

Improving Together

Royal United Hospitals Bath NHS Foundation Trust
Strategic Plan, 2018/19 – 2020/21



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For further information

If you would like further information, please contact:

Fiona Bird, Head of Business Development
Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath BA1 3NG
01225 428331 www.ruh.nhs.uk



Our strategy 2018/19 – 2020/21

Our vision

To provide the highest quality of care;
delivered by an outstanding team who all live by our values.

Our goals

Recognised as a listening organisation; **patient** centred and compassionate.

Be an outstanding place to work where **staff** can flourish

Quality improvement and innovation each and every day.

Work together with our **partners** to strengthen our community

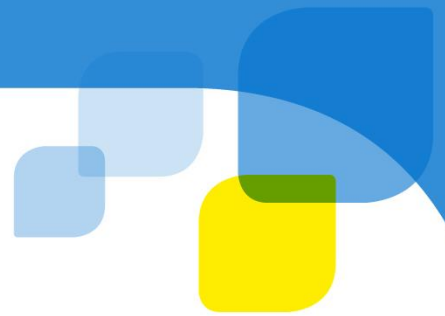
Be a **sustainable** organisation that is fit for the future

Our values

Working Together

Everyone Matters

Making a Difference



The Royal United Hospitals Bath (RUH) is an NHS Foundation Trust offering a range of secondary and specialist treatment and services.

This strategy sets out our goals for the next three years.

We aim to give the highest quality of care to our patients, their families and carers: listening and responsive to individual needs. We will place patient safety and service improvement at the heart of everything we do.

We want our staff to flourish, working together to provide safe, professional and compassionate care to every patient, every time. Our staff will learn, develop and lead, supported by a strong culture of shared values.

We commit to working in partnership: with our patients, their carers and our communities, and with health care services and other organisations across our region. We aspire to be a good partner: innovative, collaborative and passionate about patient experience.

We will manage our finances and estate well, providing high quality environments for service delivery as well as stability and capacity to shape and adapt to changes in healthcare.



1. Introduction

This strategy is for all our patients, staff, members, partners and communities, to share our vision of our role in the region and our priorities over the coming three years, and to set out the key goals, priorities and partnerships that will enable us to make progress across our five thematic areas.

The RUH has come a long way in the last five years. A series of initiatives have been implemented across the Trust to build quality and ensure patients are at the heart of all we do. Our staff have offered excellent and skilful care to many thousands of patients. We have improved our estate and managed our finances through difficult times. Our capacity to do this has been strengthened by becoming a Foundation Trust, and through welcoming members into our governance structure.

Healthcare is a challenging environment. Financial and workforce pressures over time have coincided with increasing demand for healthcare services and ever higher expectations from our community. At the same time, new developments in medicine and technology, and changes in the populations we serve, have brought new opportunities and challenges. Our three year strategy will help us prepare for and respond to this volatile situation.

We have developed our strategy in partnership with our staff, members, patients and the organisations we work with at a local and regional level. We have reflected with them on progress across the last few years, and together identified key trends going forwards. We have also looked at the strategies and policies of the current government, NHS England, our regulators, commissioners, our Sustainable Transformation Partnership (STP) and other organisations.

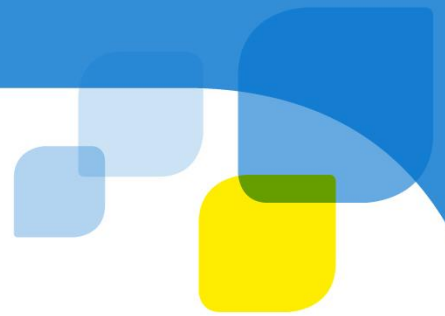
We will ensure that the views of key stakeholders, including the local population, inform the delivery of the strategy. The Trust Board of Directors will monitor and evaluate implementation of the strategy through the setting of objectives with key performance indicators and outcome measures agreed on an annual basis. The five strategic goals will be reviewed each year to ensure they reflect an appropriate direction of travel as the environment in which we work and the population we serve continuously evolve.

‘Ensure that what we do, we do well.’

RUH member of staff, September 2017

‘Continue to consult patients, staff and community and report on progress.’

RUH public member, September 2017



2. Overview

2.1 Our services

The RUH is a major acute hospital in Combe Park on the north western side of the city of Bath. We provide care for the people of Bath, North East Somerset, north and west Wiltshire, Somerset (Mendip) and South Gloucestershire. We run a number of clinics at other centres across the region. Since 2015 we have incorporated the specialist services of the Royal National Hospital for Rheumatic Diseases (RNHRD).

We provide a service for patients needing emergency and unplanned specialist care, 24 hours a day, every day of the year. From that core is built a comprehensive planned surgical, medical and diagnostics service for adults and children. Specialised care is delivered in a number of areas including:

- Cancer care
- Cardiac and stroke
- Care for older people, particularly those with dementia
- Higher levels of critical care
- Maternity services
- Rheumatology, pain and fatigue (RNHRD)
- Specialist orthopaedics (surgery on joints and bones)
- Tertiary and pulmonary hypertension

The RUH, in partnership with local universities and colleges, also plays a major role in education and research.

We aim to provide the highest quality of services in response to the needs of our patients and the communities we serve. Our strategy sets out our overall goals to achieve high quality of care and patient experience, putting patients at the heart of all we do.

See Appendix 1 for further detail on the services we provide.

2.2 Our staff

The RUH employs nearly 4,500 skilled and caring staff, working across all our services in a wide range of clinical and support roles. Their contribution is central to the care we provide. In addition, we play an active role in education and research: supporting learning and development is an essential part of our commitment to our staff and to quality and patient experience. Doctors, nurses and many other professionals work at the hospital as students and then as qualified staff.

Over the last five years we have expanded our workforce by more than 25%: in 2017 we had approximately 3,100 clinical staff and 1,300 non clinical staff.

We see staff engagement and wellbeing as a priority, and continue to monitor levels of satisfaction and actively seek new ways to support our employees.

