

Council of Governors

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RUH Clinical Strategy Summary

2022-2032



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Welcome



Welcome to our clinical strategy which sets out the Trust's ambitions and intentions to transform the care we deliver to our community over the next decade

The strategy marks the start of a radical shift in the way care is delivered in our area and a step forward in addressing the challenges faced by our local health system.

We know we need to change and that we need to work together with our partners to make a difference.

Now is the time to commit to transformation at scale together.



Case for change

There are a number of **external drivers** that contribute to our need to transform clinical services. Covid-19 has exacerbated many of these, increasing the need for clinical transformation at pace

Growing demand

Given our demographics, historic growth, system assumptions and clinical insight, we currently anticipate a **3% growth per year** in Emergency Department activity, and a **2.5% growth** in inpatient non-elective admissions, with no change in the current clinical model.

With changes in the health and care model here and in the community, we can ensure capacity is available to meet the projected increased demand for elective care.

<p>A more complex population</p> <p>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>Integration</p> <p>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</p> <p>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</p> <p>Expectations and needs of our staff are changing, reflecting generational shifts and the impact of Covid-19 on their wellbeing. What we need from our staff is also changing</p>
<p>Environmental impact</p> <p>Driving new ways to provide services which reduce their impact on our environment</p>	<p>Digital innovation</p> <p>Building on the learning from Covid-19, offering new ways to provide services, share information and communicate with patients and families</p>
<p>Advances in clinical care</p> <p>Technological, pharmaceutical and therapeutic developments will change how we will deliver services and the workforce we need</p>	<p>Resilience</p> <p>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</p> <p>With particular pressure points in some specialties and professions</p>	<p>Focus on keeping people well</p> <p>Expectation that all providers of care will play a part in preventing ill health and upstreaming</p>
<p>Value for money</p> <p>In health, social care and public health</p>	<p>Mental health & vulnerable people</p> <p>Parity and integration with physical health, for service planning and delivery.</p>
<p>Health inequalities</p> <p>Covid-19 has been part of everyone's life since March 2020 however there has been a disparity in its impact for some members of our community. We need to work collaboratively with our partners to tackle health inequalities.</p>	<p>Impact of Covid-19</p> <p>The pandemic has allowed us to work differently, adopt new technology and deliver new treatments. We have an ongoing responsibility to protect our staff, patients and community and to continue to deliver services safely.</p>





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

Our patients tell us our biggest challenges are:

- **Communication** – including reaching us on the phone, discharge information, waiting times, results etc.
- **Coordination of care** - having to retell their story more than once
- **Visiting** the RUH – particularly for those with complex needs



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

We know that:

- **Sustainable and safe staffing** – we are consistently running our services with staff shortages and high vacancies
- **Health and wellbeing** – our staff are exhausted with a fifth to a quarter of absence related to stress and anxiety
- **Recognition** – our staff don't always feel they receive it



Quality improvement and innovation each and every day.

Quality is at the heart of our clinical strategy and

we recognise the importance of delivering care that is both high quality and safe. Our key quality focus is:

- Reducing avoidable harm** through:
- Infection prevention and control
 - Falls reduction
 - Medicines safety



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

Our emergency, cancer and elective access standards are under

significant pressure. Particularly:

- **Impact of Covid-19** – elective, diagnostic and cancer waiting times
- **Inpatient capacity** – insufficient inpatient capacity for non-elective
- **Non-criteria to reside** – patients are stuck in hospital who would be better cared for in the community



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

We must work to become a financially and environmentally

sustainable organisation through:

- **Carbon footprint** – we are not reducing at the rate we need to meet current net zero targets
- **Underlying deficit** – increased run rates and significant increase in agency spend
- **Productivity** – reduced productivity since Covid-19

Case for change

Delivering our True North Goals

Since 2018, the Trust has been working to deliver five True North Goals.

We have seen significant improvements across the five domains; our clinical strategy will support us to continue to strive for excellence in all areas and will drive us forward in achieving our goals.

BSW model of care

Working together to empower people to lead their best life
Starting well → Living well → Ageing well



Five parts to the model:

1. Personalised care

- We want health and care to be right for every individual – not “one size fits all”

2. Healthier communities

- We want people to live in communities that help them to live healthier lives

3. Joined-up local teams

- People from the NHS, local authority, third sector and other partners will form teams together and we will have the right teams in your area

4. Local specialist services

- We will provide more access to routine appointments, tests and treatments closer to where you live

5. Specialist centres

- Our specialist centres like hospitals will focus less on routine care and more on specialist health and care

Our 'hospital of the future' vision

“Delivering outstanding healthcare with prevention and intervention at the heart of what we do, working together to help our communities enjoy healthier lives”



Eight core ambitions were identified and form the golden threads of our strategy:



1. Health maintenance and illness prevention: we will improve the health and wellbeing of our community through proactive, preventative care and early intervention



2. Accessible, personalised and responsive care: we will ensure care is delivered at the right time, in the right place, proving exceptional patient experience at every stage



3. Joined up, co-ordinated care: we will work towards full integration across the system to deliver patient-centred, streamlined pathways



4. Care close to home: we will support local services, with more specialists working in the community instead of in hospital. Patients will only be in hospital if this adds value to their care



5. Control for patients over their own health: we will be 'digital by default' and harness new technologies to support and empower people to look after their own care



6. Targeted interventions to address health inequalities: we will use population health data and research to target interventions and focus on the specific needs of our community



7. Highly skilled workforce: we will invest in and empower our people and their wellbeing, supporting them to reach their full potential, working and learning together with system colleagues



8. Continuous improvement to deliver high quality care: we will use research, innovation and continuous improvement to enhance and improve clinical practice and our estate



Clinical work streams

Our clinical strategy and model is described through the lens of seven clinical work streams.

Two RUH clinical leads led on each work stream, engaging with staff, patients and system partners to develop the vision, clinical model and ambitions.

