

Shaping a Healthier Future

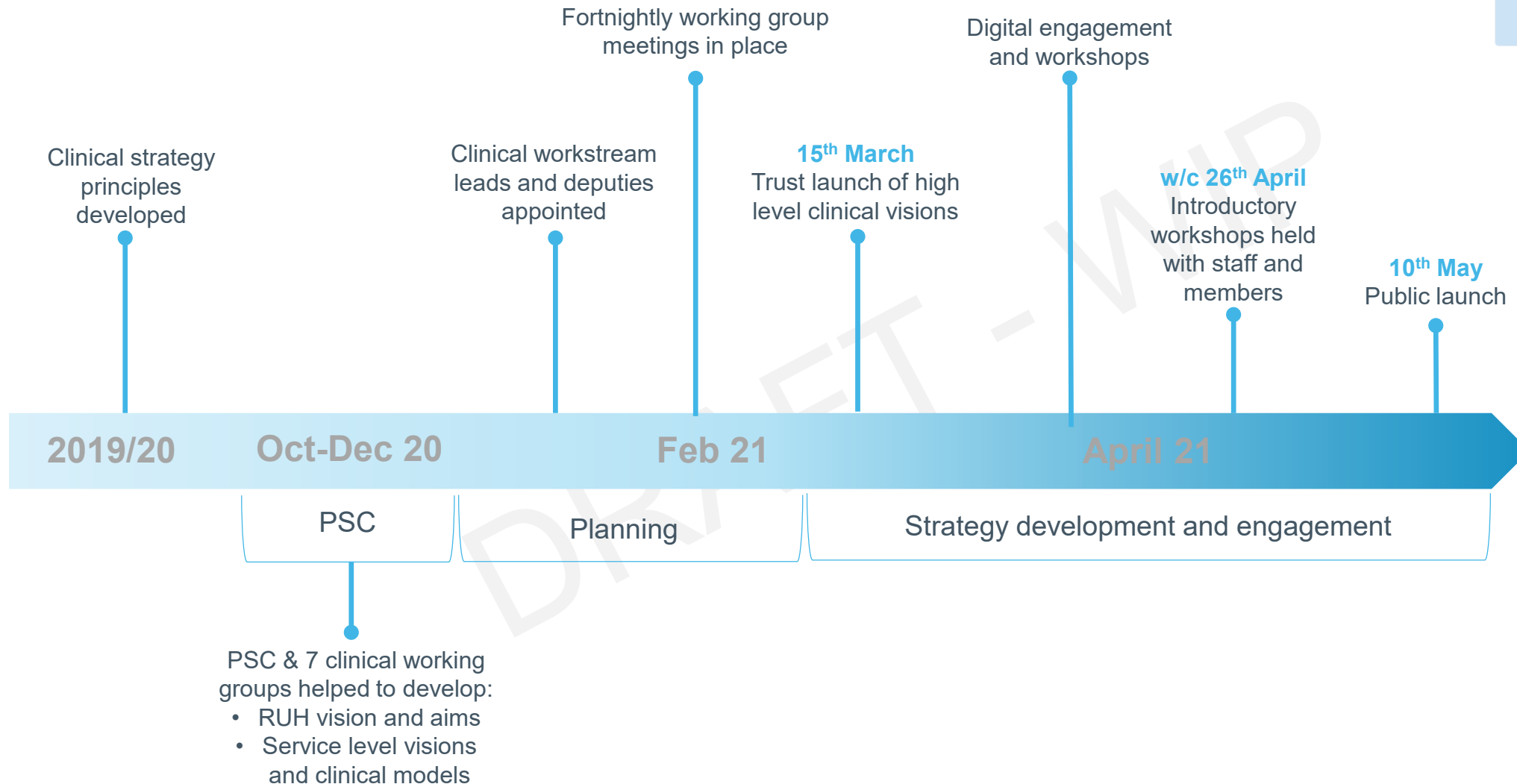
Governor Membership Meeting

Clinical Strategy
Highlights and Status
Update

Everyone
Working Matters
Together
Making a
Difference

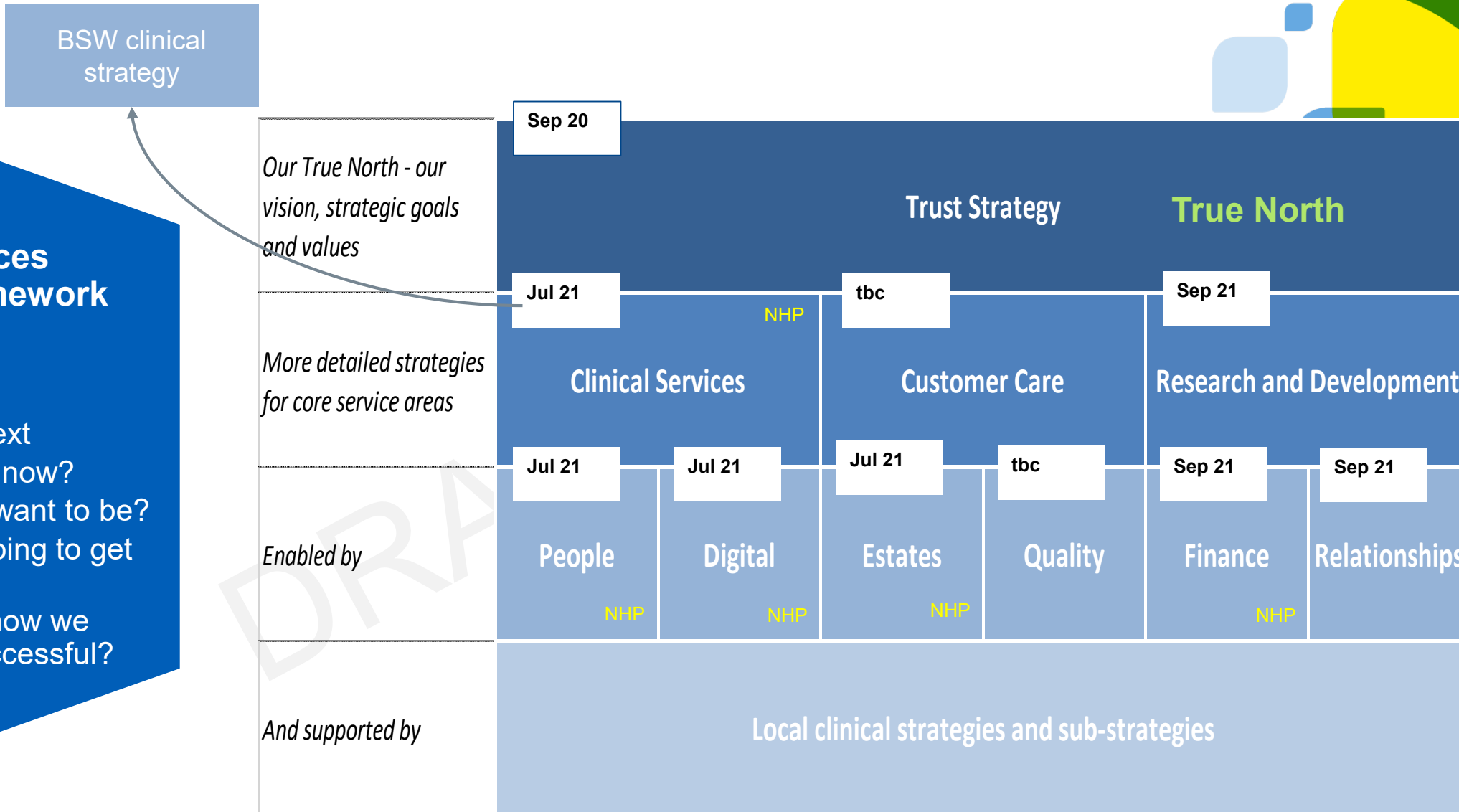
- Progress so far (slide 3)
- Clinical strategy framework (slide 4)
- Strategy highlights and emerging themes (slide 5-13)
- Engagement update (slide 14)
- Timeline and next steps (slide 15-16)

Progress so far



Clinical Services Strategy Framework

- Introduction
- Strategic context
- Where are we now?
- Where do we want to be?
- How are we going to get there?
- How will we know we have been successful?



Clinical Strategy

Strategic context

- The journey so far
- Where are we within the national and local context?
- Drivers for change
- Is there anything we can learn from international models of care?
- Our role within the Integrated Care System

<p><i>A more complex population</i> The over 75 population in BaNES is anticipated to rise by 36% by 2029; comparable rises will be seen in Wiltshire and Somerset</p>	<p><i>Integration</i> Working at system, place and neighbourhood levels with our partners to improve population health; tackle inequality; enhance productivity; support broader social and economic development</p>
<p>Societal change In how we live our lives, how we interact with large organisations and how we seek access to healthcare; Covid-19 has accelerated these changes</p>	<p>Changing workforce Expectations and needs of our staff are changing, reflecting generational shifts and the impact of Covid-19. What we need from our staff is also changing</p>
<p>Environmental impact Driving new ways to provide services which reduce their impact on our environment</p>	<p>Digital innovation Offers new ways to provide services, share information and communicate with patients and families</p>
<p>Advances in clinical care Technological, pharmaceutical and therapeutic developments will change how we will deliver services and the workforce we need</p>	<p>Resilience Ongoing requirement to mitigate the risk of events such as Covid-19 and climate change, on our patients, on our services and on our staff</p>
<p>National workforce shortages With particular pressure points in some specialties and professions</p>	<p><i>Focus on keeping people well</i> Expectation that all providers of care will play a part in preventing ill health and upstreaming</p>
<p><i>Value for money</i> In health, social care and public health</p>	<p><i>Mental health/vulnerable people</i> Parity and integration with physical health, for service planning and delivery</p>

Clinical Strategy

Strategic context

- The journey so far
- Where are we within the national and local context?
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Our True North

