

# The North Bristol NHS Trust Clinical Strategy



North Bristol  
NHS Trust



2023-2028

**NBTCARES**

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# Foreword

“A Clinical Strategy for North Bristol NHS Trust (NBT) is an opportunity for our clinical teams to shape and improve the hospital services our patients and population need.”

Healthcare is never static - the care we can provide, the expectations of us and the challenges we face are all changing. The last three years have seen accelerated challenges and opportunities. Our Clinical Strategy reflects that:

- We constantly evolve the way we work to respond to increasing patient and population need
- Medicine and care pathways are changing with both improved treatments and technology to support patients
- We know that our healthcare workforce is our ultimate strength and we must support our people in dynamic work environments
- Patients rightly expect rapid access, partnership in decision making and care as close to home as possible

This Clinical Strategy is owned by the whole of NBT, created by our clinical teams and reflects our patients' needs. Beyond that it fits with our transformational joint strategy with University Hospitals Bristol and Weston (UHBW) NHS Foundation Trust and the local NHS system population health plan. Most of our services will benefit from a refreshed 'single Bristol' model with care co-ordinated and delivered across the two Bristol acute Trusts. Our strategy acknowledges that starting this transformation now is the right thing to do.

This strategy sets the direction, aims and ambitions of our clinical teams and it will continue to evolve. Some of our plans are underway, others will require detailed action plans; ambitions will blossom and others will fall away. A successful Clinical Strategy always remains a work in progress and is constantly evolving.

NBT has strong reputation for providing world-class regional services that benefit patients from across the South-West. Predominantly our clinical work serves patients from Bristol, North Somerset and South Gloucestershire (BNSSG) and it largely treats patients with chronic disease, cancer and mental health problems. This Clinical Strategy will consolidate our role as a provider of excellent local services for local people with long term conditions. We will ensure that we acknowledge the transition from child to adult care, enhance screening and prevention opportunities and work beyond the boundaries of our 'super' hospital.

# Foreword

Our staff provide outstanding care for patients every day. This Clinical Strategy reflects the importance of harnessing the talents of our people and our teams. It describes a new blended workforce, novel clinical roles, enhanced leadership and training opportunities and strengthened relationships with our local universities. We need to recognise these talents and use them to raise our ambition beyond our borders and shape new global partnerships for training and recruitment.

On a personal note, it has been a huge privilege to have a chance to oversee our Clinical Strategy. Opportunities to nudge the direction of a large organisation like NBT come infrequently. I hope that this document starts to move us from an historic focus on an amazing building with its high-tech interventions towards seeing our future as a valued healthcare provider, embedded in our local community, treating our population as partners in health and wellbeing.



**Tim Whittlestone**  
*Chief Medical Officer*  
*North Bristol NHS Trust*

**“Our Clinical Strategy is  
owned by the whole of NBT,  
created by our clinical teams  
and reflects our patients’  
needs”**

# Strategy on a page

## Patients

We will put patients at the core of our services and become partners in the management of health conditions.

## People

We will support our workforce with a blend of new staff roles, innovative posts and on-site facilities.

## Population

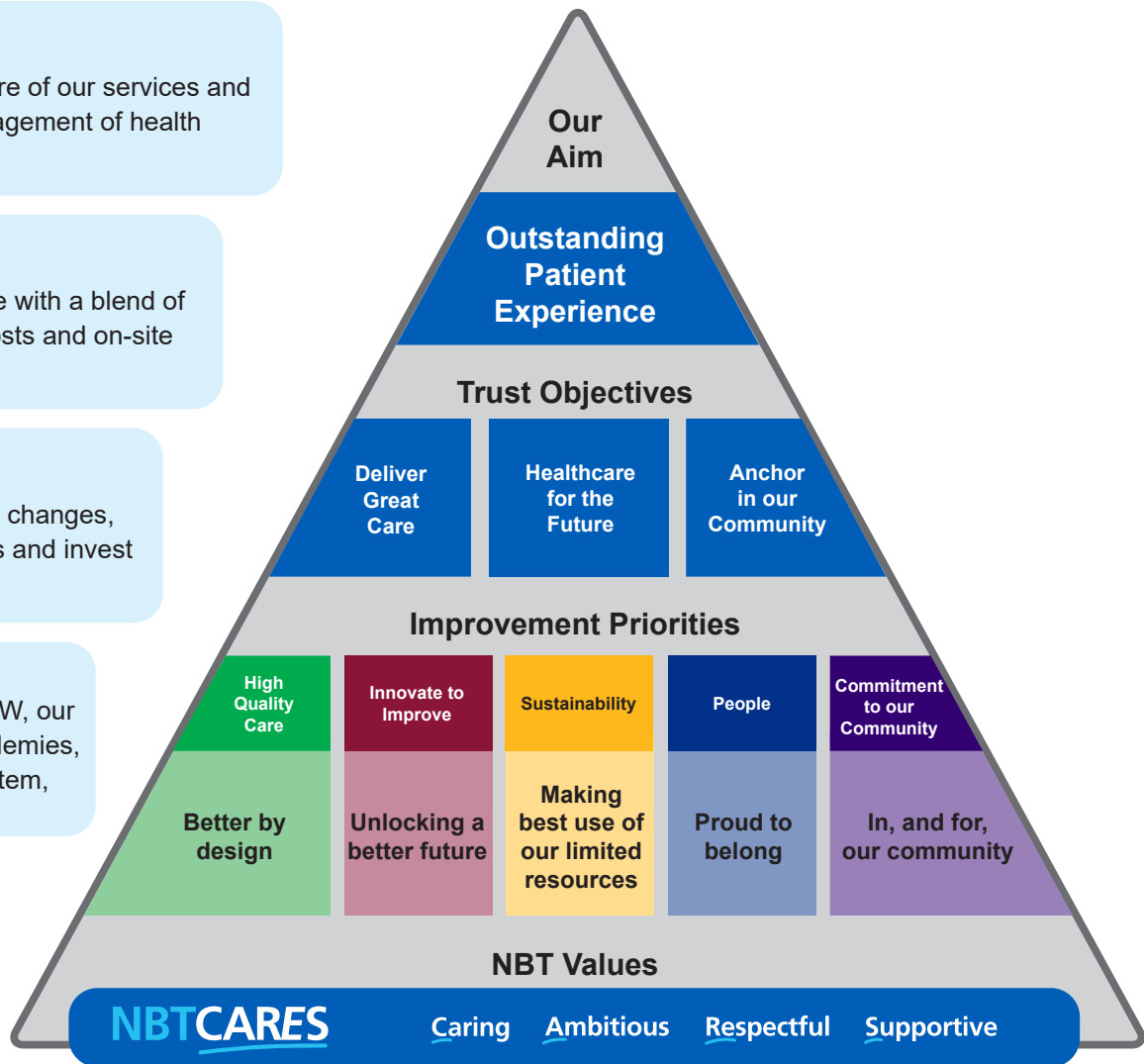
We will plan for demographic changes, respond to health inequalities and invest in community assets.

## Partnership

We will collaborate with UHBW, our universities and training academies, our local health and care system, and new global partners.

## Progress

We will continuously adapt our services being curious about technology and open to new ideas.



## Our six focus areas:

### Cancer

We recognise that we are a major contributor to cancer care for patients in the BNSSG area. We will work to improve our cancer care so that it is recognised as a core, distinct, fully integrated, cross-divisional function at NBT.

### Urgent and Emergency care

We will make our urgent and emergency care service simpler and more effective for patients and our people by providing emergency care for the Right Person, in the Right Place, First Time.

### Planned care

We will commit to customer friendly outpatient and diagnostic services, providing care closer to home with more non-face to face appointments and greater patient choice. We will ensure that diagnostics meet standards that matter to patients.

### Partners in health throughout your life

We will form longer term relationships with our patients to support them to live well and manage their long-term conditions, harness the power of our screening and prevention expertise, and transform transitional care and digital services to support our patients throughout their lives.

### Mental health

14% of our patients' interactions at NBT involve a mental health diagnosis. We want to provide a mental health service that recognises and responds to people presenting in crisis and the needs of inpatients with chronic mental health disorders.

### Development of Bristol services

We recognise the need to provide care seamlessly and consistently across Bristol's acute hospitals through a single Bristol model to address inequities of access, improve efficiency and make our services sustainable for the long term.

# Developing the strategy

Our Clinical Strategy approach has evolved around these **three principles**. They are an important foundation for how we have developed this work and will support its ongoing development:

1. We choose to develop a Clinical Strategy with **patients at the core**.
2. We best develop our clinical direction and strategy **from multi-professional clinical teams** upwards, using **evidence/best-practice** and based on the **principle of subsidiarity** (at the most local level possible).
3. We will **continue to evolve** our Clinical Strategy so it is a **way of working** in addition to a document.

## Our approach

Work to develop the strategy has been underway since May 2022 and has consisted of four phases of work combining detailed analysis, best practice research and engagement with clinical leadership teams. This comprehensive and clinically-led approach has helped to define the direction of our organisation and explore how our Trust can deliver the best possible outcomes and experience for our communities.

### Phase 1: Understanding the baseline



- Clinical leadership workshop to understand strengths and challenges within NBT
- Clinical services directory and strategic opportunities assessment
- Specialty-level strategic analysis

### Phase 2: Clinical specialty engagement



- Engaged with 30+ specialty teams and 100+ service leads / clinicians to review SWOT analysis, define strategic themes and identify focus chapters

### Phase 3: Building our strategy



- Comprehensive literature review to support identification of strategic themes
- Workshops and board seminar to draft conclusions and objectives for strategic themes and focus chapters

### Phase 4: Finalisation and approval



- Test draft strategy with clinical teams and key partners
- Finalise narrative document based on feedback
- Board approval and strategy launch

# Our Organisation

## Key facts

North Bristol NHS Trust is a major acute hospital. We operate from three hospital sites, spending £800m on our services, employ over 12,300 people and deliver a significant volume of care to our local community.

