North Bristol
NHS Trust

University Hospitals
Bristol and Weston
NHS Foundation Trust

Our Joint Clinical Strategy

Seamless, high quality, equitable and sustainable care

2024 – 2027

Delivering seamless, high quality, equitable and sustainable care

Seamless

Care is consistent and seamless.

No gaps, no barriers, no boundaries.

High Quality

High quality care means the best outcomes, experience and safety for every patient.

Our combined knowledge, skills and experience realises our potential to be world-class for innovative and modern healthcare.

Equitable

Care is based on the needs of our patients and populations.

We strive to eliminate inequalities in access to services, options for treatment, opportunities to participate in research and outcomes.

Sustainable

Care is sustainable now and for future generations.

Building on the strengths of each Trust, we achieve greater sustainability working together and at scale to provide comprehensive healthcare in Bristol and Weston, the wider South West region and beyond.

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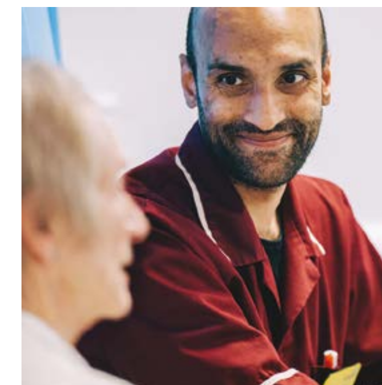


1. INTRODUCTION

Patients rightly expect healthcare to be organised around them and not NHS structures, and this strategy takes a significant step forward in putting their expectations first. Building on what our teams have achieved to date, it outlines our aspiration for seamless, high quality, equitable and sustainable care. This is an aspiration which can only be achieved by working together and combining our knowledge, skills and experience.

The strategic intent of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) to form a Hospital Group provides a unique opportunity. As such, we are asking every service, large or small, to re-imagine its future around the needs of patients, populations and place, and not the limitations of serving separate NHS organisations.

Thankfully this is not the start. There is a long and successful history of collaboration between our organisations to build on. Recent examples include, but are not limited to NHS at Home, a new pathway for Stroke patients, and the advanced heart and lung therapy Extracorporeal Membrane Oxygenation (ECMO). Our Acute Provider Collaborative (APC), formed in September 2021, was yet another step on our collaborative journey.

It is the springboard for this strategy and for forming a Hospital Group model which will enable our closer collaboration to flourish.

Transforming care will require more than just our clinical services working together. The Hospital Group model will help us to go much further with important enabling services in digital, people, finance and estates, improving services and driving a relentless focus on the needs of patients and populations, while removing the organisational and administrative constraints that have previously separated clinical teams.

This strategy treats assets and resources as serving patients and not organisations. We will remove the obstacles that can sometimes make things confusing for patients, carers and even ourselves. In this way we will ensure that we deliver the best outcome for everyone irrespective of the team, site or organisation that treats them.

This Joint Clinical Strategy sets out our high-level case for change and the principles we have adopted to deliver it. In a world of increasing demand, rising complexity and limited resource, there are clear benefits to be gained by working together. Benefits which will ensure we can provide our patients and populations seamless and comprehensive acute care now and into the future. Where services are duplicated, we'll support teams to work together. Of course, none of this is possible without the talented people who work with us and for patients. So, we will make our hospitals great places to study, learn and work.

For all our services, even if they are specialised or provided out of a single site, we'll support them to consider the opportunities that come from harnessing the combined assets of the Hospital Group. As new models of care emerge, we will consider how services can work collaboratively to respond to these changes, respecting the unique needs that exist across Bristol, North Somerset and South Gloucestershire (BNSSG) and the wider populations we serve. We'll need clinical leadership, the experiences of our patients and the expertise of our partners to design the new landscape for acute services.

We would like to acknowledge our two pathfinder clinical services: Cardiology and Perinatal Medicine. These services, chosen with, and by, our clinical leaders, are designing their services for the whole population and our Trusts together. We'll learn from and share their experience as we think about the successes, the challenges and the resources required to do this with others.

We don't have all the answers at this stage and very much look forward to your help in shaping them. However, we do know that everything we do will be shaped by our vision and shared values. Our commitment is to put patients at the centre of everything we do, including involving them on our journey.

We hope you will join us in making this transformation happen and turn this vision into reality.