In common with other health service providers, we have faced shortages of staff in some areas, and budget limitations that impact on our staffing levels. Our staff are central to our strategy to provide quality services and care.

See Appendix 2 for more information about our staff.

2.3 Our public and patients

The RUH provides care for the people of Bath, North East Somerset, north and west Wiltshire, Somerset (Mendip) and South Gloucestershire. This is a population of more than 500,000 people. In BaNES alone, the population is expected to grow by more than 11% in the decade up to 2024 based on typical trends – however, published housing schemes across our region are likely to increase predicted population growth further still.

We also treat people visiting our area, including tourists, students and overseas visitors. The acquisition of the Royal National Hospital for Rheumatic Diseases on 1 February 2015 further expanded our catchment and portfolio of specialist treatment and rehabilitation activities, attracting patients from other areas of the UK and internationally, particularly for treatment of long term conditions.

In common with other areas, our population is evolving:

- We have a growing population of people with more complex needs, in all age groups
- There is an increasing demand for services at all ages, and rising public expectations
- The older population is growing significantly, with an increased likelihood of long term conditions
- In Bath we have a large student population that is temporary and always changing

Patients are at the heart of all we do, and we aspire to be listening and compassionate at all times. We place great importance on gathering feedback from patients and carers, and involving them in decisions and developments. This is embedded in the Trust through our

Patient Engagement Toolkit and a range of initiatives and practices, such as our complaints service, consultations and events, social media and other communications, and our volunteers, membership and member governors.

See Appendices 3 and 4 for an overview of our regional population and some of the wider health service challenges we face.

2.4 Our financial situation

In the financial year ending March 2017, the RUH delivered a year end position of £1.5m surplus, achieved in large part through £13.6m of savings in the face of increasing emergency demand. This is a significant achievement. However, like all NHS organisations, the Trust will be required to deliver further considerable efficiency savings over the coming years.

The NHS as a whole, including the RUH, is facing increasing pressure to deliver more with less. Our strategy has been drawn up to help us achieve the goal of sound financial management and efficiency whilst also paying heed to changing care models of the wider system and investment in environments and infrastructure which best support the sustainable delivery of highest quality services.

2.5 Our partnerships

Partnerships have been increasingly important to us over the last five years.

We work primarily with four Clinical Commissioning Groups:

Bath & North East Somerset CCG
Wiltshire CCG
Somerset CCG
South Gloucestershire CCG

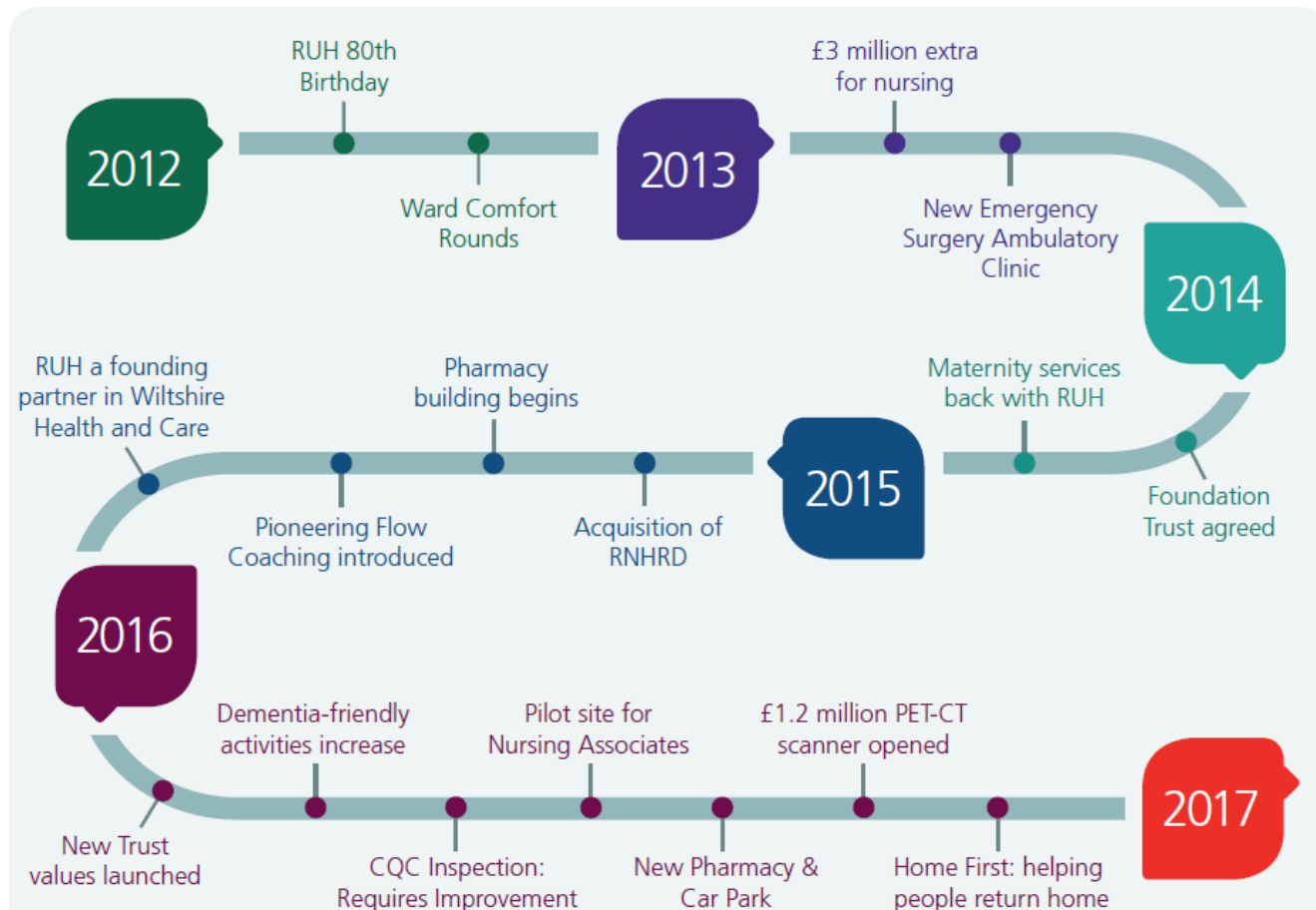
We are an active member of the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership, which was set up in 2016. We are now working towards developing Accountable Care Partnerships with other healthcare providers in our region. Accountable Care is a model of joint working that is increasingly being encouraged by the government and NHS as an efficient and effective way to combine services to better meet the needs of our communities.