Annually this includes:



**96,000**  
Emergency attendances



**444,000**  
Imaging investigations



**36,000**  
Discharge prescriptions



**5,600**  
Births



**517,000**  
Outpatient appointments



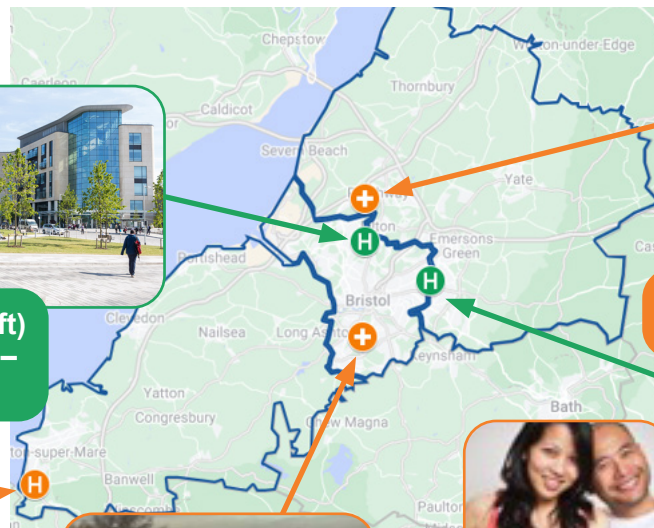
**145,000**  
Inpatient spells

## Our estate

Our sites include a range of physical estate across BNSSG from which we provide our local and tertiary services.



Women's hospital (left) and Brunel building – Southmead



Bristol Centre for Enablement



Weston Hospital - renal unit, urology, and breast services



South Bristol Dialysis Unit



Community based services - midwifery and NHS@Home



Cossham Hospital

# Our Organisation

## Our services

We provide high quality clinical services to our patients from both the local area, predominantly in Bristol and South Gloucestershire (87% of inpatient and outpatient activity is for patients who reside within BNSSG), and across the South West Region (13% of activity).

**These clinical services include:**

- **Urgent and emergency care** – we provide expert emergency care and treatment 24 hours a day, 365 days a year for patients when they need us most. Most of these services are collocated on the Southmead hospital site in our Emergency Zone (EZ).
- **Local acute care** – we provide elective, maternity and urgent hospital services for a population of more than 500,000 people, primarily in South Gloucestershire and North Bristol.
- **Specialist services** – we excel in the provision of tertiary services for patients across the region and beyond. We provide both complex surgical interventions as well as suite of non-surgical specialist services that are a critical part of NHS care in the South West.
- **Diagnostic services** – NBT delivers pathology and radiology across a wide network and is at the leading edge of diagnostic technologies. Our services include the Bristol Genomics Lab, one of only 7 services in England.

## Our performance

- **Rated 'Good' overall** by the Care Quality Commission (CQC) at our latest inspection in 2019, with 'Outstanding' ratings in Caring and Well Led domains.
- Appeared in the **top 10 Trusts for research output** in the National Institute for Health and Care Research (NIHR) rankings over the last five year.
- The results of the NHS inpatient survey for NBT in 2021 demonstrated **5 areas where we do noticeably well** compared to peers. We have maintained our position in other areas and have no areas where we score 'worse than expected'.
- Sustain a **better-than-expected Standardised Hospital Mortality Index**, regularly within upper quartile comparisons nationally.
- Selected as an '**early adopter**' Trust for the **National Patient Safety Incident Response Framework**, recognising our commitment to improving safety.

# Our Organisation

## Our partners

- **University Hospital Bristol and Weston NHS Foundation Trust (UHBW)** is our closest neighbouring acute provider and shares responsibility for the care of our local population and the optimum use of resources.
- **BNSSG ICB and local care teams** have the lead role for planning and allocating resources to ensure population health and care needs are met.
- **Primary care** who are at the core of NHS care for all our patients.
- **Voluntary and community sectors partnerships** who provide a huge range of crucial support and care for our communities.
- **NHS England**, as the commissioner of specialist services across the South West.
- **University of the West of England Bristol (UWE Bristol) and University of Bristol (UoB)**, with their combined power to train clinicians and provide research opportunities.
- **Sirona and Avon and Wiltshire Mental Health Partnership (AWP)**, the community and mental health providers for our local population.
- **Commercial Organisations**, where they offer to support us with technology, digital and product solutions that can enhance patient care.
- **Global Partners, such as Poona (India)** who give our staff training and development opportunities, and collaborate with us in research.

# The Strategic Landscape

## National and local strategic priorities

The strategy set out in this document aims to respond to existing ambitions set out both at a national, system and organisational level.

### National priorities

The national NHS long term plan (LTP) was published in January 2019, setting out the Government's ambitions for healthcare, planned structural changes and how they plan to spend NHS resource over the next 10 years. Despite the changing context and limitations to progress due to Covid-19, many of the aims set out in the original plan remain just as relevant, if not more relevant, in today's NHS. NBT is committed to delivering on these national ambitions and our Clinical Strategy supports progress towards this.

#### Areas of alignment in the LTP and our Clinical Strategy include:

- Investment in workforce to support volunteers and new entry routes for staff e.g. apprenticeships.
- An emphasis on prevention programmes and reduction in health inequalities.
- Improvement of service quality and patient outcomes, with a focus on improving waiting times and patient access.
- New service models such as diagnostic service reforms to improve access and changes to urgent care services to reduce hospital admissions.

### Regional priorities

Our tertiary services are central to the emerging regional strategy to focus tertiary capacity across two regional centres in Bristol and Plymouth to serve the South West. NBT will be jointly providing services at the Bristol centre in partnership with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Across both NBT and UHBW, our tertiary services are predominantly configured to be provided by a single organisation. These services consistently benchmark very well against peers and several have potential to be world leading services.

**Our strategic intent is to retain the existing range of tertiary services and to focus on continuing to develop their reputations and influence across our region. Our priorities for these services are to:**

- Enhance their contribution through increased academic research output.
- Understand and address inequities of access to tertiary care across our region.
- To be at the forefront of advances in clinical practice to deliver efficient, high quality and effective care for patients.

### Our Integrated Care System

On 1 July 2022 the NHS underwent major structural change when Integrated Care Systems (ICSs) became statutory entities under the Health and Care Act. These new systems are intended to facilitate improved partnerships between organisations within a local area and ensure better integration between care sectors. In addition, new ways of working and the development of joint system strategies hope to enable collective management of the health and wellbeing of ICS communities and encourage organisations to utilise their collective strengths to strive for the best provision of care.

# The Strategic Landscape

## Healthier Together Partnership (ICS)

### organisations include:

- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
- Bristol City Council
- BNSSG Integrated Care Board (BNSSG ICB)
- North Bristol NHS Trust (NBT)
- North Somerset Council
- One Care
- Sirona Care and Health
- South Gloucestershire Council
- South Western Ambulance Service NHS Foundation Trust
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

The joint BNSSG system strategy sets our shared ICS vision:

*“Healthier together by working together - People enjoying healthy and productive lives, supported by a fully integrated health and care system – providing personalised support close to home for everyone who needs it”.*

### Four strategic aims have been outlined to achieve this:

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

The way in which we are expected to deliver services as an acute provider is changing through the formation of ICSs. Providers are now expected to work in a far more integrated manner, pooling resources and efforts to improve outcomes and experience for patients and staff. Accordingly, services across NBT are in various stages of development with respect to collaborating more closely with University Hospitals Bristol and Weston.

## Our Acute Provider Collaborative

The **Acute Provider Collaborative (APC) Board** was established in May 2021 as a Trust Board Committee-in-Common across UHBW and NBT. This formalised an increasingly collaborative approach between the providers over recent years, with the Trusts agreeing their first Acute Provider Collaboration Strategy in March 2020.

The APC’s purpose is to ensure that by using NBT’s and UHBW’s collective experiences, expertise and resources, they will work together to ensure that the best care is provided for patients, and the best support and development for staff and that they are active partners to the wider community.

Through our collaboration, we have jointly reconfigured stroke care and established a Hyper Acute Stroke Unit and established our shared Patient First methodology as our way of operating and making improvement.

