

Notice of Meeting

Health Scrutiny Committee

Monday 23rd May 2022 at 11.00am
in Council Chamber Council Offices
Market Street Newbury

This meeting can be streamed live here:

<https://westberks.gov.uk/hsclive>

Date of despatch of Agenda: Thursday 12 May 2022

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix on 07500 679060

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Further information and Minutes are also available on the Council's website at

www.westberks.gov.uk



Agenda - Health Scrutiny Committee to be held on Monday, 23 May 2022 (continued)

To: Councillors Claire Rowles (Chairman), Alan Macro (Vice-Chairman), Jeff Beck, Tony Linden, Andy Moore and Alan Law

Substitutes: Councillors Jeff Brooks, Gareth Hurley, Erik Pattenden and Andrew Williamson

Agenda

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1	Apologies Purpose: To receive apologies for inability to attend the meeting (if any)	1 - 2
2	Declarations of Interest Purpose: To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct .	3 - 4
3	Royal Berkshire Hospital Redevelopment To provide an update on the status and activities of the redevelopment programme and the creation of a JHOSC.	5 - 8
4	Motion regarding Royal Berkshire Hospital Redevelopment To consider the motion raised at Council on 17 March 2022	9 - 22
5	Royal Berkshire Foundation Trust Strategy Refresh To provide an update on the refresh of the Trust Strategy	23 - 66

Sarah Clarke
Service Director (Strategy and Governance)

If you require this information in a different format or translation, please contact Stephen Chard on telephone (01635) 519462.

Health Scrutiny Committee – 23 May 2022

Item 1 – Apologies

Verbal Item

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Health Scrutiny Committee – 23 May 2022

Item 3 – Declarations of Interest

Verbal Item

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Building Berkshire Together – New Hospital Programme



Update for Overview & Scrutiny Committee, West Berkshire Council
Alison Foster, Programme Director
May 2022

1. Introduction

- 1.1 The Royal Berkshire Foundation Trust (RBFT) is one of 48 Trusts on the Hospital Infrastructure Programme (HIP) 2 which is now called the New Hospital Programme (NHP). We have been placed on cohort 4 which means we are scheduled for construction between 2025-2030.
- 1.2 There is a 3 stage process to secure funding for the new development, in line with the HM Treasury Green Book for Business Cases.
 - (a) The Strategic Outline Case (SOC) which makes the case for change and was submitted on 21st December 2020. The SOC proposed taking 3 options forward. Options 4 and 5 are redevelopment on site and option 6 is a new build off site. Land being explored include Thames Valley Science Park and Green Park but the OBC process may explore further options. This has yet to be formally reviewed by the New Hospital Programme Team.
 - (b) The Outline Business Case (OBC) stage which explores in depth the case for a number of options and works with stakeholders to agree a preferred option which demonstrates value for money for the population. We are awaiting approval and funding from the New Hospital Programme Team to proceed to this next stage. There has been a delay to progress for all sites in cohort 4 while the New Hospital Programme support issues rising in earlier cohorts and establish stronger benefits of a national programme through centralised processes.
 - (c) The Full Business Case (FBC) which goes out to procure the resources required to build the new development once the Outline Business Case has been approved.

2. Enabling work

3.1 Work is progressing on key areas of dependencies, such

- 3.1.1 Updating our Clinical Services Strategy since the pandemic
- 3.1.2 Developing innovative digital strategies to support our new Clinical Services Strategy
- 3.1.3 Recruiting patient, community and staff leader(s) to work in partnership with programme clinical and operational leadership.
- 3.1.4 Publishing our Green Plan in February 2022 and working with the University of Reading to achieve an updated ambitious target of Net Zero Carbon in scope 1&2 by 2030.
- 3.1.5 Development of options within a reduced funding envelop, as requested by the New Hospital Programme.
- 3.1.6 Space optimisation
 - 3.1.6.1 The development of the Harborne building at the University of Reading. The Trust has leased this building to provide additional off site pathology space and administration space. This will facilitate enabling decanting and moving staff from buildings which are not fit for purpose.
 - 3.1.6.2 Application of hybrid working, refurbishment, virtual clinical support and increased use of our satellite sites.

3. Communications and Engagement

4.1 We have been

- 4.1.1 building a network of stakeholders interested in playing a role
- 4.1.2 holding open engagement events
- 4.1.3 developing a framework for co-production
- 4.1.4 engaging with Healthwatch
- 4.1.5 recruiting to a full time post to support this work
- 4.1.6 reporting progress to health and wellbeing boards

4. Next Steps

5.1 Operationalising the new Clinical Services Strategy

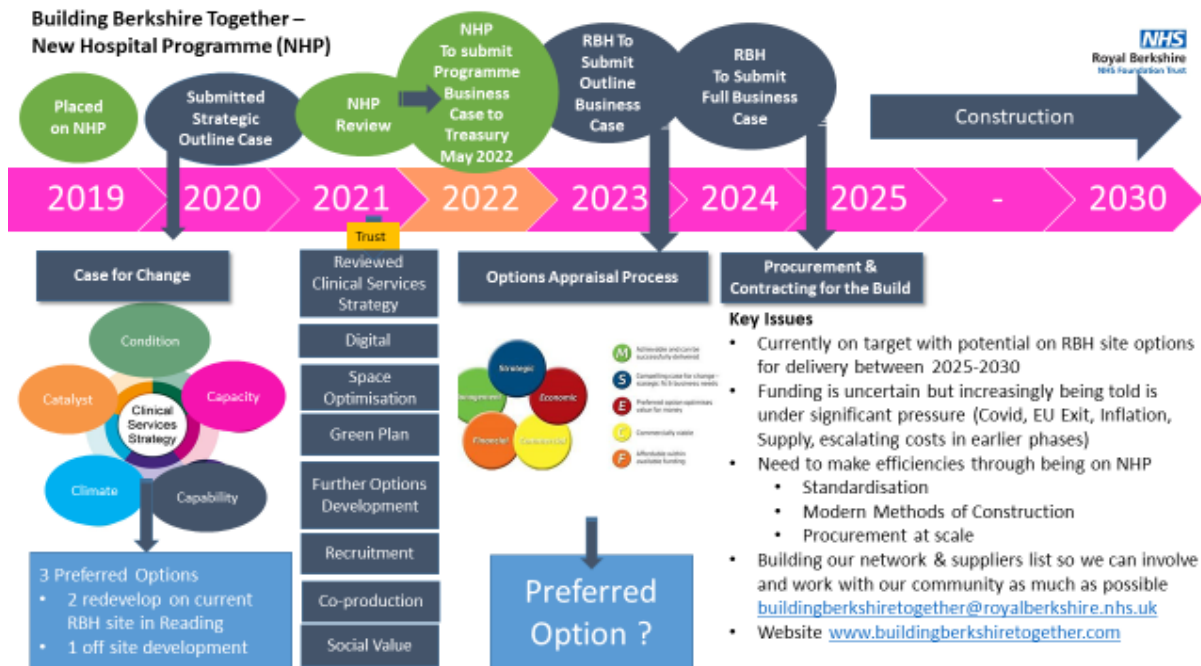
5.2 Gaining security on funding from the New Hospital Programme

5.3 Commencing the OBC process

5.4 Progressing enabling works outlined above

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Council Motion relating to the Redevelopment of the Royal Berkshire Hospital

Committee considering report:	Health Scrutiny Committee
Date of Committee:	23 May 2022
Portfolio Member:	Councillor Graham Bridgman
Date Portfolio Member agreed report:	10 May 2022
Report Author:	Gordon Oliver
Forward Plan Ref:	OSMC

1 Purpose of the Report

To consider the motion submitted in the name of Councillor Alan Macro at the Council meeting on 17 March 2022, namely:

“Council notes that:

- *The Royal Berkshire Hospital Foundation Trust has been consulting on various options to re-develop the hospital. Several options involve various levels of redevelopment of the existing site and one option the building of a new hospital on a new site.*
- *The existing site is very cramped and contains a mixture of new, old and very old buildings, some of which are pre-fabricated. Many have very poor insulation leading to uncomfortable conditions for patients in hot or cold weather and also to poor energy efficiency.*
- *Re-development of the existing site is difficult because of its cramped and dense layout.*
- *It is very difficult for residents of some parts of West Berkshire to reach the hospital using public transport.*
- *Car parking in and around the hospital is restricted and expensive.*
- *It can be time consuming to travel to the hospital by any means, including ambulance, at peak times.*

Council therefore resolves that its preferred option is the building of a new hospital on a new site.”