- 1. Unplanned and emergency care**
- 2. Planned care**
- 3. Complex needs**
- 4. Long term conditions**
- 5. Women and children**
- 6. Critical care**
- 7. Diagnostics**



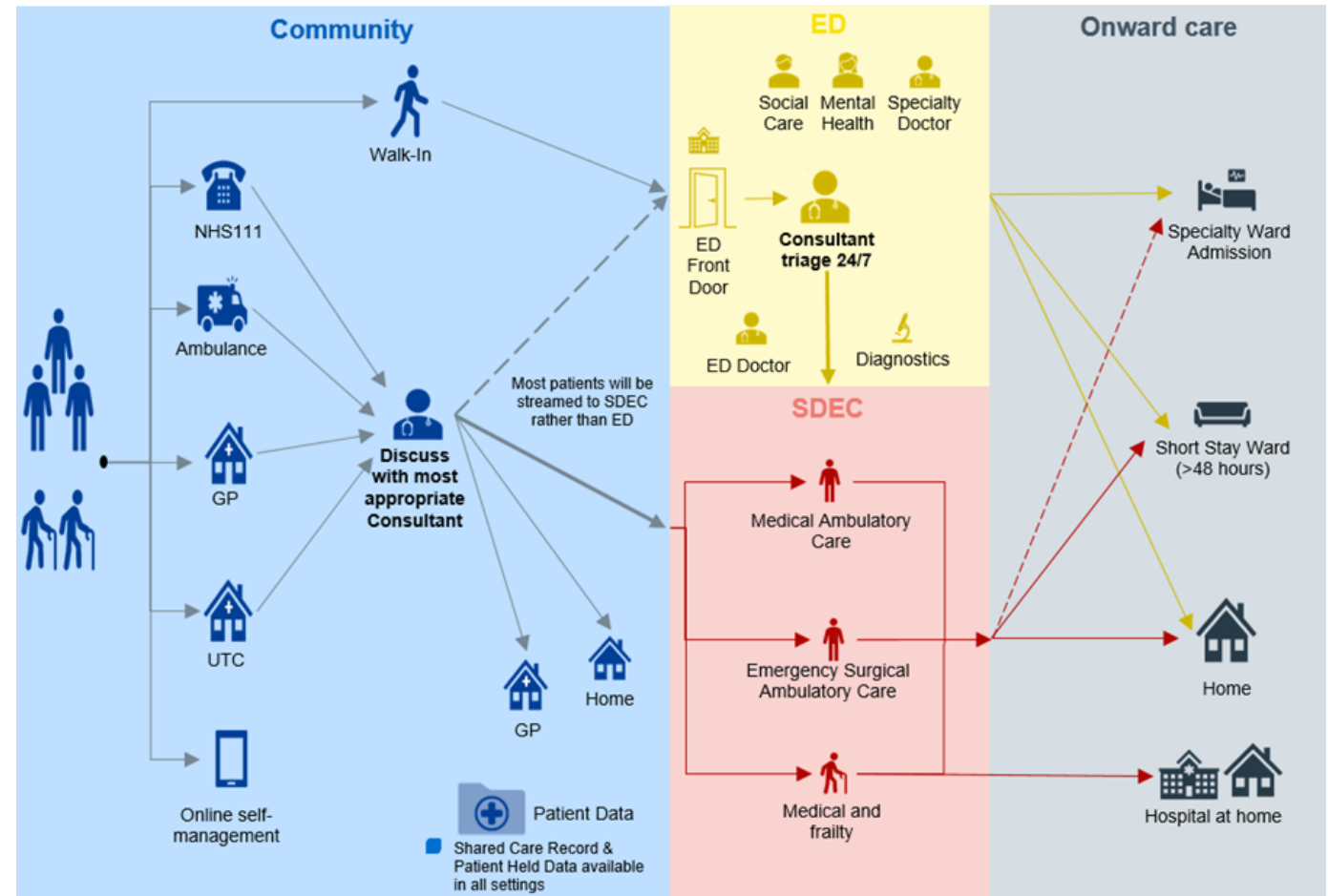
1. Unplanned and emergency care

Key ambitions:

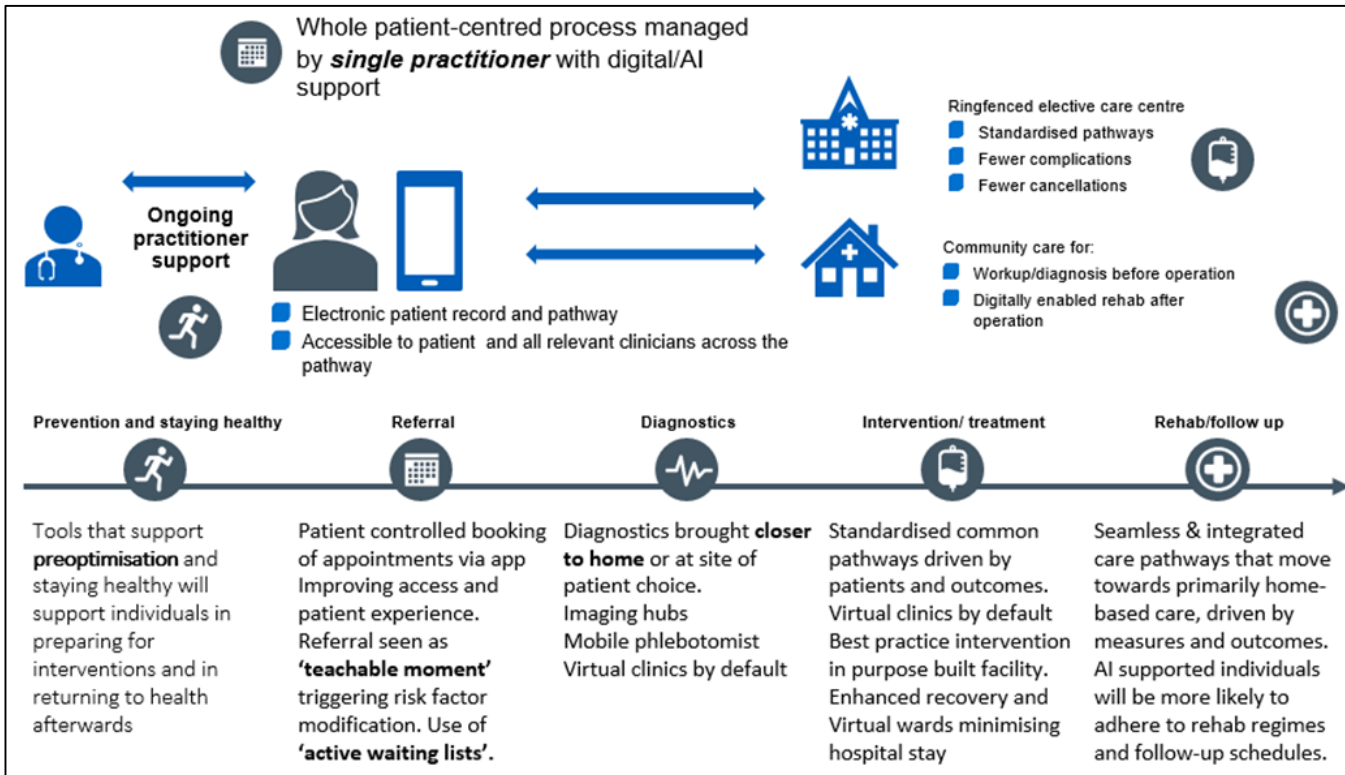
- Patients will see or speak to senior clinicians to support **earlier decision making** in their journey
- Patients will have access to the **right care, close to the front door**, including 24/7 diagnostics and mental health support
- We will move towards **24/7** ambulatory and speciality front door services
- Patients will be **admitted less** and wait less. We will increase our advice and guidance offering, acute assessment and short stay facilities.
- We will work with our system partners to manage demand and **provide alternatives**
- We will grow and develop services such as 'hospital at home', virtual clinics and ambulatory clinics **closer to home**
- **Digital platforms** will allow greater partnership working between the hospital, paramedics, 111 and GPs