### A joint clinical strategy is now in development to set out our aims to:

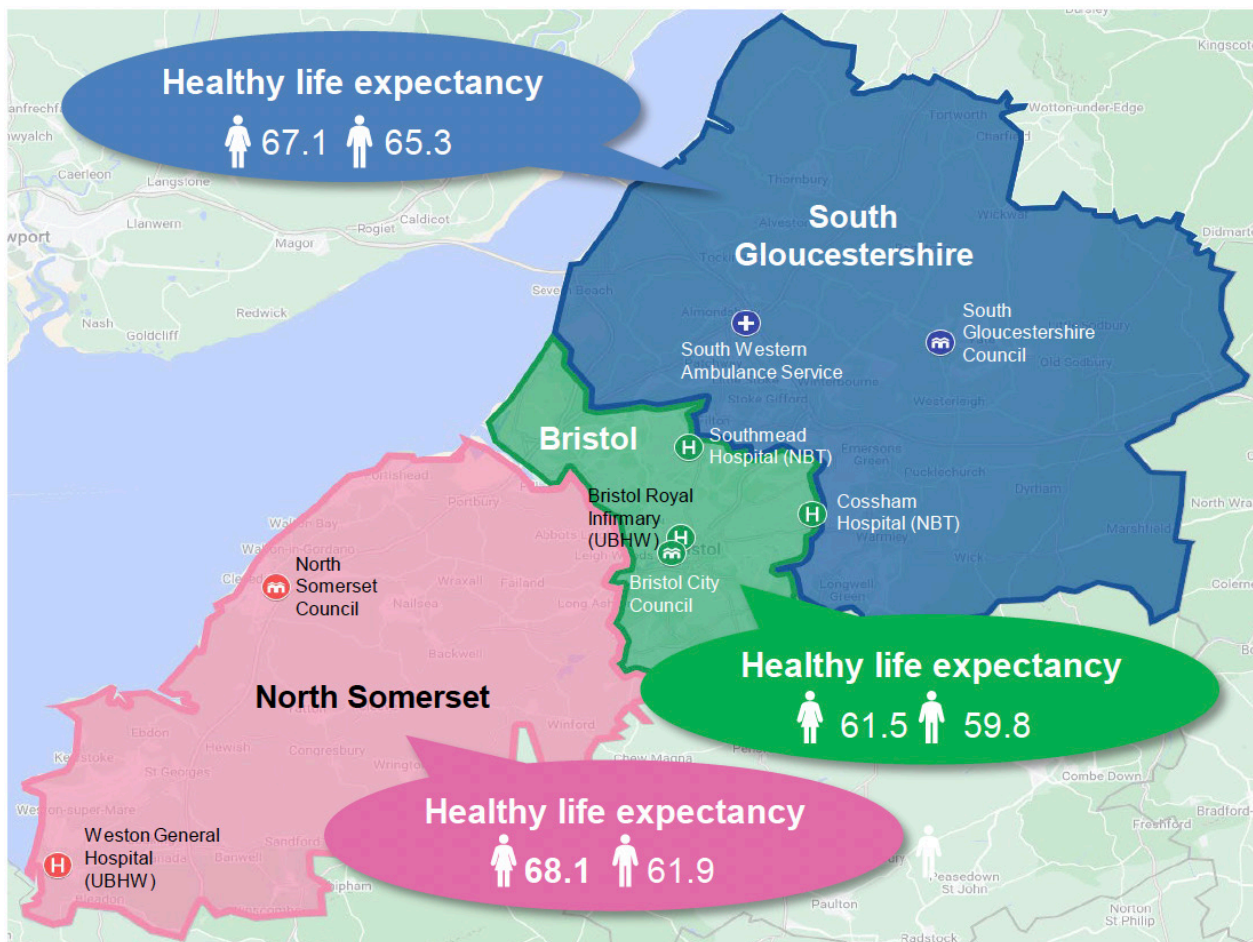
1. Provide seamless, high quality and equitable care to our population
2. Support, develop and harmonise our collective workforce
3. Develop a ‘single digital organisation’

A corporate services programme is also in development to ensure that these services are provided in a way that best supports delivery of the joint strategy.

# The Strategic Landscape

## Our local population

Needs vary significantly across the area we cover, emphasising the need to design future services alongside our system partners which are capable of responding to these variable and complex requirements.



## Demographics

The South West region expects to see an ageing population with a 5% increase in the number of people aged 65 years or above over the next 10 years. In comparison the BNSSG ICS expects to see a growing but not significantly ageing population, with 18% growth expected by 2043, compared to 10% for England. Our local services are predominantly provided in South Gloucestershire and North Bristol:

### South Gloucestershire

- Total population expected to grow 20% by 2043
- Age profile similar to England with 19% aged 65+, increasing to 20% by 2043
- Lower rate of premature mortality than England average
- Low ethnic diversity with 95% White population

### Bristol

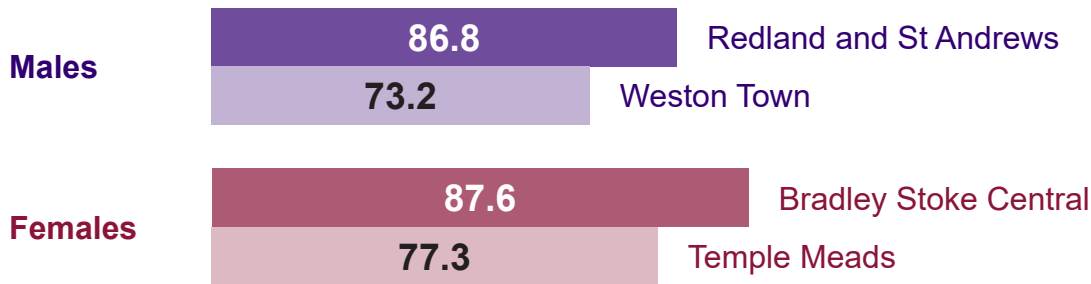
- Total population expected to grow 12% by 2043
- Younger population with 13% aged 65+, increasing to 14% by 2043
- Higher rate of premature mortality than England average
- More ethnically diverse with 84% White, 6% Black, 5.5% Asian and 3.6% Mixed

# The Strategic Landscape

## Inequalities

There remain substantial inequalities across our population. Life expectancy across local areas shows a 13.6 year variation for men and a 10.3 year variation for women across a population that lives less than 10 miles apart.

**Difference in years between the highest and lowest life expectancies across BNSSG ICS:**



We also know that there is wide variation in how healthy our population is during their life and a strong association between poor health and poverty:

- People in our most deprived areas have the same level of ill-health in their early 50's as people in the least deprived areas in their late 60's.
- Inequalities across ethnic groups are also stark; people with a Bangladeshi ethnicity experience the same level of health in their 50s as do people with a Chinese ethnicity in their 70's.
- Missed appointment rates are higher amongst our deprived populations and our global majority ethnic communities.
- When comparing the most and least deprived areas in BNSSG, cancer accounts for 1.3 years of the life expectancy gap for males and 1.6 years for females.



# The Strategic Landscape

## Strengths and opportunities

### Our strengths to build upon

#### Strong core services

The role of NBT as a district general hospital (DGH) is absolutely central to the purpose and identity of the organisation. Many of these services are already areas of real strength for the Trust, with our perinatal services, acute medical service, screening and care of the elderly all demonstrating adoption of best practice care and showing strong quality and safety records.

As the Clinical Strategy is developed it is essential that a clear plan is outlined for evolving our core services. This should include articulation of new clinical models that link effectively with partners in primary, community, social and mental health care, as well as UHBW. Every specialty should consider how they can maximise the assets available to them as part of the Clinical Strategy development, and to develop a culture of continuous improvement that seeks to adopt and proliferate innovation.

#### Our specialist services

As well as providing DGH services, we also have significant system and regional reach as a provider of specialist services. The presence of the Major Trauma Centre and the establishment of a Hyper-Acute Stroke Unit (HASU), at NBT, both necessitate the presence of high-quality specialist services on site at our Southmead Hospital site.

Across our specialist services, there is consistent recognition that the workforce are highly skilled and deliver excellent outcomes to patients. Services such as rheumatology, respiratory, perioperative, critical care, and plastics are all strong specialist services, which can be developed further through targeted investment and greater coordination with organisations elsewhere in the ICS.

In addition, several specialist services are recognised as being particularly high quality with potential to support a clear, nationally recognisable identity for NBT. The following services are cited as being, or having the potential to be, national or world-leading services:

- Neurosurgery
- Neurology
- Vascular
- Interventional Radiology
- Urology
- Renal
- Perinatal Care
- Critical Care

All these services have a significant regional profile and the infrastructure provides a strong platform for development. Careful consideration should be given to how these services capitalise on their role and the extent to which they are invested in and expanded.



# The Strategic Landscape

## **Strong profile of academic research**

NBT has a strong profile of academic research across a number of areas, especially neurosciences. Over the last five years, we have also consistently ranked in the top 10 Trusts for research output in the National Institute for Health and Care Research (NIHR). Similarly, NBT's education and training programme is a major driver of the quality of our workforce and, subsequently, the quality of the outcomes that are delivered to patients.

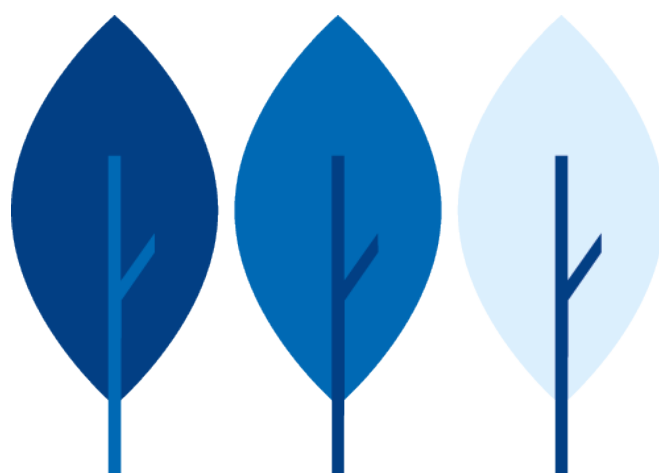
Despite these strengths we are aware of the clear potential for research and innovation to be adopted more broadly and to allow staff more time to dedicate to research activities. The size and quality of many of our services provide the platform for this work, and there is an opportunity to undertake both academic research as well as deliver clinical innovation at the frontline. However, this will require us to work with each speciality to enable staff and teams to take initiative and feel empowered to advance in these areas.

Building up our profile of research, training and innovation can bring a multitude of benefits to NBT. Primarily, there is an increasing body of evidence to show that research-active hospitals promote better outcomes for patients. In addition, the opportunity to work in a Trust that actively encourages research and innovation, as well as the training of staff can act as a huge draw for prospective workforce and in retaining current staff.