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



Everyone Matters

Working Together

Making a Difference

Our performance

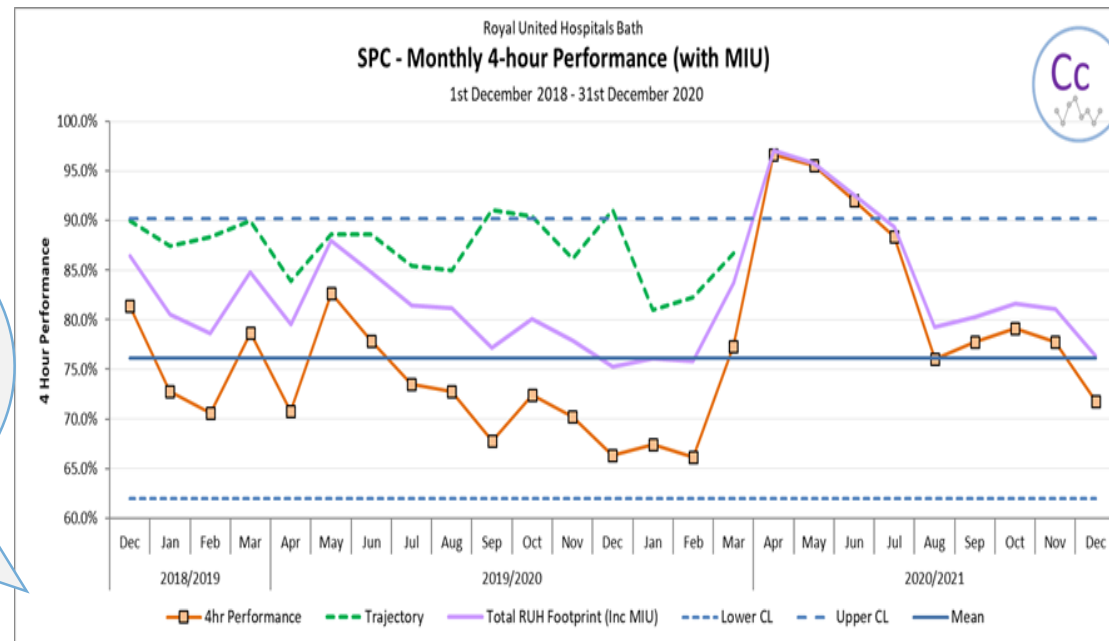
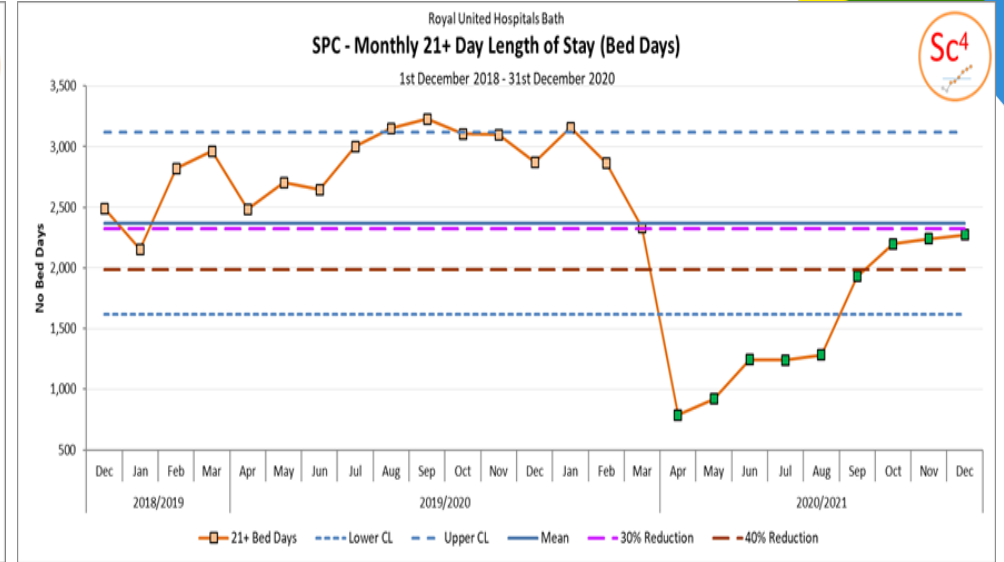
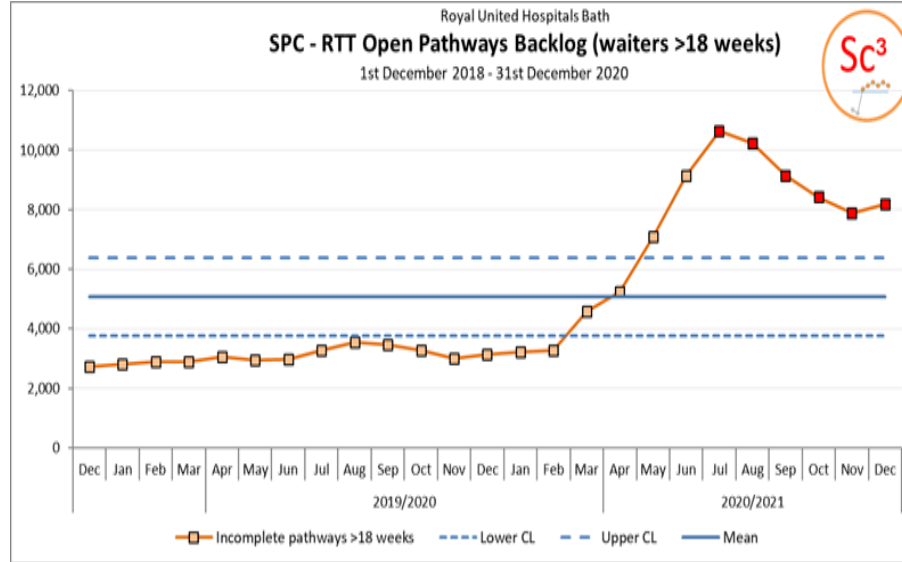
Clinical Strategy

Where are we now?