Care close to home: we will support local services, with more specialists working in the community instead of in hospital. Patients will only be in hospital if this adds value to their care



2. Planned care



Key ambitions:

- We will develop **active waiting lists** ensuring patients can optimise their health while waiting for treatment
- Surgical interventions will utilise best practice techniques such as **robotic surgery** and we will promote introduction of **risk reduction pathways** such as 'iCough' respiratory complication and 'Precision' infection reduction pathways
- Elective care beds will be **'ring-fenced'**. Procedures will be performed as **day-case** where possible and when appropriate, in outpatient settings
- We will **minimise inpatient stay** utilising perioperative pathways including pre-optimisation, enhanced recovery programs and **'Hospital @ Home'**
- We will work with GP partners to **redesign referral pathways** and learn from their expertise with a 'left-shift' of care towards primary care and pathway standardisation
- We will rapidly increase **advice and guidance**, preventing referrals into secondary care if patients can be better managed in the community
- Patients will be led through their treatment by a **Pathway Navigator**. This role will be supported by a rich 'pathway library' and, in time, artificial intelligence

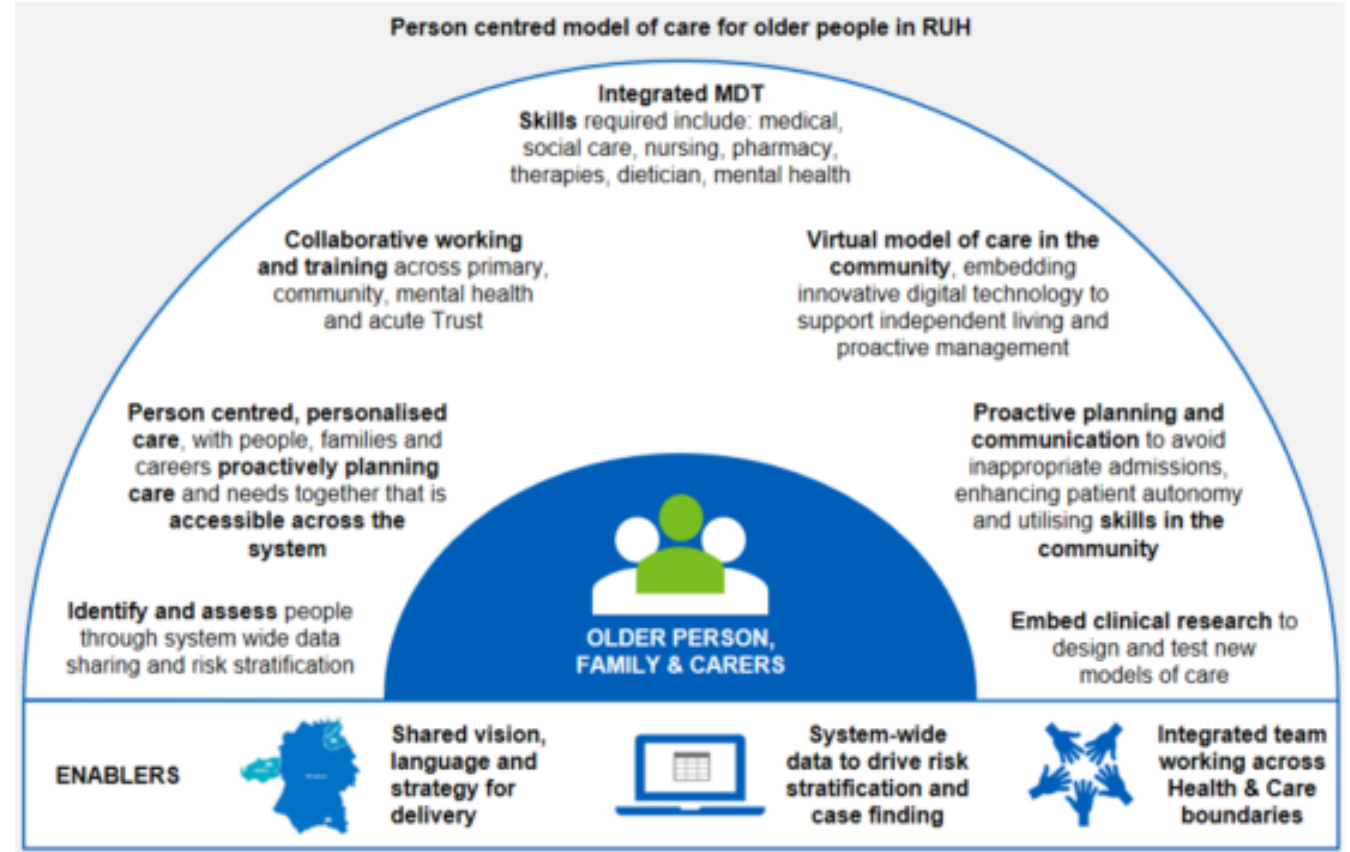


Health maintenance and illness prevention: we will improve the health and wellbeing of our community through proactive, preventative care and early intervention