## **Positive organisational culture**

The high degree of energy for change amongst our leadership team, and the collaborative and supportive culture that sits at the heart of our organisation, are positive assets for NBT. These can act as a launchpad for an ambitious Clinical Strategy and the significant changes to ways of working we expect over the next five years.

However, we do acknowledge that more can be done to ensure that this positive supportive culture is sustained and felt by all throughout our organisation. Through our recent engagement with clinical leadership many communicated that they would like more autonomy to make decisions and drive forward change, and more varied approaches to resolving problems. Additionally, silo-working between teams and our partner organisations was thought to be preventing effective sharing of knowledge and best practice. Fostering a greater sense of collective responsibility and celebrating successes across the divisional leadership teams and individual services is required to encourage improved dissemination of best practice and learning.



# The Strategic Landscape

## Significant areas of opportunity

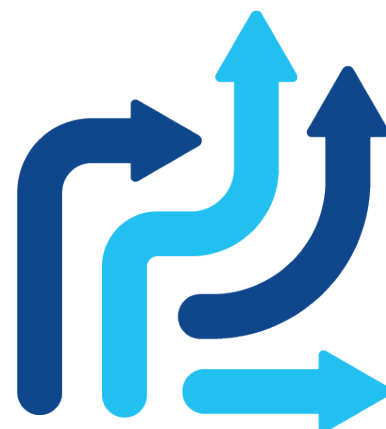
### Increasing service demand

Increasing activity is putting pressure on many of our services. Demand is rising ahead of demographic change, partly due to attempts to recover the Covid backlog but also due to changes in clinical practice, national strategy, and improved disease detection and awareness.

- **Outpatients** – demand for new appointments has increased, partially met through more appointments (4.8% more appointments in 2022 vs. 2019) but also resulting in increased waiting times.
- **Diagnostics** – current diagnostics capacity at NBT is insufficient to cater for increasing diagnostics demand and shared facilities for urgent, inpatient, outpatient and GP requests is leading to competing demands and often delays to inpatient imaging.
- **Cancer** – demand continues to rise faster than demographic changes with referrals rising by 9% a year both locally and nationally. National strategy driving earlier diagnosis of more cancers will continue to drive this demand higher.
- **Mental health** – total number and proportion of admissions for patients with mental health conditions are increasing at NBT, with 80% of our hospital bed days being occupied by people with co-morbid physical and mental health problems. Patients with a mental health condition present specific requirements and challenges and even small increases in number of admissions can have large implications.

### Challenges in patient flow

Challenges with hospital flow are by no means unique to NBT. However, our high occupancy rates are disrupting all areas of care. High waiting times for urgent treatment and delays in repatriating patients to other hospitals are limiting our ability to provide timely treatment to patients on waiting lists. We often face insufficient bed availability across the hospital for patients in Emergency Zone to flow into, linked to the high numbers of patients in beds who no longer require acute care. These challenges are multifaceted, some within our control and some not. There is a lack of capacity within community and social care which is having a direct impact on our ability to discharge patients and free up beds for essential care. In a recent assessment we found that 6% of beds lost to delayed discharges were due to internal processes and 94% due to reasons within community and social care. As well as internal improvements, more strategic solutions can be taken with our partners to resolve this pressure.



# The Strategic Landscape

## **Patient access**

Patient attendance at hospital appointments is an important indicator for how accessible services are. Outpatient appointment attendance at NBT has deteriorated since the pandemic, with 9% of appointments missed in 2022, compared to 7.9% in 2019. In 2022, most of our in-person appointments were scheduled at our Southmead hospital site (85%). Diagnostics services are also predominantly provided on this site. Many of these appointments could be provided in other locations which are more convenient for patients, reducing travel requirements and potentially improving attendance rates.

## **Workforce gaps**

Like much of the rest of the NHS and public service, vacancies and workforce gaps are limiting our progress. NBT has seen higher turnover rates than average across the NHS for nurses, medical and dental staff, with nurses highlighting work and life balance as the main reason for leaving. This has placed additional pressures on our workforce who are having to work extremely hard to counter our high vacancy and sickness rates.

## **Cancer standards and outcomes**

In recent years NBT has not been able to consistently meet the national performance standards for cancer. In 2022, we did not meet cancer targets for 2 week, 28 day, 31 days and 62 day waits. Cancer outcomes in Bristol are notably worse than in the wider system and region, with higher premature mortality rates; whilst these rates are trending downwards in Bristol, they are improving at a slower rate than England as a whole. We are aware significant work is required to transform the provision of our cancer services and make our offer to patients more joined up across Bristol.

## **Duplication of services across BNSSG**

Recent analysis shows that some of our local services are duplicated across NBT and UHBW, some of which are underperforming. Collaboration could help to build expertise at both Trusts and provide learning opportunities for staff, as well as providing more effective use of our collective estate assets. It could also help to alleviate health inequalities where there is unequal access to services. Work is already underway with UHBW across planned, emergency and diagnostic services to explore delivery of some of these services under a single model of care and we look forward to exploring this further as part of the work set out in this Clinical Strategy.

## **Our digital environment**

Whilst we are celebrated as a digitally advanced Trust, there remain many frustrations with the quality of the digital environment across NBT, and services are sometimes seen as a barrier to further progress rather than an enabler to better care.

Our patients expect to be able to manage their own care through digital platforms which enable them to receive paperless communications and information about their care, manage their appointment times and locations and monitor their conditions. Enabling technologies would also help to reduce strain on workforce, drive forward collaboration and improve challenges with hospital flow.

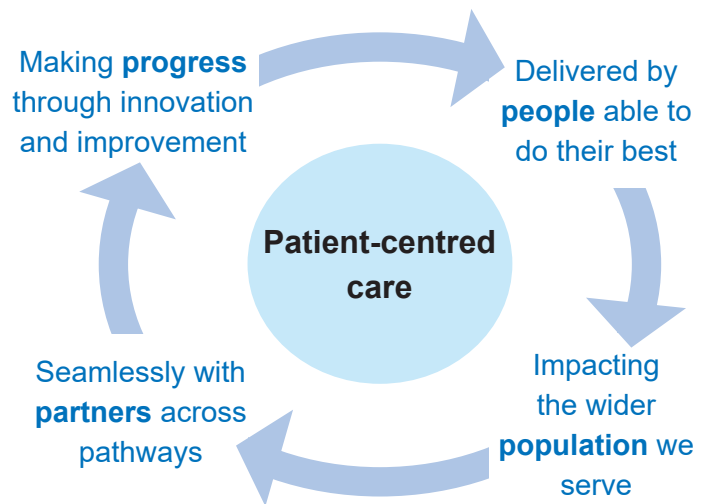
# The Clinical Strategy

## Strategic themes

We have framed our strategic ambition around five '**strategic themes**' that align with NBT's vision and values, are supported by our literature review and informed by clinical conversations.

Conversations to develop this strategy were focused around these themes which form the basis of the Clinical Strategy moving forward.

They are intended to be used to ensure improvement programmes incorporate initiatives across each of the five themes.



## Our 5 Strategic Themes



### 1. Patients

We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.



### 2. People

We will support our workforce with a blend of new staff roles, innovative posts and a workforce that is enhanced by on-site wellbeing, occupational health and physical health facilities.



### 3. Population

We will plan for the demographic changes in our local population and respond to health inequalities whilst investing in our community assets to deliver care.



### 4. Partnership

Our resilience will be based on collaboration with UHBW, our universities and training academies, with our local health and care system partners and new global partners.



### 5. Progress

We will acknowledge that the way we diagnose and treat diseases is rapidly changing and we need to continuously adapt our services being curious about technology and open to new ideas.

# The Clinical Strategy

## - strategic themes



### 1. Patients

**Vision:** *“To provide patients with an outstanding experience, supporting them to make informed decisions and respecting them as our partners”.*

### Why does this matter to us?

We want patients to be at the core of everything we do. This will fundamentally challenge the way we currently provide our services and will be one of the key elements shaping the future of health and care. Patients will expect to own and control their care record and have greater access to healthcare that is personalised to them. Making a step change through integrating our services both within our hospital and with our system partners, we will transform how we work, deliver care and thereby meet the high standard of care our patients expect and experience.

We want to move from a situation where care is disjointed and episodic to being planned and seamless with patients at the centre of all that we do. Improving quality of care and patient experience, would in turn improve our profile as centre of excellence and help us become a more attractive employer and raise our profile as a city.

**Shared decision making in healthcare refers to a process in which patients and healthcare providers work together to make healthcare decisions. The benefits of this approach include:**

- **Empowered patients:** Shared decision making empowers patients to play an active role in their care and to make informed decisions about their health.
- **Improved satisfaction:** Patients who participate in shared decision making are often more satisfied with the care they receive and with the decisions they make.
- **Better outcomes:** Shared decision making can lead to better health outcomes as patients are more likely to adhere to the treatment plan they helped to create.
- **Increased trust:** When patients feel involved and informed, it can increase trust in the healthcare provider and the healthcare system.
- **Reduced costs:** By involving patients in the decision-making process, shared decision making can help reduce costs associated with unnecessary tests, treatments, and procedures.

# The Clinical Strategy

## - strategic themes



### 1. Patients

#### Our commitments

##### 1. Holistic care responsive to individual patient needs

*Supporting our patients holistically and designing services to respond effectively to individual needs.*

- More care provided in local settings to bring care closer to patients where inequalities are greatest.
- Rapid access to diagnostic test results for patients/GPs (digital).
- Comprehensive 7 day same day emergency care (SDEC) for all specialities.
- Patient-initiated follow-ups in place across specialties for patients with chronic disease.
- A renewed focus on providing patients with up-to-date contact details for enquiries and non-urgent access to care.
- Staff trained in customer service and speciality specific knowledge.
- A comprehensive transitional care team helping children with chronic disease transition into young adult services at NBT.
- An enhanced frailty team working in the community to predict and plan for deterioration in health whether that occurs inside or outside of hospital.