Stuart Walker
Chief Medical Officer UHBW

Tim Whittlestone
Chief Medical Officer NBT

2. PUTTING PATIENTS AT THE HEART

Healthcare is no longer solely measured by its outcomes. This strategy sets out an ambition for high quality care measured by outcomes, experience and safety. It will adopt the principles and commitments outlined in our patient and carer experience strategies, themselves created in collaboration with patients, caregivers, the community and colleagues. It articulates how we will collaborate with patients and the public, understanding their lived experience of our services to provide the highest level of care possible. In this context, we understand that patients' family members, significant others and caregivers also have a role to play.

As we implement our Joint Clinical Strategy, we intend to fully reflect the NHS Constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion and improving lives. These wider NHS values underpin what we do and will shape our Joint Clinical Strategy through four core commitments we have identified.

Our four core commitments

We know that every successful healthcare organisation takes the experience of their patients and the public seriously. It is undeniable that positive patient experience leads to positive clinical outcomes including improved patient safety. This Joint Clinical Strategy sets out our goals as we reshape clinical services to reflect the needs of our population within an integrated health and social care system.

We know that patient experience and colleague experience are inextricably linked. Caring for our colleagues, ensuring they are happy, safe and supported in their roles is a priority, as set out in our People Strategies. We value the approach of 'no decision about me, without me' and we will strive to involve our patients in all aspects of their care and through every phase of delivering this strategy. We will build on involving and valuing the individual, promoting inclusion, communicating through listening and responding to feedback.

Over the years, we have engaged and listened using the feedback received to identify learning and make service improvements. We want to scale this up, increasing our ambition to improve our services, through co-production, collaboration and participation.

3. OUR JOINT CLINICAL STRATEGY SUMMARY

Our vision

Seamless, high quality, equitable and sustainable care

Why we must change

- High and increasing demand for care: we must improve access to services, reduce waiting times and enhance patient experience.
- Limited resources: we must create more sustainable services – clinical and corporate – and seamless patient care.
- Healthcare inequalities: we must support population health management, moving to more proactive models of care and address inequalities.
- When patient pathways span our organisations there can be delay, confusion and risk.
- Some of our services are fragile and new technologies are rapidly advancing: we must take advantage of economies of scale to ensure sustainable use of resources.
- We are good at teaching and at conducting research with some exceptional successes, but we could be consistently world class: we want to become national and international leaders in the delivery of research and early adopters of innovation.
- We want to place ourselves at the heart of communities – investing in places and people to benefit the local economy and community.

Our Joint Clinical Strategy principles

- To create services that eliminate barriers, gaps and delays in patient care.
- To focus on making our services the highest quality with the best outcomes for everyone.
- To remove ambiguity for patients – one service, one team.
- To listen to, learn from and involve patients in how we shape future services.
- To acknowledge that demand is rising, the population is growing, technology is advancing and resources are limited.
- To respect our people: harness their expertise, experience and leadership when designing services.
- To use all our collective assets.
- To ensure that our combined teaching and research potential is harnessed.

Our Joint Clinical Strategy commitments

- We will organise clinical services around our collective local and regional populations.
- We will respect our teams as experts in the design of high quality clinical services.
- We will ensure patient experience and patient voice is central, collaborating and co-designing clinical pathways and services.
- We will re-design services that make the best use of our collective resources, be they buildings, equipment, knowledge or people.
- We will eliminate inequalities in access to services and ensure outcomes are equitable.
- We will make our services sustainable and fit to face increasing demand and complexity.
- We will ensure that our resources are used wisely and eliminate waste.
- We will make Bristol and Weston great places to train clinicians, explore new healthcare horizons and trial innovation.

We will deliver this through

1. Supporting all duplicated services to work together as single managed services (SMSs). The form these might take are described in more detail in section 5.
2. Supporting all other services, including specialised and single site services, to consider the opportunities that come from the combined assets of a Hospital Group.
3. Supporting all services to consider how we organise (or cluster) specialties on each of our sites to bring the maximum benefit to the acute care we provide and respecting the unique needs that exist across BNSSG.