2 Recommendation

It is recommended that:

- (a) The motion is rejected on the basis that, where a responsible person consults more than one local authority, those local authorities have a statutory duty under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to appoint a joint overview and scrutiny committee for the purposes of the consultation, and only that joint overview and scrutiny committee (JHOSC) may (so far as those local authorities are concerned):

- make comments on the proposal consulted on;
- require the provision of information about the proposal; or
- require a member or employee of a responsible person to attend before it to answer questions in connection with the consultation.

(The redevelopment of the Royal Berkshire Hospital would affect patient flows from several different local authorities and so the above duty would apply.)

- (b) The Royal Berkshire Hospital NHS Foundation Trust be asked to provide patient flow data to identify which local authorities are likely to be affected by the development proposal. This data would inform the composition of the JHOSC which may be different to the JHOSC that has been set up to scrutinise the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
- (c) Monitoring Officers of the affected local authorities be asked to start putting arrangements in place in preparation for when a JHOSC is required.
- (d) The Royal Berkshire NHS Foundation Trust be encouraged to call for a JHOSC to be set up sooner rather than later to allow local authority Scrutiny Members to have an input to the development of the Outline Business Case and selection of the Preferred Option for the development of the new hospital.

3 Implications and Impact Assessment

Implication	Commentary
Financial:	There are no financial implications arising from this report.
Human Resource:	There are no HR implications arising from this report.
Legal:	The recommendation is consistent with relevant legislation including The Health and Care Act 2012 and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

Council Motion relating to the Redevelopment of the Royal Berkshire Hospital

Risk Management:	Implementing the report's recommendation would minimise the risk of legal challenge.			
Property:	There are no Property implications arising from this report.			
Policy:	The recommendation is consistent with the approach of cross-boundary working on health and wellbeing issues as set out in the Berkshire West Health and Wellbeing Strategy 2021-2030			
	Positive	Neutral	Negative	Commentary
Equalities Impact:				
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		There are no equality impacts arising directly from this report.
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		There are no impacts for people with protected characteristics arising directly from this report.
Environmental Impact:		X		There are no environmental impacts arising directly from this report.
Health Impact:	X			The recommendation will ensure that the health and wellbeing needs of all patients of the Royal Berkshire Hospital are considered.
ICT Impact:		X		There are no ICT impacts arising directly from this report.

Council Motion relating to the Redevelopment of the Royal Berkshire Hospital

Digital Services Impact:		X		There are no Digital Services impacts arising directly from this report.
Council Strategy Priorities:	X			The recommendation will support the priority 'Support everyone to reach their full potential' and in particular 'Improve the health and wellbeing of our residents'.
Core Business:	X			The recommendation supports the following core business areas: <ul style="list-style-type: none"> • Ensuring the wellbeing of older people and vulnerable adults
Data Impact:		X		Not applicable
Consultation and Engagement:				

4 Supporting Information

Introduction

- 4.1 On 17 March 2022, Councillor Alan Macro tabled a motion to Council, which highlighted that the Royal Berkshire Hospital Trust had consulted on various options to re-develop its main hospital site. Options set out in the Strategic Outline Business Case included various levels of redevelopment of the existing hospital site in central Reading, with the final option being the building of a new hospital on a new site.
- 4.2 Councillor Macro highlighted a number of weaknesses with the existing hospital, including: the cramped nature of the site; a mix of older and prefabricated buildings with poor insulation; a lack of parking; difficulties residents face when travelling to the hospital; and challenges facing ambulances in getting to the site due to traffic conditions. The motion proposed that Council should resolve that its preferred option is the building of a new hospital on a new site.

Background

- 4.3 The Department of Health & Social Care set out in its Health Infrastructure Plan (HIP), funding for 40 new hospital building projects over the next 10 years. The Royal Berkshire NHS Foundation Trust was chosen as one of the NHS Trusts to receive seed funding to prepare a Strategic Outline Case for the future development of a new hospital. This could be a completely new hospital, or a combination of new building and refurbishment. It could be on the present hospital site in Reading or on a new site elsewhere.

- 4.4 The Strategic Outline Business case identified four options as main redevelopment possibilities along with two further scenarios – the so-called ‘Do Nothing’ and ‘Do Minimum’ options – which were included simply as baseline options against which the other options could be compared. Three of the four core options involved various levels of redevelopment of the existing hospital site, while the final option involved building a completely new hospital on a greenfield site, which has not yet been identified.
- 4.5 The Trust is now seeking permission from the Department of Health and Social Care, and HM Treasury, to proceed to conduct further work on three options – two of which would involve redevelopment of the existing site and the new-build option on a Greenfield site. This will involve development of a more detailed Outline Business Case.
- 4.6 It is understood that the HIP programme is currently on hold pending the outcome of discussions between the NHS and the Treasury over funding. However, the Trust is continuing with its programme of public engagement pending an announcement from Government.

Legislation

- 4.7 The role of the Health Scrutiny Committee (HSC) is to undertake scrutiny of the planning, development and operation of Public Health and NHS services for citizens of West Berkshire, in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 4.8 Its functions include considering and responding to consultations by relevant NHS bodies or health service providers, on proposals that both parties agree constitute a substantial development or substantial variation in the provision of health services for citizens of West Berkshire.
- 4.9 The legislation stipulates that where a ‘responsible person’ (i.e. a body involved in the commissioning or provision of health services) consults more than one local authority, those local authorities have a statutory duty to appoint a joint overview and scrutiny committee (JHOSC) for the purposes of the consultation, and only that JHOSC may (so far as those local authorities are concerned):
 - (a) make comments on the proposal consulted on;
 - (b) require the provision of information about the proposal; or
 - (c) require a member or employee of a responsible person to attend before it to answer questions in connection with the consultation.
- 4.10 The redevelopment of the Royal Berkshire Hospital would affect patient flows from several different local authorities and so the above duty would apply. However, the point at which this would be triggered is open to interpretation. Some health bodies will call for a JHOSC to be set up at the outset, while others will only trigger the process once a preferred option has been developed. The former scenario is preferable for local authorities, since they have the opportunity to be involved in developing the options and shaping the consultation process rather than being presented with a fait accompli where there is little scope to influence the final proposal.

Proposals

4.11 It is proposed that the motion as put by Councillor Macro be rejected on the basis that legislation requires the matter to be considered by a JHOSC.

4.12 It is also proposed that:

- The Royal Berkshire Hospital NHS Foundation Trust be asked to provide patient flow data to identify which local authorities are likely to be affected by the development proposal.
- Monitoring Officers of the affected local authorities be asked to start putting arrangements in place in preparation for when a JHOSC is required.
- The Royal Berkshire NHS Foundation Trust be encouraged to call for a JHOSC to be set up sooner rather than later to allow local authority Scrutiny Members to have an input to the development of the Outline Business Case and selection of the Preferred Option for the development of the new hospital.

