need. The ultimate goal is

¹⁹ More information on the City of Research can be found here www.cityofresearch.org

to be proactive and identify citizens that are not just unwell but also those that are risk of developing illnesses and providing them with the right care to prevent these diseases from worsening.

Research-led Care

One of the clear outcomes of work to respond to the COVID-19 pandemic was that a more complete integration of research and clinical care often led to the quicker development of new treatments and startling improvements in patient outcomes. As a result, and in line with aims to be a City of Research, the Trust will explore the potential to significantly increase the number of inpatients that have the opportunity to be part of a research programme. With this in mind, the Trust is to revitalise and republish its Research Strategy to ensure that it continues to bring research to the bedside on a wider scale.

This may involve patients being part of a randomised trial or it could be that their inpatient patient data is collected to allow the development of global, patient-oriented clinical studies creating Connected Bradford on a much wider, global scale.

5.4 Strategic Estate: Fit for purpose facilities for Bradford

Our buildings have been well managed by our Estates and Facilities teams and our Board of Directors has approved a number of strategic investments to help improve our facilities. This more recently includes a £28m hospital wing at Bradford Royal Infirmary which was opened in 2017 as well as refurbishment investments totalling £28.5m during 2020/21 providing new facilities such as an Accident and Emergency department single isolation suite, Same Day Elective Care facilities and an Operating Theatre new build and refurbishment.

However the fact remains that the majority of our buildings were built before the creation of the NHS in 1948 and the estate is unsuitable for modern day healthcare practice. Where newer estate does exist it is largely made up of 1960s concrete materials which are now beyond their building life cycle both in construction and engineering services. The estate portfolio has significant backlog maintenance investment needs, currently calculated at over £86m net and is compromised by lack of expansion space, engineering infrastructure and business continuity risks.

Our buildings do not easily lend themselves to the provision of modern, efficient healthcare nor do they consistently provide a pleasant environment for patients, visitors or staff. In addition, as a Trust we are now spending increasing amounts of public money on maintenance to keep these buildings safe and functional.

As a result the Trust is exploring a number of solutions to improve its estate. One of these solutions is the potential to build a new hospital to replace Bradford Royal Infirmary and St Luke's Hospital which, when designed with future demand levels and our ability to deliver virtual services in mind, will ensure that we can meet the health needs of Bradford for many years to come.

However, the Trust understands and accepts that a new acute teaching hospital is a medium-term objective for our Bradford District and Craven HCP and that there are more immediate objectives in our HCP to build new facilities for Bradford District Care NHS Foundation Trust and Airedale NHS Foundation Trust. These objectives and how we will

address them as a Bradford health and care system will be set out in a Bradford District and Craven Estate Strategy.

Consequently, at a Trust level, we will follow a twin stream approach to the development of our estate with one workstream dedicated to the medium-term objective of building a new teaching hospital whilst we also focus on the backlog maintenance and targeted development of the existing estate and a second workstream to support the development of an HCP-wide Estates strategy.

A new short to medium term Trust Estate Strategy is being developed to focus immediate investment priorities on a risk based approach to provide on-going estate operational safety and operational continuity.

The extent of any plans that focus on the maintenance and targeted development of our existing estate will, of course, be dependent on the Trust remaining financially stable and achieving its financial sustainability targets.

6. Partners

Our ambition

We will work with partners across West Yorkshire; tackling problems together that cannot be resolved by individual organisations alone.

Why this is important

Whilst our main focus will be to act as one with our partners in our Bradford District and Craven HCP, we recognise we are part of a wider partnership across West Yorkshire and that actions to develop services locally will always be taken within a framework that aims to improve health and care provision and reduce health inequalities across the whole of West Yorkshire. We will also be required as a West Yorkshire Integrated Care System to work together to ensure that we meet the NHS Net Zero Carbon target.

As a result it is essential that we work with partners across the whole of West Yorkshire to develop services regionally and sustainably.

What we will focus on

- Working with colleagues within our HCP and with partners across West Yorkshire to address health inequalities

It is vital that we work with partners across West Yorkshire to improve services, focus on prevention and tackle health inequalities for local people. In order to do this the Trust will support the West Yorkshire Health and Care Partnership²⁰ in the local delivery of its 5 year plan – *Better Health and Wellbeing for Everyone*.

