

Our Patients

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Aimed at meeting our strategic objectives:

- **Quality** – “To provide outstanding care for patients delivered with kindness”
- **Improvement** – “To be a continually learning organisation and recognised as leaders in research, education and innovation”

Individual strategic commitments for “Our Patients”	Key areas of work (to provide context)	How we will do it Specific actions and/or workstreams	Measures of Progress (milestones)	Measures of success (how will we know we have delivered)	Cross reference to relevant sub-strategy or plan	Report to which Academy (and how often)?	Responsible Executive Director and target completion date
The delivery of outstanding nursing and midwifery care	<ul style="list-style-type: none"> • Implement Nursing & Midwifery, AHP and Clinical Risk Management strategies with focus on Leadership, Education & Development, Patient Experience, Staff Experience, Partnership Working and Quality & Safety of Care • Senior staff to be empowered to resolve key issues and develop services 	<p>The Trust is participating in international research project to look at introducing Magnet (American Nursing Excellence) principles in to European Trusts, this thinking, learning and participation has enabled the development of the relevant strategies and councils.</p> <p>The Nursing and Midwifery strategy will be launched on the 12 May 2022, this is a 5 year strategy and describes all the areas of focus. The strategy</p>	<ul style="list-style-type: none"> • Launch of strategies May 2022 • First round of shared governance councils May 2022 • Work plans agreed for each council reflecting the strategies June 2022, individual KPI's to be agreed using QI methodology • Annual review of TOR / Work plans to ensure on track to deliver strategy 	<p>These will be developed further, in partnership with staff, in line with the shared governance principles. The guiding principles will be:</p> <ul style="list-style-type: none"> • Improved staff morale • Improved recruitment and retention • Increased numbers of advanced roles • Improvement in identified QI metrics 	<ul style="list-style-type: none"> • Nursing and Midwifery Strategy • AHP Strategy • Quality Strategy • Education Strategy • Embracing kindness (patient experience strategy) 	<ul style="list-style-type: none"> • Quality Academy on a quarterly basis • People academy (staff experience and recruitment and retention elements) 	Karen Dawber

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	<ul style="list-style-type: none"> • Training and education as a means to recruit and retain the very best people 	<p>will be delivered by a shared governance model, introducing Nursing Councils and nursing council day.</p> <p>The AHP strategy will be launched in May 2022, again supported by the shared governance model.</p> <p>The strategies are based on the themes of the overarching Trust strategy.</p> <p>The shared governance councils are based on an overarching Professional council with a number of subgroups, encompassing all areas</p>		<ul style="list-style-type: none"> • Increased participation in research • Improved patient engagement and satisfaction • Increased inclusivity and advancement of staff across underrepresented groups. • Wider access and education opportunities • Reduction in patient harms 			

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		for delivery. These are: <ul style="list-style-type: none"> • Advanced Practice • Quality & Patient Safety • Achieving Excellence • New knowledge, technology and innovation • Education and professional development • Recruitment, retention and recognition 					

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Providing outstanding patient experience	<ul style="list-style-type: none"> • Further development and delivery of the <i>Embedding Kindness</i> programme • Engagement with patients so that they have a voice and can see that their voice is being heard. • Continue to collate information and feedback from FFT, national surveys and specific patient experience projects 	<p>The main delivery route will be via the patient experience group (patients / internal facing) and the engagement group (community and outward facing)</p> <p>This will be supported by the shared governance councils and the strategic aims of the strategies previously noted.</p>	<ul style="list-style-type: none"> • Complaints metrics including thematic review and evidence of learning and improvement • Restarting of FFT and department specific patient feedback • Learning from community engagement and evidence of implementation of initiatives • Revised work plans and annual review • Annual report on work of patient 	<ul style="list-style-type: none"> • Decrease in number of complaints • Increase in number of compliments • Evidence of learning from complaints and compliments including wider organisational impact • Increase number of face to face engagement events with members of the public and patients • Evidence of 	<ul style="list-style-type: none"> • Nursing and Midwifery Strategy • AHP Strategy • Quality Strategy • Embracing kindness (patient experience strategy) 	Quality Academy	Karen Dawber

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			experience group and the community engagement group to be presented to Quality Academy in May 2022, including work plan for 2022/23	improvements made from engagement <ul style="list-style-type: none"> • Improvement in accessible information standards • Implementation of revised scorecard and quarterly reports in relation to engagement and experience • Embedding patient experience and engagement into the Exec to CBU process. 			