5 Other options considered

The Council could opt to do nothing at this stage and to wait for the Royal Berkshire NHS Foundation Trust to call for a JHOSC. However, this could result in a significant delay while the various local authorities make arrangements to delegate scrutiny powers on this matter to a new JHOSC and allocate Members to the committee. Also, there is a risk that local authorities would only be consulted once a preferred option had been identified.

6 Conclusion

The proposals set out in this report would ensure that the legislative requirements are satisfied, while giving affected local authorities the chance to influence the preparation of the Outline Business Case for the redeveloped Royal Berkshire Hospitals and thus ensure that the needs of local communities are fully taken into account.

7 Appendices

Motion submitted to Council on 17 March 2022

Subject to Call-In:

Yes: No:

- The item is due to be referred to Council for final approval
- Delays in implementation could have serious financial implications for the Council
- Delays in implementation could compromise the Council's position
- Considered or reviewed by Overview and Scrutiny Management Committee or associated Task Groups within preceding six months
- Item is Urgent Key Decision
- Report is to note only

Wards affected: All wards

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Document Control

Document Ref:		Date Created:	
Version:		Date Modified:	
Author:			
Owning Service			

Change History

Version	Date	Description	Change ID
1			
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Motion submitted for debate at the Council meeting on 17 March 2022

The following Motion has been submitted in the name of Councillor Alan Macro:

Building of a new hospital

“Council notes that:

- *The Royal Berkshire Hospital Foundation Trust has been consulting on various options to re-develop the hospital. Several options involve various levels of redevelopment of the existing site and one option the building of a new hospital on a new site.*
- *The existing site is very cramped and contains a mixture of new, old and very old buildings, some of which are pre-fabricated. Many have very poor insulation leading to uncomfortable conditions for patients in hot or cold weather and also to poor energy efficiency.*
- *Re-development of the existing site is difficult because of its cramped and dense layout.*
- *It is very difficult for residents of some parts of West Berkshire to reach the hospital using public transport.*
- *Car parking in and around the hospital is restricted and expensive.*
- *It can be time consuming to travel to the hospital by any means, including ambulance, at peak times.*

Council therefore resolves that its preferred option is the building of a new hospital on a new site.”

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Context for the refresh

1

Reflect changing conditions at the local, regional and national level

2

Adapt language to capture insight from engagement with staff and stakeholders, ensuring our strategy continues to resonate with our community

3

Set the direction of travel towards the new hospital encompassing how we work and what services we provide, as well as the physical infrastructure

4

Increase the focus and clarity on the actions we will take to achieve our objectives and how we will monitor our progress

5

Simplify the message and enhance the look and feel to aid communication and understanding and to keep us ahead of the pack

6

Acknowledge and celebrate our successes to date and where we want to move on or course-correct

Our Trust strategy

Our vision: Working together to deliver outstanding care for our community

Our values: Compassionate, Aspirational, Resourceful, Excellent

Our strategic objectives:

<p>Provide the highest quality care for all</p> <p>Safety and quality for every patient is our top priority. We will continuously improve so that all our services are outstanding for every patient every day.</p>	<p>Invest in our staff and live out our values</p> <p>We will recruit, support, motivate and develop our people to become the best and most inclusive place to work in the NHS.</p>	<p>Deliver in partnership</p> <p>We will work with partners locally and regionally to bring care closer to home, provide a seamless service for patients and support improvements in wellness and prevention.</p>	<p>Cultivate innovation and improvement</p> <p>We will encourage the development and adoption of advancements in medical practice and technology to enhance outcomes and experiences for our patients and staff.</p>	<p>Achieve long-term sustainability</p> <p>Using resources efficiently and responsibly allows the Trust to invest in developing and improving services for patients, look after our environment and renew the infrastructure supporting our operations.</p>
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Our aims:

<ul style="list-style-type: none"> Enhance the patient experience Achieve optimal outcomes Minimise harm 	<ul style="list-style-type: none"> Recruit, retain and develop our people to their highest potential Foster an inclusive and supportive culture that connects all staff with our purpose and empowers them to live out our values every day Prepare our workforce for tomorrow 	<ul style="list-style-type: none"> Promote wellbeing and prevention Drive the development of integrated pathways of care Improve access to care for all patients 	<ul style="list-style-type: none"> Improve care through insights that inform clinical and operational decision-making Unlock new and better ways for our staff to deliver care and for our patients to co-manage their health Transform the user experience of digitally-enabled care for both patients and staff 	<ul style="list-style-type: none"> Live within our means Minimise our impact on the environment Upgrade our infrastructure in line with our ambitions
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Strategy in action: our new clinical services strategy

Our Principles

Position statements indicating the key levers we will pull to deliver our vision.

We will provide the highest quality care

- Ensure care is safe
- Deliver care effectively
- Cultivate a culture of excellence
- Achieve optimal outcomes

We will streamline our services to align with patient needs

- Organise services into three areas—prevention & management, planned interventions and emergency care
- In each area, establish patient pathways focused on efficiently delivering the optimal level of care
- Adapt our offering as the population's health needs evolve

We will promote wellbeing and adopt a posture of prevention

- Approach every encounter as an opportunity
- Tackle risk factors to prevent the onset of disease
- Support patients to live well with their conditions
- Progress population health management, tackle health inequalities and support mental health
- Promote rapid flow through our services and a bias away from admission
- Become environmentally sustainable

We will reach patients where it's best

- Develop a long-term plan for on-site care that makes the best use of space and brings care closer to home
- Develop virtual care & at-home care
- Invest in digital solutions and digital education

Our Enablers

Position statements highlighting the critical factors to successfully delivering our principles.

We will prepare our workforce for tomorrow

- Culture
- Development
- Digital
- Care model innovation

We will work as a team with our partners

- Integrate services
- Expand research
- Support and adopt innovation

We will build a physical environment that supports healing

- Human-centred spaces
- Spaces that connect with nature
- Spaces that enhance social value in our community

We will leverage technology to its full potential

- Improving quality and safety
- Integration and service development
- Empowering patients
- Design digital into our built environment
- Improve productivity

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Our Strategy

Working together to deliver
outstanding care for our community

ROYAL BERKSHIRE FOUNDATION TRUST

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Why do we need a new strategy?

Our Vision 2025 strategy has served our patients and our organisation well since 2018. It has helped us steer a course through considerable uncertainty, prioritising work and providing outstanding care to our community, with huge support from our staff.

However, a great deal has changed since we launched Vision 2025, including:

- Delivery of a large proportion of the agenda we originally set out
- The introduction of the Health and Social Care Act, and the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS) which places a new emphasis on collaborative working at place and scale
- The Royal Berkshire Hospital site named as one of 40 hospitals to be redeveloped as part of the government's New Hospital Programme
- Technological development creating new opportunities to change service delivery, often with improved outcomes, enhanced experience and lower costs.
- The COVID pandemic which placed unprecedented pressures on our staff and organisation and will continue to do so as we work through the backlog of elective care and support staff to recover from the physical and mental well-being effects of their experience
- An increased focus on the role of healthcare organisations in reducing inequality, promoting social mobility and integration and tackling climate change

These local and national drivers required us to review whether our strategy was the right one to steer us through the next five years. Engagement with staff, patients and stakeholders has highlighted the need to refresh our strategy to reflect the environment we were operating in and our ambition for our services, our staff, our patients and our community.

