

# Our Patients, Our People, Our Place and Our Partners

## Our Corporate Strategy 2022–2027



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# Welcome from the Chief Executive and Chairman

We are delighted to present Bradford Teaching Hospitals (BTHFT) corporate strategy for 2022-2027.

***Our Patients, Our People, 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***.

Our population is often defined by the richness of its cultural heritage. But we know that here in Bradford we serve some of the most deprived localities in the country whilst we also have one of the youngest populations. There are significant health inequalities leading to wide variations in healthy life expectancy. We must make sure that the services we develop, and the innovative ways we deliver them, reflect the varied needs of our patients.

Our people work bravely and tirelessly in the face of extraordinary challenges. Every day, they uphold our values of ***We care, We value people*** and ***We are one team***. 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.

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, as an anchor organisation in the community, we will play our part in supporting 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 in isolation, which is why we are committed to working with our partners in the integrated care system across West Yorkshire, and in our local Bradford District and Craven Health and Care Partnership. 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. We are very proud to lead this Trust, we are up for the challenge and excited by the possibilities. We look forward to making the journey with you.



**Professor Mel Pickup,  
Chief Executive**



**Dr Maxwell Mclean,  
Chairman**

# 1. Executive Summary

At Bradford Teaching Hospitals, we are proud to be part of the Bradford District and Craven Health and Care Partnership (BDCHCP)<sup>1</sup>. In our local HCP we have a joint vision **to act as one to keep people Happy, Healthy at Home**. We try to **meet people where they are and work with them to access the tools and opportunities they need to enable them to live longer in good health**. Everyone in this partnership has a role to play in delivering this vision.

As a provider of hospital care and a large research and teaching organisation, we have a complementary vision at the Trust **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 local HCP partners to nurture our workforce and manage our finances and resources wisely, we can provide new and innovative services to address inequalities.

We recognise that our colleagues across the Trust are still responding to the challenge of the COVID-19 pandemic and realise that they are worn down by dealing with the prolonged periods of intense additional effort and anxiety that the pandemic has brought. With this in mind, we know that we will need to balance the drive for innovation with concern for the wellbeing of our people but that if we do it correctly, it will help us make a real difference to the health and wellbeing of the people of Bradford District and Craven.

We also recognise that financial sustainability and stability is necessary to guarantee that we have a solid foundation from which the innovations that we put in place can prosper.

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

## ■ Our Patients

We are committed to making a difference to everyone who needs our care. We recognise 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 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 that is inclusive of all

## ■ 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

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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 and Primary Care Providers.



We have developed this strategy with our patients, our people, the public and our partner organisations. We have held events to get their input and have undertaken a public survey with help from Healthwatch Bradford. This strategy is also designed so that it dovetails with, and is aligned to, the 5 year strategy of our local Bradford District and Craven Health and Care Partnership.

This strategy explains how our ambitions are not simply a list of things we want to do. They are coherent and mutually reinforcing and will ensure that we meet our Bradford Teaching Hospitals strategic objectives to;

- Provide outstanding care for patients, delivered with kindness
- Deliver our financial plan and our performance targets
- Be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion
- Be a continually learning organisation and recognised as leaders in research, education and innovation
- Collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals

All of the ambitions in this strategy are interdependent and mutually reinforcing. For example, the extension of virtual services will be a key element of our work to recover planned care, but to become a virtual hospital we need to be more digitally enabled. This, in turn, supports our ambition 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 and so on.

This corporate strategy illustrates the way in which all our work programmes and sub-strategies combine to deliver a level of change, for the benefit of our population, that would not be possible from one or more discrete programmes. The whole is more than the sum of its parts.



- **Nursing & Midwifery and AHP Strategies**
- **People Strategy**
- **Virtual Services Strategy**
- **Digital Strategy**
- **Quality Strategy**
- **Education Plan**
- **Research Strategy**
- **Estates Strategy**
- **Equality, Diversity & Inclusion Strategy**
- **Embedding Kindness**
- **Green Plan**
- **Financial Plan**

Figure 1: This strategy is supported by mutually reinforcing strategies



“The way in which we deliver care has changed significantly and in some cases forever.”

## 2. Context

### 2.1 Learning from the COVID-19 pandemic in Bradford

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 caused us to rethink how we care for, and communicate, with patients and our local population. Many things that seemed strange at the start of the pandemic are now accepted as normal. The way in which we deliver care has changed significantly and in some cases forever.

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

#### ■ Critical care without walls

A key way of dealing with COVID-19 was to be able to provide a level of care normally found in an intensive care unit to a greater number of patients. We created something we called “critical care without walls”. COVID-19 patients were provided with CPAP<sup>2</sup> (continuous positive airway pressure) machines on respiratory wards. This helped patients breathe more easily and meant that their condition did not get to the stage where they would need to be treated in a critical care bed. Almost a third of our COVID-19 patients received CPAP, freeing up space in our hospitals and allowing our Critical Care teams to focus on those patients that were the most unwell.

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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.

## ■ Rollout of virtual appointments

COVID-19 encouraged us to provide more services “virtually” in the form of video or telephone appointments. This was well received by patients who like not having to travel to hospital for routine appointments. This has spurred us on to do more work virtually.

## ■ Staff redeployment

During the pandemic many of our colleagues moved from their normal roles to help in other areas of the hospital. We had to develop and provide training quickly. Our Education department quickly organised training courses to ensure that each of our colleagues who moved were confident in their new role.