Through these and other networks and relationships we work with a wide variety of public, private and voluntary sector organisations and groups to deliver health care. This strategy sets out our commitment to continuing to work with partners towards shared goals for the benefit of the communities we serve.

See Appendix 5 for the list of external strategies that have helped us define our direction.

2.6 The last five years

In order to develop our strategy, we talked to our members, volunteers and staff about our journey over the last three years. Here are the events they considered most important:



The timeline shows progress and development, with focused investment in quality, staffing, partnerships and estates.

2014-2015 stands out as a crucial period of change, when the RUH became a Foundation Trust.

‘As a Foundation Trust we have greater freedom to make and take new opportunities’

James Scott, Chief Executive, RUH

In strategy engagement discussions (Autumn 2017), members and partners commented very positively on our journey over the last few years:

'The RUH listens to us more.'

RUH Member of staff, September 2017

'The RUH is active in the region, stable and well-led.'

RUH member of staff, September 2017

'The RUH has good, collaborative partnerships with other health care organisations.'

External partner organisation, September 2017

We are proud of the many achievements of our staff, working with our patients, communities and partners to deliver better patient care. We greatly appreciate the support, collaboration and commitment we receive. We are also aware that we don't always get things right and of the continuing improvement journey we are still passionate to undertake, taking account of feedback from all our stakeholders.

We will build on our achievements, expert knowledge and relationships, and also on the lessons we have learned to achieve our goals over the next three years.

2.7 National trends

In developing our strategy we have looked at regional and national trends that impact on the Trust. Regional trends are summarised in Appendix 3, and reflect the national situation. In 2017, NHS England listed the following national trends:

We're getting healthier, but we're using the NHS more. This is highly geared to our growing and aging population. Demand is also heavily impacted by rising public expectations for convenient and personal care, the effectiveness of prevention and public health, and the availability of social care. Even more significant is the steady expansion of new treatments and cures.

The quality of NHS care is demonstrably improving, but we're becoming far more transparent about care gaps and mistakes. Outcomes of care for most major conditions are dramatically better than three or five or ten years ago. Cancer survival rates are up; deaths from heart attack and stroke are down. But greater transparency and rising expectations mean greater awareness of care gaps and variation.

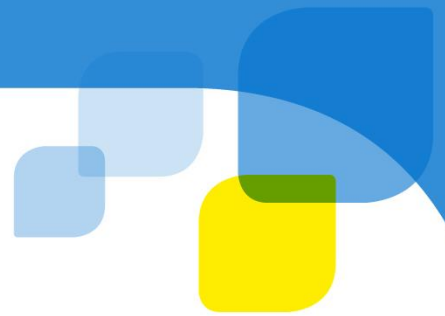
Staff numbers are up overall, but staff are under greater pressure, and there are significant shortages in some professions and specialties.

We have taken these and other significant trends into account in developing our strategy (see Appendix 4), and we have looked at the strategies of our partners and key national bodies in order to work in line with national and regional plans and priorities (see Appendix 5).

2.8 Organisational risks

Our Board of Directors and other Trust governance and oversight committees monitor our performance, and identify risks so the Trust can avoid or address these. They have assessed our top three risks for the coming years to be:

- Workforce - including our ability to recruit, retain and continue to develop staff to meet the changing needs of an increasingly older population and operate across organisational boundaries.
- Sustainability of the system – recognising the increasing financial and operational challenges of demand and capacity across the local and wider healthcare system.
- Performance – including the smooth management of day to day changes in demands across all parts of a complex and changing health system. Ensuring we are consistently able to provide the highest quality of care for both planned and emergency need which meets the expectations of all stakeholders.



3 Our strategy

3.1 Vision and values

Our vision:

To provide the highest quality of care; delivered by an outstanding team who all live by our values.

Our values:

Our values guide our behaviour and decisions at all levels and across all our services.

They were developed in 2015 through talking with almost a thousand patients, carers and staff. They set out our ambition for how every member of staff will behave now and in the future, based on what our patients, carers, and families said they want. They form the core foundations for the implementation of our strategy over the next three years.

Everyone Matters
Working Together
Making a Difference

3.2 Our goals

Our values set out how we will work; our goals set out what we will work on.

To achieve our vision we will prioritise work in areas which will make a real difference to the care we provide. We want our patients, staff, members and partners to understand which areas we have chosen to prioritise and why we have made that choice.

These are the areas we will focus on:

Recognised as a listening organisation; **patient** centred and compassionate.

Be an outstanding place to work where **staff** can flourish

Quality improvement and innovation each and every day.

Work together with our **partners** to strengthen our community

Be a **sustainable** organisation that is fit for the future



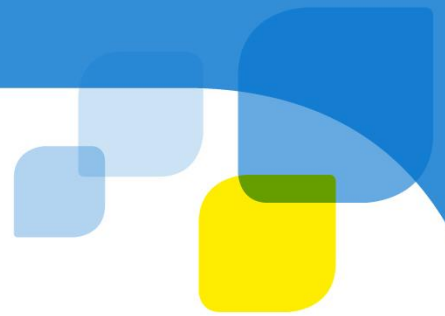
Patients

Our goal Recognised as a listening organisation; patient centred and compassionate

We will:	<p>Meet the individual needs of patients and carers, through high quality treatment and care throughout the patient journey: putting the patient at the heart of all we do.</p> <p>Listen and share information effectively and with dignity and respect.</p> <p>Help our patients and their families and carers to look after themselves.</p> <p>Actively encourage feedback: listening to patient and carer experiences, making improvements where necessary and reporting back on what we have done.</p> <p>Enable patients to participate in research, and give them access to research undertaken.</p>
How we will know if we're successful:	<p>Achieving a top 20% score in the national patient surveys.</p>

‘Partnership between staff, patients and carers, with patient experience embedded in everything we do.’