##### 2. Patient and public engagement

*Building on patient and public engagement, empowering individuals to drive change in health services.*

- A standardised approach to patient and public engagement ensuring patient voices are heard at speciality, divisional and board level to influence decision making.
- Clear and timely communications with patients using innovative digital technologies.
- A telephone and digital enquiry team of pathway co-ordinators that helps our patients navigate appointments and reduces wasted opportunities.

##### 3. Support shared decision making

*Adopting 'shared decision making' and supporting patients with effective self-management of their conditions.*

- Embedding shared decision making in all elective pathways by March 2025 and emergency pathways by 2027.
- Bespoke digital consent tools developed and shared across NBT and built into pathways, with training for staff.
- Routine capture of feedback on shared decision making and insights built into dashboards to support improvement.
- A focus on prevention and screening through education of staff and patients using 'every encounter counts'.
- With ICB partners, improve access to supported self-management – so patients are empowered to be active participants in their care and are able to optimise their health.

##### 4. Monitor and respond to patient experience

*Ensuring that our services are focussed on the changing needs of patients, their carers and citizens.*

- Systematic use of Patient Report Outcomes and Experience Measures (PROMs and PREMs) across specialties with improvement plans based on patient feedback.
- Accessible, accurate and meaningful outcome data that is visible to frontline clinical teams.
- A complaints service that increasingly relies more on talking to our patients and understanding their concerns than it does on formulating written responses.

# The Clinical Strategy

## - strategic themes



### 2. People

**Vision:** *“To have a diverse, adaptable workforce that feel supported to thrive and develop in the work place”.*

### Why does this matter to us?

Recruitment is challenging against a context of national workforce shortages. We all recognise these challenges and understand the need to deliver innovative, more blended workforce models that offer a variety of flexible job roles and fulfilling career opportunities. New workforce models also create opportunities for a more diverse range of people to be part of the NBT team, giving us access to the greatest possible pool of talent and allowing us to further develop on from traditional models of care based on consultant and nursing roles.

Therefore, we want to make a step change in ‘blended’ roles and teams that emphasise the roles of professionals such as physician associates and nurse consultants. For example, physician associates and nurse consultants are roles that are currently underutilised at NBT and where job descriptions need to be developed.

Not only do we want to develop a workforce with the right skillset and large enough to provide for the additional activity our patients expect, but we want to ensure our workforce are healthy and enjoy working at NBT. The strength of our collaborative, caring and supportive culture was talked about by our teams as a solid foundation for broader change. Our Clinical Strategy commits to developing our strong positive culture by prioritising staff wellbeing, empowering staff to drive transformation, and celebrating and sharing success.

# The Clinical Strategy

## - strategic themes



## 2. People

### Our commitments

#### 1. Support individual excellence

*Taking every opportunity to support our people to work at their very best.*

- Embrace faster and fairer recruitment and career progression across every clinical role.
- Build long term relationships with clinical staff, supporting them by mentoring, development and adaptation throughout their career.

#### 2. Create a blended workforce

*Creating new and non-traditional roles which support diversity and enhanced care delivery.*

- Significantly increase our roll call of Physician Associates (PAs) and become a leader in PA development and career support.
- Develop workforce plans to clearly indicate recruitment requirements over the next 5 years.
- Ensure regular intake of Doctors Apprentices and continue to invest in supporting our medical students and junior doctors.
- Accelerate expansion of our specialist nursing and allied health professional opportunities including prescriber roles, advanced practitioners, cancer support, advanced midwifery and mental health specialists.
- Introduce Clinical Digital Specialists working alongside clinicians to support and explore new technology.
- Pursue a mutually beneficial partnership with the University of the West of England Bristol (UWE) to support, recruit, train and retain Allied Health Professionals and Healthcare Scientists.

#### 3. Flexible working

*Provide greater flexibility in roles and which supports the delivery of clinical care.*

- Offer staff greater visibility and choice in shift patterns and planned leave.
- Introduce fairer and more transparent options for additional and flexible working.
- Remove regulatory and practical barriers allowing staff to work easily across UHBW and NBT sites.
- Form working relationships with our Global Reach partners that allow exchange programmes across all levels.

#### 4. Improving health and wellbeing

*Helping individuals and teams to be as healthy and well as the care we advocate to our patients.*

- Conduct a review of our Occupational Health services and improve access to the range of support available to our staff.
- Provide physical and mental health, screening, prevention and wellbeing services for our staff on site through an NBT Staff Health Service.

#### 5. Education and training

*Offering continuing development and learning through our education and training offer to the workforce.*

- Embed training and development as a core principle for every staff role at NBT.
- Ask every employee to contribute to service delivery, research and teaching to some degree.
- Introduce a future employment co-ordinator to work with schools, colleges and communities.

# The Clinical Strategy

## - strategic themes



### 3. Population

**Vision:** *“To understand the population we serve and where inequalities lie so we can address these through effective service design”.*

#### Why does this matter to us?

Our population is dynamic and most of our clinical services support the health of BNSSG, with only a small amount of work providing care for the larger regional footprint. Our analysis demonstrated that greatest effort should be focused on improving the care of our local population with chronic illness. We know the extent and impact of chronic illness varies significantly between population groups, magnifying the inequalities between them.

We are aware that patient outcomes and access to quality treatment are not equal across our catchment population. We are also aware that the inequalities within our population persist and more work is required to ensure inequalities are identified proactively and resolved accordingly.

There is a rich evidence base on the determinants of the health inequalities including the significant social, economic and environmental factors that influence individual behaviours and/or health more directly. We recognise that addressing inequalities requires societal-wide actions and cannot be addressed by health services or public health teams alone. However, as an acute provider we have a responsibility alongside our partners to acknowledge and take action to address health inequalities within our populations. We can do more to contribute to reducing these inequalities through:

- **High quality service provision** – providing all patients with effective health care services that deliver positive health outcomes.
- **Accessible services** – using our available health care capacity to have greatest impact on population health by ensuring it is accessible and targeted to where there is greatest need and greatest potential to improve health outcomes.
- **Commitment to our communities** – as a major employer, purchaser and owner of assets; health care providers can have a greater positive impact on communities through sustainable healthcare and targeted focus on communities. For example, by supporting local people from deprived communities to gain employment in the health sector and to develop their skills.

# The Clinical Strategy

## - strategic themes



### 3. Population

#### Our commitments

##### 1. Plan for our growing and aging population

*Developing clinical service plans that take account of population changes and respect the growing burden of chronic disease, cancer and mental ill health.*

- Increased diagnostic capacity aligned to forecasted population growth and needs.
- Harness the full potential of our estates to create additional capacity and provide more local access to our services e.g. Cossham and Bristol Centre for Enablement.
- Arrange for more outpatient encounters to be in virtual settings.
- Embed care coordinators into each of our chronic disease specialties to build long term relationships with our local patients.
- Enhanced cancer services amongst the best in the UK.
- An understanding of increasing population mental health needs and provision of appropriate support within our services.

##### 2. Understand and respond to inequalities

*Recording and responding to examples of inequity in the access to and outcomes of our services.*

- Embrace Single Bristol Services to ensure equitable access to care and outcomes across BNSSG.
- Mandatory recording of social, demographic, language and minority status for every patient and analytics to provide insights for services.
- Provision of accessible patient information and an enhanced free to use translation service.
- Targeted health screening in the BNSSG communities with the greatest need.
- Invest in on site facilities to start addressing the poorer health of some of our staff groups.
- Involvement of minority community groups to review our services and provide insights on improving access and experience.

##### 3. Commit more of our research to population health

*Collaborating with our academic partners to become a leader in population health research.*

- Welcome the Avon Longitudinal Study of Parents and Children (ALSPAC) study team to NBT, a population-based study examining contributing factors to health outcomes, behaviours and development.
- Increase opportunities for joint clinical and research roles in partnership with the University of Bristol (UoB) Population Health Science Centre.
- Partner with International leading healthcare systems, to learn from their experiences of being an Anchor Institution.

##### 4. Building partnerships with our community

*Improving relationships with our community to support public engagement and 'living well' at home.*

- A regular schedule of community health engagement events accessible both on our sites and within the community.
- Recruit patient representatives to engage with and communicate views of the local community to various NBT forums.
- Introduce 'Local Economy' impact assessments for our business decisions to ensure that our resources are reinvested back into the local community as much as possible.
- Forming longer term relationships with our patients with chronic disease to support self-management, personalised treatment and rescue plans.
- Use opportunities in perinatal care service to support families to improve their health and give everyone the best start in life.

# The Clinical Strategy

## - strategic themes



### 4. Partnership

**Vision:** *“To become a sustainable and thriving organisation through robust and effective partnerships”.*

#### Why does this matter to us?

In a complex healthcare ecosystem, NBT can only thrive by building enduring partnerships. There are many opportunities to draw upon our collective strengths as a system and work more collaboratively with our partners to improve hospital flow, sustain our workforce, improve patient experience and provide a greater service offering to our local populations. With the changing landscape of ICS's and provider collaboratives, the opportunity for partnership working both within and across care sectors is even more relevant.

Changing our relationship and ways of working with community and social care providers could help to alleviate hospital flow challenges. Analysis undertaken by the Trust in 2022/23 has suggested that the driver of slow discharging lies predominantly within the community, with 6% of discharges delayed for reasons that are due to internal processes and practices, and 94% due to reasons within community and social care. The lack of capacity within the community and social care is therefore having a direct impact on the inability of the Trust to discharge patients and free up beds for essential care.