## ■ Increased focus on inclusion and communication

It became clear during the pandemic that timely and effective communication with our people and the wider population of Bradford would be important. It was also clear that we needed to improve the ways in which we did this.

So we increased our communications with our patients, our people and the public and made sure that we did it in lots of different ways. We launched communications in many different languages and dialects such as Urdu, Pahari, Slovak, Pashtu and many more. We used all the main social media as well as participation in community-led groups, especially via WhatsApp; ensuring that our key messages were heard as widely as possible.

The pandemic has made us think and act differently. It's showed us how we could work together within the Trust and with partners across Bradford to deliver high quality services in new and different ways.

The disruptive impact that the pandemic has had on service delivery must also be recognised. It has caused a significant backlog in the delivery of planned care that we will need to address by transforming services and developing new ways of providing care.

We are proud of 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. We have absorbed the lessons of the pandemic and have used much of what we learned to help us develop the strategic ambitions in this document<sup>3</sup>.

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3 For more information on how we dealt with the pandemic read our report “Learning from the COVID-19 pandemic” which can be found at: <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2021/08/BTHFT-Learning-from-COVID.pdf>

## 2.2 Bradford District and Craven

### Bradford District and Craven in numbers<sup>4</sup>



#### Population

Bradford District has a population of 648,030 – the 5th largest metropolitan district in the country

Our population is growing quickly. We think that the over 65 population will drive this growth – increasing by 40,000 people by 2041

Our population is young – we have the 4th highest proportion of residents under 16 in the country and 12.7% of our population is under 10 years old

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)

Bradford is ethnically diverse - 32.6% of our population describe themselves as being of BAME<sup>5</sup> origin.



#### Deprivation

Bradford ranks as the 21st out of 317 most deprived local authority in England

A third of Bradford District and Craven's LSOAs<sup>6</sup> fall within the 10% most deprived areas in England

Bradford is the 5th most income deprived and 6th most employment deprived local authority in England

13% of working age people have no qualifications and 11% of the working age population claim an out of work benefit

15% of the district's households are in fuel poverty



#### Lifestyle Choices

Data shows that 63.7% of adults in the district are obese and that 20% of all adults are smokers

In 2016-17, 22.5% of 4-5 year olds in Bradford and 37.9% of 10-11 year olds were overweight or obese.

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

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.



#### Health Inequalities

There are, on average, 4,400 deaths per year in Bradford District and Craven

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.

Life expectancy for a Bradford man is 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).

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 the fifth largest metropolitan district in England. Social deprivation, ethnicity, lifestyle and a large proportion of the population at each end of the age spectrum combine to give Bradford a set of circumstances that create health inequalities. In Bradford these inequalities often result in the earlier development of multiple illnesses which ultimately lead to decreased life (and healthy life) expectancy. This is an issue that is particularly prevalent in our inner city wards where average healthy life expectancy for men and women is as low as 50.6 years of age.

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

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

<sup>5</sup> BAME – Black, Asian and Minority Ethnic

<sup>6</sup> 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





“High demand for our services will also mean that we will need to be innovative and work with partners and our local community to develop new ways of delivering care.”

### 3. Our Patients

#### Our ambition

We are committed to making a difference to everyone who needs our care. We recognise 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 growth in demand for health and care services over and above projections seen elsewhere. Our local population also suffers significant health inequalities and inequalities in life and healthy life expectancy compared with other districts. This makes it important that we get the right care models in place for future services 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 work with partners and our local community to develop new ways of delivering care. This will include making care more accessible and efficient by using virtual services and digital technology, data and insight.

## What we will focus on

### 3.1 The delivery of outstanding nursing and midwifery care

As a Trust, we are developing a number of linked strategies for Nursing and Midwifery, AHPs<sup>7</sup>, Quality and Clinical Risk Management. We will use these strategies to 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, which will have an overall aim of ensuring outstanding nursing and midwifery care.

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

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

These six areas will directly support this Corporate Strategy in several of our long-term ambitions that are dealt with elsewhere in this document, for example by:

- 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
- Offering training, education and professional development as a means to recruit and retain the very best people
- Maintaining our commitment to safety and continuous quality improvement.

One of the most important objectives of our new Nursing and Midwifery Strategy will be to make sure that our patients and their families have a positive experience whilst in our care.

We can ensure a positive patient experience in many ways. For example, we can promote and support patient choice and we can provide patient and family-centred care. We can also advocate for patients, engage with them and ensure that they have a strong voice when telling us about their care. But most importantly we can treat patients with kindness consistent with our Trust values of “We care” and “We value people”.

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<sup>7</sup> AHP – Allied Health Professional, a group of staff from professions allied to healthcare such as Paramedics, Dietitians, Occupational Therapists, Radiographers and Physiotherapists

## 3.2 Providing outstanding patient experience

At the Trust, we think that the single most important thing we can do to give patients and their families a positive care experience is to treat them with kindness. We know from our own experience that this is what patients and their families value the most. 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 clearly sets out our commitment to providing compassionate and outstanding patient care. We have started our kindness journey through our “Embedding Kindness” programme <sup>8</sup>, which looks 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 treatment 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 so that 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
- Delivering short learning bursts on themed topics related to “Embedding Kindness”
- Using patient and staff surveys on kindness to find out which parts of the programme are impactful and working well and which parts are not
- Working collaboratively with other trusts (such as Leeds Teaching Hospitals NHS Trust and Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust) to share and develop new ideas
- Creating 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 do this through collating and analysing results from the Friends and Family Test <sup>9</sup>, from national surveys, specific patient experience projects and from complaints and compliments.