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Delivery of high quality services	<ul style="list-style-type: none"> Implement new Quality Strategy with focus on the WHO 6 areas of Safety, Timeliness, Effectiveness, Efficiency, Equity and Patient Centric care 	<p>Implement revised Quality Governance Framework to support new operational model.</p> <p>Consultation process in relation existing Governance roles currently within Care Groups.</p> <p>Engagement with internal and external stakeholders.</p> <ul style="list-style-type: none"> Session with Trust Governors 5th April 2022. Survey Monkey for Trust Staff. Quality and patient Safety Academy 	<ul style="list-style-type: none"> Revised Quality Governance Framework approved by Execs. April 4th 2022 Revised Quality Governance Framework live October 2022. Recruitment of Quality and Patient Safety Facilitators. End July 2022. Existing Governance roles within Care Groups absorbed into central 	<ul style="list-style-type: none"> Revised Quality Governance Framework implemented. Each CBU assigned Quality and Patient Safety Facilitator to support implementation of Quality Governance Framework. Revised Quality Dashboard utilised at Quality and Patient Safety Academy to track 	Quality Strategy ‘Outstanding’ Programmes.	Quality and patient Safety Academy quarterly reports	Ray Smith and Karen Dawber

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		<p>Development session 26th May 2022</p> <p>Virtual focus groups in conjunction with Patient Experience team.</p> <p>Quality Improvement annual work plan developed.</p> <p>Develop ‘Ward to Board’ Metrics to support CBU’s Quality Profiles/ Balance score card.</p> <p>Participation in Magnet4Europe.</p> <p>Implementation of shared governance model in line with Magnet4Europe.</p>	<p>Quality Team.</p> <ul style="list-style-type: none"> • Collation of feedback from engagement. End June 2022. • Publication of Quality Strategy July 2022. • Quality Indicators identified and approved to support Quality Dashboard. • Quality Improvement work plan approved. • Develop standardised Quality Boards at 	<p>improvement.</p> <ul style="list-style-type: none"> • Implement Ward/department level Quality Boards. • Continuous improvement in key quality indicators. • Improving scores in Inpatient Surveys. • Decrease in formal complaints relating to quality of care. • Improving clinical outcomes through national and clinical audit 			

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			ward / department level • Implementation of Nursing Councils.	programmes.			
	<ul style="list-style-type: none"> • Support for clinicians to implement specific programmes of improvement 	<p>Roll over contract with LifeQI platform into 2022/23.</p> <p>Develop suite of training packages to support and improve staff capacity and capability in Quality Improvement. This includes maximising current opportunities with partner organisations. (e.g QUEST)</p> <p>Review all policies relating to Clinical Outcomes, audit and</p>	<p>Number of projects logged on LifeQI platform.</p> <p>Delivery of ‘Outstanding’ programmes.</p>	<p>Number of projects that have been completed and demonstrate impact.</p> <p>Number of staff successfully completed QI training.</p>	<p>Quality Strategy</p> <p>‘Outstanding’ Programmes.</p>	<p>Quality and patient Safety Academy quarterly reports</p>	

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		<p>mortality.</p> <p>Review terms of reference to key committees associated with clinical outcomes.</p> <p>Develop high priority and national audit annual plan.</p>					
	<ul style="list-style-type: none"> • Strengthening of relationships with healthcare research partners 	<p>Current participation in many research programmes.</p> <p>‘Learn Together’ research in patient / carer involvement in patient safety investigations.</p> <p>Look for opportunities to be involved with future research programmes</p>	Number of research programmes	Number of projects that have been completed and demonstrate impact.	Quality Strategy	Quality and patient Safety Academy quarterly reports	

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Development of Virtual Hospital: a clinically-led transformation	<ul style="list-style-type: none"> • Delivery of a clinically and operationally led VRI programme • Create an operational infrastructure to support the provision of clinical care in settings away from the traditional ‘on site’ in hospital pathways 	Delivery of the 5 VRI workstreams <ul style="list-style-type: none"> • Expansion of the virtual ward • Readiness for treatment • Virtual outpatients • Management of long term conditions • Patient Education Robust programme management arrangements in place reporting to a monthly Programme Board with representation from across the Place. Each workstream	Quarterly targets set for each workstream. For quarter ending 31.3.22 <ul style="list-style-type: none"> • Virtual Ward to initiate phased roll-out beginning with General Surgery • Patient education to confirm timescales for initial funding, understand procurement process and agree timetables for initial build phase. Scope and arrange 2 nd phase of workshops – this	We will ensure that <ul style="list-style-type: none"> • 2% of outpatients are moved to Patient Initiated Follow Up (PIFU) appointments by March 2022 • 5% of outpatients are moved to Patient Initiated Follow Up (PIFU) appointments by March 2023 • there is a 25% reduction in follow up outpatient appointments by March 2023 	Trust Draft Virtual Services Strategy “High Quality Care Anywhere” (publication due in April 2022) VRI Programme Plan	Six monthly update reports provided to the relevant (TBC) Academy Financial and economic aspects of all new service developments will be assessed and reported via the usual governance processes to the F&P academy and then to Board	John Holden 1 April 2023

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		<p>clinically-led and reporting into a monthly delivery group</p> <p>Weekly progress reports provided to SRO Exec Lead by overarching Programme Director.</p> <p>There will be a joined up approach to the development of all new services to that they improve efficiency and are economically sound</p>	<p>time for General Surgery, Diabetes, Cardiology and Respiratory</p> <p>Explore with Patient Engagement group how we can best gather feedback</p> <ul style="list-style-type: none"> • Outpatients – work on PIFU to begin with communications to staff via Let's Talk, Twitter account and presentation to the Clinical Reference Group (CRG) • Develop a Virtual Information Centre to engage with 	<ul style="list-style-type: none"> • All specialties participate in virtual outpatients with a minimum of 20% of outpatients being non-F2F by March 2023 • 16% of all outpatient referrals are managed by advice and guidance or e-Consults by March 2023 All specialties participate in the virtual ward by March 2023 with each specialty caring for a minimum of 2% of their activity in this 			

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			<p>Clinicians and Patients to demonstrate how technology could support virtual pathways .</p> <p>Develop local SOP and initiate plan to discharge 2% of all outpatient attendances by March 2022 and increase use of PIFU month on month</p>	way.			