This new strategy builds on the foundations of Vision 2025. We expect much of it will feel familiar to patients and staff, including our vision statement, our CARE values and the framework we set out of five strategic objectives and enabling strategies. But there are important differences, and there are six objectives we are seeking to achieve in refreshing our strategy:

- 1) Reflect changing conditions at the local, regional and national level
- 2) Adapt language to capture insight from engagement with staff and stakeholders, ensuring our strategy continues to resonate with our community
- 3) Set the direction of travel towards the new hospital encompassing how we work and what services we provide, as well as the physical infrastructure
- 4) Increase the focus and clarity on the actions we will take to achieve our objectives and how we will monitor our progress
- 5) Simplify the message and enhance the look and feel to aid communication and understanding and to keep us ahead of the pack
- 6) Acknowledge and celebrate our successes to date and where we want to move on or course-correct

Who we are

The Royal Berkshire NHS Foundation Trust is the main provider of hospital services for people from Reading and its surrounding towns and villages across Berkshire, Oxfordshire and Hampshire. We serve over 600,000 people within our catchment area and provide specialist services for a broader population.



We employ more than 7,000 staff from 39 different nationalities, and each year we are responsible for over £500m of NHS resources.

As a champion of integration between primary, community, social, mental health, secondary and tertiary health care services, we are committed to working with our partners in the NHS, local government and beyond. We are actively involved in research and development which supports our high-quality work and benefits both patients and staff. We offer great careers for doctors, nurses, midwives and other professions like health care assistants, housekeepers and administrative staff.

A year at RBFT

- 4,876 births
- 128,226 ED attendances
- 33,197 ED patients admitted
- 525,000 face to face outpatient appointments
- 155,000 virtual outpatient appointments
- 43,000 non elective admissions
- 70,000 day admissions
- 39,000 day case admissions
- 12,000 other admissions
- 20,000 video consultations (patients rated them, on average 4.4 out of 5)
- 16,665 patients asked for appointment changes

Our achievements

Over the last five years we have achieved a great deal as Trust, a few highlights include:

Provide the highest quality care

- We improved and maintained our CQC rating from “Requires Improvement” to “Good” and all our core services are now ranked either “Good” or “Outstanding”
- We consistently rank as one of the highest performing Trust’s against core access and satisfaction standards including patient experience surveys, friends and families tests and waiting time standards
- We have transformed our outpatient services, with nearly 20% of our appointments being delivered remotely by telephone or video consultation. We have also introduced patient initiated follow up (allowing patients to access follow up appointments as their condition requires rather than being set on a rigid timetable) and advice and guidance services, enhancing the speed at which we can provide patients and partners in primary care the information they need to manage their health needs
- We are the first hospital in Thames Valley to use AI software in Stroke diagnosis and in March we celebrate two years of trail blazing AI in our Emergency Department (ED), and we became one of the first hospitals in the world trialling Augmented Reality (AR) HoloLens technology to target prostate cancer led by the same team who a couple of years ago carried out the European first study in new treatment for chronic pain from osteoarthritis
- In 2021/2 we delivered 8 million Covid PCR tests from our Lighthouse Laboratory at Bracknell which we built and mobilised in less than 6 months

Invest in our people and live out our values

- We have invested in learning and development, establishing an award-winning BA in Healthcare Management; two cohorts of emerging leaders from across a wide range of professions have now completed this programme and another three cohorts are currently completing their studies
- We have established staff networks for a wide range of disadvantaged and often excluded groups including staff from BAME backgrounds, those intensifying as LGBTQI, and those with disabilities
- Through our “Route to Recruit” programme we have offered employment opportunities to more than 80 young adults with Special Educational Needs or Disabilities
- Our “What Matters” programme engaged with over 3,000 members of staff to develop our Behaviours Framework based on the Trust values of Compassionate, Aspirational, Resourceful and Excellent (CARE) and understand how we can best support staff through the Covid recovery period
- Our staff survey responses in each of the last three years have put us in the top 10% of Trusts in the UK

Drive the development of integrated services

- We have worked with our partners in primary and community care to introduce the Integrated MSK service, which provides access to a wide range of conservative treatment to patients with knee and hip pain as alternatives and complements to surgery
- Our teams have significantly increased the number of outpatient services we deliver from Townlands Memorial Hospital, Bracknell Healthspace and West Berkshire Community Hospital bringing care closer to home for our patients
- We were one of the first hospitals in the country to establish a Long Covid Clinic which has received more than 1,100 referrals and seen 700 patients
- Our **virtual wards**, which grew from the Triage Into the Community for Covid-19 pathway (TICC-19), have managed around 900 patients and today we have more than 70 patients being cared for on a virtual ward, some receiving the new anti-viral nMAB infusion treatment

Cultivate a culture of innovation and improvement

- Our digital hospital programme has transformed the way we operate, enhancing safety, quality and productivity
 - All our inpatient and out-patient records have been converted to digital, removing 65,000 paper records from circulation across the Trust, improving the reliability of our records, enabling us to bring care closer to home and eliminating cancellations due to a lack of availability of records
 - All our letters to GPs and patients are now available electronically. Last year 45% of patients viewed their letters digitally, in 2017 this was 0%.
 - e-Consent has enabled patients to view standardised, consistent documentary evidence relating to the benefits and risk of their procedure in their own time, helping them to make informed choices.
 - Robotic process automation has automatically processed 6000 eRS referrals a month, creating encounters within EPR in near real time. This has saved over 500 staff hours a month, reduced errors, and releases time to focus on patients.
 - 2300 staff now have remote access to Trust systems enabling them to work from any one of our sites and from home.
- We have established and strengthened partnerships with the University of Reading (UoR) to enhance our education, training and research agenda. Through the UoR partnership six of our departments Radiology Cardiology, Emergency, Intensive Care, Renal and Acute Stroke have achieved **University Department of Excellence Awards**, in recognition of excellence in clinical outcomes, collaborative research, and staff development. We have also supported 38 pioneering research studies across a wide range of specialties in the Trust.
- We are consistently ranked in the top five most research active District General Hospital in the country and have been nationally recognised for our contribution to research during the Covid pandemic.

Achieve long-term financial sustainability

- We have consistently delivered on our financial targets as a Trust, which has allowed us to generate cash surpluses to support the renewal of our infrastructure and equipment.
- We have invested over £100m of capital including
 - Expanding our cancer, renal and diagnostic services at our hospitals in Bracknell, Henley and West Berkshire
 - Renewal of all four of our linear accelerators used to deliver radiotherapy services
 - Replacement of our MRI and CT machines at the Royal Berkshire Hospital
 - Providing new homes for our pathology, ENT and community paediatrics teams
 - Replacing failing electrical and water infrastructure and replacing our heating system at the RBH site, which combined have contributed significant financial savings and a XX% reduction in our carbon footprint.

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Our strategic framework & values

Our strategic framework is organised into five strategic objectives, each of which are supported by three goals, a range of enabling activities and a set of metrics that we will use to assess our progress. Together with our CARE values and supporting strategies, this framework will support us in delivering our strategy and in achieving our mission.

In the pages that follow we set out our goals, enablers and metrics for each of our strategic priorities.

Our values

Compassionate: All our relationships are based on empathy, respect, integrity and dignity. In every interaction and communication, we treat colleagues, patients and their families with care and understanding.

Aspirational: We strive to continuously improve, to be the very best that we can be – as individuals and as an organisation.

Resourceful: We live within our means. We respond to the challenges of today and tomorrow in effective, efficient, innovative and optimistic ways.