4. WHY THIS IS ESSENTIAL: OUR SUMMARY CASE FOR CHANGE

Both NBT and UHBW face the same challenges. These challenges are not unique to our area, and they are certainly not new. They have been made worse by the impact of COVID-19 and economic challenges. Clinical services are better equipped to respond by working together for the whole population, where it makes sense to do so, and we demonstrated our ability to do this at the height of the global pandemic. Together, we have an opportunity to optimise our existing resources to provide seamless, high quality, equitable and sustainable care for everyone.

The challenges

High and increasing demand for care: Planned and emergency services are increasingly busy. The complexities of disease and treatments are also rising. The population of BNSSG is increasing.

Limited resources: Despite increasing demand, we know that our most valued resources – staff, space and equipment – are limited and opportunities to invest are becoming more challenging.

Health inequalities: Some people get better access to healthcare than others. This is not only dependent on where people live but also because we have huge variations in access across services, sites and organisations. Inequality is also intrinsically linked to deprivation, ethnicity and education as well as other important factors.

Technology is advancing rapidly: Healthcare technology is growing at an exponential rate. Harnessing these benefits requires organisations to work together to deploy them efficiently and at scale.

When patient pathways span our organisations there can be delay, confusion and risk: We see this not only within but also across clinical services. This proves that healthcare can't always be neatly confined to individual hospitals, sites or even services. This is a factor of how health services have been organised rather than the people trying hard to make them work. Examples of this are the potential for changes as children transition to adult services, as well as complex cancer care clinical pathways which require strong multi-disciplinary involvement beyond single clinicians, teams and even organisations.

Some of our services are fragile: One example of this is that, in recent years, we have faced the reality that clinical services can't easily recruit all the people we need or we are not able to provide all the necessary supporting services. We must take advantage of economies of scale to ensure the sustainable use of resources.

We are good at teaching and at conducting research, with some exceptional successes, but we could be consistently world class: Whilst NBT and UHBW are proud of their teaching and research, there are advantages in combining our resources to include attracting more talent, funding and improving patient care.

5. HOW WE WILL DELIVER OUR JOINT CLINICAL STRATEGY

Our vision
Seamless, high quality, equitable and sustainable care.

The strategy sets out three phases of transformation and our approach to service design. Phases one and two will commence in March 2024 and run in parallel. Phase three will begin once the previous phases have been completed and will be informed by learning from our earlier work. More detail on each of these phases is on the following pages.

Phase one
Our duplicated services work together forming a single managed service for Bristol and Weston.

Phase two
Every clinical service, including specialised and single site services, will consider the way it delivers care to patients reflecting the combined assets of both NBT and UHBW – a Joint Asset Framework.

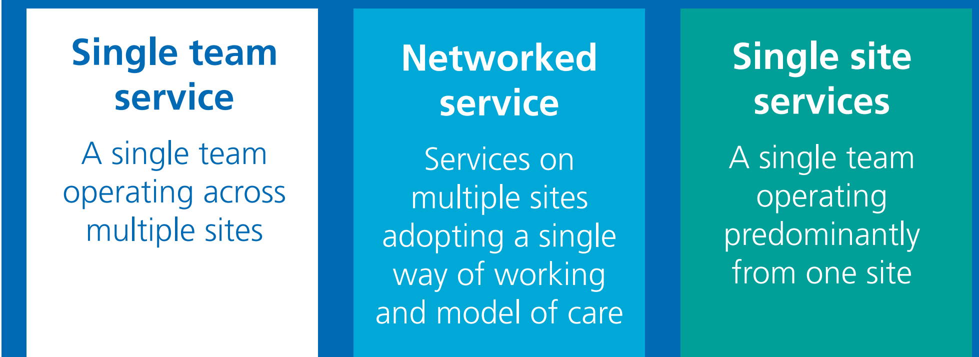
Phase three
We will progress through a clinically led process to organise, cluster or reconfigure at each of our sites to recognise interdependency, patient access, staff requirements and opportunities for excellence, and bring the maximum benefit to the acute care we provide, respecting the unique needs that exist across BNSSG.

Phase one | Supporting duplicated services to work together as SMSs

SMSs bring together the clinical and operational teams that deliver the same or similar disease-specific services. One size does not fit all, so these services, considering patient and population need, will determine the appropriate form for their service. This may be a single team operating across multiple sites, networked services adopting a single way of working, single teams operating predominantly from one site or a fully bespoke model. This work will be clinically led.