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Development of Digital technology and data: transforming how we deliver care	<ul style="list-style-type: none"> • Focus on the “brilliant basics”, right devices, right tools in the right numbers – ensure that we are “always on” • Supporting digital transformation through the creation of a consistent digital and data architecture across our ICP to allow the development of digital working and support for Population Health Management 	A key element of this will be to establish baseline resourcing for a joint EPR team. Current resources are aimed at day to day system maintenance aimed at “keeping the lights on” plus clinical updates and maintenance of “operating systems”. However further resource is required to develop independent testing facilities and the delivery of major projects throughout 22/23 and beyond. Many of these will be required so that EPR keeps pace with	In relation to EPR – the delivery and recruitment of extra resource and reduction in open change requests Informatics Business Plan and individual Programme Plans contain clear milestones against which to manage progress	<p>Milestones for benefit realisation will be measured in a number of ways. For EPR they may include</p> <ul style="list-style-type: none"> • Planned Changes delivered • Improvement in patient safety • Reduce Staff Turnover • Removing reliance on third parties • Improvement in timeliness of delivery • Alignment to organisation strategic programmes <p>For other changes</p>	Digital strategy Informatics Business Plan	Regular reports to Board via the Quality and Patient Safety Academy from a range of committees such as the Digital and Transformation Committee, Digital Insight Group and individual programme boards (e.g for LIMS, Cardiology etc.), EPR Programme Board reports	Paul Rice

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	<ul style="list-style-type: none"> Support digital and data capacity so that our people and our population can access and use digital services with confidence. Supporting and enabling digital inclusion and ensuring that our patients become educated consumers of data and insight 	<p>strategic changes such as Regional LIMS, Cerner/EMIS integration, Cardiology etc. This will also include major work to develop the Theatres & Anaesthesia and Therapies & Psychology modules for Cerner EPR.</p> <p>Other developments relating to “brilliant basics” that will be essential to the smooth operation of the hospital are in the Informatics Business Plan and include things like the Office 365 roll out, our Print Zero strategy</p>		and developments they may include compliant roll out of Office 365, delivery of the printer rationalisation programme, effective integration of LIMS		and Joint Transformation Committee	

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Restart and recover planned care services after COVID19	<ul style="list-style-type: none"> • Deliver our Operational Improvement Plan to transform services in relation to Urgent and Emergency Care, Planned Care and Cancer Services 	We have an activity based operational plan in place, which is based on the NHS Operational Planning Guidance requirements and is enabled by our Operational Improvement Plan. The high level Trust plan was presented to the Board of Directors in March 2022 and is monitored and reported on through the F&P academy on a monthly basis.	<p>Our Trust Operational Improvement plans contain clear performance trajectories in each of the areas highlighted in the NHS Operational Planning Guidance and are aimed at achieving 110% of baseline activity.</p> <p>A weekly vis wall is produced outlining delivery against plan.</p>	<p>There are clear, concrete activity targets in the national guidance and reflected in our Operational Improvement Plan especially in relation to UEC, Planned Care and Cancer Services e.g.</p> <ul style="list-style-type: none"> • UEC – the 4 hour and 12 hour ED standards • Planned Care – the 18 week, 52 week RTT standards and the DM01 16 week standards • Cancer Services – 	Operational Improvement Plan	Performance against our Operational Improvement plan is monitored and reported on a weekly basis at the Trust Corporate Ops meeting. It is also reported to the F&P Academy on a monthly basis. This is supported each month by a deep dive at F&P Academy into one of UEC, Planned	Sajid Azeb 31 March 2023

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	<ul style="list-style-type: none"> Act as one to transform delivery, pooling resources and developing more community based models of care 	This is addressed by the Trust’s Access workstream which is helping to transform delivery and ensure people receive the care they require in the place most suited to their needs. The work is focussed around urgent care, elective care and recovery plus a number of other specialty based	The Access Workstream has a number of clearly defined targets against which we will measure progress	<p>2 week and 62 day wait standards and the Faster Diagnosis 28 day standard</p> <p>The main measure of progress will be the development of closer working and the creation of community based models of care</p>	Act as One programmes. Access work programmes	<p>Care, and Cancer Services (so that each area is subject to a deep dive at least quarterly).</p> <p>Reports to the Bradford District and Craven HCP which has Trust representation</p>	<p>Saj Azeb</p> <p>Support provided to Act as One on an ongoing basis – deadlines are not wholly within the gift of the Trust</p>