3. Complex needs

Key ambitions:

- When patients with complex needs arrive at ED, relevant speciality teams will be notified automatically. Patients are rapidly treated in the **right location on the right pathway**
- Expert assessment will aim for patients to **return home early**, with communication to community providers; reassurance to all parties that information and plans are shared. We will continue to develop:
 - Hospital at home
 - Specialist frailty surgical support
 - Stroke with early supported discharge teams
- We will identify and support older people in our communities using **innovative technology**, working as a system to check in and **proactively** intervene, avoiding crisis incidents
- Patients will have a holistic assessment as near to them as possible with a local delivery plan, made possible through **information sharing**



Accessible, personalised and responsive care: we will ensure care is delivered at the right time, in the right place, proving exceptional patient experience at every stage

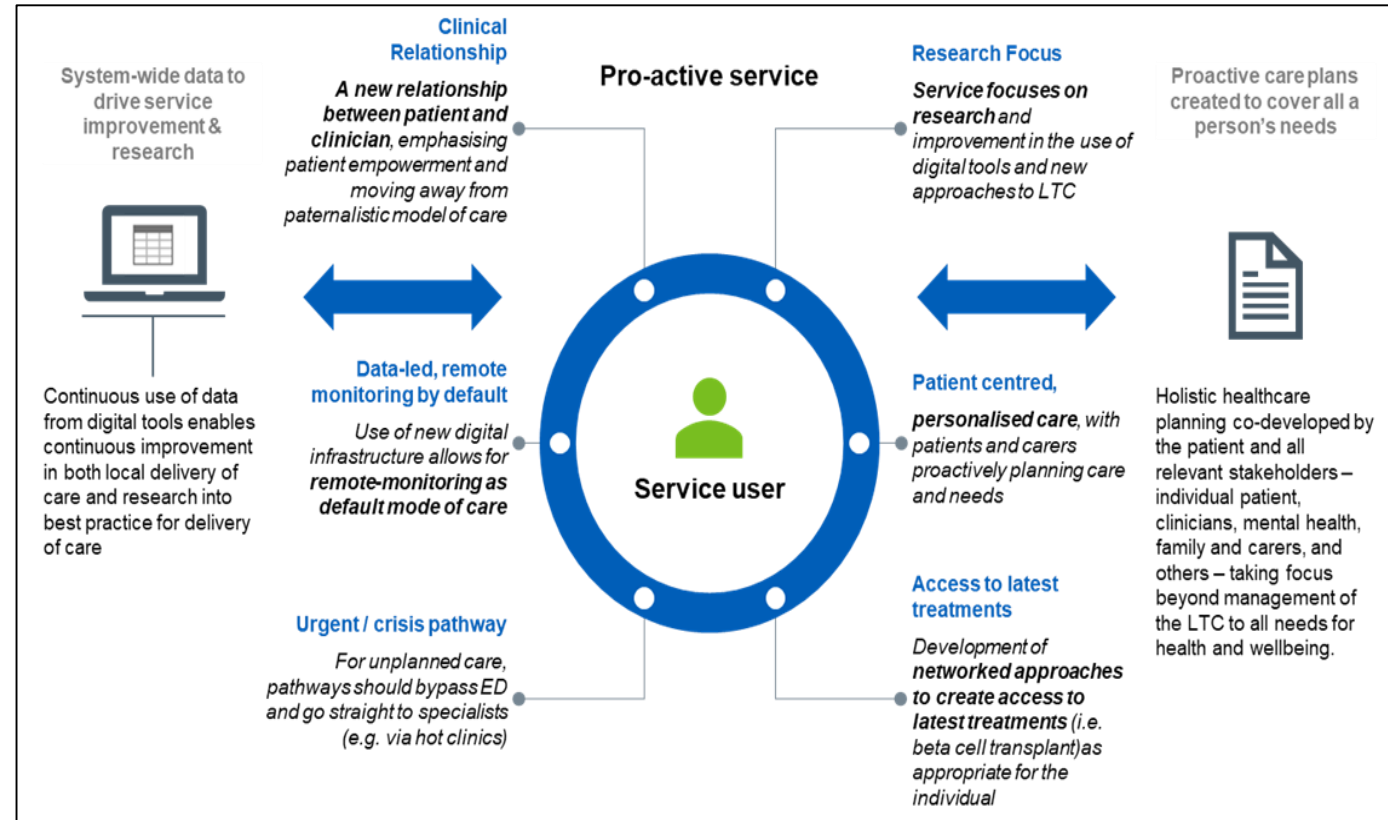
4. Long term conditions

Key ambitions:

- There will be a culture of **shared care** between patients and clinicians, with a focus on **self-management** with the back up from an easily accessible and supportive care team
- Care will be in **multi-disciplinary teams** from across the system including pharmacists, AHPs, psychologists, social care and the voluntary sector to provide a **holistic approach**
- Clinics will be designed to monitor patient data remotely and target intervention prior to a crisis – **‘predictonomics’**. This will act as a safety net if a patient hasn’t already escalated for support.
- Interactions with patients will be **shorter** and **repeated** using text, email or via an app, instead of traditional ‘appointments’. This will be two-way so that patients can access a specialist
- **Remote monitoring** and **risk stratification** will be used to direct clinical resources to people with long term conditions who need it most