Working more closely with UHBW, as our closest neighbouring acute provider with similar services to NBT, can also bring benefits to patient outcomes, access, staff experience, as well as helping to identify and resolve inequalities. Although the two hospital trusts have a legacy of competition, greater collaboration has been seen over the last 2-3 years, particularly regarding the pandemic response. The efforts undertaken to establish the Bristol Nightingale Hospitals have strengthened relationships, particularly in delivering complex care pathways such as the reconfiguration of stroke services. There is now an opportunity to build on this progress and to develop the agenda more broadly for the benefit of the community we serve.

These ambitions are core to unlocking the potential of the organisation as a whole and should form a central element of the Clinical Strategy.

# The Clinical Strategy

## - strategic themes



### 4. Partnership

#### Our commitments

##### 1. Acute Provider Collaborative

*Leading successful transformation jointly with UHBW as part of the Acute Provider Collaborative.*

- Commit to closer partnership working and integration of services, underpinned by a Joint Clinical Strategy and through job planning.
- Create a joint Board to lead on Tertiary services strategy and governance.
- Agree joint priorities to improve access, experience and outcomes for patients.
- Share responsibility for caring for our local population and the optimum use of resources.
- Build productive relationships amongst our clinical and support teams across both acute Trusts.
- Share corporate services that are effective and deliver efficiency and productivity gains.
- Integrate our digital technologies to ensure ease of sharing data.

##### 2. Integrated Care Systems

*Being a strong Integrated Care System partner.*

- We commit to the work needed to integrate care for our patients and population and will give this the leadership and clinical support needed with our partners, in particular enhancing our partnerships with primary care and the voluntary and community sector.
- Enhance our partnership with AWP to improve our care of patients with mental health problems and integrate pathways that cross providers.
- Clarify roles across ICS in terms of partnerships with GPs and Voluntary Community Sector.

##### 3. Academia and industry

*Build on our relationships with academia and industry to be at the forefront of developments in health and care.*

- Develop a world class clinical academia by working with partners to expand research activity across our leading specialties.
- Re-invigorate partnerships with the Academic Health Science Network and Bristol Health Partners to influence priorities and enhance impact on service improvement.
- Partner with local industries to understand systems and process and support development of technologies required for the future.

##### 4. International

*Working with international partners to bring mutual benefit and be at the cutting edge of world-wide innovation.*

- Secure partnership with collaborations in the Asian Subcontinent, Africa, Europe, Australia and to support training, recruitment and knowledge/best practice exchanges.
- Develop further international partnerships to support adoption of innovation and learning into NBT and enhance reputation of our world-leading services.

# The Clinical Strategy

## - strategic themes



### 5. Progress

**Vision:** *“To continually improve the care we provide, rapidly adopting new approaches and technologies that enhance care for patients”.*

## Why does this matter to us?

To be at the forefront of providing excellent care for our patients, we need to continuously improve and develop our services.

Currently NBT has a mixed record on how well innovation is supported. There are examples of strength such as how the organisation responded to the Covid-19 pandemic and provided leadership on establishing the Nightingale hospital and the later vaccination hub. However, the evidence shows there is scope to improve on smaller scale innovation. Only just over half our staff report they can make improvements in their place of work and amongst our lower banded staff, this falls to 30%.

Enabling services to adopt and embed innovations is a key requirement for continuous improvement. Our improvement efforts need to be targeted where we have the greatest need for improvement. We will ensure we focus on major developments in key service areas as well as encouraging and supporting smaller scale innovations on a broader scale which will both improve services and empower staff to improve the services they deliver.

### **There are particular areas of innovation that are a focus for NBT:**

- **The role of technology** is expected to expand across clinical models. Investing in technology can reduce strain on workforce, improve the sustainability of healthcare and offer a better experience to patients.
- **Investing in key specialist services** can help transform these into nationally recognised services and help to shape the identity of our organisation.
- **Continued expansion of research, education and innovation** programmes can further improve our reputation.

# The Clinical Strategy

## - strategic themes



### 5. Progress

## Our commitments

### 1. Clinical technology

*Bringing and developing the best in clinical technology through our services.*

- Expand advanced robotic and endoscopic surgery.
- Increase use of remote monitoring to improve diagnostics and access to care.
- Develop an operational model for delivery of new biologic medications.
- Expand our design and technology service with a nationally recognised 3D modelling centre and a Centre for Translational Research.
- Fully integrate our patient record and results systems.
- Implement technologies to improve sustainability of healthcare delivery.

### 2. Research and data analytics

*Adopting and using data analytics and research to inform our practice.*

- Improve the visibility of useful data, as determined by clinical teams.
- Develop a suite of data tools to allow clinicians and care navigators to manage patients with chronic disease.
- To measure and improve patient and staff engagement in clinical research.

### 3. Digital services

*Be at the forefront of digital services for patients and clinicians.*

- Develop tools and roles for clinicians to introduce novel digital systems and solutions.
- Develop a patient feedback mechanism for all digital systems.
- Have a clear Information Governance policy and challenge tool.
- Restructure roles and responsibilities of our Clinical Information Officers to support clinical change.

### 4. Equipment

*Getting the best equipment for our patients which supports more effective and efficient healthcare.*

- Complete the refresh and expansion of our medical equipment – particularly CT and MRI scanners.
- Secure expansion of community diagnostics in partnership with the independent sector.
- Embed telemedicine and use of AI in diagnostics and reporting.
- Invest in high quality tools to enable remote triage of skin lesions, superficial wounds etc.

### 5. Innovate to improve

*Take bold steps to both innovate and improve our health and care.*

- Open an 'innovation space' where clinicians meet hardware and software developers to explore early phase products.
- Achieve our Patient First goals with respect to staff engagement in change and patient recruitment to clinical trials.
- Become a UK leader in enablement research through expansion our Bristol Centre for Enablement research facilities.
- Develop and launch new healthcare Apps that support our clinical teams and patients.
- Enhance our position as the South West's principle trial recruiter.
- Identify and partner with like minded organisations across the world that invest in population health research, community influence and chronic disease management.

# The Clinical Strategy

## Focus chapters

In addition to our strategic themes, we have outlined **six focus chapters** to respond to areas of specific service challenges and opportunities identified through analysis of our service profiles, our SWOT analysis, and partner engagement. Each of these focus chapters is **supported by a case for change** which provides clear rationale for their selection as a specific area of focus. Objectives have been set out for each of these focus chapters which consider what we aim to achieve across each of our 5 strategic themes: **patients, people, population, partnership, progress**.

## Our six specific focus chapters:



### Cancer

We recognise that we are a major contributor to cancer care for patients within the BNSSG area. We will work to improve our cancer care so that it is recognised as a core, distinct, fully integrated, cross-divisional function at NBT.



### Urgent and Emergency care

We will make our urgent and emergency care service simpler and more effective for patients and our people by providing emergency care for the Right Person, in the Right Place, First Time.



### Planned care

We will commit to customer friendly outpatient and diagnostic services, providing care closer to home with more non-face to face appointments and greater patient choice. We will ensure that diagnostics meet standards that matter to patients.



### Partners in health throughout your life

We will form longer term relationships with our patients to support them to live well and manage their long-term conditions, harness the power of our screening and prevention expertise, and transform transitional care and digital services to support our patients throughout their lives.



### Mental health

14% of our patients' interactions at NBT involve a mental health diagnosis. We want to provide a mental health service that recognises and responds to people presenting in crisis and the needs of inpatients with chronic mental health disorders.



### Development of Bristol services

We recognise the need to provide care seamlessly and consistently across Bristol's acute hospitals through a single Bristol model to address inequities of access, improve efficiency and make our services sustainable for the long term.

# The Clinical Strategy

## - focus chapters



### Cancer

We recognise that we are a major contributor to cancer care for patients within the BNSSG area. We will work to improve our cancer care so that it is recognised as a core, distinct, fully integrated, cross-divisional function at NBT.

#### Ambitions

- To be part of a leading system for cancer care, where we are amongst the **top 10% for cancer performance and outcomes** in England by 2028.
- To establish a distinct **cross-divisional function with overarching accountability** for cancer standards, performance and patient experience.
- **To expand and target our resources** to meet rising demand for cancer care and address inequities of access and outcomes.
- To secure the **multi-professional cancer workforce** we require for the future with a strong leadership function.
- To provide **seamlessly integrated cancer care** through system partnerships.
- To be at the **forefront of technology, research and innovation** that supports improved cancer care.

#### How we plan to achieve this across each of our 5 strategic themes...



Patient

- Create a clearly defined annual cancer care plan for NBT.
- Embed personalised care and support throughout our pathways.
- Advance shared decision-making practices for all cancer pathways.
- Continue to develop and implement prehabilitation and rehabilitation services.



People

- Recruit, retain, support, and develop our multi-professional cancer workforce.
- Include training plans for additional advanced clinical practice roles and specialist cancer clinician roles to optimise capability and meet demand.
- Outline scope, governance and design for strengthened cancer leadership, equivalent to our clinical divisions, and begin work to implement.



Population

- Increase our capacity in line with demand to respond to more cancer referrals.
- Achieve faster diagnosis targets so that more breast, lung and colorectal cancers are detected at stage 1 or 2.
- Target increased take-up of screening services across our populations where health inequalities are greatest.
- Develop awareness around common cancers and implement open access services within at risk populations.



Partnership

- Build on our shared ambitions to be a leading cancer care system.
- Develop a joint plan in partnership with UHBW outlining the future expanded provision of oncology and radiotherapy services.
- Collaborate with community partners to plan and develop a regular timetable of targeted community based awareness, screening and prevention events.