- The services we provide
- **Our performance**
- Challenges and opportunities
- System relationships

We are often unprepared for surges in ED attendances

RUH Staff Member



We struggle with meeting the demand for our patients who, often would be best served in the community

RUH Staff Member

Clinical Strategy

Where are we now?

- The services we provide
- Our performance
- **Challenges and opportunities**
- System relationships

Each time I visit the hospital I have to retell my medical history

RUH Public Member

Access to the hospital is very challenging for people with complex needs

RUH Public Member

We need to look after the staff who in turn can look after patients

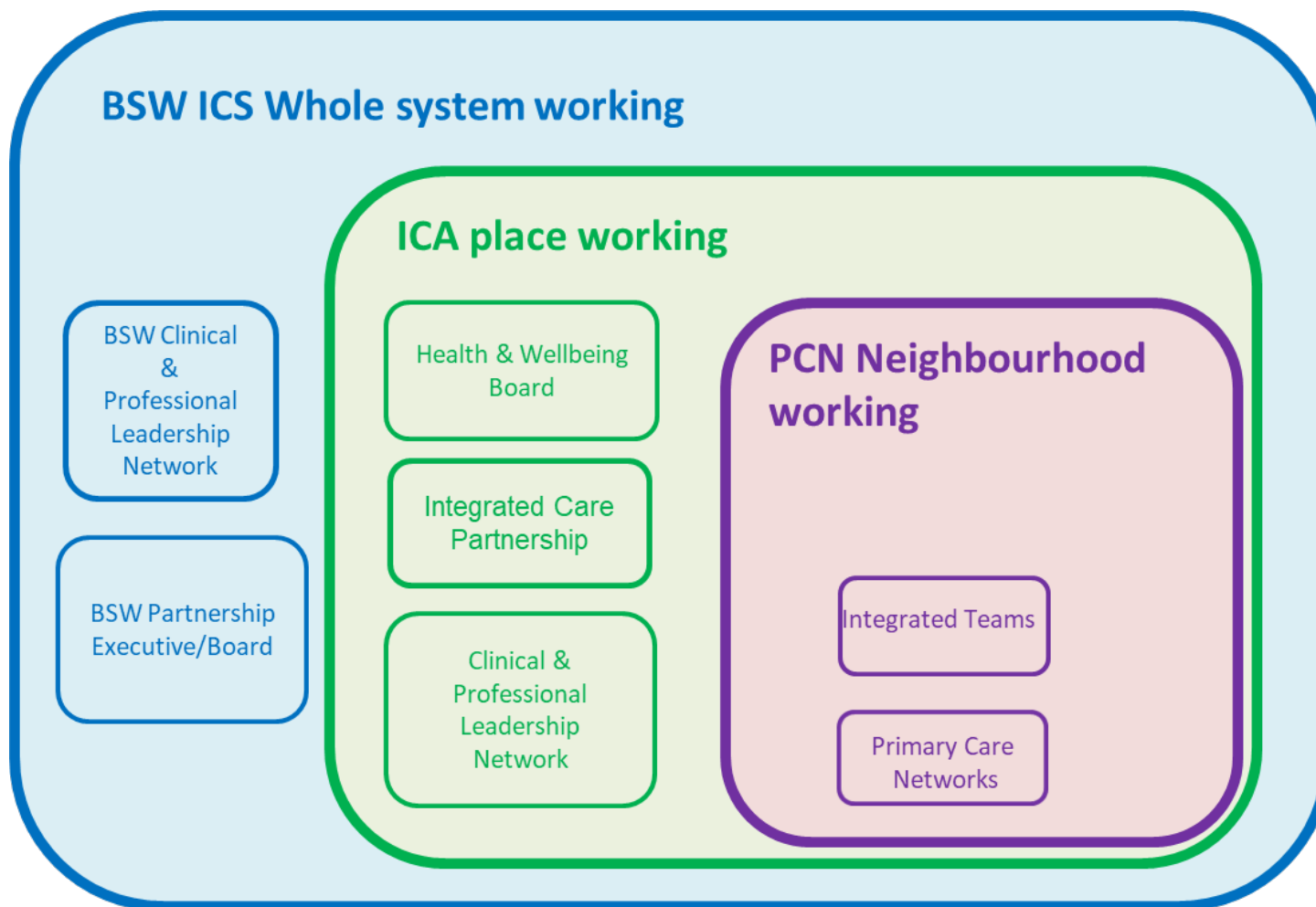
RUH Public Member

Some of the challenges and opportunities shared with us by the public

Clinical Strategy

Where are we now?