5. Control for patients over their own health: we will be ‘digital by default’ and harness new technologies to support and empower people to look after their own care



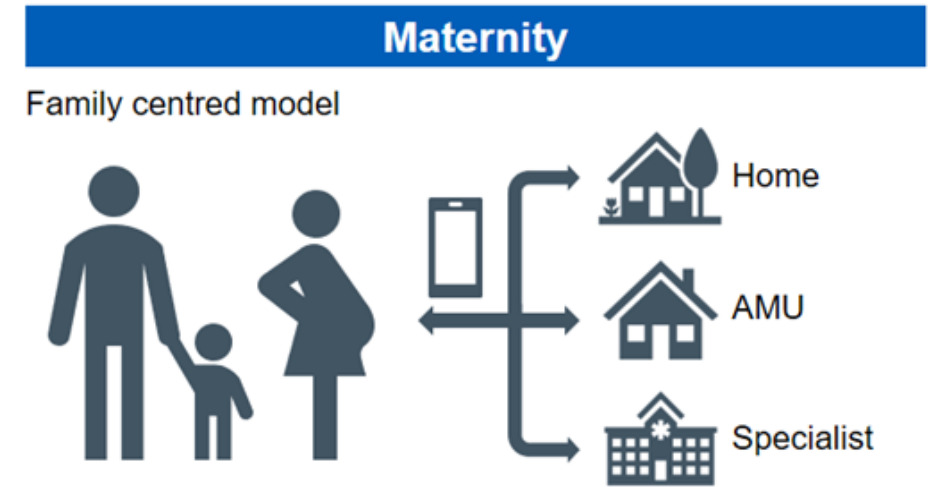
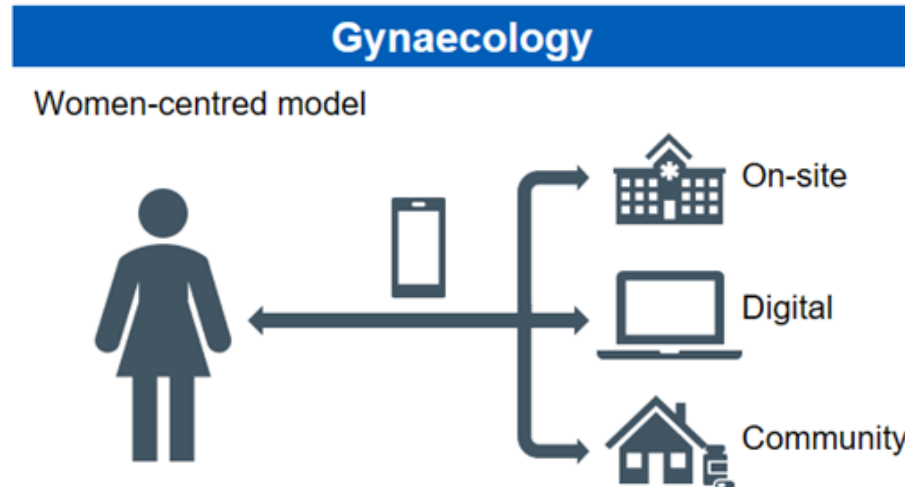
5a. Women's services

Key ambitions:

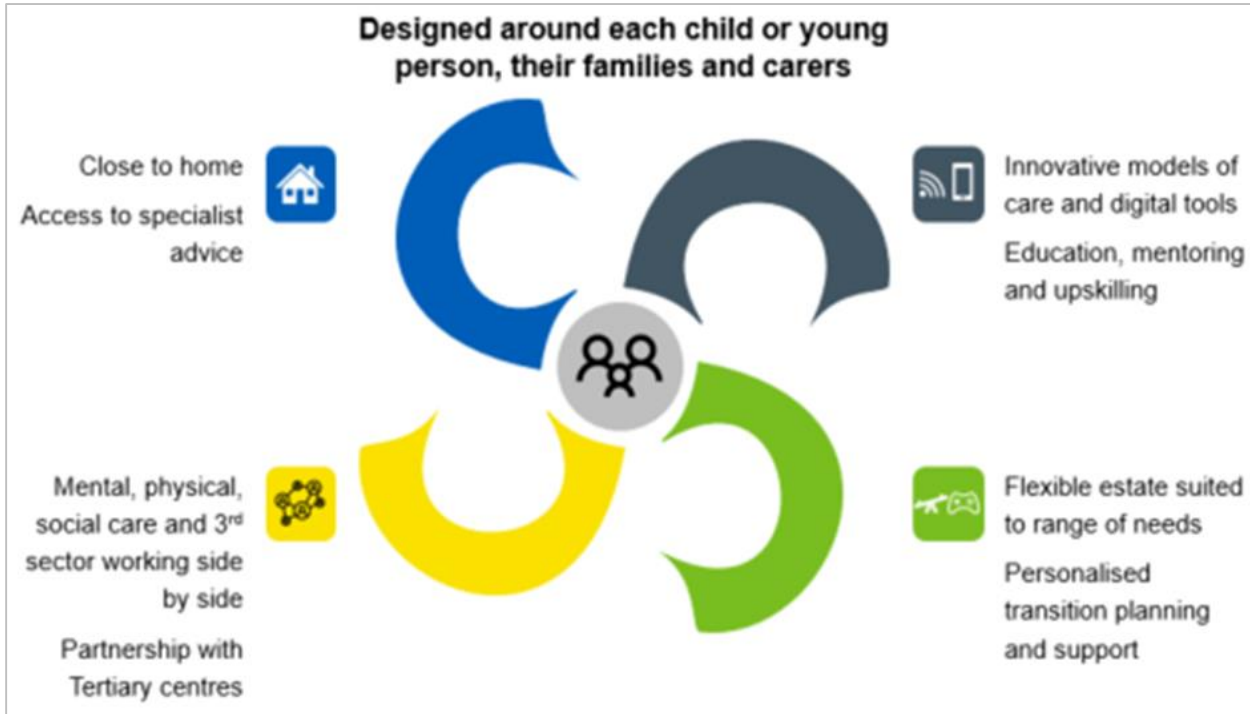
- We will pay attention to the **specific needs** of the individual woman to support their journey and help them thrive
- We will continue to develop plans for the **Alongside Midwifery Unit (AMU)** to increase choice in place of birth for low-risk birthing people and free up capacity for high-risk birthing people in the obstetric unit
- We will increase **nurse delivered** services and **outpatient treatment clinics**
- We will explore expanding **advice and guidance** to paramedics to reduce admissions to gynaecology
- Pathways will be integrated with **mental health** care, working with partners at AWP to provide timely input for women
- We will expand our **specialist midwife** roles including our inclusion midwife to address health inequalities