Progress

- Invest in diagnostics to create more capacity and fund early adoption of technologies that speed up diagnosis and optimise clinician time.
- Build on our digital personalised care projects to enable supported self-management and patient initiated follow up.
- Expand the use of artificial intelligence to speed up diagnosis.
- Develop our cancer research output with a focussed academic unit and a fellow to lead on cancer genetics.

# A story of progress

## A story by Leonard

Leonard is taking part in the PROTEUS research study investigating the effects of a drug taken alongside treatment for locally advanced prostate cancer. He explains why he decided to take part in the trial and his experiences so far.



*“Medical trials are important. If people don’t take part in them the trial can become jeopardised and medicine struggles to move on.*

*There might not be any benefit to me from this study, given that it’s for a trial drug and I don’t know if I’ve received it or not. But it’s there to help others.*

*My overall experience of the trial has been really positive. Everyone has been very helpful and well organised. The nursing team is wonderful.”*

Leonard appreciates the extra care he receives through being part of this research study.

*“I have appointments every 28 days during treatment, which is more than normal. And the extra layer of attention after my treatment gives me peace of mind as I’ll be followed up with visits every three months for three to five years.*

*I can also contact my consultant through the research nurses if I have any questions.”*

# The Clinical Strategy

## - focus chapters



### Planned care

We will commit to customer friendly outpatient and diagnostic services, providing care closer to home with more non-face to face appointments and greater patient choice. We will ensure that diagnostics meet standards that matter to patients.

### Ambitions

- To create an Outpatient and Diagnostic service for our patients that **meets to requirements and demands of modern healthcare**.
- To offer a service where **customer service and patient experience are fundamental standards**.
- To provide these services **beyond our core estate**, closer to our **local community** with our core estate capacity serving our inpatients and urgent care.
- To create an Outpatient and Diagnostic service that is **sustainable**, has **growth geared in** and is **addressing inequality**.

### How we plan to achieve this across each of our 5 strategic themes...



Patient

- Develop a new outpatient service model which expands patient choice and makes accessing care more convenient.
- Improve perioperative pathways to optimise the health of patients waiting for surgery.
- Extend offer of Patient Initiated Follow Up (PIFU) to all specialties.
- Set up additional outpatient & diagnostic sites in local settings.
- Eliminate pending follow-up lists by April 2024.
- Ask every speciality to provide a Hot Clinic offer.
- Review and invest in our outpatient booking team and call centre, and implement patient friendly digital booking systems.



People

- A suitably resourced telephone and virtual appointment suite.
- Cancer outpatient suites which are holistic and designed around the patient.
- Tools for specialities to design their own outpatient templates and environment.
- Outpatient call handlers trained in fundamental customer service standards and equipped with practical tools to enhance patient experience.



Population

- Support Community Diagnostic Centres to meet rising population need.
- Accessible and simple information in most common patient languages (and more upon request).
- Contact patients and carers prior to planned care appointments to confirm attendance, travel arrangements and outline options for support.
- Improved cultural awareness when offering patients choice.



Partnership

- Increase provision of planned care and diagnostics at Weston in multiple specialities including Urology, Breast Surgery, Cancer, Renal Medicine, Plastic Surgery and Stroke Medicine.
- Effectively manage joint diagnostics capacity with UHBW.
- Community Diagnostic Centre (CDC) providing diagnostics not possible at NBT.



Progress

- Use of best in class technology for virtual consultations.
- Improve access to clinical data to care for patients remotely.
- Enhanced diagnoses using available digital and AI technology.
- Expansion of imaging capacity including MRI scanning.
- Expand our elective surgical capacity through an elective care centre.

# A story from one of our specialist services

## A story about Mr P who has Motor Neurone Disease



**Technicians at Bristol Centre for Enablement**

Mr P lives at home with his wife and took early retirement following his diagnosis with Motor Neurone Disease (MND). MND is a progressive disease which impacts many aspects of normal life through the disabilities it causes.

Mr P has been supported by our Bristol Centre for Enablement (BCE) to maintain his mobile independence for longer using a powered wheelchair which has controls and switches designed for Mr P.

To enable Mr P to continue to communicate, the Augmented and Alternative Communications (AAC) team have used Eyegazetechnology which has been mounted to his wheelchair. This enables Mr P to use his eyes to communicate as well as access his computer and emails independently. Further integrated technologies from the Electronic Assistive Technology service has enabled Mr P to independently adjust his position in his bed and armchair using small hand and head movements.

As Mr P's disease progresses, BCE have been able to adjust the technologies to maintain as much of Mr P's independence and ability to communicate.

# The Clinical Strategy

## - focus chapters



### Mental health

14% of our patients' interactions at NBT involve a mental health diagnosis. We want to provide a mental health service that recognises and responds to people presenting in crisis and the needs of inpatients with chronic mental health disorders.

#### Ambitions

- To shift culturally from liaising and reacting to **providing an embedded and proactive 24/7 mental health service**.
- To **better understand inequalities associated with mental health** to best support those under our care.
- To ensure all our workforce are capable of **recognising and responding appropriately** to a patient with mental health needs.
- To **solidify our relationships with system mental health partners** to jointly manage the physical and mental health needs of our communities.
- To **adopt digital technologies** to improve mental health assessments and support patients.

#### How we plan to achieve this across each of our 5 strategic themes...



Patient

- Develop and integrate a mental health strategy across the Trust through a Mental Health Operations Group.
- Develop care plans for patients who regularly attend our emergency department with complex mental health needs.
- Create a dedicated space with mental health expertise within our emergency department which caters for the needs of patients in crisis.
- Embed shared decision making in patient pathways.



People

- Employ psychiatrists and a mental health liaison team to support patients in our acute setting.
- Increase our registered mental health nurse team.
- Promote staff understanding of chronic mental health disorders through training and an awareness campaign.
- Ensure our staff are consistently trained to safeguard children and adults at risk and have training to understand our duties as a healthcare provider with regards to enactment of the Mental Health Acts and Deprivation of Liberties.



Population

- Run community programmes alongside AWP to improve understanding of mental health and how to support managing their conditions.
- Research inequalities associated with mental health in our population, with a focus on global majority ethnicity users.



Partnership

- Reframe our relationship with AWP to better draw upon specialist support and longer term care.
- Develop and agree processes with AWP to ensure smooth transition between care settings.



Progress

- Trial and embed patient facing apps to support those with mental health disorders.
- Trial and embed staff apps to guide them through the assessment and management of mental health disorders / enactment of Mental Health Acts.
- Use our data to learn more about patients with mental health disorders in an acute setting and publish our findings.

# Patient-centred care

## Shared decision making

Shared decision making is about making clinical decisions with patients. Patients may need support to understand and consider their options so they can decide with their clinicians how best to provide their care. Clinicians take time to listen to patients to understand what is important to them.



Where shared decision making has been embedded into clinical practice, it is making a real difference for patient experience of care. We want all of our patients to have an outstanding experience supported by shared decision making.

### Feedback from patients on shared decision making:

*“[The clinician] showed me my options and he told me everything about them but he didn’t push one option over another...I feel fully safe and prepared...everyone respected my choice ” - patient DP*

*“The health professionals engaged us with care and patience. My consultant instilled in us the confidence that the decision we made was ours and felt in no way rushed” - patient anon*

*“...for once I actually felt like what I said was heard” – patient anon*

*“The nurse practitioner I saw was amazing, she was not pushy and gave me time to think” – patient anon*

# The Clinical Strategy

## - focus chapters



### Urgent and Emergency care

We will make our urgent and emergency care service simpler and more effective for patients and our people by providing emergency care for the Right Person, in the Right Place, First Time.

#### Ambitions

- With our partners, **standardise the acute emergency care offer** across BNSSG and provide **equitable access to emergency care** in the most appropriate location.
- To achieve **consistent delivery of national standards for urgent care**.
- To empower our clinicians to provide **more timely decisions on emergency care**.
- To cater our emergency care to the **complex needs of our growing and aging population and identified inequalities**.
- To use **technologies to improve the visibility of demand and capacity** in real time.
- To **become a centre of excellence** for research on urgent and emergency care.

#### How we plan to achieve this across each of our 5 strategic themes...



Patient

- Design accurate assessment process at point of entry to ensure patients are directed to the right pathway first time.
- Rapid and focused assessment and diagnostics, avoiding repeated assessments and conversations.
- A speciality referral and review for every patient requiring speciality care.
- Develop a comprehensive offer for same day emergency care (SDEC) and short stay medical assessments.



People

- Expand community and home-based care and virtual SDEC consultations, supported by acute specialists.
- Develop clear and consistent admission criteria to empower clinicians to find alternatives to admission where possible.
- Embed voluntary sector into Emergency Zone (EZ) to support patients with complex needs.
- Remove duplication of work when admitting or transferring patients.
- Streamline data capture processes to free up staff time.



Population

- Enhance and shape EZ capacity to meet the needs of complex and frail patients, and those presenting with mental health conditions.
- Develop acute frailty outreach function to support frail patients in community.
- As part of performance monitoring, incorporate where urgent and emergency care activity is misaligned with population need to understand critical drivers.



Partnership

- Develop partnership models with Primary Care to support community care and appropriate access to services.
- Agree a standard acute emergency care offer across BNSSG with UHBW.
- Work with ICS partners to develop and agree a community urgent care service offer which is easy to navigate and meets patients requirements.
- Introduce a comprehensive and effective 111 triage for emergency care needs.
- Create capacity for our regional tertiary emergency care services with robust repatriation arrangements.