RUH member of staff, September 2017



Staff

Our goal	Be an outstanding place to work where staff can flourish
We will:	<p>Live our values, so every member of staff knows they matter and are making a difference.</p> <p>Help our teams to work together, with a culture of learning from successes and failures, seeking out areas for improvement.</p> <p>Support our staff to develop, research and lead, so they can be outstanding in their role.</p> <p>Be a flexible and dynamic employer of choice, providing rewarding careers, staff support, clear and open communications and compassionate leadership.</p> <p>Undertake workforce planning to ensure we are developing our staff to meet changing needs of our patients.</p>
How we will know if we're successful:	Achieving a top 20% score in the national staff survey

‘All staff know that they can lead improvement.’
 RUH member of staff, September 2017

‘Outstanding for me would be highly trained staff, continuous staff training, an attractive place to work.’
 RUH Member, September 2017



Quality

Our goal	Quality improvement and innovation each and every day
We will:	<p>Continue to place patient safety and quality improvement at the heart of all we do.</p> <p>Have a single and shared understanding of what quality means, with all staff behaving in a compassionate, safe and professional way.</p> <p>Support our leaders and all our staff through education and training; a culture of openness; a commitment to research and enquiry, and through targeted initiatives to improve patient experience, outcomes and value.</p>
How we will know if we're successful:	Achieving gold accreditation for outpatient and ward areas, and having below average mortality (SHMI)

‘Research should be part of the RUH culture.’
 RUH member of staff, September 2017

‘Quality improvement should be part of everyone’s role, clinical and non-clinical.’
 RUH member of staff, September 2017



Systems and Partnerships

Our goal Work together with our partners to strengthen our community

We will:

Work in partnership with organisations and groups to build joined-up holistic patient care for all communities in our healthcare region including looking after population health.

Share in the responsibilities of leadership in our healthcare economy and region, driving forward innovative and collaborative approaches to deliver healthcare improvements and efficiencies.

Review, challenge and support the actions we take to improve our performance against national standards; with regard to equality and diversity, and in response to evidence, research and best practice.

Be an active participant in our local community as a key employer; innovation, education and research partner; purchaser of services and supplies, and contributor to community wellbeing.

How we will know if we're successful: Meeting the national access standards

We need a culture across all of our organisations of working together, moving towards integration.

External partner organisation, September 2017

Big data is out there – how can we work with universities to understand demographic pressures in this area?

External partner organisation, September 2017

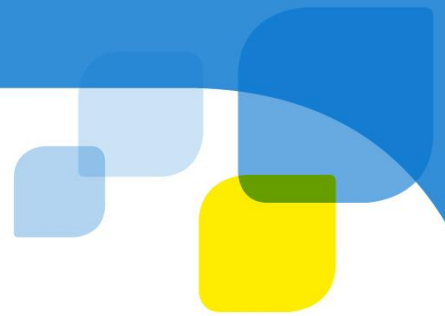


Sustainability

Our goal	Be a sustainable organisation that is fit for the future
We will:	<p>Generate income and use public money wisely, maximising the benefit we get from all of our resources to improve value, quality of care and patient experience.</p> <p>Work to reduce our environmental impact.</p> <p>Be an innovative membership organisation: shaping the future, learning from others, working in partnership and challenging ourselves to do better.</p> <p>Be agile, able to anticipate and respond to changing needs of our population, and local and national developments.</p>
How we will know if we're successful:	Achieving our financial plan

'An organisation that belongs to Members and staff, and that we are proud of.'