Single Managed Services

There are different models of collaboration:



The time it takes to deliver the change will be dependent on the model of collaboration the clinical teams pursue as well as the resources, especially clinical leadership and engagement, dedicated to the strategy.

We are supporting our pathfinder specialities of Cardiology and Perinatal Medicine to move towards SMSs in 2024 and we are working with our clinical teams to identify the next services that could begin that journey.

At its core, each SMS will have and ensure:

- We listen to patients and engage colleagues.
- One set of policies and procedures.
- A single governance structure.
- A single point of entry even if there is more than one geographical location and irrespective of how and where patients are referred.
- It strives for high quality and equitable outcomes for the entire population of BNSSG.
- It does not experience internal organisational or administrative boundaries.
- It delivers its service based on clinical need, not traditional site-based models.

How will we develop SMSs?

- Our pathfinder specialities of Cardiology and Perinatal Medicine are leading the way and will share their successes, challenges and learning.
- We will invest in meaningful cultural and organisational development to ensure that teams can work together respectfully and based on trust.
- We will support patient participation, collaboration and co-design in clinical pathway and service change.
- We will provide high quality data, communications and engagement support, wider support teams and additional project management to help identify how pathways of care align.
- We will ensure that SMSs are supported, governed and assured by teams – and particularly Hospital Group leadership – that speak with a single voice.

Which services have we identified?

Cardiology and Perinatal Medicine are our pathfinder services, and we will work with our clinical leaders and use an evidence-based approach to identify and support the next specialty teams to commence their SMS journey.

Phase two | Supporting all services, including specialised and single site services, to consider the opportunities that come from the combined assets of a Hospital Group. This phase will also be an opportunity for enabling service strategies – digital, people, finance and estates – to support the clinical change we want to see. Realising the benefits of these strategies will increasingly help us share assets and enable us to further reimagine how we deliver care.

Every clinical service hosted by NBT and UHBW considers the benefits of our Hospital Group model for patients and staff.

- Joint leadership and working as a Hospital Group will enable shared governance arrangements and support services to review how they deliver care without the constraints of organisational boundaries.
- Based on what is possible rather than what's happened in the past with clinical services able to access any of the Group's sites, equipment and infrastructure.
- A single transformation and improvement methodology in Patient First.
- Teaching and research infrastructure to consider the benefits of collaboration to offer better clinical access, advice and resources.
- The group will unlock potential in our enabling support services including digital compatibility, recruitment and training, investment in our buildings, working across sites, transport and the transfer of patients between our facilities.
- We move increasingly towards patients being everyone's responsibility irrespective of service, site or organisation.
- We have one voice when working with others.

How will we develop the Joint Asset Framework?

- Our work to date has identified our joint assets and the barriers that prevent us from using them collectively.
- We will look to review and standardise joint enabling strategies in:
  - Digital
  - People
  - Finance
  - Estates
- We will provide project and management support that allows clinical teams to realise the full potential of our joint assets.
- We will use the learning from our pathfinder specialities to help shape the work of the enabling strategies.
- We will engage with patients to ensure that the Group's assets are being used to improve care and experience for the whole population.
- We will provide high quality demographic data to allow services to plan effectively and efficiently.

Which clinical services have we identified?

All services, including specialised and single site services, will have an opportunity to reimagine their service provision.

"With this joint clinical strategy, we are making a clear commitment to use our resources wisely, to meet the needs of our population and to provide outstanding care across all our communities."

Maria Kane,
Chief Executive, NBT.

"By aligning our policies, practices and processes across clinical and support services we will be able to improve the efficiency and quality of care we provide to our patients."

Emma Wood,
Chief People Officer and Deputy Chief Executive, UHBW.

Phase three | Supporting all services to consider how we organise (or cluster and reconfigure) clinical specialties on each of our sites to bring the maximum benefit to the acute care we provide and respecting the unique needs that exist across BNSSG. This phase will inevitably require careful thought, including with other provider partners. Following phases one and two, and when we have achieved some of the benefits of SMSs, we will review if clinical services are appropriately clustered together on our sites.