Accessible, personalised and responsive care: we will ensure care is delivered at the right time, in the right place, providing exceptional patient experience at every stage



5b. Children's services



Key ambitions:

- We will work towards an **estate fit for purpose**, with an enlarged paediatric assessment unit (PAU) containing an ambulatory area and trolley area, dedicated space for teenagers, high dependency patients, infusions and chemotherapy
- Care will be delivered be **closer to home** where possible, building on the oncology model.
- We will increase **mental health** support with youth workers and support outreach staff
- We will ensure **equity of access** to teenager and young adult services who will benefit from **integrated paediatric and adult care** building on good practice in diabetes
- We will emphasise **group based consultations** and treatment where appropriate
- Work with BSW to **share resources** and reduce waiting lists for surgical procedures
- Virtual **multidisciplinary team** consultations will be held with GPs and paediatricians, reducing referrals and providing learning opportunities



Joined up, co-ordinated care: we will work towards full integration across the system to deliver patient-centred, streamlined pathways

6. Critical care

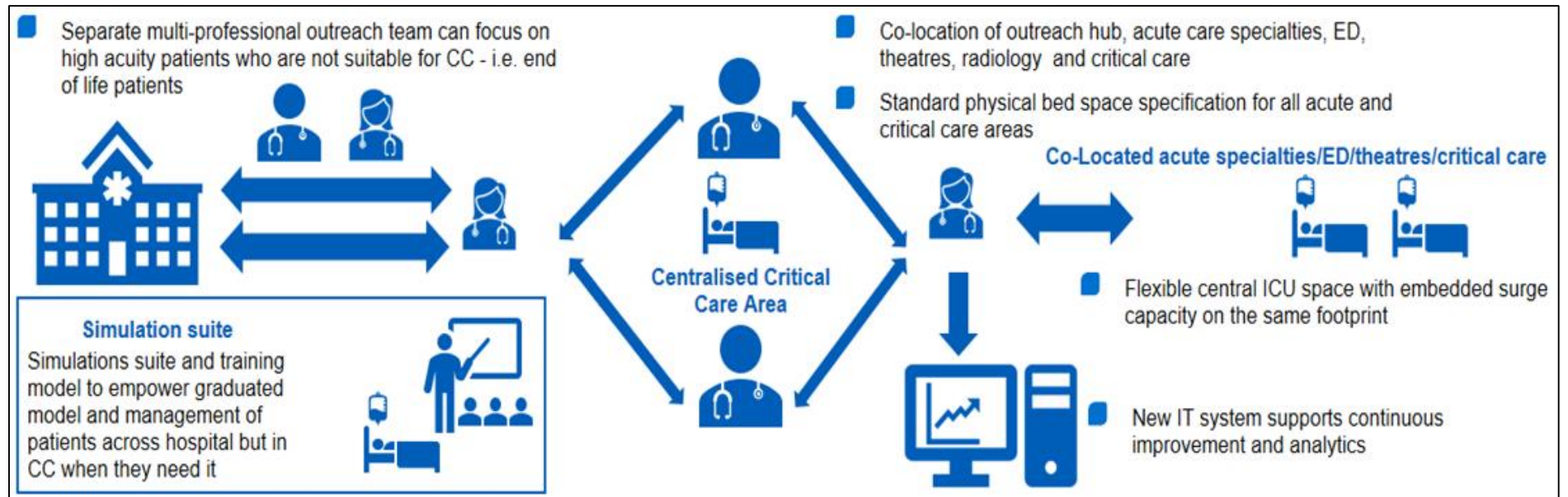
Key ambitions:

- **Early identification** of the need for critical care - facilitated through **digital integration** and **remote monitoring**
- **Focus on recovery** – with appropriate environment and access to outdoor rehab space and on-going support on discharge from ICU
- A **new build central ICU hub** will allow for integrated digital monitoring of all high acuity patients

- **Speciality specific high acuity areas** will provide flexibility and appropriate step-down, with appropriate co-location e.g. respiratory and cardiac and **outreach teams** will focus on high-acuity patients
- **Integration** will allow seamless and exemplary care from presentation and pre-hospital, through emergency and acute care to escalation, referral and admission to critical care.
- **Co-located education and simulation facilities** to foster continuous professional development