RUH Member, September 2017

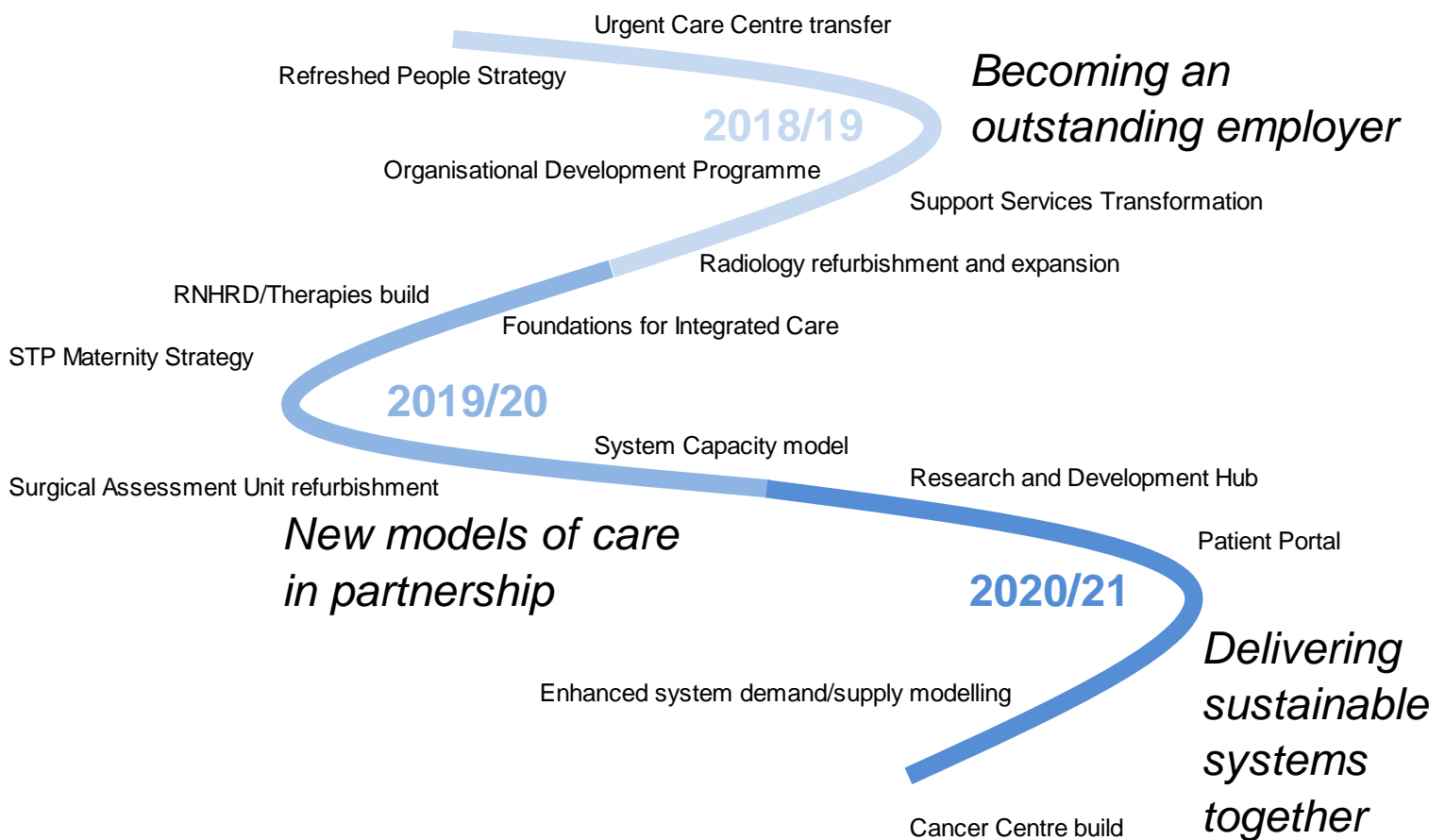


4. Achieving our aims

Our strategy is ambitious; achieving our vision and delivering consistently will take time. In this section, we outline our key milestones along our journey, the sub-strategies we will develop to underpin this strategy and the governance process we will put in place to monitor our progress and adapt to changing conditions.

4.1 Milestones

The timeline below shows some of our key milestones over the next three years, and reflects the strategic themes we have identified for each year.





The following set out some of our priorities and the key milestones we aim to achieve.

- Organisational Development** This overarching, whole organisation programme will start in 2018, focussing on how we empower all members of staff to make change, from boardroom to ward, sustainably improving quality.

- Health Informatics** We believe the future will be enabled through IT – supporting improved service quality, understanding and control both by the system and individuals. We will continue to improve and extend our Information Technology services, building on recent successes and our robust electronic patient record platform, to further improve safety, information sharing and efficiency for patient, staff and partner benefit.

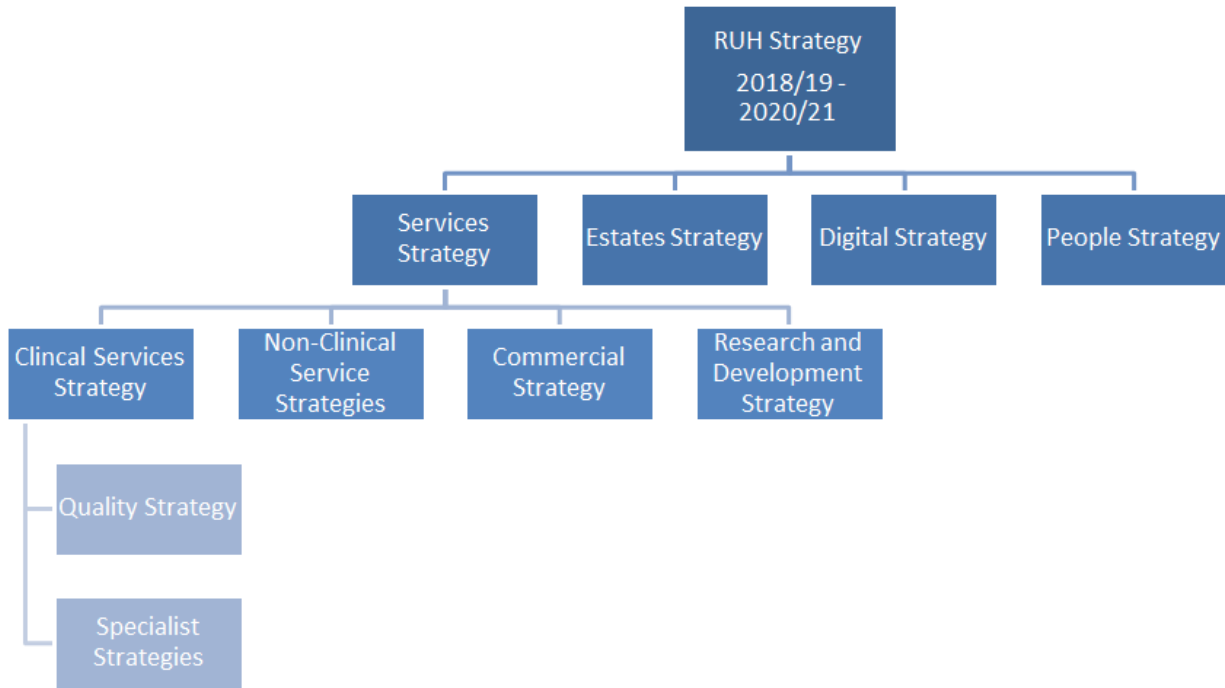
- Workforce** Aspiring to gold benchmark standards of NHS QUEST employers and beyond, we will work to improve quality and safety through values-led innovative and compassionate workforce initiatives.

- Environments to support quality & wellbeing** We will continue our exciting estates redevelopment programme, including improvements to our Radiology department, a new space for maxillofacial services, an R&D hub, refurbishment of our Surgical Assessment Unit and two new buildings; the Cancer Centre and the RNHRD and Therapies building.