Progress

- Optimise our Electronic Patient Record (EPR) system to improve patient flow and streamline our processes.
- Use universal digital forms for all ED attendances to minimise duplication.
- Introduce digital flow boards to ensure better communication and visibility of EZ pressures to staff and patients.
- Invest in clinical academic fellows focused around emergency care.

# A story from our people

## A story by Emma, a Physician Associate at NBT



Physician Associates are medical professionals that work within multidisciplinary teams to deliver patient care.

*“I work alongside a team of hospital doctors, GPs and pharmacists to provide care to patients in care homes.*

*We provide holistic assessments of patient needs and review medications to develop advance care plans. We seek to understand an individual’s priorities for their medical care when they are not in an acute crisis and optimise their medicines in accordance with what’s important to them.*

*As a Physician Associate, I contribute both clinical and non-clinical skills such as seeing patients and developing their care plans with them.”*

We have a growing number of Physician Associates at NBT working across specialities including Acute Medicine, Stroke and Gastroenterology and with this resource NBT is able to provide better continuity of care whilst supporting clinicians in training who need to rotate across services regularly.

# The Clinical Strategy

## - focus chapters



### Partners in health throughout your life

We will form longer term relationships with our patients to support them to live well and manage their long-term conditions, harness the power of our screening and prevention expertise, and transform transitional care and digital services to support our patients throughout their lives.

#### Ambitions

- To transition from a responsive approach to a **'life course' approach** with a focus on prevention, early diagnosis and supporting self-management.
- To **enhance our role as a trusted partner** within our ICS and **support delivery of Starting Well, Living Well, Staying Well and Dying Well priorities.**
- To **improve relationships with our communities** through **outreach and education** to increase awareness, prevent illness and promote early diagnosis.
- To **leverage technology** to support patients to live well with their conditions close to home through **remote patient monitoring technologies** informed by **population health management insights.**

#### How we plan to achieve this across each of our 5 strategic themes...



Patient

- Develop patient-friendly information for every speciality and long-term condition.
- Increasing ways that people can directly contact our clinical teams including assigning a direct point of contact for every patient with a long-term condition.
- Embed processes for every adult patient to describe their own preferences for clinical care and treatment in a future emergency (the ReSPECT process).



People

- Invest in a new 'Transition to Adult Care' team to proactively support teenagers moving care from one Trust to another.
- To develop staff with knowledge of transitional and end-of-life care.
- Redesign roles and retrain our staff to work beyond our hospitals to care for patients closer to home and embrace new technology to do so remotely.



Population

- Set up outreach programme within our community to educate and increase awareness around living well and self-management.
- Develop and deliver a regular timetable of public engagement events that promote healthier lives and early diagnosis.
- Build on our strengths in maternity and neonatal services to partner with our communities to give everyone the best start in life.



Partnership

- Develop strategy for prevention, screening and caring with our community and system partners, working with our ICS locality partnerships.
- Set up shared care agreements between system partners to effectively manage long term conditions.



Progress

- Analyse population data to understand the extent and nature of long-term illness in our population, and how these are expected to change.
- Explore opportunity with University of Bristol(UoB) Population Health Science Centre.
- Partner with academic institutes including UWE to develop technology that support virtual wards, including the use of remote sensing technology.
- Explore, adapt and embed remote monitoring technologies to support management of long-term conditions outside of hospital.

# A team story

## NHS@Home – our BNSSG virtual ward service



**Anne, from Bristol, an NHS@Home - service user.**

The BNSSG NHS@Home service provides clinical care for acutely unwell people in the place they call home.

The service uses a mixture of digital monitoring, and face-to-face visits from specialist teams, including hospital consultants.

It is a true collaboration between NBT, Sirona care & health, UHBW and BrisDoc. Technology is provided by Doccla.

The team works with partners -including primary care, the ambulance trust, voluntary care and social enterprise; across 6 pathways of care including frailty, heart failure, respiratory and infections.

### The service provides:

- An alternative to hospital admission.
- Reduction in length of hospital stays.
- Improved health outcomes, by reducing complications associated with a long stay in hospital – e.g. muscle deconditioning and increased frailty.
- Improved patient satisfaction.
- Shared decision making and self-management.

Since 2021, Nearly 1500 people have been cared for at home rather than in an acute hospital bed. BNSSG NHS@Home are currently able to look after around 80 patients at any one time. This will increase to 165 by the end of the year with the ambition to be supporting up to 400 people, at any one time, in the longer term.

# The Clinical Strategy

## - focus chapters



### Development of Bristol services

We recognise the need to provide care seamlessly and consistently across Bristol's acute hospitals through a single Bristol model to address inequities of access, improve efficiency and make our services sustainable for the long term.

#### Ambitions

- **Work together** with UHBW to promote health, wellbeing and provide high standards of care for our population.
- To provide **joint, high quality services** across NBT and UHBW as part of a single Bristol model.
- To design services which **support reduction of inequalities** in access and outcomes.
- To have a **resilient workforce with free movement** across NBT and UHBW sites.
- To **eliminate unhealthy competition** and **embed a strong culture of collaboration**.
- To leverage our joint patient populations to support **integration of technology, data, research and innovation** across the organisations.

#### How we plan to achieve this across each of our 5 strategic themes...



Patient

- Jointly review clinical services under the instruction and leadership of the Joint Collaboration Board.
- Develop clear plans outlining short, medium and long term ambitions for Maternity, Acute Medicine, Cardiology, ED and Surgery services.
- Establish a significant NBT presence at Weston General Hospital.
- Explore the option of single models of care for services that are duplicated across NBT and UHBW.



People

- Recruit joint appointments across NBT and UHBW and form a Joint Collaboration Board with accountability for delivery of a single Bristol model.
- Enable staff to work seamlessly across all our acute sites supported by HR processes and access to IT irrespective of location.
- Support staff through period of change and encourage a strong culture of trust and collaboration.



Population

- Reassess our services to ensure they address inequalities in access and outcomes.
- Jointly consider options for standardised policies, patient support, procedures and waiting lists across NBT and UHBW.
- Set up a common patient tracking system to ensure no patient falls behind.



Partnership

- Jointly represent the interests of both acute Trusts in discussions with our ICS and external partners such as NHSE, Universities and procurement organisations, national bodies etc.
- Develop joint strategies e.g. joint clinical, research, digital and workforce strategies.
- Standardise and jointly procure clinical supplies including medications, clinical equipment and consumables.



Progress

- Fully integrate digital systems to enable seamless care for patients across UHBW and NBT.
- Embed shared data platforms with access across both acute Trusts.
- Develop a single pathway for innovation and technology initiatives.
- Agree common standards for technology appraisal and information governance to ensure acceptance across both IG provider governance teams.

# The Clinical Strategy

## Enablers

Our Clinical Strategy is a result of hope and ambitions of our colleagues across our organisation. Our Clinical Strategy will help guide and curate other important strategies and plans, particularly across our corporate services, including:



**A patient experience strategy** to put providing outstanding patient experience at the core of how we operate.



**A people strategy** to recruit, develop and support our clinical teams.



**A digital strategy** that enables the transformation in how we provide clinical services for patients.



**An estate strategy** informed by our clinical priorities.

In addition to our strategies, there are the things that we do day-to-day which help us to deliver operationally. We will embed the direction of our Clinical Strategy in the operations of our organisation and system and aim for these to be mutually reinforcing.

Our Clinical strategy will therefore support the regular service and divisional planning and delivery mechanisms including quality, workforce, finance, estate and digital plans.

Crucially, we will make sure that our Patient First transformation delivery plans support the delivery of our Clinical Strategy.

Given that much of our work is done jointly with, or reliant upon other teams and organisations, it is important for us that this Clinical Strategy and those of our partners is mutually reinforcing. We are working closely with other healthcare providers and across our system and will ensure that this strategy plays its part in delivering the work of, and seeks the support of:

- Our Acute Provider Collaborative with UHBW.
- Our work as an Integrated Care System.
- With our NHS partners across the South West and beyond.

# Next steps

## Developing our clinical leadership

In addition to the suite of enabling support function strategies, there is a requirement for investing in developing our clinical leadership across our specialties. Across our clinical teams there are many good examples of effective leadership in place and strong collaboration across clinical disciplines. However, there is potential to strengthen the voice of clinical teams within the organisation and to enhance the support given to those who take on the leadership roles. In particular:

- Expand and improve specialty leadership development programme.
- Enhance the provision of data and analytical support at speciality level.
- Increase opportunities for formal training and management qualifications for clinicians in leadership roles.
- Ensure all speciality teams have a regular opportunity to engage at executive level on developing our strategic ambitions and plans.
- Improve the health and wellbeing experience offer for our staff by enhancing the occupational health service.

## Implementing the strategy

In launching this strategy across our organisation and with our partners we will invest time and resource to help implement the plans we have set out. We will do this by:

- Publishing this document and making it accessible to all.
- Taking every opportunity to communicate it internally and externally and ask other partners to help us reach all our stakeholders.
- Making sure that all our staff, including potential and new recruits, are not only aware of the Clinical Strategy but understand how to take practical steps to implement it.
- Sharing with our partners in the Acute Provider Collaborative, our ICS partners, our regional partners and with our academic partners.

**Within three months of publication**, we will establish specific action plans and business cases to support:

- Shared Decision Making
- Outpatients and Diagnostic Transformation
- Mental Health
- Cancer Care
- Staff Physical Wellbeing
- Hospital User and Patient Engagement

**By six months** we would expect to see the overarching themes of our NBT Clinical Strategy effected in the Patient First strategic priorities for 2023/24.

The Office of the Chief Medical Officer will ensure that the NBT Clinical Strategy continues to develop. We will support its delivery, continue engagement inside and outside the organisation including with our clinical teams and seek to learn and adapt through its implementation.

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