- The services we provide
- Our performance
- Challenges and opportunities
- System relationships



Clinical Strategy

Our clinical vision
Our key aims

Creating a new future of outstanding healthcare with prevention and intervention when and where it is needed, working together to help our communities enjoy healthier lives

1 Proactive, preventative care so people can enjoy healthier lives with reduced healthcare inequalities at all stages. Continuously improving clinical outcomes when people need treatment. Care at the right time, right place, supported by world-class facilities and services at RUH's health and wellbeing campus and in the community



2 Focus on the specific needs and challenges of our communities' health in Bath, North Somerset, Mendip, Swindon and Wiltshire, with transformed digital and IT capacity providing the data and analytics needed to target early interventions and prevent deterioration. Patients having access to their data, and using technology including apps to help manage their own care



3 Full integration across the system including primary care, social care and the third sector with joined-up patient-centred pathways that reflect the conditions and health needs of everyone in our communities



4 Investing in providing equal access to outstanding care based on these principles from the start of life - through maternity and children's services to elective services and frailty - with exceptional patient experience at every stage



5 Leading edge urgent and emergency care for people who need it, including hot clinics, frailty services and ambulatory pathways, with a modern emergency department delivering the quickest, safest care, and planned care services which focus on avoiding escalation into urgent care services



6 RUH is a great place to work, with teams working and learning together. Investing in our people and their well-being and development to ensure our people have the skills needed now and in the future



Where do we want to be?

Clinical Strategy

Where do we want to be?

- How our services look and feel for patients, carers and staff
- What services might grow, shrink or move elsewhere
- How the physical space and digital infrastructure support the new model of care
- What system integration looks like at a specialty level?
- Examples of where the new models already exist
- Implications for cancer services, specialised services and private patient services



Digital integration and shared health records with patient held data



MDT working & senior clinician input early in interactions



Improvement through self-management and 'teachable moments'



Care closer to home



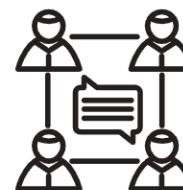
Navigation and support through the patient journey



Staff will be empowered and encouraged to develop to the 'top of their licence'



Population health management driving decision making



Fully integrated health and social care

How are we going to get there?

Clinical Strategy

How are we going to get there?

- Bringing the clinical model to life
- Enablers and barriers
- Assumptions and dependencies with digital, workforce, estates, finance, sustainability
- Implications for the system
- Delivering the transformation

Clinical Strategy Enablers

Digital

- Patient held data
- Electronic health records integrated across BSW
- Intuitive IT systems that talk to each other
- Artificial intelligence to support clinical decision making

One ICA/ICS

- Population health management
- Care navigators, GP, consultant, specialty nurse, OT all in one team
- Locality based care models
- ICS wide pathways & improvement
- New payment model
- Part of innovation cluster

Modern Estate

- When individuals do have to be in hospital they have the best environment for their care – therapeutic, safe & appropriate size
- WiFi and technology enabled
- Enables modern ways of working