- Accountable Care & system transformation** We will work with our partner organisations and public to develop sustainable local healthcare, improving services through greater collaboration. We will continue our partnership work to transform pathways – in particular for Long Term Conditions, Discharge and Urgent Care. Support service models and costs will also continue to be reviewed and adjusted for best in class quality and cost performance.

4.2 Enabling strategies

We will use our annual business planning cycle to set out detailed implementation objectives and actions. Our work will be directed through a range of internal strategies:



The range of detailed sub-strategies, policies and plans include:

- Annual Specialty, Division and Trust Business Plans
- Communications Strategy
- Equality and Diversity Strategy
- Health and Wellbeing Strategy
- Leadership & Development Strategy
- Nursing Strategy
- Quality Strategy
- Recruitment and Retention Strategy
- Specialist Strategies e.g. Cancer, Dementia, End of Life Care, Maternity, RNHRD
- Strategic Financial Plan including QIPP (quality, innovation, productivity & prevention)
- Sustainability Strategy
- Transport Strategy

We use our annual business planning cycle and other governance structures to review our progress and adapt where necessary.

4.3 Governance

We are committed to delivering the vision described in this strategy. We will communicate it widely and monitor and evaluate our progress, developing annual objectives to focus our work which will be reported to our members and stakeholders through our annual report and review documents.

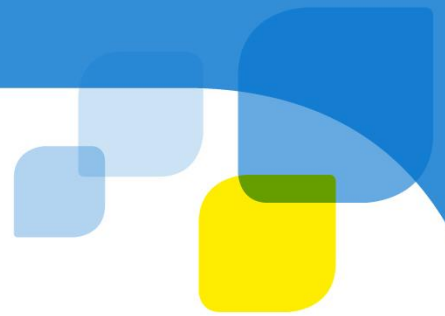
The Board of Directors will have overall responsibility for progress towards achieving our vision. We will use a structured process to review this quarterly.

The strategy, including our vision, five strategic goals and indicators of success, will be revisited annually by our leadership team to ensure that it continues to serve the evolving needs of the population we serve and the changing environment in which we operate. In doing this, we will particularly consider the changing nature of our work with system partners and in developing Accountable Care in our local area.

Each year, the Trust, Divisional and Specialty business plans will detail actions that will specify how the strategic goals will be implemented.

We will ensure that the views of key stakeholders, including the local population, continue to inform the delivery of the strategy. Our progress reviews on individual projects will be shared with our members through our regular communication channels such as insight magazine and constituency meetings, and our Council of Governors will support the annual review and refresh of our business plans.





5. How we developed our strategy

In August and September 2017 we set out to engage with staff, members and volunteers as part of the development of the RUH's next three year strategy.

This was done through a series of meetings, telephone interviews and events. Information was made available on the staff intranet, and for two weeks there was a virtual noticeboard where staff could post their comments and ideas.

More than 450 people took part: around 140 members and volunteers (including governors), 300 staff and 30 representatives of partner organisations.

In late October we embarked on a two week engagement period to share the main findings of our conversations in August and September, and the draft vision and goals of our future strategy. Members of the RUH, volunteers, staff and external partners were invited to comment through an open online survey, with 152 people taking part. There was also discussion at a meeting of RUH members in Chippenham. This second phase of engagement generated useful feedback, and indicated a high level of support for our direction of travel. We then shared the amendments to the strategy at a number of internal meetings. Reports on both stages of engagement were made available to all RUH staff on our intranet.

In addition, we have written internal briefing papers on key national, regional and partner strategies and future trends, which have also been published internally on our intranet. Strategy and feedback from members, volunteers and staff has been discussed at key forums such as our Board of Governors, Board of Directors and various committees and meetings.

Our thanks go to everyone who took part in the development of our strategy, supported the organisation of sessions or encouraged people to participate.

See Appendix 6 for the list of participating organisations engaged in helping us to develop our strategy.



Appendices

Appendix 1: Our services

In September 2017, RUH services included the following:

- Accident and Emergency
- Breast Surgery
- Cardiology
- Dermatology
- Endocrinology and Diabetes
- Ear, Nose and Throat
- General Surgery
- Geriatric Medicine
- Gynaecology
- Haematology
- Intensive Care
- Maternity
- Neonatal care
- Neurology
- Oncology
- Ophthalmology
- Oral and Maxillo Facial Surgery
- Paediatrics
- Pain Management
- Radiology
- Rehabilitation
- Respiratory Medicine
- Rheumatology
- Trauma and Orthopaedics
- Urology

In numbers:

- Over 500,000 outpatients were seen in 2016/17: this represents an increase of more than 50% over five years.
- Over 86,000 inpatients treated (including day cases) in 2016/17: this represents an increase of 28% over the past five years. Over half of these were emergency or unplanned admissions.
- Over 80,000 people were cared for by our emergency department in 2016/17. This includes an increase in emergency attendees of 17% over the past five years. The greatest percentage increase was among children and young people aged 15 and under. However, elderly age groups still remain the highest attenders overall.
- Over 37,000 people were seen between 6pm and 8am. This is a 23% increase over the past five years.
- 4642 births were supported by our maternity service in 2016/17.