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8 For more information on our Embedding Kindness programme see <https://www.bradfordhospitals.nhs.uk/embedding-kindness/#:~:text=THE%20Chief%20Nurse's%20team%20at,promote%20kindness%20throughout%20the%20Trust.&text=Staff%2C%20patients%2C%20and%20visitors%20are,they%20feel%20deserves%20special%20recognition.>

9 The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

### 3.3 The delivery of high quality services

We are committed to delivering high quality services and to continuous quality improvement. This commitment is set out in our forthcoming Quality Strategy.

We have adopted the World Health Organisation (WHO) definition of quality and aligned it to our Trust vision. The WHO 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 2: The WHO 6 domains of quality*

Our approach to continuous improvement aims to improve health outcomes for the people of Bradford by finding opportunities to learn and to improve our care. It is also aimed at improving the working lives of our people.

We have adopted a philosophy of step-by-step continuous improvement and by embedding the Getting It Right First Time (GIRFT) programme in our day-to-day working we will consider and tailor the best practice pathways to suit our population needs and local priorities.

GIRFT is championed by frontline clinicians who are experts in their field, which means that the data which underpins the GIRFT methodology is reviewed by people who understand it, and who manage those services daily.

By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT supports improved productivity, efficiency and capacity, which in turn benefits patients, who can receive treatments quicker, have more equity of access to high quality care, and ultimately enjoy better outcomes. We have started on our improvement journey and will expand and refine our approach, challenging ourselves to continually learn. To do this, we will continue to develop our culture and adopt new ways of working to empower our front-line teams. We will adopt the ambitions in our People Strategy to create the right culture for clinical and operational leaders across the Trust to flourish.



These commitments are detailed in our new Quality Strategy. The strategy outlines our approach to improvement and builds on learning from our transformation programmes and quality improvement projects. This includes the 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 implement specific programmes of improvement. We will continue to create a culture for continuous improvement by using improvement methodologies and leadership development.

Linking in with our strategic ambitions on research, we will strengthen working relationships with our healthcare research partners. This will allow us to maximise opportunities to improve services and health outcomes and will help us to reduce health inequalities. We will do this by working with our own Bradford Institute for Health Research as well as the National Institute for Health Research Applied Research Collaboration for Yorkshire and Humber, the Academic Health Science Network and the Improvement Academy.

The philosophy behind our approach expands upon 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. This includes a shift to all staff "doing the work" being active in "improving the work" to deliver continuous improvement through constant re-testing of patient care and the redesign of processes
- Improvements led by frontline staff with only the people doing the work designing the solutions to the problems they have identified
- Equal voices for all
- Use of improvement measures for all improvement programmes delivered