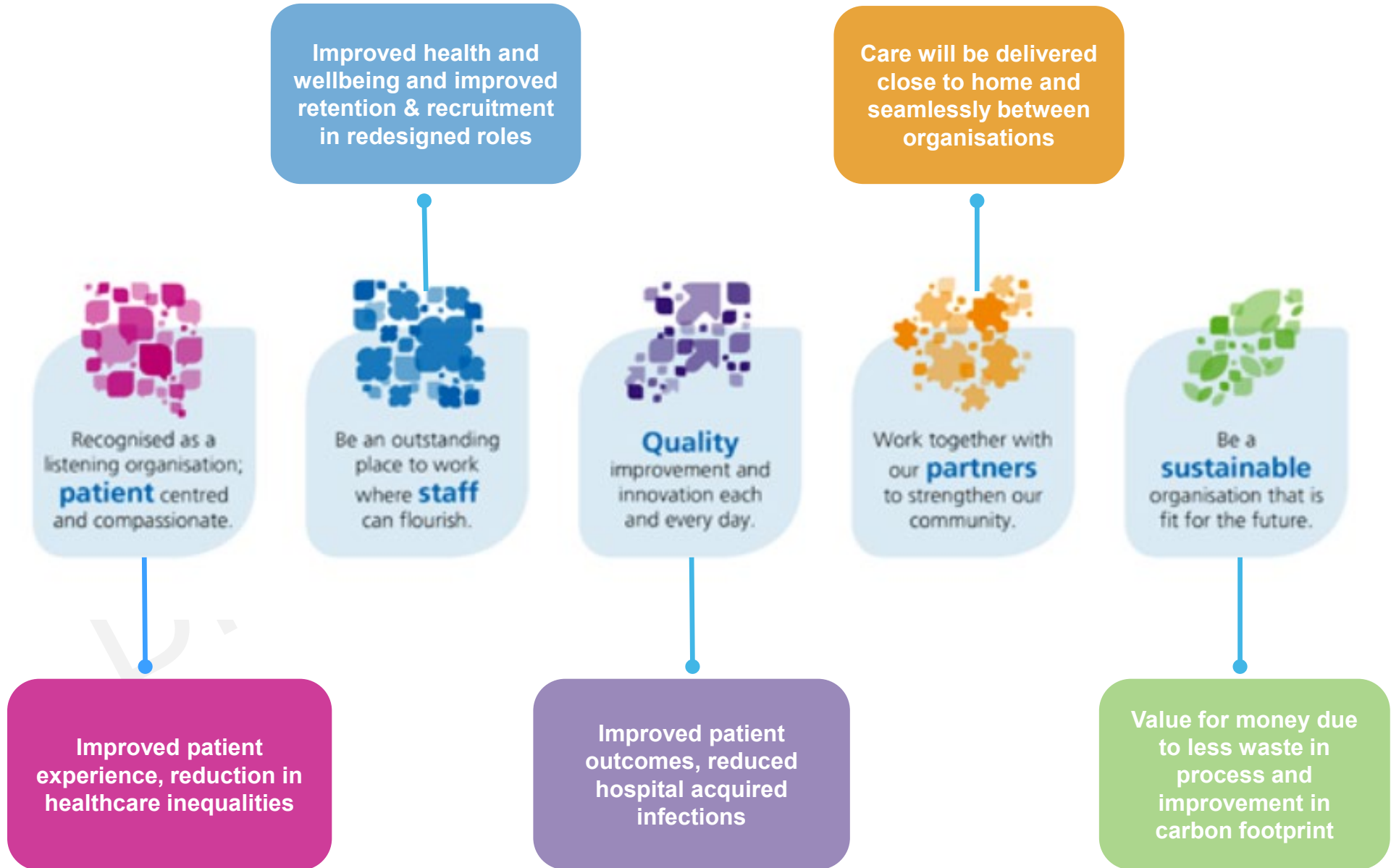
Workforce of the Future

- Roles span organisational boundaries
- All staff empowered to improve quality using Improving Together methodology
- New roles for new models (e.g. generalist)
- Flexible careers – 4 generations at once

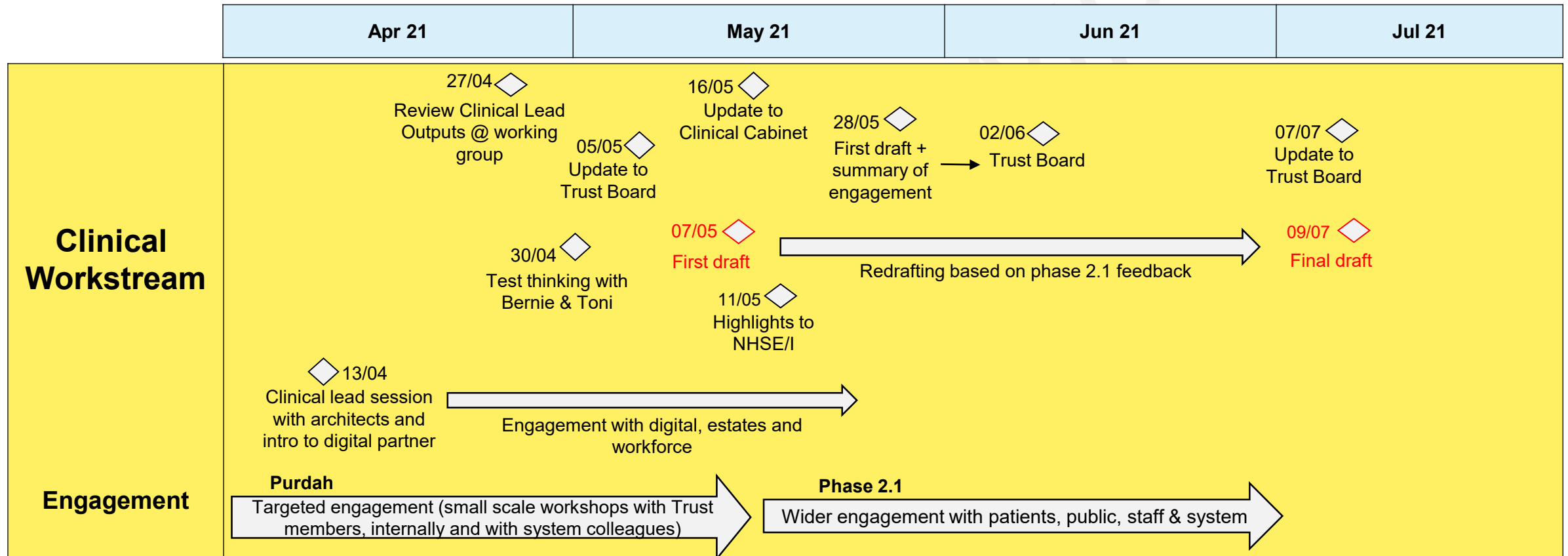
Clinical Strategy

How will we know we have been successful?

- What are the quality outcomes?
- How will we measure the outcomes?