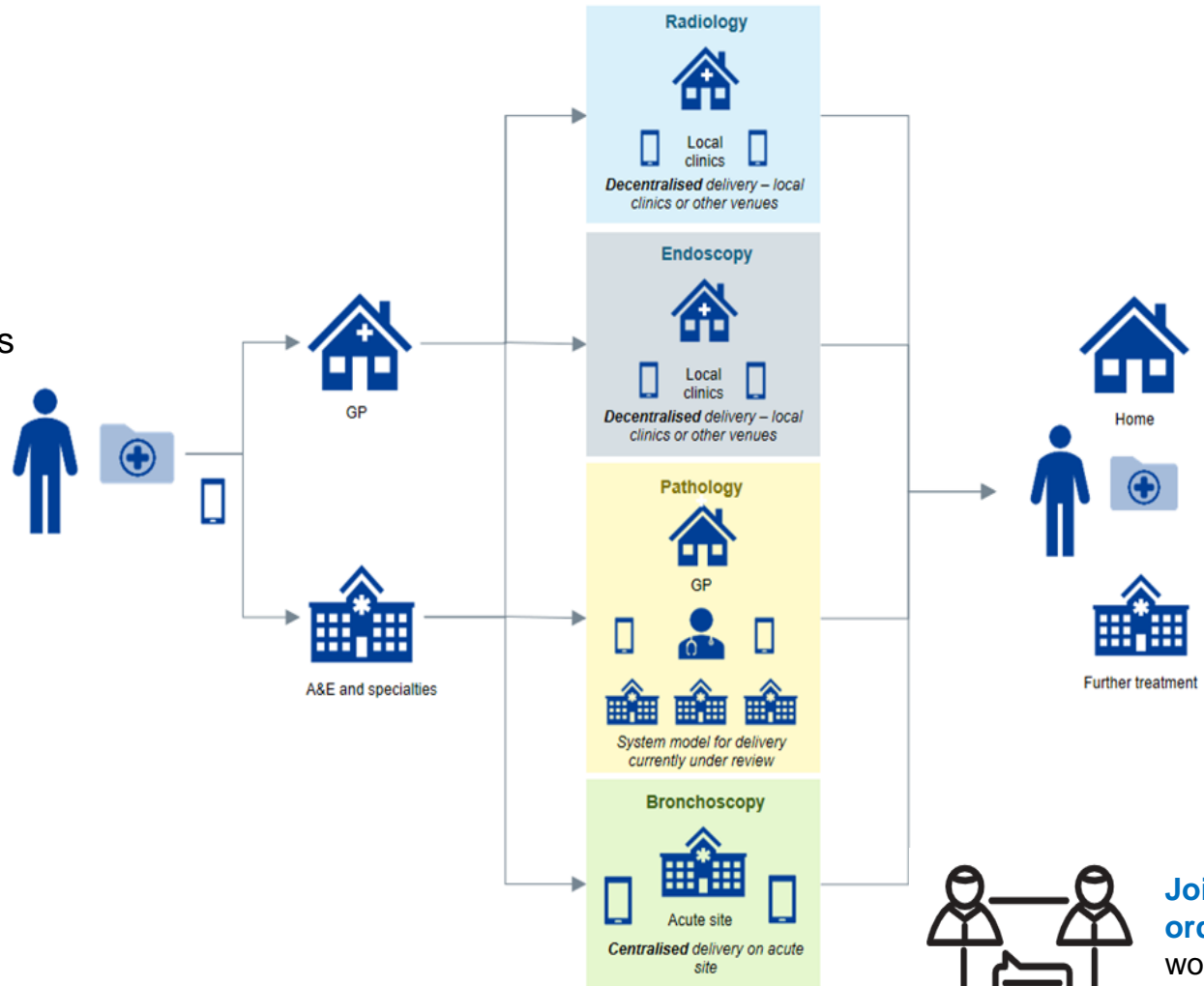
Joined up, co-ordinated care: we will work towards full integration across the system to deliver patient-centred, streamlined pathways



7. Diagnostics

Key ambitions:

- Patients will have the **right test at the right time** with early access to diagnostics and **fewer visits**
- Varying degrees of centralisation will be present across each of the diagnostic services with **community diagnostic hubs and local clinics** improving access and providing patient choice
- Patient records will be **integrated** and available between sites. **Results** will be accurate and delivered electronically in a timely manner
- We will implement **straight to test pathways** for cancer patients, helping achieve timely diagnoses and reducing unnecessary hospital visits
- We will be early evaluators of **new technologies** and maximise the benefits of **artificial intelligence**
- We will continue to build **diagnostic networks** supported by regional teams to **standardise pathways**, grow our **workforce** and **digitise**