- Working with other providers of acute hospital care to best meet the needs of our shared patient populations

We will work with partners across West Yorkshire to ensure that acute services are configured and delivered in such a way so as to best meet the needs of the local population. This will involve working within the West Yorkshire Association of Acute Trusts (WYAAT) to ensure that this happens. We will also ensure that we continue to develop acute services across Bradford District and Craven by pursuing opportunities to collaborate with Airedale NHS Foundation Trust.

- Continue to develop the Trust as a hub for specialist services in the west of West Yorkshire

The large population of West Yorkshire, its geographic scale and diversity, and established patient flows, provides a clear case for models of care that feature co-ordinated and operationally independent arrangements for specialised services in the

²⁰ The West Yorkshire Health and Care Partnership (WYHCP) consists of the organisations from local government, the NHS and the voluntary sector from across West Yorkshire working together to plan and deliver health and care services across the region. The WYHCP 5 year plan can be found at https://www.wyhppartnership.co.uk/application/files/6815/8451/9232/Better_Health_and_Wellbeing_for_Everyone.pdf

west of West Yorkshire. This is currently seen in the configuration of vascular services which are provided on a twin hub model based in the west and east of the region. We will continue to work with partners to develop this model in relation to other specialties.

- We will deliver our Green Plan

It is essential that we work with partners across our ICS to ensure environmental sustainability and that we meet our commitment to meet the NHS Net Zero Carbon target. In order to do this we will ensure that we deliver our Green Plan.

6.1 Working with the HCP and partners across West Yorkshire to address health inequalities

The West Yorkshire Health and Care Partnership (WYHCP) set out its “10 big ambitions” aimed at reducing health inequalities across West Yorkshire in its 5 year plan; *Better Health and Wellbeing for Everyone*.

It is the intention of WYHCP that a great deal of the work to address these ambitions is undertaken locally in each of the five “Places”²¹ that make up the Partnership. As referenced below in the “Place” section of this strategy, we will address this particularly through work on Population Health Management and developing Bradford as a City of Research. Both of these areas will support delivery of the WYHCP objectives.

However there is also a range of specific Bradford District and Craven place-based programmes of work that are already underway where the Trust will continue to play a significant role. For example, we will support the programmes of work in our HCP in relation to Living Well, Reducing Inequalities in Communities and Better Start Bradford which will all have a local impact and will help our Place to meet WYHCP ambitions in relation to *“Increasing the years of life that people live in good health”* and *“Addressing the health inequality gap for children living in households with the lowest incomes”*.

Better Start Bradford – overcoming health inequalities

Better Start Bradford is a project that works with expectant families and families with children aged 0-3 in the Bowling and Barkerend, Bradford Moor and Little Horton areas of Bradford to help give children the best possible start in life. To do this, a range of projects have been developed to address social and emotional development, language and communication and health and nutrition.

The project works alongside a host of local partners and aims to have a lasting legacy for children and families by improving their chances of good health in later life through giving them a better start in their early years. The Trust is a partner in this project and will continue to support it.

Many of the *Act as One* work programmes will also support the achievement of the “10 big ambitions”. Our work in relation to the Access and Better Births programmes will help ensure achievement of the WYHCP ambitions to *“Increase early diagnosis rates for cancer by 2024”* and *“Achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025”*.

²¹ The WYHCP is built from the bottom up using plans developed in the five local “Places” that make up the region. These are Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield.

Act as One Access to Health – overcoming health inequalities

The Act as One Access to Health programme has a specific focus on cancer and will support the achievement of the WYHCP ambition to increase early diagnosis of cancer through its cancer specific commitments in Bradford District and Craven on, for example rapid diagnostic clinics and FIT testing, screening initiatives and lung health checks.

The Trust is playing a key role in supporting the delivery of this programme. The delivery of its objectives will mean that access to cancer services will continue to improve for the people of Bradford District and Craven and that diagnosis rates will increase. This will, in turn have a positive impact on diagnostic rates across West Yorkshire – one of the WYHCP “10 big ambitions”.