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	<ul style="list-style-type: none"> • Use digital and virtual to help us better meet demand 	<p>work programmes</p> <p>We are also involved in each of the Act as One programmes with our Chief Nurse and Director of Strategy and Integration being the SRO for two of the programmes</p> <p>This will be achieved via The VRI programme and the delivery of the 5 VRI workstreams (see the VRI section below)</p> <p>Robust programme management arrangements are in place reporting to a monthly Programme Board with</p>	<p>Quarterly targets are set for each workstream. See the VRI section below but these include targets for expanding the virtual ward to new specialties, increasing the use of virtual outpatients for appropriate outpatient appointments 2023</p>	<p>There are clear and concrete targets for the use of virtual set out in the national Operation Planning Guidance and corresponding targets in our Trust Operational Plan.</p>	Trust Virtual Services Strategy and VRI Programme Plan	Six monthly update reports provided to the relevant (TBC) Academy	<p>John Holden and Saj Azeb</p> <p>31 March 2023</p>

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		representation from across the Trust and wider Bradford District and Craven Place.	including the use of PIFU and the delivery of expanded suite of online patient education tools.				

Our 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.

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- **People** – “To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion”

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Looking after our people	<ul style="list-style-type: none"> • <i>Thrive</i> - further development and embedding of support for our people, including health and wellbeing support and personal and professional development. 	Development of ‘Thrive Live’ Q+A forum Development of Thrive online portal Development of ‘Thrive’ week ‘Thrive’ Awards Launch of new lanyards and Value Badges	Monthly roadshows at all BTHFT sites 1 year of Thrive celebrations (Q3 2022/23) Thrive Week (tbd)	Increase in number of people accessing Thrive portal (including via mobile phone or tablet) Increase in attendance at Thrive roadshows / Thrive Live events 2022 Staff Survey benchmarking data (particularly ‘engagement’ and ‘we are recognised and rewarded’ and ‘we each have a voice that counts’.)	Trust People Strategy	Reported to Board via People Academy	Pat Campbell Ongoing/March 2023

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	<ul style="list-style-type: none"> • Development of a culture of civility and compassion underpinned by our Trust values 	<p>Civility Programme Board has been established and will oversee and co-ordinate this work. In 2022 this will include:</p> <ul style="list-style-type: none"> • Launch of civility awareness campaign • Launch of new behavioural framework aligned to values; • Development of manager support and guidance. 	Launch of civility awareness at Start of Year Leadership Conference (June 2022)	<p>2022 Staff Survey benchmarking data (particularly ‘morale’, ‘we are compassionate and inclusive’ and ‘we are safe and healthy’)</p> <p>Reduction in formal ‘harassment and bullying’ complaints / cases</p> <p>Reduction in Freedom to Speak Up and OD Commissions that relate to behaviours</p>	<p>Civility Programme Board – Workplan</p> <p>Trust People Strategy</p>	Reported to Board via People Academy	<p>Pat Campbell</p> <p>Ongoing/March 2023</p>

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	<ul style="list-style-type: none"> Staff engagement and adapting to the needs of our workforce - flexible working, meaningful appraisal (including wellbeing, career development, improved staff facilities) 	Evaluation of current leadership pathways (Q1 2022/23) Review of BTHFT Health and Wellbeing support (Q1 2022/23) Development of ‘Reach In, Reach Out’ volunteering scheme (Q1 2022/23) Hosting of BTHFT Leadership Summit (June 2022) Design of ‘Advancing Leaders’ leadership pathway (Q2 2022/23) Development of Talent Management Strategy	Start of year leadership conference (June 2022) Launch of ‘Advancing Leaders’ leadership pathway (Q2 2022/23) Launch of ‘Reach In, Reach Out’ volunteering scheme (Q2/Q3 2022/23)	2022 Staff Survey benchmarking data (particularly ‘engagement’, ‘we are always learning’ and ‘we work flexibly’.) Numbers of staff enrolling on webinars / development opportunities	Trust People Strategy	Reported to Board via People Academy	Pat Campbell Ongoing/March 2023

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	<ul style="list-style-type: none"> Reviewing the Health & Well-Being Offer 	<p>(Q2 2022/23) and pilots throughout 2022/23</p> <p>Recruitment of a Specialist OT to provide therapeutic 1-1 support for staff with issues such as fatigue management, stress awareness and relaxation. Group sessions (Time to Pause) have also been developed offering short, practical self-help techniques when dealing with stress and tension. These sessions are complemented by self help audios available for staff to access anytime on Thrive</p>	Number of therapeutic referrals seen and attendance at group sessions		Looking After our People Operational Group/People Plan	Reported to Board via People Academy	Pat Campbell Ongoing/March 2023

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		<p>Clinical Psychologist support is now available from the WHWBC for staff who are experiencing complex psychological problems such as anxiety/depression, OCD or PTSD which have a direct impact on work. In addition to this Staff Support via the Psychology team is available for staff working in targeted areas (ICU, Paeds, ED and Covid red) who are experiencing significant psychological distress that is impacting upon their functioning.</p> <p>Staff gym opening hours have been</p>	<p>Number of Psychologist referrals seen</p> <p>Attendance at walking groups</p>	<p>Increased gym membership and attendance at</p>			