High level timeline



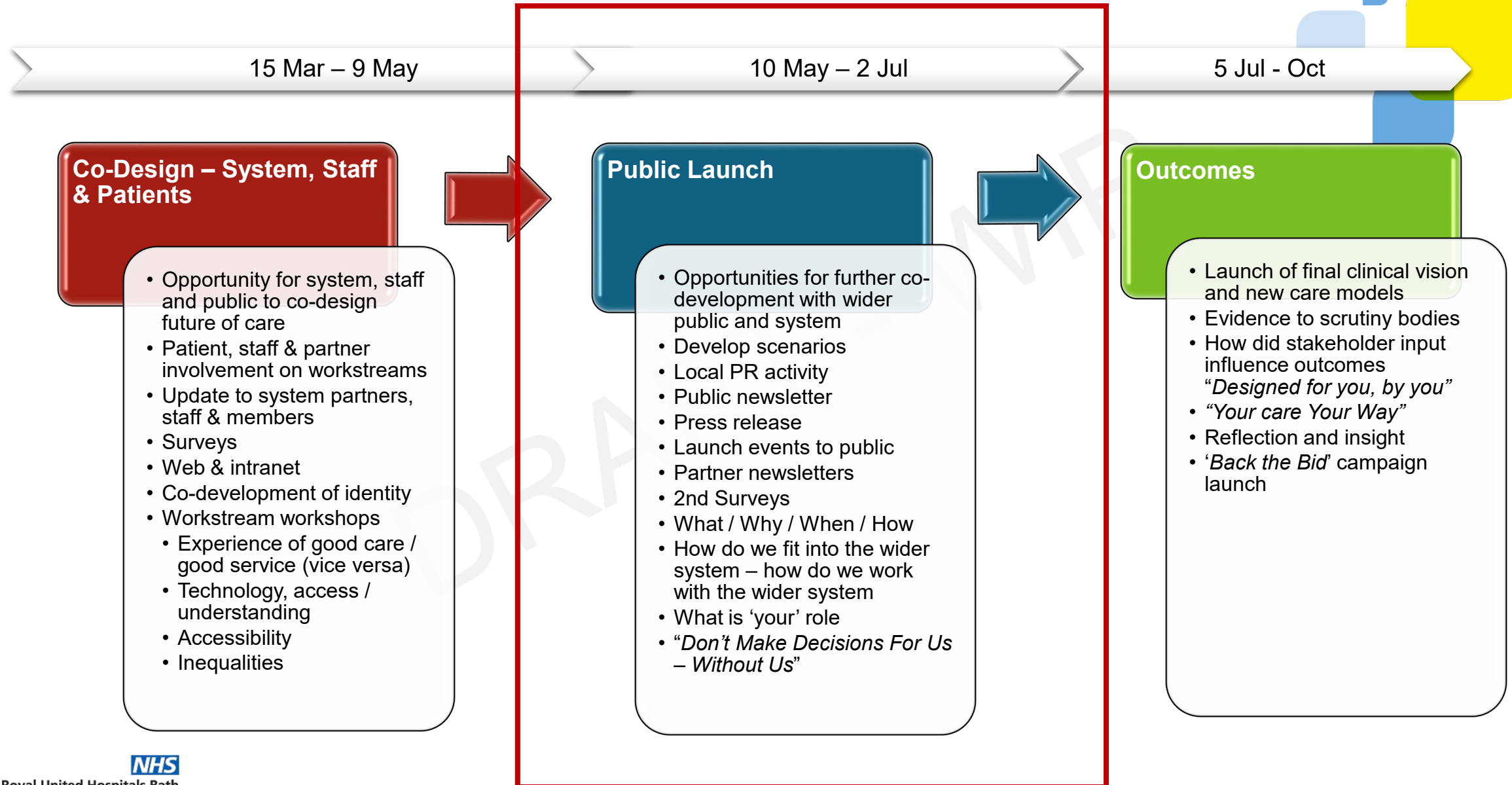
Shaping a Healthier Future

Governor Membership Meeting

Communications &
Engagement Update

Everyone
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Comms & Engagement Timeline