Excellent: We commit to excellence in everything that we do – placing patient safety and quality at our heart. We learn from mistakes, we do what we say we are going to do while holding ourselves and colleagues to the highest standards.

DRAFT

Strategic Objective One: Provide the highest quality care for all

Safety and quality for every patient is our top priority. We will continuously improve so that all our services are outstanding for every patient every day.

Our aims

1.1: We will enhance the patient experience

Outstanding care focuses as much on the way patients and their families experience the care they receive as it does on effectively treating a symptom. People who walk through our doors must be confident that in addition to receiving the best possible care, they will be treated with respect, understanding and empathy, and be informed and involved and supported in decision making. To do this we will:

- Live out our CARE values in everything we do to treat patients with compassion, integrity and dignity
- Continue to embrace innovation in technology and new models of care to better support patients with their conditions in the most suitable environment possible, whether that is on site, in the community, or at home through virtual or in-person care
- Invest in the built and digital environments in which our patients experience care, for instance by advancing our estate work with Building Berkshire Together and our virtual capabilities through the Digital Hospital programme
- Eliminate backlogs in elective care and other excessive waits by developing new ways of working, pursuing new roles, and increasing collaboration with our system partners
- Improve our communications with patients, their carers, and with colleagues providing onward care in primary, community and social care settings. This will include reviewing how we communicate with people whose first language is not English, those not familiar with medical terms and those whose comfort with and access to digital channels is limited

1.2: We will achieve optimal outcomes

We will be relentless in our drive to prevent disease, manage conditions, address acute needs and consistently meet and exceed national standards and expectations. To achieve this, we will:

- Organise our services around pathways that are more explicitly wrapped around the patient journey, are delivered by highly trained multidisciplinary teams and are designed to deliver the right level of care, in the right place, at the right time
- Commit to adopting a Getting it Right First Time (GIRFT) approach across all our pathways
- Expand our capacity to focus on prevention and supporting people to live well
- Expand access to our services and tailor them so that all patients benefit from an equal opportunity to improve their wellbeing, regardless of their background
- Work with colleagues across the system to drive a coordinated approach to population health, leveraging opportunities in data science
- Continue to grow our activity in research, clinical trials and innovation
- Personalise care to individual needs by harnessing the power of digital innovation
- Promote a culture of continuous quality improvement

1.3: We will minimise harm

Patient safety is critical to our mission, our licence to operate and our ability to continue serving our community. It honours the trust patients place in us when they are most vulnerable, as well as the public's trust that we steward valuable public funds and resources with integrity. To do this we will:

- Reduce medical errors, adverse events and unwarranted variation, with support from investment into advanced analytics
- Foster a culture of openness, learning and development where we are willing and comfortable to speak up and identify issues early, address them and learn from them
- Promote transparency and accountability by tracking and reporting on the quality of and improvements made to the services we deliver
- Commit to organisational excellence in how our teams are led, how they function, behave and collaborate, and how they steward resources

How we will measure success

1. Improved patient experience survey results
2. Reduced unexpected mortality levels
3. Reduced incidence of harm

Strategic Objective Two: Invest in our people and live out our values

We will recruit, support, motivate and develop our people to become the best and most inclusive place to work in the NHS.

Our aims

2.1: We will recruit, retain and develop our people to their highest potential.

To provide the best care, we need to be a place where people want to come to start and develop their careers across all disciplines. This means providing a warm welcome to staff, offering opportunities for career-long learning and fostering a supportive environment where all staff can fulfil their potential. To do this we will:

- Bolster our attractiveness as an employer by reviewing our offer to staff and our reward package
- Overhaul our recruitment and appraisal processes to align with our values, drive inclusion and to support and nurture talent
- Nurture a culture of feedback, appreciation and recognition so that staff at all levels feel confident they will be recognised for their contribution
- Work with our partners to multiply opportunities for students, apprentices and trainees to join and gain experience across different areas of our Trust
- Expand opportunities for our experienced staff to develop and broaden their experience
- Leverage our 'leadership way' to attract and develop the most promising leaders and deliver representative leadership structures
- Build a collaborative programme with our system partners for temporary staff to support different areas of the system, improving workforce flexibility and system resiliency amidst an environment of continued staffing shortages
- Invest in staff health and wellbeing in the form of our new health and wellbeing centre and a wider programme to support staff to recover from the pandemic and manage the challenges that working in healthcare can bring

2.2: We will foster an inclusive and supportive culture that connects all staff with our purpose and empowers them to live out our values every day.

Achieving our vision statement of “working together to deliver outstanding care for our community”, and our purpose of improving the health and wellbeing of the communities we serve, requires every one of our staff to connect with our mission and model behaviours that support each other to listen, learn, improve and perform. To do this we will:

- Embed our CARE values across everything we do to ensure that we are compassionate, aspirational, resourceful and excellent in how we care for our patients and how we treat each other
- Build programmes with a 'listen first' approach underpinned by our What Matters staff engagement campaign
- Foster a just, safe and civil culture promoting an environment where everyone feels comfortable in suggesting how we could learn and improve

- Nurture an inclusive culture that involves, empowers and motivates our people to deliver excellence for our patients
- Ensure our efforts across recruitment and development focus on equality, diversity and inclusion, doing the same in collaboration with our partners across the system
- Commit to ensure everyone is provided an equal opportunity to thrive within our organisation, growing diversity across all levels to reflect the community we serve

2.3: We will prepare our workforce for tomorrow.

People in our community are living longer, but frequently with an increasing number of complex physical, social and mental health needs. While expanding, the healthcare workforce is not growing fast enough to keep pace with the needs of the population and many areas are experiencing shortages. The impact of the pandemic and the UK's exit from the single market are likely to add further challenges.

To adapt to these needs, we aim to develop an agile, skilled and digitally enabled workforce aligned to pathways of care and the needs of our patients. To do this we will:

- Adopt multidisciplinary models of work and learning, cross-training our workforce to improve its flexibility and adaptability
- Invest in developing new roles and skills that support our shift towards prevention and management of chronic conditions, working in joint programmes with our partners across the system
- Enhance our clinical training and education portfolios in partnership with the University of Reading and other institutions
- Develop a culture of continuous quality improvement that builds skills across the organisation so that every team is enabled to get better every day
- Develop and deploy digital solutions that enable staff to work to the top of their potential and reduce the administrative burden
- Optimise our e-rostering solutions to ensure effective deployment of staff
- Develop digital literacy and data science skills across our workforce.
- Invest in our estate, digital infrastructure, and equipment so that the resources we use drive the best quality and outcomes
- Strengthen the integration of our workforce, business and budgetary planning to improve our adaptability to an ever-shifting landscape

How we will measure success

1. Improved retention and turnover rates
2. Improved Workforce Race Equality Standard (WRES) scores

Strategic Objective Three: Deliver in partnership

We will work with partners locally and regionally to bring care closer to home, provide a seamless service for patients and support improvements in wellness and prevention.

Our aims

3.1: We will work together with our partners to promote wellbeing and prevention—working to prevent the onset of disease and support those living with long-term conditions to stay well.

Thanks to the success of the NHS and medical research, people are living longer. However, this brings new challenges, with more people living with complex physical, social and mental health needs. Meeting these needs in a sustainable way requires us to rethink the way we support those in our community, placing more emphasis on prevention, wellbeing and collaboration. To do this we will:

- Work with our partners across the NHS and local government to build a relationship with people throughout their lives, focusing as much on prevention and supporting those with long-term conditions as we do on responding to periods of crisis and emergency
- Work with partners in general practice, mental health and public health to make the most of every interaction we have with patients, raise awareness around the risk factors for chronic disease and promote healthy choices for the mind and body
- Invest the knowledge and expertise of our clinical teams into prevention and education initiatives, sharing learning and insight with primary care networks and community partners
- Strengthen our ability to detect and take care of health issues early, provide tools and information for people to co-manage their health care and invest in diagnostics capacity and digital tools to help keep people out of hospital
- Collaborate with partners across the system to address the social determinants of health and tackle factors that drive inequalities in outcomes

3.2: We will proactively drive the development of integrated pathways of care that cross boundaries, are joined up, are led by the right provider and deliver seamless transitions in care for a “one NHS” experience of care.