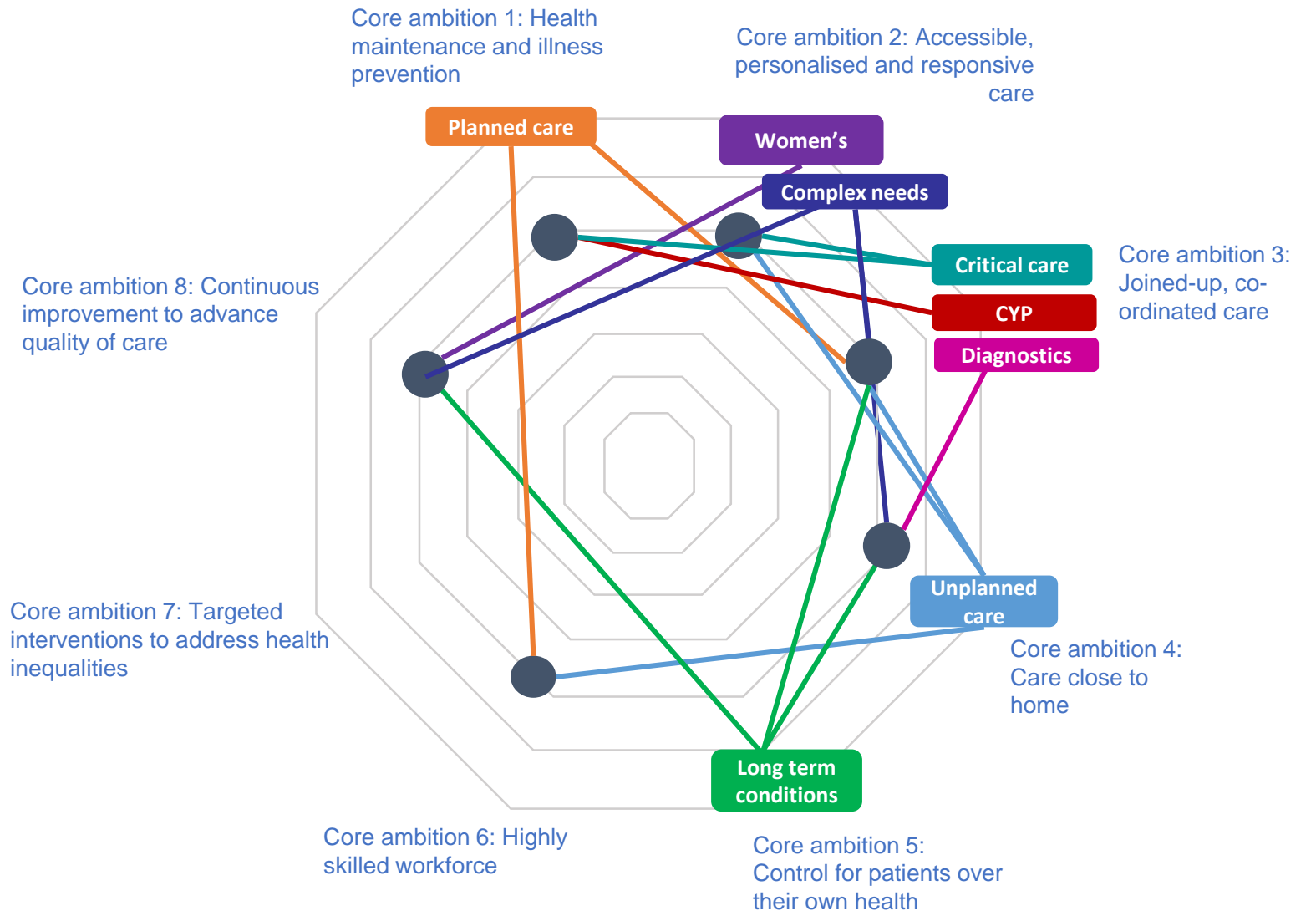


Joined up, co-ordinated care: we will work towards full integration across the system to deliver patient-centred, streamlined pathways

Mapping our priorities

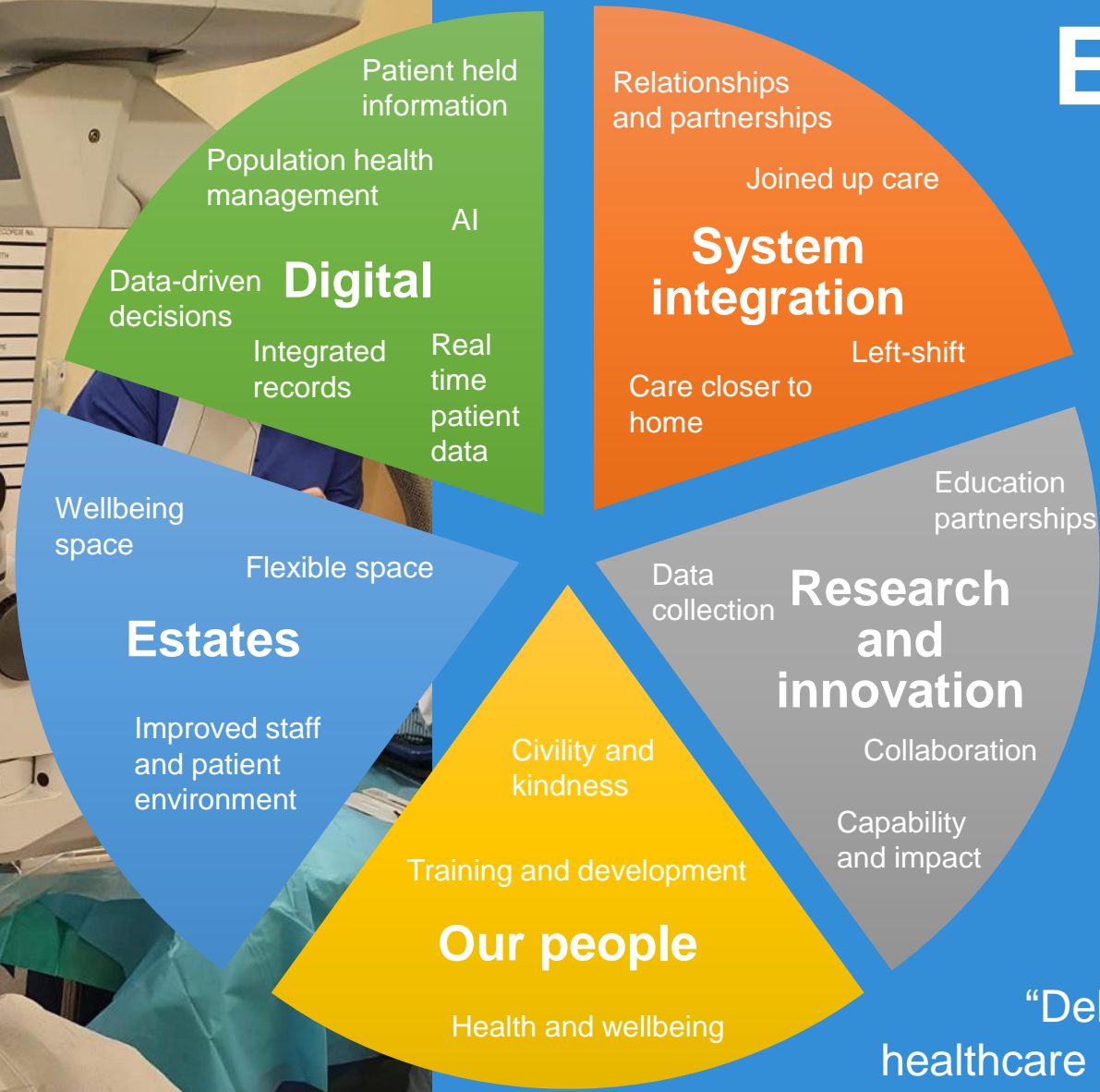
We have mapped the priorities for each work stream to our core ambitions to understand the key driver for each area, along with the second and third most mentioned theme (●)

Core ambition 6, 7 and 8 although not key drivers for a specific workstream are threaded throughout our strategy as golden threads





Enablers



We know that we can't deliver our strategy in isolation.

Our digital, estates, people and research strategies are essential in developing the systems, environment, people and innovation that we require to reach our vision.

“Delivering **outstanding** healthcare with **prevention** and **intervention** at the heart of what we do, working together to help our communities enjoy **healthier lives**”

From strategy to action

The publication of our strategy is just the start of our journey to deliver clinical transformation.

Our strategy will help us to make decisions about the future shape and configuration of our services and our ambitions will drive what we prioritise.

Together with support from divisional and clinical teams we will develop a transformation plan to underpin our next steps.

Everyone
Matters
Working
Together
Making a
Difference