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		<p>extended and facilities at SLH have been re-opened. Lunchtime walking groups have been re-launched.</p> <p>Review 2021/22 Staff Flu vaccination campaign and plan 2022/23 campaign</p> <p>Continuously review and refine Covid risk assessments and relevant guidance to support and protect staff in line with National guidance</p>	<p>Weekly uptake figures from Oct 2022 – Feb 2023 to Exec Team and Monthly uptake reporting to UKHSA</p>	<p>walking group</p> <p>Increased uptake by end of campaign (Feb 2023)</p>	<p>Looking after our people operational group/People Plan</p>		

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Engendering a feeling of belonging in the NHS	<ul style="list-style-type: none"> • Build on our commitment to EDI via our EDI strategy statement and actions 	<p>Development of 3 year dedicated EDI strategy with refreshed strategic equality objectives with focus on inclusion and belonging for patients and workforce</p> <p>Continue to raise the profile of EDI across the Trust by celebrating diversity and fostering good</p> <p>Alignment of activity to Civility in the workplace workstream with focus on diversity and inclusion</p>	Regular progress reports and performance reports of existing actions plans presented to People Academy and Equality and Diversity Council	<p>Improved performance on staff survey results, improved positions on WRES, WDES and Gender Pay Gap</p> <p>Reduced patient complaints from an EDI perspective</p> <p>Awareness raised of EDI across the Trust</p> <p>Represented workforce at all levels of the organisation</p>	<p>National EDI focus</p> <p>Regional and local EDI priorities</p> <p>NHS People Plan</p> <p>Contractual and legal obligations</p> <p>Trust People Plan</p> <p>Trust EDI strategy</p>	<p>People Academy (twice a year with detailed reports on progress) And regular update reports</p> <p>Equality and Diversity Council meets every quarter with regular progress reports</p>	<p>Pat Campbell</p> <p>31 March 2023</p>

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	<ul style="list-style-type: none"> • Use our staff networks to improve engagement - you said, we did 	Currently in the process of reviewing and refreshing the role and remit of networks to ensure they are in line with NHS national ambitions for staff equality networks and have an effective voice at decision making meetings	We will closely monitor the work of networks and ensure activity is aligned to the Trust’s EDI agenda	<p>Increased numbers of staff joining respective networks</p> <p>Network roles being fulfilled effectively</p> <p>Individual work programmes in place</p> <p>The profile of networks is raised</p> <p>A group of allies in place supporting staff equality networks</p> <p>Staff networks are ‘thriving’ in line with national ambitions</p>	<p>Regional focus</p> <p>National ambitions for staff networks</p> <p>NHS People Plan</p> <p>Tackling population health inequalities</p> <p>Trust People Plan</p>	<p>People Academy regular reports on progress and activity</p> <p>EDC every quarter with dedicated agenda time for staff networks</p>	<p>Pat Campbell</p> <p>31 March 2023</p>

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	<ul style="list-style-type: none"> • Close focus on our EDI contractual obligations WRES Standard and WDES standard action plans 	<p>Year on year we will update our action plans in line with WRES and WDES data sets. Targeted actions will be developed where our position needs to strengthen or improve.</p> <p>Targeted engagement with staff networks with focus on co-producing and solution focussed actions to improve performance on all contractual and legal obligations.</p>	<p>Our staff trajectories and targets improving year on year.</p> <p>Targeted focus on areas of improvement</p> <p>Data to inform areas of improvement</p>	<p>Improved performance on WRES/WDES indicators</p> <p>Improved staff survey results</p> <p>Improved representation at all levels of the Trust.</p> <p>Reduced bullying and harassments cases formal and informal cases</p> <p>Raised profile as ‘employer of choice’</p> <p>Identified as beacon of good practice</p> <p>Recognised as a ‘employer of choice’</p>	<p>Regional focus</p> <p>National ambitions for staff networks</p> <p>NHS People Plan</p> <p>Tackling population health inequalities</p> <p>Trust People Plan</p> <p>Trust EDI strategy</p>	<p>People Academy regular reports on progress and activity</p> <p>EDC every quarter with dedicated agenda time for staff networks</p>	<p>Pat Campbell</p> <p>31 March 2023</p>

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	<ul style="list-style-type: none"> Continue our commitment to “Root Out Racism” and to vigorously tackling any issue raised and including anti-racism elements to our training. 	<p>As part of our efforts on improving Civility in the workplace there will be focus on:</p> <ul style="list-style-type: none"> - anti-racism training - having difficult conversations - empowering managers to ‘nip things in the bud’ - increased engagement with staff equality networks and focus on co-producing case studies on race equality - district wide involvement in sustaining the work of the movement 	<p>There are no such milestones for this work. This is ongoing work as a result of the launch of the movement we have pledged as an organisation that we will focus on anti-racist approaches to our training and development areas.</p>	<p>Reduced complaints from a race perspective</p> <p>Profile of race equality and impact of positive and negative impact of race raised across the Trust.</p>	<p>Trust EDI strategy</p> <p>NHS People Strategy</p> <p>Trust People Strategy</p>	<p>People Academy (every 6 months)</p> <p>Equality and Diversity Council (every 6 months)</p>	<p>Pat Campbell</p> <p>31 March 2023</p>