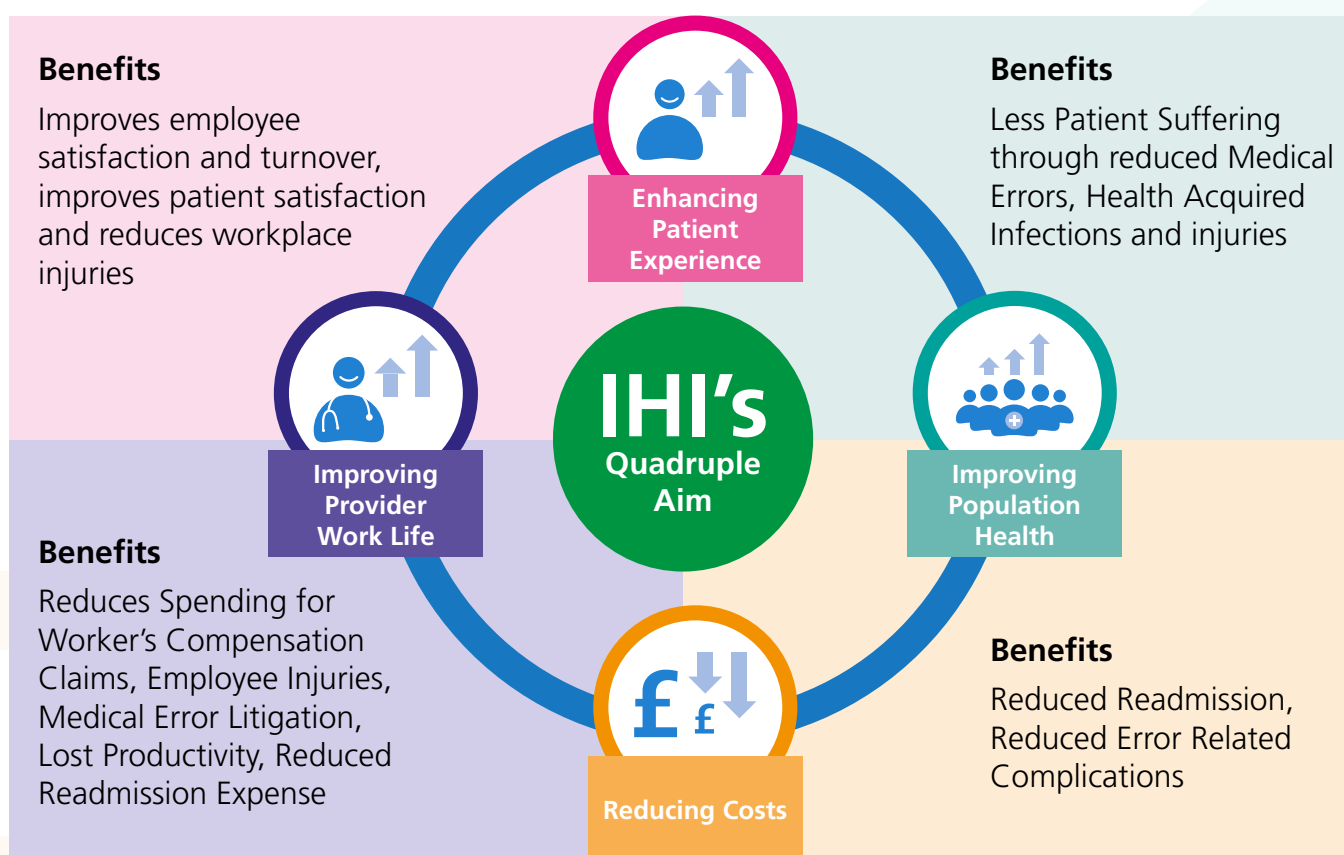


Figure 3: Institute for Healthcare Improvement Quadruple Aim model

## 3.4 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 patients are often spared the need to travel to, or stay in, hospital.

Often, although not always, virtual services are enabled by digital technology.

The Trust already has a number of virtual services. The development and use of virtual and digital alternatives to more traditional methods of caring for patients increased 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 with the support of family, carers and people they know well
- Can provide GPs with the ability to discuss or seek advice from senior medical staff at the Trust without the need to refer the patient to hospital for either an outpatient appointment or even an inpatient admission
- Help to reduce inequalities between patients in access to, and outcomes from, healthcare services
- Increase cooperation between hospital and community based services as lower risk patients can be identified earlier and directed to community based treatment rather than being referred to hospital
- Help save hospital inpatient and physical capacity for the sickest patients or those requiring surgery and other procedures that cannot be provided at home

## What is a Virtual Service?

### Supporting patients to go home sooner: The Diagnostic Virtual Ward

The diagnostic virtual ward works across many specialties in the hospital. It 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). Traditionally, these patients would wait in hospital and would not be discharged until they had received this test. This can often add 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 hospital 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 oximeter<sup>10</sup> 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 have already done. We will embrace technology to improve the experience of our patients by using virtual services and 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 so that they can use these to obtain advice and education about a range of conditions.



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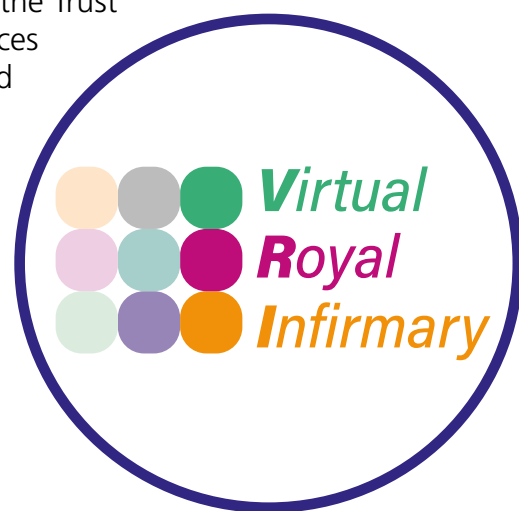
<sup>10</sup> An oximeter is a small device that is attached to a patient's finger and measures heart rate and how much oxygen is in the blood.

Virtual services offer huge potential to do much more and to provide care and treatment in many different ways. If people are unable to use digital technology, or it is not clinically appropriate, then accessing care in a more traditional way will still be possible. We want to help 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 design” and deliver truly outstanding care by developing, often digitally enabled, virtual services at scale. To do this we have developed our Virtual Royal Infirmary<sup>11</sup> (or VRI) programme.

The VRI programme will work closely with other programmes in the Trust to ensure that we take a joined-up approach to developing services that improve efficiency and effectiveness, are economically sound and benefit patients.

Further detail on our VRI programme is available in our new Virtual Services Strategy – *“The Virtual Royal Infirmary, High Quality Care, Anywhere”*.



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11 For more information on the VRI programme follow our twitter account @BTHFT\_VRI



## 3.5 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 experience and confidence in using digital tools.

We are one of the most digitally advanced Trusts in the country, and during COVID-19 this allowed us to use our data, tools and skills for even safer and more effective care of our patients. It also enabled us to learn and teach, conduct research and drive innovation for our local population.

In our public survey, many respondents thought that developing digital services and our increasing use of technology would be important for the future. It is important that every member of our local population is supported on their own personal digital journey. We recognise that we must help patients to increase their skills, improve their access and develop their confidence when using digital tools. This will be a key ambition for the Trust.

However, we must also remember that developing, innovating and expanding new ways of working will be dependent on the Trust being able to invest in 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 the 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”. It is 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)<sup>12</sup> we will upgrade and replace digital clinical systems that are vital to delivering modern, integrated, high quality services. We will also ensure that our Information Governance arrangements are robust and are adapted to the changing ways in which we deliver care and treatment.

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.