We know that people’s health needs do not begin and end within our walls, but too often patients experience NHS services operating in silos that hinder continuity of care. We are committed to overcoming organisational boundaries to improve outcomes and experience for our patients and their carers. To do this we will:

- Work with our partners to coordinate care in such a way that patients can’t tell where primary care ends and secondary care begins, improving our coordination and efficiency to help keep care close to people’s homes, avoid unnecessary trips to hospital and improve access to services
- Work with our partners to build integrated pathways that direct patients to the right setting for their care at the right time
- Ensure seamless hand-offs and facilitate appropriate communication and flow of information between our systems

- Ensure that resources follow the patient and are directed to the place where they bring most value—so if patients can be managed more effectively outside the hospital, the resources are in place to support this

3.3: We will work with partners to improve access to care for all patients.

In addition to establishing integrated pathways and improving well-being, we will ensure people can access care as easily, conveniently and in as timely a manner as possible. The pandemic has led to a backlog of unmet need for urgent and elective care and has enhanced our learning around supporting people within our community, which means we need to improve and transform many of our services. To do this we will:

- Improve access to on-site services by making greater use of our sites in Newbury, Bracknell, Windsor and Henley-on-Thames, and co-locating some services with partners in community settings, GP practices and other settings such as drop-in centres.
- Invest in the expansion of our digital hospital programme, increasing the cross-boundary pathways using tools like patient portals, virtual wards, remote monitoring, video consults and mobile applications for care plan management
- Work with our partners in primary care and community care to develop an advanced, coordinated and digitally-enabled model of in-home care delivery so people receive care in their own homes when it is safer and more appropriate to do so
- Commit to learning from and applying best practice—locally, nationally and internationally to enhance quality and productivity
- Engage with patients, their representatives and community leaders to understand how we support vulnerable and excluded groups to access our services and understand advice from our clinical teams
- Collaborate with partners across the Thames Valley to identify ways to enhance capacity of our services and deploy new investment for maximum benefit

How we will measure success

1. Reduced rates of emergency admission in the population
2. Delivery of national waiting time standards in elective, diagnostic and emergency services

Strategic Objective Four: Cultivate innovation and improvement

We will encourage the development and adoption of advancements in medical practice and technology to enhance outcomes and experiences for our patients and staff.

Our aims

4.1: We will improve care through insights that inform clinical and operational decision-making.

As developments in medical science and data analysis continue to accelerate and converge, so has our responsibility to harness the power of our data to benefit patients and improve services. We aspire to strengthen our position as a key participant in world-leading research and innovation. To do this we will:

- Leverage our relationships with system partners (University of Reading, public health partners, life sciences sector) to increase opportunities for patients and staff to take part in cutting-edge research, trials and observational studies
- Expand our research across such fields as clinical science, health services delivery, health economics, public health and health policy
- Support team across the Trust to launch, progress and act on results from clinical research
- Develop our data science capabilities across descriptive, diagnostic, predictive and prescriptive analytics, building expertise in artificial intelligence (AI) and intelligent automation (IA)
- Develop timely and explainable decision support that integrates into our Electronic Patient Record (EPR) and is aligned to pathways to enhance and personalise care
- Build capabilities to produce real-time insights around our performance (e.g., dashboards fed by EPR) in support of our continuous quality improvement initiatives
- Use system-level patient data analytics more effectively to inform and improve population health management

4.2: We will unlock new and better ways for our staff to deliver care and for our patients to co-manage their health

With technology increasingly becoming a critical component to all our services, we must do more to close the gap between innovation and implementation. We aspire to be an early adopter of the most promising tools, techniques and practices arising from internal and external innovation. To do this we will:

- Leverage our Digital Hospital programme to expand the ways patients can access care virtually
- Curate and deploy a suite of tools and solutions to help patients adopt healthy behaviours, manage conditions and plan their care
- Leverage EPR to integrate new technologies that allow clinical teams to deliver care in revolutionary new ways (e.g., by enabling use of augmented reality in surgical procedures)

- Drive the interoperability and integration of clinical systems across the region, supporting effective distributed care, integrated pathways and population health management
- Mature our approach to supporting internal innovation and adopting external innovation by expanding the work of the RBFT Innovation Group, focusing on making it easier for staff to progress ideas that show promise and streamlining the path to contracting and implementing external innovation

4.3: We will transform the user experience of digitally-enabled care for both patients and staff

Digital systems unlock incredible value and efficiency, but significant user experience issues for patients and staff often prevent them delivering their full potential. We can also do more to leverage digital tools to drive improvements in the overall experience of care. To do this we will:

- Bring 'quality of life' improvements to patient-facing digital services, focusing on simplicity, accessibility and ease of use (e.g., booking and check-in, communication with provider, eConsent forms)
- Expand efforts to engage with those who may feel 'digitally excluded', offering alternative resources as well as training where desired, ensuring that the digitisation of our care does not become a barrier to access
- Bring 'quality of life' improvements to staff-facing services, focusing on areas such as optimising and automating processes to reduce wasted time, expanding EPR functionality, improving links between our data systems, optimising the integrity of our data and addressing the backlog in EPR change requests
- Leverage emerging capabilities in artificial intelligence and intelligent automation to optimise pathways, free up time for staff to spend on clinical activities and streamline the patient journey
- Drive digital literacy across our workforce, enabling staff to work to the top of their potential in an increasingly digitised environment

How we will measure success

1. Increases in the proportion of care delivered away from main Reading site
2. Increases in the number of patients and services involved in research projects

Strategic Objective Five: Achieve long-term sustainability

Using resources efficiently and responsibly allows the Trust to invest in developing and improving services for patients, look after our environment and renew the infrastructure supporting our operations.

Our aims

5.1: We will live within our means

As an anchor institution in the community, we have a responsibility to ensure we steward public resources sustainably so we can continue delivering life-changing care for generations to come. This will require a sharp focus on maintaining financial surplus, supporting system delivery and generating resources to support capital investment. To do this we will:

- Continue to prioritise our Finance Matters programme which has already delivered success in its first three years with productivity gains and reductions in waste and unwarranted variation across services
- Invest in and support transformation initiatives across the Trust and beyond to increase efficiency and productivity, and further minimise waste
- Strengthen the process we have to ensure that we spend money efficiently and effectively, securing the best value for our patients in all our decisions
- Identify alternative sources of income (commercial arrangements, private patients, sponsorships)
- Drive participation in provider collaboratives that optimise the use of the system's resources and improve efficiencies for all participants
- Continue to engage with system partners to maintain a strong financial position locally and regionally
- Refresh our long-term financial model

5.2: We will minimise our impact on the environment

Pollution is recognised to increase mortality as it is a leading factor in many long-term conditions including chronic obstructive pulmonary disease, asthma and lung cancer. Our ambition is to be proactive in preventing the onset of such conditions, and, given our significant footprint of facilities across the region, we have an opportunity to make a positive impact on our communities health by minimising our environmental impact. To do this we will:

- Deliver our Green Plan which outlines steps we are taking to deliver a 7% reduction in carbon emissions year-on-year until 2030
- Work with regional partners to coordinate and progress plans to reduce our carbon footprint at a system level
- Collaborate with other anchor institutions and co-create with our communities to enable greater engagement and pace

5.3: We will upgrade our infrastructure in line with our ambitions

To sustain delivery of our vision over the long term, we must plan for regular investment in, and maintenance of, the infrastructure underpinning service delivery. We want our estate, equipment and digital infrastructure to keep pace with advances in clinical practice so they are key drivers of quality, efficiency and productivity—rather than hindrances. To do this we will:

- Undertake a major modernisation of our buildings through the Building Berkshire Together redevelopment programme, involving major investment over the next decade
- Reduce the backlog of essential maintenance on existing buildings whilst progressing the main hospital rebuild so that the built environment is not adversely affected by the redevelopment programme
- Make strategic capital investments and develop a delivery plan that ensures our equipment, digital hospital and essential IT systems are fit for the present and future

How we will measure success

1. Delivery of our revenue and capital budgets
2. Reducing our carbon emissions

Delivering on our strategy

Tracking our progress

Our strategy does not begin and end with the publication of this document. We will maintain a strong focus on the execution of our plans across each strategic objective. To do this we will:

1. Translate our ambitions into a set of measures that will accurately reflect our progress
2. Identify the target score for each measure and map out how long it will take to achieve
3. Regularly track and report on progress towards these targets, monitoring actual performance against planned performance so we can identify areas needing more focus and attention
4. Validate this system as we make progress against our targets, by seeking subjective feedback from patients, governors and staff on our performance against each strategic objective and ambitions—this will give an indication of the accuracy of our system and whether our efforts are translating into ‘felt’ improvements
5. Adjust our measures in response either to the subjective feedback, achievement of our targets or changing conditions.

Better every day

Delivering on our ambition requires us to change how we work inside the Trust and with our partners across the health and care system. We are committed to fostering a culture of continuous quality improvement that builds on the agility, innovation and transformation shown by our staff during the pandemic. We will enable and equip staff in every area of the Trust to manage and improve the quality of care to patients and deliver patient experiences and outcomes that are “outstanding every day, everywhere”. We will use simple processes that can be built into everyone’s working day so staff can drive small improvements to quality and cost that collectively make a large difference.

For issues requiring a more concentrated focus, we will continue to implement a standardised approach to rapid evidence-based improvements for staff and patients. These events focus on internal process improvement, working with multi-disciplinary teams to understand the root cause of issues, removing barriers to improvement and measuring the impact of interventions made both on a proactive and reactive basis.

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CLINICAL SERVICES STRATEGY

March 2022

Introduction

Our Trust vision is “working together to provide outstanding care for our community”.

Our Clinical Services Strategy (CSS) sets out the guiding principles we will follow and the unique positioning we will take in designing clinical services to best meet the evolving needs of the community we serve. Its purpose is to guide how we prioritise our resources, investment, time and attention as we pursue our vision.

In January 2021, the Trust’s Executive Management Committee asked for a new CSS to:

- Capture the learning from new ways of working during the Covid-19 pandemic
- Define how services might optimally be delivered and configured to guide the developing vision for our estate
- Support the continued development of integrated care and response to the NHS Long Term Plan
- Move towards prevention, reduce health inequalities and improve access to care
- Identify where we need to invest resources into enablers such as workforce, digital and equipment

The new CSS is a product of extensive engagement with our stakeholders:

- Internally, a set of common themes emerged from discussions with the clinical, nursing and operational leaders of our services (over 30 in all) and set the direction of travel
- External partners and patient representatives reviewed these themes and gave feedback at various stages, contributing to the refinement of the strategy
- Trust leadership provided input and steering throughout, through discussions with and review by care group leadership, senior nursing forums, the operations management team, the executive management committee and the Board of Directors

Reflecting this work, our new CSS articulates a set of key principles and enablers. Together, these position statements set the direction for the development of our clinical services, informing investment decisions and future planning over the next 10-15 years.

The new CSS recognises that:

- People in our community are living longer, but frequently with an increasing number of complex physical, social and mental health needs
- General shifts in consumer behaviours are also changing how people expect to interact with our services—there is a growing desire for more immediate access to care, more information around their care and greater involvement in decision making

To deliver the highest quality of care, our services need to be:

- Designed around pathways that more explicitly wrap our care around the patient journey
- Organised to deliver the right level of care, through the right channel, at the right time
- Personalised to individual needs by harnessing the power of digital innovation
- Accessible and inclusive to all
- Delivered by highly trained multidisciplinary teams

To meet the increasing needs of our population:

- We need to work seamlessly with a wide range of partners to ensure a joined up ‘one NHS’ is experienced by patients, the community and staff
- Build a relationship with our community throughout their lives, which focuses as much on prevention and supporting people to live well as it does on responding to periods of crisis

Principles

Position statements indicating the key levers we will pull to deliver our vision.

- We will provide the highest quality care
- We will streamline our services to align with patient needs
- We will promote wellbeing and adopt a posture of prevention
- We will reach patients where it's best

We will provide the highest quality care

Why?

As an organisation, our vision is ‘working together to deliver outstanding care for our community.’ By committing to providing the highest quality care, we honour the trust patients place in us to stay safe when they are most vulnerable, and make optimal use of valuable public funds and resources.

What this looks like:

Ensure care is **safe**:

- Prevent medical errors and avoidable adverse events
- Foster a culture of openness where we are willing to identify issues early, address them and learn from them

Deliver care **effectively**:

- Commit to a Getting It Right First Time (GIRFT) approach across all pathways
- Establish a culture of continuous quality improvement
- Meet and exceed national standards and expectations

Cultivate a **culture of excellence**:

- Imbue every aspect of our care with our values (Compassionate, Aspirational, Resourceful, Excellent)
- Commit to organisational excellence in how our teams are led, how they function, behave and collaborate, and how they steward resources
- Continue to grow our activity in research, clinical trials and innovation

Achieve **optimal outcomes**:

- Apply robust outcomes tracking and reduction in variation, using high quality and accurate data to drive positive change
- Eliminate health inequalities
- Capture, track and enhance the patient experience
- Obtain external validation (e.g., CQC ‘outstanding’)

This allows us to be:

Safe

- Safety measures directly targeted and optimised

Effective

- GIRFT approach implemented across all pathways
- CQI approach adopted across the organisation

Caring

- Trust values embedded across all aspects of care

Responsive

- Robust ability developed to capture and respond to measures of quality, safety, outcomes, patient experience, etc.

Well-led

- Organisational culture established embodying all aspects of our CARE values

We will streamline our services to align with patient needs

Why?

As the prevalence of comorbidities and long term conditions rises, the health needs of those we serve are becoming increasingly complex. Adapting to these shifting needs by organising our services around pathways of care positions us to achieve the best outcomes consistently and efficiently.