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New ways of working and delivering care	<ul style="list-style-type: none"> • Specific support to CDs through Ops MD and Deputy ops MDs. • Defining more clearly roles and expectations of OMD, DOMDs and CDs • Empowering clinicians in decision making and service development via HMG/CRG • Training staff in new ways of working (e.g. virtual & digital) • Ensuring staff working remotely 	<p>Provide a clear process and appropriate forum to discuss/present proposals & obtain approval if required. Process will ensure that all relevant staff are aware of the decision taken</p> <p>Continue to identify, utilise & evolve virtual & digital ways of working within patient pathways. Continue training of students & new staff in virtual/digital ways of working.</p> <p>Development of HR policies & IT policies to enable sharing/pooling of staff in partner organisations.</p>	<p>Incorporation of new ways of working into competency frameworks & training programmes</p> <p>Development of business cases/ proposals incorporating shared staffing models</p>	<p>Specific examples will be showcased as they develop & mature</p> <p>Outputs of council for Advanced Practice will also be showcased.</p> <p>Specific examples of expanded practice to be reported</p>	Nursing & Midwifery strategy and the Clinical Professions strategy	Will be reported to Board via the People Academy	Ray Smith (Clinicians) & Pat Campbell (Non-clinicians)

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	<p>can do so effectively and safely, develop flexible working hubs</p> <ul style="list-style-type: none"> • Work with partners to share or pool staff to make best use of limited resources • Expand clinical practice for nurses, AHPs, pharmacists and healthcare scientists 	<p>Participation in Act as One Programmes with partners across Place</p> <p>Horizon scanning within professional groups/ condition specific networks for innovative practice developments</p> <p>Keep abreast of national developments in professional practice e.g. emerging ACP</p>	<p>Proposed establishment of council for Advanced Practice (under Shared Governance model)</p> <p>Increasing number of staff and professional groups making applications for</p>	<p>Outputs of council for Advanced Practice will also be showcased.</p> <p>Specific examples of expanded practice to be reported</p> <p>Reduction of gaps in</p>	Nursing & Midwifery strategy and the Clinical Professions strategy	Will be reported to Board via the People Academy	

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		roles Provide opportunities for staff to put forward ideas/initiatives.	extending scope of practice and new ACP roles	workforce due to staff not having the skills to deliver. An increase in the number of staff with advanced/ extended/blended roles designed to meet the needs of the patient pathways			
Growing for the future through planning, education, training and acting as an anchor organisation for Bradford	<ul style="list-style-type: none"> Develop robust workforce modelling and workforce supply plans 	Re-start Model Hospital Group. Incorporate GIRFT and PLICS. Supply data ‘know your business’ to CBUs with targeted support to develop workforce models fit for the future	Meeting with Model Hospital team (booked) to understand updates to system Re-form MH Group	Clear understanding of workforce position and documented vision for the future	Trust People Plan	People Academy EXEC to CBU meetings	Ray Smith (Clinical training) & Pat Campbell

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	<ul style="list-style-type: none"> • Work closely with training and education partners to create a strong pipeline of staff • Continue to support our people to develop professionally through improved range of training and education programmes 	<p>Regular collaborative meetings with HEI and FE colleges with specific focus on student recruitment, placement capacity and quality of student experience</p> <p>Annual training needs analysis for all staff groups to identify the skills needed for now and in the future. Match education provision and funding to the needs identified</p>	<p>Incremental increase in the number of student placements provided annually in line with the number of vacancies and new posts needed</p> <p>Review numbers of staff who have completed training/education courses against the identified needs.</p>	<p>Recruitment of sufficient numbers of newly qualified health care professionals and HCSW at various points throughout the year.</p> <p>Each clinical area will have a list of skills/knowledge requirements and staff working there who have the required skill set or a plan in place to achieve this.</p>	<p>Trust People Plan and Education Plan</p> <p>Trust People Plan and Education Plan</p>	<p>Workforce and Transformation subgroup reports to People Academy</p> <p>Recruitment and Retention subgroup reports to People Academy</p>	

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	<ul style="list-style-type: none"> • Develop more augmented reality and virtual training • Develop outreach programmes with local schools and colleges to encourage local students to consider NHS careers or apprenticeships at BTH. 	<p>Develop a plan to fully utilise existing kit i.e. “holo” lens and hi fidelity simulation equipment</p> <p>Review and implementation of a revised work experience/careers policy linked to employability programmes</p>	<p>Analysis of feedback relating to the impact and benefits of this type of training</p> <p>Annual review of the number of individuals who have attended for work experience and participated in employability programmes . Number of careers ambassadors and the number of careers events attended. Linked to the district and across the ICS</p>	<p>We will have increasing numbers of staff accessing training opportunities utilising appropriate virtual reality training</p> <p>We will have young people applying for appropriate roles within the Trust and recruited people following participation in work experience or employability programmes.</p>	<p>Trust People Plan and Education Plan</p> <p>Trust People Plan and Education Plan</p>	<p>Workforce and Transformation subgroup reports to People Academy</p> <p>Workforce and Transformation subgroup reports to People Academy</p>	