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12 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

## ■ Digital and data supporting transformation

Our work in digital and data is fundamental to the development, delivery and operation of services. It plays a core role in transforming how we will 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. We will expand the role of our Electronic Patient Record (EPR) in capturing vital clinical information and providing essential decision support, especially for those patients care for in a virtual setting.

We will enhance our training and support to clinical staff so that they can use existing and new digital systems well.

Our digital and data teams will also need to support the transformation of models of care across our Bradford District and Craven HCP. We will increasingly share information across our local HCP for the purposes of direct care and service planning, research and population health management in line with the Caldicott principles. For example, we have ambitions to develop our Command Centre across our local Bradford District and Craven 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 Scan4Safety<sup>13</sup> and the Yorkshire Imaging Collaborative<sup>14</sup>.

Accurate and timely data on a local HCP basis will also be a key driver in the delivery of our Population Health Management Enabling Programme highlighted in section 5.2 of this strategy.

We will expand the role of our Electronic Patient Record (EPR) in capturing vital clinical information and providing essential decision support.



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.

## ■ 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 people, our patients and their families are able to access digital services, using them competently and with confidence.

We will need to consider the training needs of our colleagues and how we ensure that we cater for people in our local population that do not have access to electronic devices or connectivity or for whom English is not their first language. In keeping with our role as an anchor institution in Bradford, we will work closely with our partners across our Bradford District and Craven HCP to ensure that we address digital inclusion. We will do this by working with the Bradford Institute for Health Research and the University of Bradford to promote digital inclusion. We will also create our own Trust Informatics Inclusion Group to identify ways in which we can improve access for our colleagues and our local community.

As the digital and data transformation gathers pace, the local population will receive ever-increasing amounts of information and data about health and care. One of our key ambitions, as an anchor institution, 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. This will ensure that our services are in tune with their expectations and experiences.



Research has shown that in our over 75s population, 62% of women and 49% of men are not online – it's our intention to help them be confident users of digital technology.

## 3.6 Restarting and recovering planned care after COVID-19

We continued to care for our patients with the most urgent clinical needs throughout the COVID-19 pandemic and relocated a number of services 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, 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.

We have already put in place a number of immediate actions to hit key performance targets by March 2022. However, it is clear that recovery from the pandemic will take some time and will require 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. Healthcare data and Population Health Management will also help us use our resources better. But we recognise that at the core of our work to recover after COVID-19 there needs to be a central Operational Improvement Plan, aimed at driving performance to new levels.

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 for our Key Performance Indicators by April 2023.

### Urgent and Emergency Care (UEC)

Our UEC transformation programme aims to deliver Command Centre<sup>15</sup> functionality and tools roll-out across the Trust. Alongside this, we will also develop a Surgical Same Day Emergency Care (SDEC) model to release bed capacity and improve patient flow.

These initiatives will improve decision-making and patient experience. They will lead to patients being treated more efficiently and without unnecessary delays so that their time in hospital is much shorter.

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 improve how we use our operating theatres and our outpatient clinics using enhanced tools to track clinic and theatre utilisation to ensure better efficiency.

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

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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.



## Cancer Care

We will work closely with partners on the Airedale and Bradford Cancer Programme and the West Yorkshire Cancer Alliance to develop more efficient pathways to ensure earlier diagnosis and treatment for patients. We also intend to use capacity at our independent sector partners to maintain services in relation to breast and skin cancer surgery within 62 days 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.

## Acting as one to transform service delivery

A common factor throughout each of our workstreams to recover after COVID-19 is that we will continue to Act as One with partners across Bradford District and Craven as part of our Access to Health programme. In particular, we will continue to work with GPs and community services to review pathways, consider alternative services in the community and expand e-consultations as a 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 with 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 Royal Infirmary*” 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 of 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.



“We are very proud of our talented, hardworking and innovative people.”

## 4. 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.

### Why this is important

We are very 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 they innovate to improve care for our patients and deliver it with kindness.

Our people are amazing, and it is clear from the responses to our survey that the people of Bradford District and Craven agree; respondents overwhelmingly thought that the development and wellbeing of our people was really important.

There is published research which shows that if our people are engaged and feel valued they will deliver better outcomes for our patients<sup>16</sup>. Our ambitions for our people are based on the national NHS People Plan<sup>17</sup> and are informed by lessons learned during the pandemic. They are reflected in our Trust People Strategy<sup>18</sup> and in our Trust values<sup>19</sup>. We will embed more health and wellbeing initiatives, tackle inequalities, lock in the benefits of new digitally enabled ways of working and attract and retain more people.

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16 For more information see <https://www.kingsfund.org.uk/sites/default/files/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf>

17 The NHS People Plan can be found at: <https://www.england.nhs.uk/ournhspeople/>

18 Our Trust People Strategy can be found at: <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2018/02/people-strategy.pdf>

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

## What we will focus on

### 4.1 Looking after our people

We will continue to support our people to be mentally and physically healthy. 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 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. It should be 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.

Work is underway on our transformation journey. In 2021 we launched *Thrive*; our way of supporting and developing our people and creating an environment where everyone is proud to belong.

We also want to hear the voices of all our people and will put in place mechanisms that enable us to hear from more of our people and in real time. This will enable us to ensure our offer to our workforce provides 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 to thrive at work and beyond.