- This work will be led by clinical teams and will bring all relevant internal and external expertise and experience to inform our decisions about clustering services, taking into account important co-dependencies between specialties.
- We will involve patients in meaningful engagement and co-production.
- We will continue to involve system partners in our work especially where there are implications for pathways of care which start or end outside our hospitals. As we cluster or reconfigure services, the role of clinical leaders in other care settings including primary care, community care and social care will be key and we will shape new pathways of care together.
- We know that some of these changes might need significant investment.

How will we undertake clustering and reconfiguration?

- We'll do this only when we have progressed sufficiently through phases one and two.
- We'll do this respecting the interconnectivity and co-dependencies of many of our services.
- We will work hard to do this with the support of patients, populations and our partners.
- We will work up detailed resource plans when we have a better idea of how our services could cluster in the future.

Which clinical services will be affected?

Every clinical service provided at UHBW and NBT will contribute, building on previous phases.

"It's our ambition to better coordinate clinical activity at a larger scale, building on formal and informal collaboration already taking place between our services, enabling both Trusts to build on each other's strengths."

Rebecca Maxwell,
Interim Chief Medical Officer, UHBW.

6. COLLABORATION BENEFITING PATIENTS AND POPULATIONS

Collaboration isn't just a buzzword. It is the key to our future success.

We have a history of working together including recently on the redesigned Stroke Pathway.

We also brought significant benefits through centralising Pathology services.

We didn't just help each other during COVID-19 but came together as one to rise to the unprecedented challenge of a global pandemic.

Expanding on this, in the last 24 months we have made even more progress, including:

Healthy Weston

The Healthy Weston programme is making great progress in achieving the vision of Weston General Hospital as a strong and dynamic hospital at the heart of the community. We're working together with other healthcare providers to further improve urgent care services at the hospital. We are strengthening our inpatient pathways to ensure equitable access to specialist care is available across UHBW. This means more people will get the treatment they need quickly, spend less time in the hospital, and receive better overall care thanks to closer collaboration between hospital and community teams.

New diagnostic centres for Bristol and Weston

We have collaborated to create two new facilities called Community Diagnostic Centres (CDCs). These centres, one located at Cribbs Causeway and another in Weston-super-Mare, will focus on speeding up diagnoses and treatments, ultimately reducing wait times for patients. By bringing these services closer to where people live, the CDCs will make it easier to access the care people need without having to travel to a hospital.

A new elective centre for Bristol

A new shared surgery centre at Southmead Hospital will allow for 6,500 more operations each year. This helps both NBT and UHBW catch up on planned operations and provide sustainable solutions for elective care.

A joint improvement methodology: Patient First

Both NBT and UHBW have adopted the same transformation and improvement methodology – Patient First. Many of our clinical leaders and teams have started to benefit from this approach to drive improvement, and to focus on the things that really matter. We have seen teams from both Trusts working together on Patient First projects.

We have also been working together as an Acute Provider Collaborative and this will continue to be the way we develop and deliver this Joint Clinical Strategy. Our strategic intent to move to a Hospital Group will build on this work and enable us to realise our clinical vision of seamless, high quality, equitable and sustainable care.

Acute Provider Collaborative

This Joint Clinical Strategy is a result of the work of the Joint Clinical Sponsorship Board, overseen by the Acute Provider Collaborative (APC) Board, a formal Committee in Common reporting to both Trust Boards. Established in September 2021, we are already supporting the integration of clinical services for our population through three priority workstreams: clinical services, corporate services and digital integration.

Developing a Hospital Group model

Our strategic intent to form a Hospital Group will help NBT and UHBW realise the clinical opportunities we've described. In a Group model, the Trusts have shared strategic goals delivered through an aligned leadership team, to unlock significant opportunities to deliver benefits to both our organisations, our staff and the populations we serve.

7. SUPPORTING PATHFINDER SPECIALITIES

Previous sections describe how SMSs offer an effective way for both organisations to deliver outstanding care and sustainable services. The exact form our services take will not be one size fits all and can vary according to clinical need and local conditions. The case for collaboration between services starts from the premise that any new arrangements would be an extension of good practice, help formalise shared Patient First approaches and enable both providers to respond flexibly and future-proof services.

We will approach this through reviewing qualitative and quantitative information to help us focus on having the greatest impact for patients and populations. We have started this work through structured workshops, interviews and data analysis.

"We need to focus on areas where there is a disparity between what is offered at NBT and what can be accessed at UHBW. Patients should receive the same service provision regardless of where they access our services."