Our Trust work, highlighted in our People section, to ensure that our workforce at all levels is representative of our local population and that we operate as an anchor organisation offering career opportunities for local people, will help to ensure that the WYHCP ambitions to “*have a more diverse leadership*” and to “*strengthen local economic growth*” are achieved. In addition, in January 2020, the Trust developed an Equality and Diversity Council (EDC), chaired by our Chief Executive and with key representation from across the Trust. The role of the EDC is to advance workforce equality and to tackle wider health inequalities across the district. It provides strategic direction to our EDI agenda and ensures that as a Trust we can make a clear and informed contribution to the WYHCP response and work plan in relation to tackling health inequalities for BAME communities and colleagues.

Through actively supporting and providing a lead in many of these programmes we will help the delivery of the WYHCP “10 big ambitions” in their 5 year plan.

6.2 Working with other providers of acute hospital care to best meet the needs of our shared patient populations

It makes sense for the Trust and other acute providers across West Yorkshire and Harrogate to work together to provide clinical services. The drivers for working together may be to cover workforce shortages, achieve economies of scale, meet national commissioning standards, stabilise a fragile service or tackle unwarranted clinical variation. Wherever a case for change suggests there is a potential for collaboration, we will work through WYAAT to identify and explore the options available.

There are multiple projects underway already through WYAAT but a key overarching project has been the development of a WYAAT Clinical Services Strategy. This WYAAT strategy sets out a framework aimed at allowing the coherent and aligned development, improvement and transformation of clinical services across West Yorkshire and Harrogate. It covers a total of 24 acute specialties and considers the whole pathway for each specialty from prevention all the way through to the delivery of highly specialised services. The WYAAT strategy suggests options for providing services in different configurations across the region with some services that are currently provided separately by trusts being provided jointly or in networks.

We will support WYAAT to further develop and deliver this strategy to ensure that we improve access to health services for local patients, providing them with services that are more robust and sustainable. An example of this can be seen in section 4.3 below where the Trust became a hub for the delivery of vascular services in the west of West Yorkshire.

It is also vital that we continue to deliver sustainable acute services across Bradford District and Craven. We have strong track record of working collaboratively with Airedale NHS Foundation Trust and we are keen for this to continue particularly in relation to ENT, Ophthalmology, Urology, Plastic Surgery and Renal services. Our aims will be 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
- improve training, skills and experience by rotating and exposing staff at both Trusts to a more varied patient cohort with differing levels of acuity

6.3 Continue to develop the Trust as a hub for specialist services in the west of West Yorkshire

The most highly specialised services in our region will continue to be concentrated in Leeds, and we recognise the need to ensure that there are coherent and effective pathways for those patients who need access to 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 the concentration of services in one location.

Given the large population of West Yorkshire, its geographic scale and diversity, and established patient flows, there is a clear logic for models of care that feature 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 District and 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.

What sort of specialist services could be delivered in the west of West Yorkshire?

West Yorkshire Vascular Service

An example of this west of West Yorkshire hub arrangement is the West Yorkshire Vascular Service where a hub for vascular services in the west of West Yorkshire has now been created in Bradford.

Since November 2020, all inpatient vascular treatment for patients resident in Bradford District and Craven, Calderdale and Huddersfield has taken place at Bradford Royal Infirmary.

This has created an overarching single, shared regional vascular service that ensures that patients, regardless of where they live within West Yorkshire, have access to the same high quality treatment.

We envisage continuing to collaborate with neighbouring organisations to develop further examples of the west of West Yorkshire Vascular Service model in practice.

One potential area for the Trust to do this could be non-surgical oncology. This is currently a specialty that services across West Yorkshire experience challenges with when recruiting and retaining oncologists. There may be scope therefore in developing a larger West Yorkshire model for this service. This is the type of service for which the Trust would always be interested in becoming a hub site for services in the west of West Yorkshire.

These models would always be developed with partners in the West Yorkshire Association of Acute Trusts.

6.4 We will meet our commitment to sustainability and delivery of the NHS Net Zero Carbon Target

It is essential that we play our part in providing sustainable healthcare and ensuring that the NHS meets its Net Zero Carbon target by 2040. In order to do this we will need to consider the delivery of our Green Plan²² and sustainability in every development in relation to service delivery, our workforce, supply chains and our physical estate.