The first step in our *Thrive* journey has been to launch a new intranet platform dedicated to showcasing everything available to our people. It is a “one-stop shop” for everything they 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 use and is accessible from personal devices such as smart phones or tablets. This means that 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 will support our senior leaders so that they feel empowered to create conditions for their teams to thrive. We will do this by designing innovative leadership pathways that maximise our people's strengths, enabling them to reach their full potential.

We will also continue to embed a culture of civility and compassion that is underpinned by our Trust values – “We care”, “We value people” and “We are one team”. We will engage 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. 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 increase the support that we provide for our workforce. This will ensure we are able to support their physical and mental health. It is our intention that, over the lifetime of this strategy our wellbeing offer will not only include mental health support but will be expanded to include activities focussed on mindfulness and physical wellbeing.

In addition, we will take a number of practical steps including ensuring that everyone has the right to request a flexible working pattern whether they are in a clinical or non-clinical role. We will also ensure that all our people have a meaningful appraisal that includes wellbeing and career development conversations and we will continue to enhance the staff facilities that are on our sites.

## 4.2 Engendering a feeling of belonging in the NHS

We will build on our commitment to advance equality, diversity and inclusion (EDI) across the Trust. We take pride in the diversity of our workforce reflecting the patients and communities we serve.

We are committed to advancing equality, diversity and inclusion and will continue to support staff engagement through our staff equality networks. This will ensure that everyone has a voice and can influence the EDI agenda at the Trust. These objectives are clearly set out in our new Equality, Diversity and Inclusion Strategy.

We also focus on our EDI contractual obligations such as the Workforce Race Equality Standard and Workforce Disability Equality Standard, including the Gender Pay Gap requirements. We have taken a consultative approach with our people in relation to these standards. This ensures that we are capturing the right priorities and that they are aligned to 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 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. We are committed to fully supporting any colleague or patient who highlights any act of racism to us. We will vigorously tackle each issue raised. This commitment includes a focus on anti-racism in our training and development programmes.



## 4.3 New ways of working and delivering care

During the pandemic, we empowered our clinicians to lead the development and delivery of new service models. This led to the successful creation of a Clinical Reference Group (CRG) where senior clinical and operational decision makers made important decisions on how to develop and deliver services. The CRG was so effective that this approach has become embedded as the Hospital Management Group (HMG). This group will be one of the ways in which the Trust will enable senior clinicians to be involved in resolving key issues.

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

For 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 colleagues working remotely do not feel isolated, and continue to feel a part of the Trust. One way to resolve this issue will be the use of flexible working hubs on our premises, to allow people to work from home part of the time and to come into the office at other times to interact with colleagues and strengthen working relationships. Pilot schemes are currently underway with our corporate teams to test this approach. Particular focus will be placed on any impact on job satisfaction, productivity, quality of service, work/life balance and opportunities for development and training.

We will continue to extend the offer of flexible working patterns and employment contract flexibilities. This will improve our employment offer to new employees and help to retain existing people.

New working patterns and behaviours will also offer opportunities to improve productivity. For example, the Trust is part of the Yorkshire Imaging Collaborative (YIC). The YIC aims to provide a joined up radiology service across 9 hospital trusts in our region. It has launched software and technology that allows connected hospitals to have instant access to patient images and reports regardless of the location in which the image was originally taken. This means that member Trusts can pool resources and increase productivity by sharing staff. It also means that staff can safely view images remotely while working from home.

We will also work with partners across our Bradford District and Craven Health and Care Partnership to explore how we can deploy and share our people flexibly across the system. This will make the best use of our joint workforce. As part of this work, we will review clinical pathways between our organisations to ensure that services work seamlessly.

One of things that we learned from the COVID-19 pandemic was that we need to use all the skills of our people and that we should create roles that are more appropriately suited to modern healthcare. To do this we will develop and expand clinical practice for nurses, allied health professionals, pharmacists and healthcare scientists<sup>20</sup> so that these people can practise to their maximum professional ability. We will also develop and recruit to alternative healthcare professional roles such as physician associates.<sup>21</sup>

We  
will ensure  
that our people  
are trained to  
fulfil their roles  
in digital and  
virtual ways.



20 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.

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



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

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

We will work hand-in-hand with local training and education providers and with our Bradford District and Craven HCP to ensure that we have a strong pipeline for our workforce of the future, across all professional groups and grades.

In our Trust Education Plan<sup>22</sup>, we say that it is vital that we support our people to develop professionally if we are to recruit and retain the very best. To do this we will put in place a range of training programmes for clinical and non-clinical colleagues. New training programmes will be designed to ensure our people are confident using new technologies and caring for our patients in new ways. These training programmes will focus on providing virtual services and using digital technology. We will also ensure that training and education modules missed by colleagues whilst they were dealing with the COVID-19 pandemic are provided so that they are not disadvantaged in progressing their careers.

In line with our work on providing digitally enabled or virtual services, we will explore the provision of online, virtual and augmented reality training. This will allow us to provide training facilities in wards and clinical areas so that we can provide more simulation-based learning to our students.

### **Opportunities for our local population – the Trust as an anchor organisation**

Socio-economic factors have a big impact on the health of any population. 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 usually lead to an improvement in living standards and general health.

As one of the largest employers in Bradford, the Trust can make a positive impact in the city by offering NHS careers to local people. We can provide apprenticeships, career development and job opportunities.