Steve Curry,
Chief Operating Officer, NBT.

"Reducing variation in delivery of care through the sharing of best practice is a critical tool in improving patient safety."

Ann Reader
Head of Quality (Patient Safety), UHBW.

"Services should be and feel seamless to patients and staff alike."

Jacqui Marshall,
Chief People Officer, NBT.

Why Cardiology and Perinatal Medicine?

Our Joint Clinical Sponsorship Board, representing clinical leaders across all services and both organisations, reviewed all duplicate services – we have around 60 such services – comparing key clinical indicators such as:

- Outcomes for patients.
- National audits and reviews such as Getting It Right First Time (GIRFT), the national programme helping to improve the quality of care by bringing improvements.
- Demand and capacity for services.
- Strengths and weaknesses of services.
- Capacity of services to grow.
- The potential of services to become world-class.
- Waiting times for appointments and treatments.
- Travel time for patients accessing services.

Duplicated services broadly fall into one of two groups – ones which are balanced between sites and others that are predominantly based at single sites. Cardiology is an example of a service where the biggest volume of activity is at UHBW. Perinatal Medicine is balanced with both NBT and UHBW services supporting a similar number of births each year.

We also supported both Cardiology and Perinatal Medicine teams through workshops allowing them time together to get to know each other's services and share strengths and weaknesses.

Cardiology services

UHBW and NBT serve a combined population of over 950,000 people in BNSSG and beyond, with a high demand for cardiology services. UHBW hosts the Bristol Heart Institute (BHI), a renowned cardiovascular research centre. NBT operates one of two Major Trauma Centres in the South West, emphasising the region's cardiological need. For the catchment population of both Trusts, Cardiovascular Disease (CVD) is a significant health challenge, with UHBW and NBT playing essential roles in treating CVD patients. The case for change for a SMS hinges on equitable access to high-quality Cardiology care in BNSSG, regardless of the treatment location:

- There is a need to balance the provision of specialised and more generalist services to meet rising demand.
- There is an opportunity to improve the access to high quality Cardiology services by drawing on existing best practice in each Trust.
- The services can work more closely with community and wider system partners to manage demand more effectively and address inequalities.
- The workforce would benefit from shared training and progression opportunities to attract more talent, whilst developing a more flexible, resilient workforce.
- There is the potential for Cardiology in Bristol and Weston to become a world class service with an expanded research, innovation and teaching portfolio.
- Both services at UHBW and NBT are likely to need expansion and investment.

"By breaking down organisational barriers we will realise significant benefits for our patients, our people and our communities."

Deirdre Fowler,
Chief Nurse and Midwife, UHBW.

"We need to avoid duplication of services where patients would be better served by closer collaboration. Even where two of the same service are required, they will achieve more by working together than they can apart."

Steve Hams,
Chief Nursing Officer, NBT.

"Working together we can unlock many opportunities to reduce health inequalities and serve population needs, improve access to services, reduce waiting times and improve the experience of those we care for and our colleagues."

Stuart Walker,
Interim Chief Executive, UHBW.

Our vision for Cardiology services is to create one service for BNSSG. That service will need to provide Cardiology care in the Bristol Royal Infirmary, Southmead Hospital and Weston General Hospital. The service will need to accommodate rising demand and increasingly advanced technological intervention to provide the best treatments and outcomes for our population. The service will have a single management team responsible for ensuring that:

- There is a common access policy and procedure for patients.
- Accessing diagnostics and treatment is fair and equitable regardless of a patient's postcode, ethnicity, economic status or ability.
- Emergency access to Cardiology opinions and treatments are equally timely and efficient irrespective of the hospital that the patient attends.
- Staff can move freely and unhindered between facilities.
- Access to patient records is simple for all staff regardless of where they work or wherever the patient is admitted.
- Investments in new facilities and equipment are considered on behalf of the whole service.
- Joint staff appointments become routine.
- All clinical governance policies and procedures are shared.
- Clinical teams are integrated, working together with trust and respect.
- There are no gaps in the service.
- A single Cardiology service is represented at interactions with our partners.
- There is no ambiguity for GPs when referring to and consulting with Cardiology.
- Research and teaching grow.