As a Trust we have already made great strides to get the very best from our ageing estate. For example, we have an Energy Centre that helps us generate combined heat and power using gas turbines to generate electricity and using residual heat from this process to provide hot water at the Trust. As a result we have some of lowest ratings amongst Trusts across the country for indicators such as site energy consumed, carbon emissions and water usage per square metre of floor area. However, becoming net zero carbon will be an immense task and if we are going to achieve it by 2040 we will need to be innovative and begin to act now. Some of the strategic themes in this document will help deliver this target, for example virtual services and the use of digital technology will help us cut down on

²² The Trust's Green Plan can be found at <https://www.bradfordhospitals.nhs.uk/green-plan/>

emissions through patient travel. In addition, the potential build of a new hospital (see section 5.4 of this strategy) will ensure that our energy systems are even more efficient.

To bring our environmental ambitions together in one place we have developed a Green Plan. This plan sets out a framework to ensure that we consider sustainability whenever we develop our services or our facilities.

Key elements of our Green Plan are:

- *Revenue and capital procurement* - As well as providing strong leadership and commitment with regard to sustainability, our Board will adapt our procurement processes to ensure that greater weight is given to sustainability criteria and social value when making purchasing decisions. We will also integrate whole-life costing into decisions concerning capital planning and estate refurbishment or development. Flexibility will be designed into all new buildings so that their use can be evolved during their life cycle. Large capital developments will be targeted towards brown field (as opposed to green field) sites. We will also safeguard existing green space within our sites.
- *Asset management* - In relation to asset management and the use of utilities we will invest in technology to make the reporting and assessment of energy usage easier and more accurate. Energy and water usage will be reported to the Board in order to meet the mandatory requirements of the Climate Change Act 2008. This will involve the sub-metering of individual buildings across our sites so that we can identify key points of usage and specific opportunities to become more efficient. In order to further improve the efficiency of our buildings we will move to replace current lighting with LED alternatives install inverter drives and motors, replace refrigerant gases and enhance thermal insulation and building material properties as part of our rolling maintenance programme. We will measure and report against performance indicators for the Trust's production of Nitrogen Oxides and Carbon Dioxide equivalents. A heat decarbonisation plan will be initiated to consider alternative future investments in our estate to provide the most efficient and effective low carbon solutions in operating our engineering building services within the estate.
- *Travel* - The Trust will develop a Green Travel Plan to promote "active travel"²³, public transport and car sharing with staff, along with providing staff education regarding low carbon travel. We will also take action to de-carbonise our own fleet of vehicles by looking to lease a higher proportion of electric vehicles. A greater number of electric vehicle charging points will also be placed on site. In order to encourage "active travel" we will provide more secure bicycle storage. Steps will be taken to reduce "in the day" business travel by ensuring that we continue to use and develop teleconferencing as a means of conducting meetings. Likewise the move to virtual services will reduce the need for patients to travel to our main sites; instead they will receive care either at home or closer to home.

²³ Active travel refers to the use of alternative form of transport for shorter journeys such as walking or cycling

We also realise that we are not working alone in Bradford with regard to sustainability and will work with the City of Bradford MDC to help them achieve their strategic ambition to *“address climate and environmental change”*.

7. Conclusion

This strategy has been developed by our people, patients, the public and partners from across Bradford District and Craven.

We hope that it shows our ambitions not simply as a list of things we want to do but instead as a set of coherent and mutually reinforcing components. Our ambitions are interconnected and interdependent, for example, the extension of virtual services will be a key element of our desire to restart and recover planned care services, but to become a virtual hospital we need to be more digitally enabled, which in turn supports our aims to improve sustainability, and of course a new teaching hospital would be essential to deliver net zero carbon. But a new hospital is unlikely to be affordable unless the virtual hospital model gives us confidence we can contain the future growth in demand for bed capacity.

We are convinced that once we begin to deliver our ambitions we can begin to start a chain reaction that will drive an upward spiral of progress and achievement at the Trust which, allied to the work of our partners across Bradford District and Craven will help power improvement in the health and wellbeing of our local population

This will be a challenging and exciting journey – let’s make it together!