We will also develop outreach programmes with local schools and colleges. These programmes will involve colleagues from all disciplines (for example medical, nursing, AHP, pharmacy, health sciences, digital, data insight, human resources, and finance) providing visits to encourage local students to think about, and pursue, careers in the NHS.

We will continue to participate in initiatives such as Project Search which is a year-long programme that helps young people with learning disabilities get valuable work experience. The aim of Project Search is to support these young people to gain skills to provide gainful employment.

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

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22 The Trust's Education Plan can be found at <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2019/01/18102402-Education-Strategy-Brochure-d5.pdf>



**“It is only by working with our partners across Bradford District and Craven that we will generate real change that will improve the health of local people.”**

## 5. Our Place

### **Our ambition**

We are committed to making a difference for everyone who 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 generate real change that will improve the health of local people. We can do this by developing services to make them more accessible and efficient, or we can act as one with our partners to pool resources and develop seamless care pathways. We can also use Research and Population Health Management to focus on prevention and directed early intervention to prevent a patient's condition getting worse and needing hospital care. 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

### 5.1 Acting as One with our Partners across Bradford District and Craven

In our public survey, respondents clearly thought that partnership working with other health and care organisations was really important.

We recognise that we will need to work with partners in the West Yorkshire Health and Care Partnership if we are to address health inequalities in our region. We will also work with other providers of acute hospital care in West Yorkshire to configure and deliver some services regionally.

However, we see the partnerships with our Bradford District and Craven Health and Care Partnership as being the most important if we are to provide real opportunities for change that will address health inequalities for local people. We agreed and signed a 'Strategic Partnering Agreement' (SPA) with 13 partners across Bradford District and Craven at the end of March 2019. We have since reviewed and further strengthened the SPA.

The SPA has helped guide the development of our local HCP on a range of topics. Its aims include the 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.

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 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 enables all health and care organisations to work together, as anchor institutions in Bradford, to address the big issues that affect the health and wellbeing of the people of Bradford. These are issues which cannot be tackled by individual organisations alone and include addressing health inequalities brought about by higher levels of social deprivation, poor dietary choices and a lack of training and employment opportunities.

In our public survey, respondents clearly thought that partnership working with other health and care organisations was really important.



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

We, along with partners in our Bradford District and Craven Health and Care Partnership, have recognised that tackling health inequalities in our local area is not a task that any of us can achieve on our own. However, by using Act as One as our guiding principle, and as a Bradford anchor institution 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. It allows partners in local health and care systems to share their data in a controlled way and use it to design new models of preventative and responsive care. The aim of PHM is to deliver improvements in health and wellbeing and help direct our shared resources so that they are used more efficiently.

In order to ensure that we have a robust approach to PHM in our Bradford District and Craven Health and Care partnership we have set up an Enabling Programme, that will lead the development of a Bradford District and Craven wide PHM function. This will bring together our disparate sources of data, analyse them and develop conclusions based on this intelligence. It will then provide senior decision makers in our local 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. We will use this intelligence to give us a better perspective on the issues that we need to tackle. It will guide our approach to developing and delivering health and care services in Bradford District and Craven.

We will develop the skills and competencies in Primary Care Networks (PCN)<sup>23</sup> and Community Partnerships<sup>24</sup> so that they can also use PHM to make decisions on service delivery based on more detailed and complete intelligence.

We recognise that engagement is really important when trying to implement strong PHM systems. So one of our key tasks will be to present data clearly and flexibly so that it can be interpreted easily by multiple users across our Bradford District and Craven HCP. With this in mind, 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.

Our PHM approach 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.

We have already implemented some interventions to improve population health. One of the first has been the Reducing Inequalities in Communities (RIC) programme. The RIC programme began

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23 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.

24 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.



in 2019 with an aim to reduce premature death in the most deprived areas of central Bradford. It identified that work was needed specifically in relation to pre-conception, maternity care and children, along with prevention and education work to reduce mortality in relation to cancer, cardiovascular and respiratory conditions in later life.

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

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 to reduce demand for services and tackle health inequalities addressing Act As One priorities.

### **PHM in the community**

Our Community Partnerships have a programme of interventions. They operate alongside 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. This team 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 ways to detect emerging problems in patients and to mobilise resources to support individuals and families. This prevents patient conditions worsening to the extent that they require GP or hospital attendance.

### **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 in Bradford District and Craven that relate to children that we need to be developing our offer in Paediatric Care. This is particularly the case for neonatal services as well as respiratory, diabetes and allergy services.

This will involve developing innovative new models of care so that we work with partners, use technology and develop virtual services to 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 who should have been able to access a more appropriate, alternative, place to get care. This is either as a result of there not being a care 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 clinical areas to clarify the pathway and ensure we improve availability and access.

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 our Emergency Department. 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 an anchor institution for population health

At the Trust, we are rightly proud of our internationally renowned Bradford Institute for Health Research<sup>25</sup> (BIHR). BIHR is a unique partnership of primary care, secondary care and universities. It was established to support the faster translation of health research into patient benefit.

### **BIHR – our key role during the pandemic**

As an anchor institution in Bradford, 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.

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”.

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<sup>25</sup> More information on BIHR can be found here [www.bradfordresearch.nhs.uk](http://www.bradfordresearch.nhs.uk)

## 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 local HCP to truly turn Bradford into a “City of Research”.

Over 50,000 Bradford citizens are 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 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 Bradford District and Craven HCP to embed research and innovation into everything that we do; to underpin our work aimed at these diseases and to reduce health inequalities. 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 (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 local HCP to create one, people-powered, data-driven, collaborative research function for the whole of Bradford District and Craven that is dedicated to turning Bradford into a City of Research.