Perinatal Medicine

Perinatal Medicine is a complex service that includes antenatal and postnatal care for women and babies as well as neonatal high dependency and intensive care. A huge number of interactions with pregnant women happen in our community midwifery service and both our Trusts care for complex pregnancies from across the South West.

Within BNSSG, Perinatal services are split across the two providers who cover overlapping catchment areas. Recent Care Quality Commission (CQC) inspections demonstrate many areas of existing collaboration, from mothers receiving care from both Trusts to shared staff arrangements. Approximately 4,500 babies are delivered each year at UHBW and 5,300 at NBT. The landscape of Perinatal care is evolving, and it is imperative that healthcare providers adapt to meet the changing needs of the population. The case for change for a single managed Perinatal service is built on important themes:

- The population needs regarding Perinatal care are changing, with numbers of births remaining relatively static, but the proportion of complex births is increasing.
- There are inequalities in outcomes across different sectors of the population and different ethnicities.
- There is unwarranted variation in guidelines and policies between the two services which risks propagating inequalities.
- We need a sustainable neonatal service with more capacity.
- A shared workforce model across the area would help mitigate recruitment and retention challenges and improve staff satisfaction.
- Addressing the Perinatal estate challenges in both Trusts is vital if they are to be fit for the future.
- Combining the research expertise of both units would make them world class and attract important research funding and trials to Bristol and Weston.

Our vision for Perinatal Medicine is to create a SMS that delivers antenatal, postnatal and neonatal care at Southmead Hospital, St Michael's Hospital and Weston General Hospital. The service will need to accommodate rising complexity, patient expectations, workforce challenges and regulatory scrutiny. The single Perinatal Medicine management team will ensure that:

- Pre-pregnancy, antenatal and postnatal care is equitable and accessible for every woman and baby irrespective of where they live, their background and their belief.
- There is a comprehensive plan for the expansion of our neonatal intensive care services in Bristol.
- Staff can work across the entirety of the service.
- Mothers with complex specific medical needs are cared for in the most appropriate hospital.
- Perinatal services have joint clinical governance policies and procedures.
- Research in Perinatal Medicine is promoted.
- We train more midwives and retain their expertise.
- Our community services operate as a single team supporting our whole community.
- The transfer of mothers and babies across our Hospital Group is seamless.
- We work with our partners together.

"We need to make sure that everyone has the best possible access to care and that they share an equal experience of receiving it."

Dominique Duma,
Deputy Chief Nursing Officer, NBT.

8. HOW WE WILL IMPLEMENT THE JOINT CLINICAL STRATEGY

We are ambitious about shaping and improving clinical services and pathways around patients, our populations and our communities. We encourage everyone – clinical and non-clinical – to think about how we make seamless, high quality, equitable and sustainable care a reality.

This section outlines some of the steps we will take to do this without duplicating how we work. Recognising the challenges that come from both delivering services today and re-designing them for tomorrow, we will do everything we can to support, empower and resource clinical leaders and their teams to make this happen.

Transforming services takes time, energy, resource and commitment. We know that running services and meeting the demands of busy hospitals will always take priority. We acknowledge that there are commitments that NBT and UHBW will need to make to provide our teams with the tools and support they need and enable a culture which makes change possible.

"Services should be seamless and feel seamless and consistent for patients. People should only have to tell us their story once – it's confusing and frustrating to have to keep repeating yourself."

Vimal Sriram,
Director of Allied Health Professionals, UHBW.