Appendix 2: Our staff

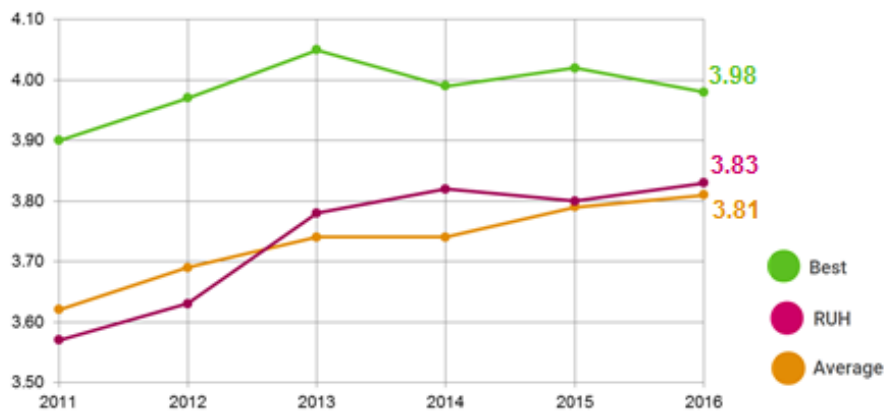
In 2017 the Trust employed the following:

Staff Group	Total Whole Time Equivalent*
Medical and Dental	526.20
Nursing and Midwifery Registered	1250.57
Allied Health Professionals	262.43
Healthcare Scientists	148.29
Add Prof Scientific and Technic	142.57
Additional Clinical Services	792.12
Administrative and Clerical	917.92
Estates and Ancillary	384.46
Students	4.00
Grand Total	4428.55

*'Whole time equivalent' adds part time staff hours together to create full time units and combines this with full time staff numbers to indicate total staffing levels as equivalent to full time.

Our performance on staff engagement in the annual NHS Staff Survey shows an above average and improving trend across the past 5 years.

Staff Survey - Staff Engagement Score 2011-2016





Appendix 3: Regional overview

The following information is provided by the BaNES, Swindon and Wiltshire Sustainable Transformation Partnership (2016):



We have a growing population of people with more complex needs, in all age groups



Increasing demand for services, and rising public expectations



There is a shortage of skilled healthcare professionals - GPs, nurses and midwives



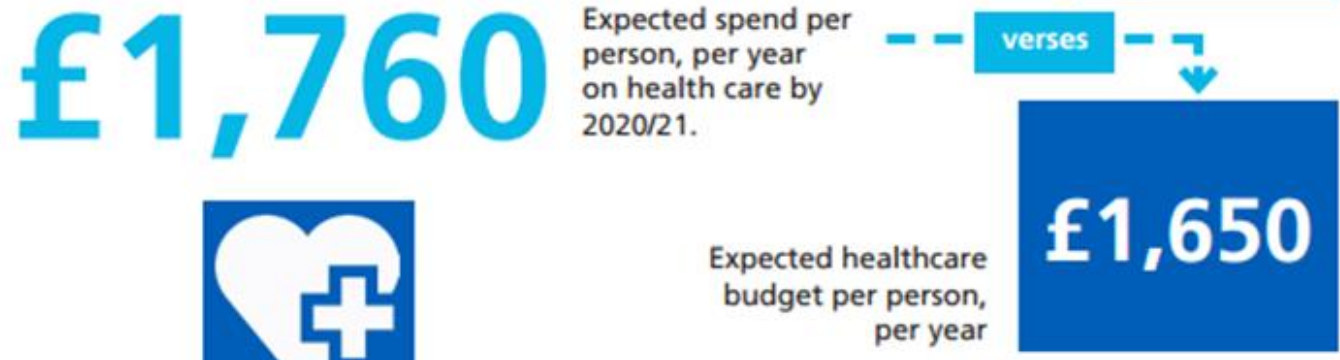
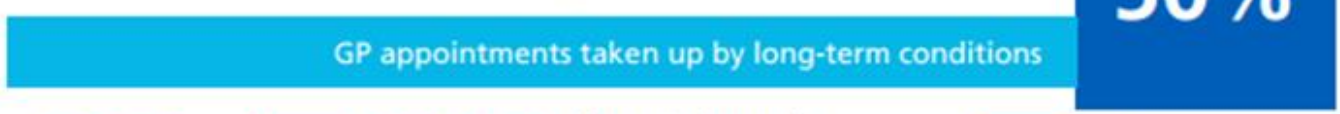
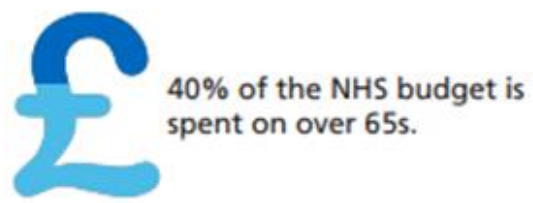
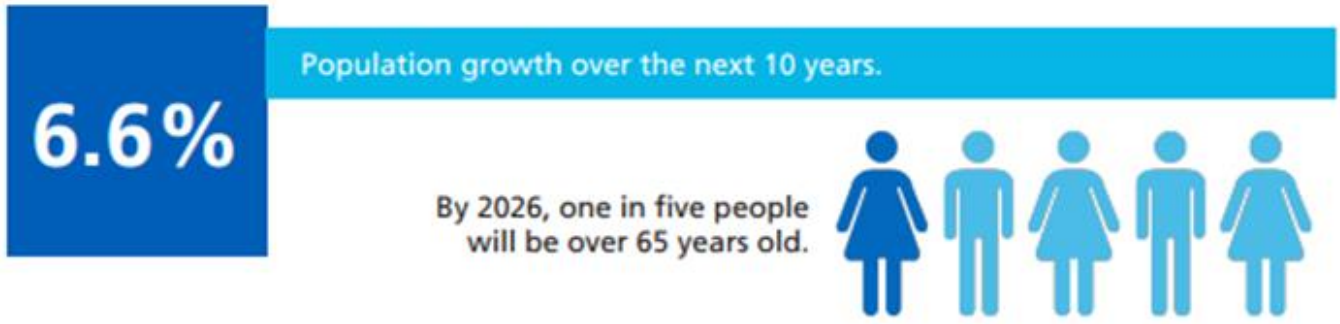
The cost of drugs and new medical technology is rising



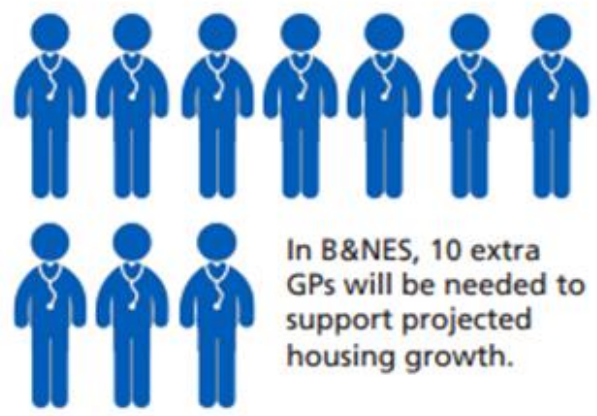
There is too much variation in the quality of care a patient receives depending on where they live



Funding for services is not growing in line with demand, causing financial pressures.