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We will Act as One with our partners across Bradford District and Craven	<ul style="list-style-type: none"> • Build on our SPA with the rest of our local Health and Care Partnership to ensure the development and delivery of a system-wide strategy, system-wide budget setting and system-wide financial balance. • Deliver Act as One programmes on Diabetes, Better Births, Respiratory Health, Ageing Well, Access to Healthcare, Children 	<ul style="list-style-type: none"> • Participate in development of ICP strategy and ensure alignment of forthcoming BTHFT corporate strategy • Contribute to BDCHCP 2022/23 plan (for submission via WYHCP) • Invest senior leadership time as SROs for Respiratory, Diabetes and Access programmes 	<ul style="list-style-type: none"> • BDC HCP strategy publication spring 2022 • Specific programme milestones described in AAO Programme Charter documents 			<p>Individual AAO programmes report to BDC Partnership Exec via HCPBs</p> <p>BTHFT Board (2 monthly) via dashboards, CEO update, and Director of Strategy and other ED briefings on specific topics</p>	<p>ACT AS ONE:</p> <p>Respiratory – Karen Dawber</p> <p>Access – Saj Azeb</p> <p>Diabetes – John Holden</p>

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	and Young People's Mental Health and Cardiovascular Health.	<ul style="list-style-type: none"> • delivery of a system-wide strategy and system-wide budget setting and financial balance. Financial sustainability and stability is necessary to guarantee our local HCP a solid foundation from which initiatives such as our Act as One Programme can prosper” 			<ul style="list-style-type: none"> • Annual financial plans 	<ul style="list-style-type: none"> • Regular finance reports to Board via the F&P academy 	

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Tackling Health Inequalities	<ul style="list-style-type: none"> Develop (through the Population Health Management Enabling Project, Connected Bradford and Act as One) a Bradford District and Craven approach to Population Health Management (PHM). Design and develop new models of preventative and interventional care as a result of our findings in 	<p>Ops and Digital Partnership</p> <p>Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The next step in our approach to address Health Inequalities will be to focus on the PLUS element to understand how we can use the Inclusion Health Groups to stratify the waiting list and focus resources:</p> <ul style="list-style-type: none"> Ethnic minority 	<p>Detailed milestones and trajectories associated with each Core20PLUS5 objective will be developed with lead and impacted CBUs</p> <p>The refreshed Data Governance Committee will develop dashboards to demonstrate progress</p>	A discernible and measureable impact in terms of increasing access and improving health outcomes for people impacted by inequalities		Quality Academy Bi-annually	John Holden & Paul Rice with OPs

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	relation to PHM.	communities, <ul style="list-style-type: none"> • People with multi-morbidities, • Protected characteristic groups, • People experiencing homelessness, • Drug and alcohol dependence, • vulnerable migrants, • Gypsy, Roma and Traveller communities, • Sex workers, • People in contact with the justice 					

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		<p>system,</p> <ul style="list-style-type: none"> • Victims of modern slavery. <p>Detailed project plans focusing on the Core20plus5 will be developed over the 22/23 financial year in line with national and ICS expectations</p> <p>Links to the Place Based Inequalities Academy and the ICS Population Health and Inequalities workstreams</p> <p>Development of an overarching Data Insight and Intelligence function at Place which</p>					

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		will provide a “common version of the truth” re progress towards closing the gap between different socio-economic, health specific, and wider determinants of ill health					
Research for all: Building on our international reputation as a City of Research and using data to become and anchor institution for population health	<ul style="list-style-type: none"> Support the Connected Bradford programme and use linked data sets to develop a comprehensive view of the health needs of the people of Bradford 	Information Governance/ legal/ ethical approvals. Professional and public engagement/posters/ leaflets. YHCR PHM Platform. Development of community of analysts. Research ready data.	DPIA/Data Sharing agreements/CAG/HRA. Increase awareness. Setup Data flows and data harmonisation process. Development of outputs.	Signed DPIAs & agreements / legal & ethics approvals. Automation of data flows/harmonisation. Skilled analytical resource using linked data. Applied research outputs.	Trust Research Strategy	Quality Academy	Ray Smith - ongoing within timeframe of new Trust Research Strategy 2022-2027