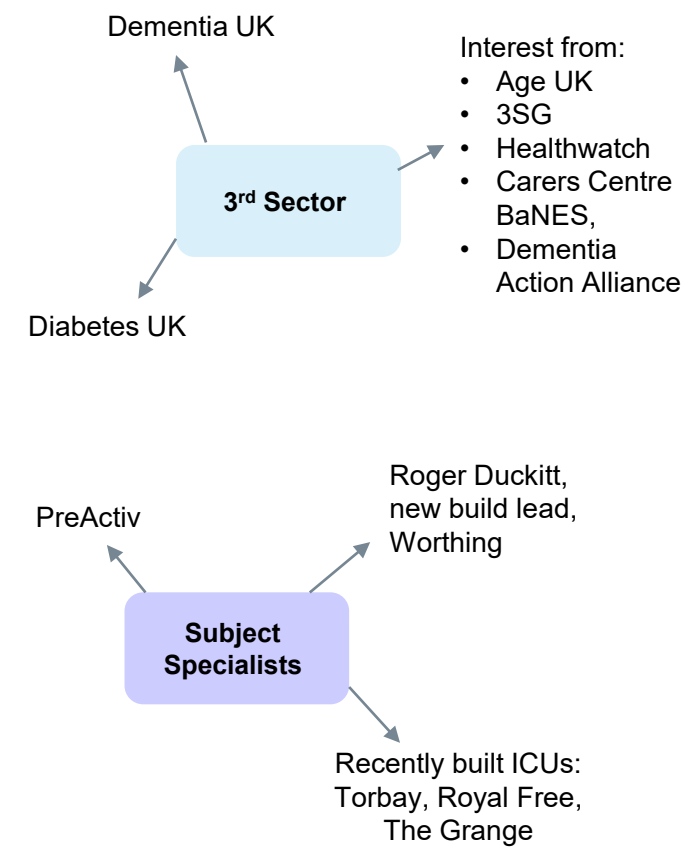
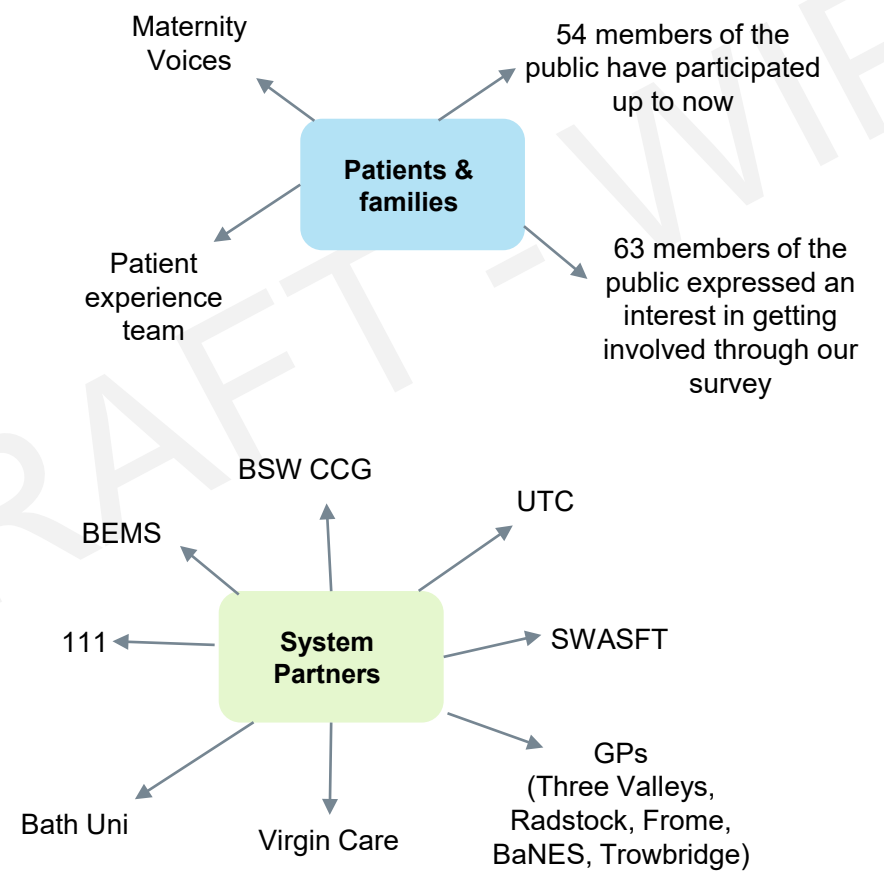
Engagement – workstream progress

Workstreams:	Unplanned & Emergency Care	Long Term Conditions	Planned Care	Complex Needs (incl Frailty)	Women's & Children	Critical Care	Clinical Support Services (incl Diagnostics)
RUH Leads:	<ul style="list-style-type: none"> Mark Edwards Octavian Maran 	<ul style="list-style-type: none"> Marc Atkin Joanne Bond-Kendall 	<ul style="list-style-type: none"> Steve Dalton Rebecca Leslie 	<ul style="list-style-type: none"> Philipa Nash Andrew Stone 	<ul style="list-style-type: none"> Jo Ficquet Nickie Jakeman 	<ul style="list-style-type: none"> Jonny Price Rob MacKenzie Ross 	<ul style="list-style-type: none"> Peter Marden Dilesh Khandia

RUH Staff

- Medical Nurse Practitioners
- Consultants
- Clinical Cabinet
- ITU teams
- Frailty teams
- ED Consultants
- Acute Medicine
- Medical Equipment Teams
- Palliative Care
- Rheumatology
- Children's therapies
- Cardiology
- Radiology
- Pathology
- Endoscopy
- Gastroenterology
- Anaesthetics
- Gynaecology
- Paediatrics
- Maternity
- Matrons
- Urology
- Therapies
- Discharge Liaison
- Stoma team
- Transfusion team
- Oncology
- Respiratory
- Theatres
- Obstetrics
- Geriatrics
- Nuclear medicine
- Radiotherapy
- Portering
- Cleaning
- Booking teams
- Occupational Health

27 staff expressed an interest in actively getting involved through our survey



Informing development of strategies and plans

- Insights gathered from early surveys help inform content and pre-briefing for workstream and programme leads
- Insights gathered from scrutiny bodies, stakeholder workshops and wider public events help shape future development of plans for workstreams:
 - Clinical (+ 7 sub-workstreams)
 - Estates
 - Digital
 - Workforce
 - Communications and Engagement

Next steps

- Public comms launch in coming weeks which will include:
 - Workstream survey/questionnaires
 - Wider virtual briefings with public, staff, partners
 - Additional workstream workshops and engagement opportunities
- Continue to draft the clinical strategy document based on ongoing feedback from engagement and co-design – final draft due in July
- Clinical lead engagement with Estates, Digital and Workforce future aims
- Identify line of sight with current transformation and develop pilot pathways to demonstrate the strategy
- Research & Development strategy