Higher than average numbers of people in Wiltshire with high blood pressure. Obesity rates are also higher than the national average in some areas.





Swindon is small but densely populated (221,000 people). This population is predicted to rise by 10 per cent to 243,000 by 2026. The STP footprint also includes Shrivenham.



Wiltshire, by contrast, has a much lower population density (483,000 people) spread across large rural areas with Salisbury Plain at its centre.



Wiltshire has a large armed forces presence and there are plans for a further 10,000 servicemen and their dependents to relocate to the area by 2021.



B&NES has a population of 182,000 people. Over 50 per cent live in Bath. The rest live in market towns or diverse rural communities. There are an above-average number of people aged 20-24 years due to two universities in Bath.



In B&NES the local housing strategy is expected to create an extra 13,000 homes by 2029 and will increase the local population by 16 per cent. 22,000 homes are being built in Swindon between 2011 and 2026.



Across the BSW footprint there is a largely affluent population but there are pockets of deprivation – 6.4 per cent of people live in the most deprived areas of England.



Obesity rates that are higher than the national average in some parts of the BSW footprint.



5,700 people with undiagnosed diabetes across BSW.



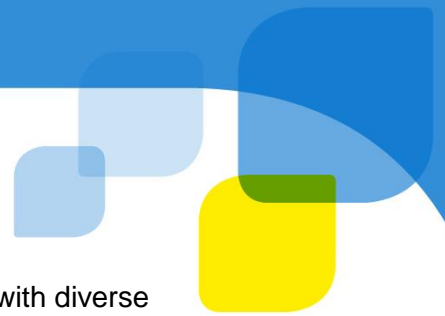
Higher than average numbers of people in Wiltshire with hypertension (high blood pressure).

Appendix 4: Wider developments

The last few years have been challenging for the healthcare sector and society as a whole. The following are some of the trends, opportunities and risks that are likely to shape our environment over the next three years:

- Accountable care, sustainable transformation and other emerging partnership models
- Brexit impact (including on workforce, supplies and regulatory frameworks)
- Devolution
- Environmental issues and targets
- Government funding restrictions
- Improving and increasing out of hospital care
- Improving performance across the NHS
- Increase in long term conditions
- Integration with social care
- Mental health: increasing demand
- New models of care, new treatments
- Non communicable diseases at epidemic levels (including diabetes, heart and circulatory disease, cancer and chronic respiratory diseases)
- Patient safety
- Preventing ill health and supporting people to live healthier lives
- Increasing seven day services
- Technology: improving services through the use of digital technology, information and transparency
- Workforce recruitment, retention and development pressures

We will continue to monitor these areas, taking action as promptly as possible to ensure quality, safety and efficiency.



Appendix 5: External strategies and relationships

Our strategy can only be realised through close and constructive working with diverse individuals, organisations, communities and networks.

External partnerships and relationships will include new and emerging developments such as Accountable Care Partnerships and the Bath and North East Somerset, Swindon and Wiltshire Sustainable Transformation Partnership (STP).

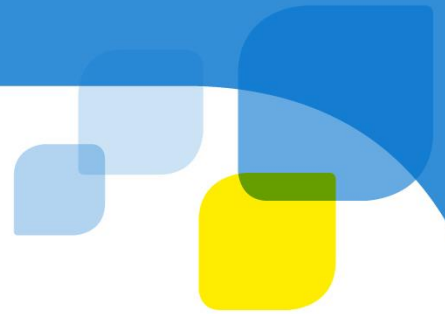
The following are the regional and national strategies that have helped shape our strategic plan:

Regional

- Bath and North East Somerset Clinical Commissioning Group (CCG), Seizing Opportunities: a five year strategy for Bath and North East Somerset 2014/15 to 2018/19
- Bath and North East Somerset Corporate Strategy 2016-2020
- Bath and North East Somerset Health and Wellbeing Strategy 2015-2019
- Bath and North East Somerset, Swindon and Wiltshire STP Emerging Plan, December 2016
- Joint Strategic Needs Assessment, Bath and North East Somerset Council
- Somerset CCG, Strategy, 2014-2019
- Joint Strategic Needs Assessment, Somerset County Council
- South Gloucester CCG, Five Year Strategy, 2014-2019
- Wiltshire Business Plan 2017-2027
- Wiltshire CCG, Five Year Strategic Plan, 2014-2019
- Wiltshire Health and Wellbeing Strategy 2015-2018
- Joint Strategic Needs Assessment, Wiltshire Council

National

- Five Year Forward View (NHS England, 2014)
- Next Steps on the Five Year Forward View (NHS England, 2017)
- NHS Mandate 2017-18



Appendix 6: Participating organisations

We would like to thank the following organisations for their participation in the development of this strategy, through meetings or phone interviews during October and November 2017:

Age UK Bath & North East Somerset
Bath Spa University
Bath College
Bath and North East Somerset CCG
BEMS
Dorothy House
Friends of the RUH
Great Western Hospital NHS Foundation Trust
Medvivo
North Bristol NHS Trust
Salisbury NHS Foundation Trust
Samaritans
Somerset CCG
Somerset Partnership
South Western Ambulance Service
St Johns Bath
St Monica's Trust
Taunton and Somerset NHS Foundation Trust
University Hospital Bristol NHS Foundation Trust
University of Bath
University of Bristol
University of West of England
Virgin Care
Wiltshire CCG
Wiltshire Health and Care