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	<ul style="list-style-type: none"> Aim to provide the entire population of Bradford with the opportunity to take part in research with the ultimate objective of improving the health and wellbeing of the local population (<i>Bradford as a City of Research</i>) 	Continued development and promotion of the City of Research Registry and project with our partner organisations.	Publicity campaigns and ongoing promotion Appointment of engagement officer for City of Research/ BIHR/ PRC for engagement and promotion activities Included in Trust induction manual.	Increase number of people signing up to take part in City of Research.	Trust Research Strategy	Quality Academy	
	<ul style="list-style-type: none"> Significantly increase the number of Trust inpatients that have the opportunity to take part in research 	Awareness for all staff – factor on induction and mandatory training – can signpost patients Information in wards and departments – project to have artwork/	Artwork in entrances promoting research. Research information in wards and department. Information is now on appointment letters.	Trust meets its performance targets for research accruals particularly for projects involving inpatients. Staff working in in-	Trust Research Strategy	Quality Academy	

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	(Research-led care)	<p>posters across hospital site and wards promoting research.</p> <p>Information on all Trust appointment letters (this was on but was removed when went electronic).</p> <p>Better research visibility on Trust website – that research active.</p> <p>Objectives for all Care Groups and performance managed.</p>	<p>Trust internet site being redesigned to include separate section on research.</p> <p>Annual target setting with the development of a Trust Research Dashboard.</p>	<p>patient areas are aware of the research that is undertaken in their area and promote research.</p>			

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Strategic Estate: Fit for purpose health and care facilities for Bradford	<ul style="list-style-type: none"> Support the development of an Estates strategy for Bradford District and Craven 	Working with the Bradford & Craven Estate Strategy Group and in conjunction with the CCG/ICS, wider estate assessment will be supported by BTHFT to explore shared services, properties and community site ventures.	A combined review of the estate needs for the district being led by the CCG/ICS.	Production of estate review and estate mapping to establish regional estate capacity, estate portfolio and estate service needs.	Bradford & Craven Estate Strategy.	Quality Academy Quarterly as part of EFM reporting	Mark Holloway (Wider estate review and timeframe for completion is led by Bradford District and Craven HCP Place Strategy)
	<ul style="list-style-type: none"> Explore the potential to build a new teaching hospital in Bradford to replace BRI and St Luke’s whilst optimising our current estate. 	The existing Strategic Outline Case (SOC) and respective Expression of Interest will continue to be pursued with NHS E/I as part of the national HIP NHP programmes. On-going meetings with NHS E/I and Local	Progression of the EOI to phase 2 of the HIP NHP national programme.	Successful bid approval, acceptance of EOI bid and SOC with progression to OBC stages.	Bradford & Craven Estate Strategy BTHFT Corporate Strategy BTHFT Estate	Quality Academy Quarterly as part of EFM reporting Capital Strategy Group	Mark Holloway (Links into wider estate review, is led by Bradford District and Craven HCP Place Strategy)

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		<p>Authority will continue to progress the bid in conjunction with the national project programme.</p> <p>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</p>			<p>Strategy</p> <p>Annual Financial Plans</p>	<p>Budget reporting to Board via F&P Academy</p>	

<p>Our Partners</p> <p>Our ambition -We will work with partners across West Yorkshire; tackling problems together that cannot be resolved by individual organisations alone.</p> <p>in good health</p> <p>Aimed at meeting our strategic objectives:</p> <ul style="list-style-type: none"> Partnership – <i>“To collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals”</i> 							
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Working with colleagues in our ICP and partners across West Yorkshire to address health inequalities	<ul style="list-style-type: none"> Addressing many of the WYHCP “10 big ambitions” locally at a Place level through a number of local work programmes e.g. Act as One programmes, Population Health Management and being an anchor organisation to help alleviate some of the societal issues that lead to health inequalities 	<ul style="list-style-type: none"> Every AAO programme has a requirement to address HIs through its work BTHFT acts as an anchor organisation through community focused initiatives 					John Holden

Our Partners

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in good health

Aimed at meeting our strategic objectives:

- **Partnership** – “To collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals”

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Working with other providers of acute hospital care to best meet the needs of our shared patient populations	<ul style="list-style-type: none"> • Supporting (mainly) WYAAT partners in the development and delivery of a clinical services strategy for West Yorkshire • Continue to work collaboratively with Airedale NHS FT particularly in relation to ENT, Ophthalmology, Urology, Plastic Surgery and Renal services 						John Holden and Sajid Azeb
Continue to develop the Trust as a hub for	<ul style="list-style-type: none"> • Identify services and develop solutions for the 						John Holden and Sajid Azeb

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specialist services in the west of West Yorkshire	delivery of certain tertiary services in hubs at a range of sites across West Yorkshire						
We will meet our commitment to sustainability and the delivery of the NHS Net Zero Carbon Target	<ul style="list-style-type: none"> Deliver of our Green Plan key elements especially in relation to Revenue and Capital Procurement, Asset Management and Travel 	<ul style="list-style-type: none"> Delivery of the four Green Plan workstreams which are <ul style="list-style-type: none"> Travel & Transport Sustainable Healthcare Waste Utilities Procurement 	<p>Sub Group quarterly progress reports to the Green Plan Implementation Group.</p> <p>Annual Green Plan Trust Board Report</p>	<p>Continual reduction in carbon emissions to a net zero position.</p> <p>Becoming a sustainable Trust</p>	Green Plan	Relevant Trust Academy (TBC)	John Holden