**No other city in the country can boast the same number of research participants as Bradford.**

## 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 related to the Population Health Management initiative. 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 they need. Securely linking GP practice to hospital and other healthcare data will empower the Bradford District and Craven HCP to understand discrete events that impact on parts of our population. The data held safely in our database can be used for whole population analysis to monitor trends, identify patient pathways, draw conclusions and develop interventions. The ultimate goal is to be proactive and identify citizens that are not just unwell but also those that are risk of developing illnesses so that we can give 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 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 data is collected to allow the development of global, patient-oriented clinical studies creating Connected Bradford on a much wider, global scale.



The Trust will explore the potential to significantly increase the number of inpatients that have the opportunity to be part of a research programme.



## 5.4 Strategic Estate: Fit for purpose facilities for Bradford

Our buildings have been well managed by our Estates and Facilities teams. Our Board of Directors has also approved a number of strategic investments to help improve our facilities. This includes a £28m hospital wing at Bradford Royal Infirmary which was opened in 2017, boasting state of the art facilities for the care of older people, paediatric and critical care. We have also made a number of refurbishment investments. These totalled £28.5m during 2020/21 and provide new facilities including 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 our estate does not support modern-day healthcare practice. Where we have newer estate, it is largely made up of 1960s concrete materials which are now beyond their intended life. Our estate portfolio also has significant backlog maintenance investment needs. These are currently calculated at over £86m net. In addition, our estate is compromised by a 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. 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. This new hospital, 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 Health and Care Partnership. There are more immediate objectives in our local 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.

It is our vision for our new hospital to be more than a "repair centre" that our population only attend when they are sick. Through "Act as One" and other ambitions highlighted in this strategy relating to research and population health management we will create healthcare in Bradford District and Craven that is joined up and focusses on prevention and health inequalities. This will mean that we not only repair people when they are ill but also address some of the issues that caused someone to become ill in the first place.

Bradford Teaching Hospitals will follow a twin track approach to the development of our estate. One workstream will be 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. The second workstream will support the development of a Bradford District and Craven HCP-wide Estates strategy.

A new short to medium term Trust Estate Strategy is being developed to focus on 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.





**“It is essential that we work with partners across the whole of West Yorkshire to develop services sustainably.”**

## 6. Our 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

Our main focus will be to act as one with our partners in our Bradford District and Craven Health and Care Partnership. However, we recognise that 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 aim to support our West Yorkshire Health and Care Partnership to 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 sustainably.

### What we will focus on

### 6.1 Working with the Bradford District and Craven Health and Care Partnership 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”<sup>26</sup> that make up the Partnership. As referenced above in the “Place” section of this strategy, we will address this 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 and will be focussed to help us to ensure that we meet national requirements in relation to NHSCore20+5<sup>27</sup>.

However, there are 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 local 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*”.

26 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.

27 For more information on NHSCore20+5 see <https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>



### **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”*.

### **Act as One Access to Health – overcoming health inequalities**

The Act as One Access to Health programme has a specific focus on cancer. It will support the achievement of the WYHCP ambition to increase early diagnosis of cancer. It will do this 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 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 established an Equality and Diversity Council (EDC), chaired by our Chief Executive and with 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 Equality Diversity and Inclusion 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 its 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 services. There are many reasons for doing this including covering workforce shortages, achieving economies of scale, meeting national commissioning standards or stabilising a fragile service and tackling unwarranted clinical variation.

Wherever a case for change suggests there is a potential for collaboration, we will work with WYAAT to explore the options available.

There are several WYAAT projects already underway but a key overarching project has been the development of a WYAAT Clinical Services Strategy. This WYAAT strategy sets out a framework to allow the coherent improvement and transformation of services across West Yorkshire and Harrogate. It covers 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 is still being developed and will suggest new ways of providing services 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. It is also vital that we continue to deliver sustainable acute services across Bradford District and Craven. We have a strong track record of working collaboratively with Airedale NHS Foundation Trust. 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. 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, there is a clear logic for co-ordinated and operationally independent 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. This would be 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 is well placed to provide, 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 Meeting our commitment to sustainability and delivery of the NHS Net Zero Carbon Target

We must 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 Plan<sup>28</sup> in every development we make in relation to service transformation, 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 emissions through patient travel. In addition, the potential build of a new hospital 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.



We must play our part in providing sustainable healthcare and ensuring that the NHS meets its Net Zero Carbon target by 2040.

<sup>28</sup> The Trust's Green Plan can be found at <https://www.bradfordhospitals.nhs.uk/green-plan/>

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 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

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 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 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 developed to consider alternative future investments in our estate to ensure we identify options that provide the most efficient and effective low carbon solutions.

### ■ Travel

The Trust will develop a Green Travel Plan to promote "active travel"<sup>29</sup>, public transport and car sharing. We will also provide our people with education regarding low carbon travel. We will 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 be placed on site. In order to encourage "active travel" we have already provided 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.



In order to encourage "active travel" we have already provided more secure bicycle storage.

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*".

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



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



## 7. Conclusion

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

It shows our ambitions as interconnected and interdependent

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!

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*Some of the images used were taken before the Covid-19 pandemic and the requirements to adhere to social distancing.*

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