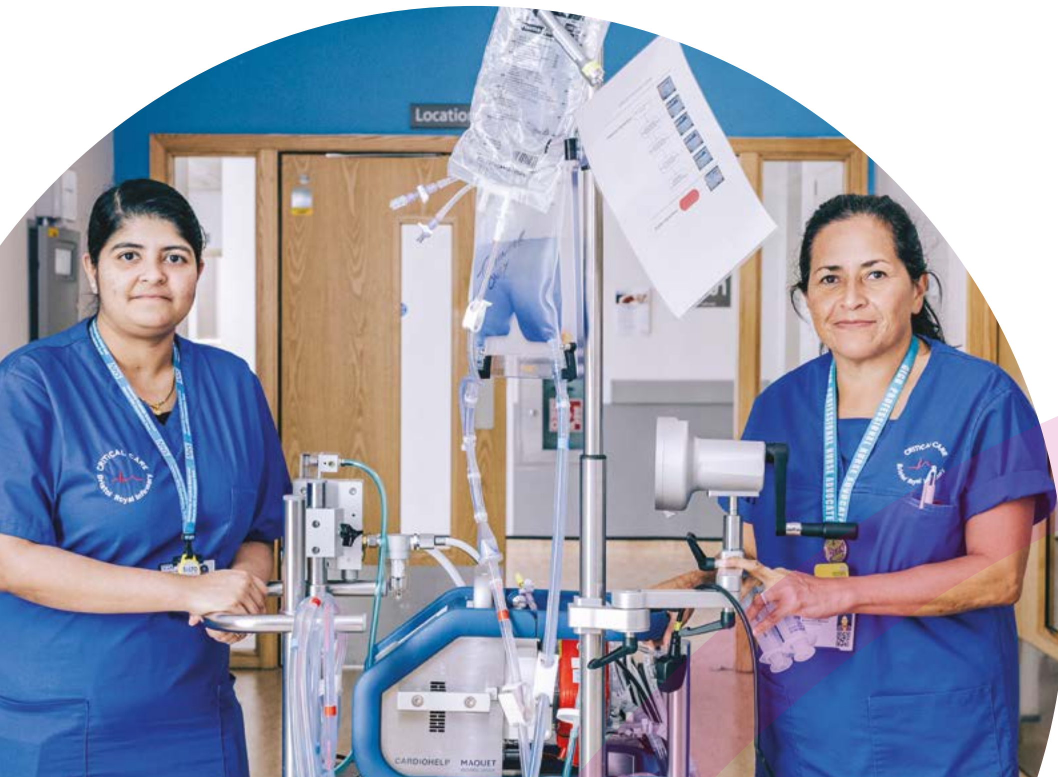
An organisational model that delivers collaboration

Group Hospital Model
Ensure decisions benefit the entire patient population.

Aligned Executive Teams
Support seamless, high quality, equitable and sustainable services.

Single Managed Services
Review duplication of services and oversee enabling strategies.

Joint Approach to Specialist Commissioned Services
Provide tertiary-level complex services for the region.



Enabling strategies that remove barriers to seamless services

Digital
Create single digital platforms for staff across hospitals and community.

Estates
Adopt a joint approach for efficient infrastructure use.

People
Implement unified policies, procedures and standards.

Research
Combine research, innovation and teaching.

Improvement
A single improvement strategy that uses our Patient First principles.

Communications and Engagement
Develop a joint communications and engagement plan.

Practical resources that give teams the capacity to transform

Dedicated Team
Support clinical strategy delivery.

High Quality Accessible Data
Inform decision-making.

Organisational Development Plan
Address cultural differences over time.

Additional Resources
Free up clinical time for service redesign.

Listening Sessions
Provide opportunities for colleagues, patients and partners to share their ideas, concerns or issues.

Evaluation
Support to monitor the benefits and emerging risks of service transformation.

We want to hear from you

We hope you agree with us that this Joint Clinical Strategy represents a step-change in our clinical ambitions. Building on what we have already achieved, it seizes the opportunities of our strategic intent to form a Hospital Group and to work collaboratively for patients and populations. We want everyone to share our high ambitions and aspirations for BNSSG, its patients and populations.

We know this document alone won't deliver the change we want to see. You will hear from us regularly as we begin implementing a phased approach. Any steps we take will be tailored to the needs of patients and the clinical teams that provide them. However, we do want our Joint Clinical Strategy to inspire people and services, to enable and to empower actions that support our vision.

We don't want this work to be confined to a single team or small number of staff; the implementation team comprises 25,000 people – everyone in our combined workforce. We will continue conversations and can only deliver our Joint Clinical Strategy through engaging, involving, listening and working with patients and staff. Practical support will be available to make it happen.

Our vision is seamless, high quality, equitable and sustainable care and we hope you will join us in making this happen through every patient contact, in every clinical service and through consistent pathways of care for our populations.

Please contact us with your ideas, requests or questions to help make it a reality. You can email us at:

acuteprovidercollaborative@uhbw.nhs.uk

"Management of a condition should be the same wherever you are – geography shouldn't matter."

Jon Lee,
Chief Allied Health Professional, NBT.

NHS
North Bristol
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