What this looks like:

Organise services into three areas—**prevention & management, planned interventions and emergency care**

- From a coordination perspective, **these areas must join up:**
 - **With each other** to allow rapid escalation/de-escalation of care within the Trust
 - **With the system** to allow seamless transitions into and out of the Trust, connection to a broad system, and a joined-up 'one NHS' experience of care
- From an estate perspective, **these areas should be distinct:**
 - Clear physical separation between 'hot' and 'cold' spaces for greater safety, infection control, efficiency and focus of work

In each area, establish **patient pathways** focused on efficiently delivering the **optimal level of care**

- Organise services to simplify the patient journey rather than to align with specialties operating as independent 'islands'
- Adopt multidisciplinary workforce models that:
 - Support patients with **increasingly complex physical and mental health needs**
 - Are aligned to the **different levels of care in each pathway** (e.g., intensive care vs. same day emergency care)
 - Enable teams to be flexible in personalising care to individual needs
- Build and improve processes to free clinical teams to focus on providing care (e.g., improve streaming of referrals to secondary care through co-production of pathways, expand diagnostic capability across our sites, build digital integration and fluidity)

Adapt our offering as the population's health needs evolve

- Monitor health trends (e.g. in volume, complexity) to identify needs and opportunities
- Actively develop our service offering in line with these shifting needs, coordinating with partners to maximise the system's ability to meet the needs of its broader population while ensuring we continue to bring care closer to home
- Engage and leverage large clinical networks and provider collaboratives as appropriate
- Expand investment into prevention and chronic disease management, integrating with partners such as primary care networks and public health (see also subsequent slides)

This allows us to be:

Safe

- Improved infection control
- Reduced variation in outcomes
- Greater consistency and standardisation

Effective

- Minimised waste, simplified care journey, greater efficiencies and productivity, more joined-up approach

Caring

- Staff at all levels empowered to connect with and support patient progress
- Improved patient satisfaction

Responsive

- Care structure aligned with patient journey rather than the opposite

Well-led

- Stronger sense of identity as an organisation (as opposed to collection of specialties)
- Increased investment into prevention & management

We will promote wellbeing and adopt a posture of prevention

Why?

As long term conditions become more prevalent, we need to adapt our approach to supporting the health needs of our community, moving from episodic “sick care” to longitudinal “health care”—focusing our services predominantly on acute needs is unsustainable. We will do more to actively support individuals to improve their wellbeing and prevent chronic disease.

What this looks like:

- Approach **every encounter as an opportunity** to **promote healthy behaviours, empower patients to co-manage** their health and wellbeing and if necessary, **intervene** to prevent conditions from developing or progressing
- Focus on tackling the well-established risk factors for chronic disease (e.g. diet, physical activity, weight, smoking, alcohol use), to try and **avert the onset of preventable disease**
- Support patients who are living with morbidity or comorbidity to “live well with their condition(s)”, **preventing or slowing the progression of disease**, as well as reducing the risk of long-term complications / acute episodes
- Collaborate with our partners across Berkshire West and the Thames Valley to **progress population health management, tackle health inequalities** and **support mental health**, working to engage with service users, particularly those from minority demographic / deprived communities, in designing service improvements
- Promote **rapid flow through our services** and a **bias away from admission**, within strict safety controls, to prevent unnecessary escalation in the acuity level of a patient’s treatment, minimise potential for hospital-acquired conditions and avoid “institutionalisation” (e.g., support investment in same day emergency care, rapid community discharge, direct admission)
- Become **environmentally sustainable** and work towards a net zero carbon footprint to reduce our contribution to pollution in the community, leading to improved health conditions for the population

This allows us to be:

Safe

- Reduced avoidable worsening of conditions and health issues
- Patients spend less time in hospital
- Minimised infection risk

Effective

- Reduced admissions through increased activity earlier in patient journey

Caring

- Patients spend more time enjoying a high quality of life

Responsive

- Services organised to catch and address issues early to avoid complications and worsening of conditions

Well-led

- Financial savings delivered through improved outcomes unlocks further reinvestment into patient services

We will reach patients where it's best

Why?

As we move to design our services around pathways and toward prevention, we also need to shift from encounter-based care to relationship-based care which requires better access, convenience and frequency. Our current estate is not optimised for this, as we struggle to manage current demand and address inequalities in access and outcomes—we must innovate our care model accordingly.

What this looks like:

Three channels of delivery:

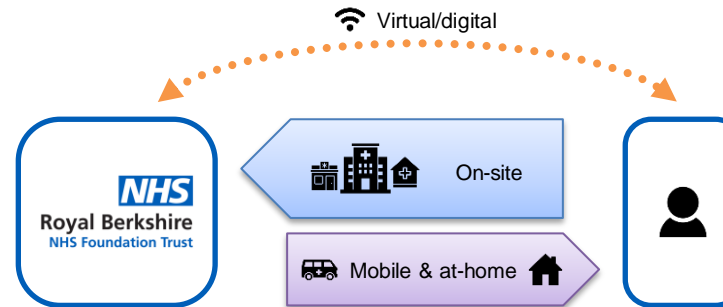
- Deliver care through a combination of physical sites, virtual/digital care, and at-home/mobile in-person care, to:
 1. Support patients closer to home
 2. Enhance our capacity to deliver longitudinal care
 3. Allow patients to be more involved in managing their care (e.g., patient-initiated follow-up, patient portal)
 4. Spread demand for lower acuity/complexity care away from high-acuity sites and free up resources/capacity
 5. Enable optimal deployment of staff across our footprint
 6. Build efficiencies into pathways (e.g. NHS 111 triaging)

Investment:

- Significant investment in digital solutions, education, and operational excellence to implement three-pronged delivery model

On-site care:

- When on-site care is required, channel delivery away from the high acuity site towards a combination of (as appropriate):
 - Smaller and lower acuity sites
 - Shared primary care / RBFT health centres
 - Other offsite premises
- When care on the main acute site is needed, utilise the lower acuity settings to their fullest potential, reducing demand for high acuity / complexity space (e.g., SDEC)
- Maintain a 'bias to discharge', within strict quality parameters, to return patients back to the safety and comfort of their homes as soon as possible
- Leverage digital to optimise efficiency and 'intelligence' of on-site care, patient flow, quality of care, and resource prioritisation (e.g. deploy AI and intelligent automation in procedures, processes, equipment tracking, pathway optimisation, etc.)



This allows us to be:

Safe

- Care is delivered in setting that is safest for the patient
- Greater access to care allows issues to be caught sooner
- Reduced strain on high-acuity sites

Effective

- Right level of care is provided to the right patient at the right time: higher-acuity staff can focus on those who need these services the most, while other cases seen sooner

Caring

- Increased access to services empowers patient
- Greater ability to accommodate the most vulnerable
- Positive impact on the environment

Responsive

- Three-pronged approach to care delivery allows Trust to expand its reach and address a broader set of needs

Well-led

- Improved utilisation of resources

Enablers

Position statements highlighting the critical factors to successfully delivering our principles.

- We will prepare our workforce for tomorrow
- We will work as a team with our partners
- We will build a physical environment that supports healing
- We will leverage technology to its full potential

We will prepare our workforce for tomorrow

Why?

Our ability to pursue the CSS principles will depend on developing a flexible and motivated workforce that is aligned to multidisciplinary pathways of care, deployed across multiple delivery channels and skilled in prevention as well as treatment of disease.

What this looks like:

Culture

- Strengthen our position as a great organisation to work for through our RBFT People Strategy

Development

- Promote 'upskilling' and cross-training to improve the flexibility and adaptability of our workforce
- Continue to enhance our clinical training and education portfolios, both internally and in collaboration with key external partners such as the University of Reading (e.g. establishment of a UoR clinical school)
- Align our skillset to support the growing number of patients with complex conditions, mental health needs and learning disabilities

Digital

- Deploy digital solutions that enable clinical staff to work to the top of their license and reduce the administrative burden
- Develop digital literacy and data science skills across our workforce

Care model innovation

- Adopt multidisciplinary models of work and learning that are aligned to pathways of care designed to address complex needs
- Invest in developing innovative roles and skills that support our shift towards prevention and management of chronic conditions
 - E.g., Clinical roles that cross boundaries across the system, joint provider posts, non-medical clinical roles (e.g., PAs, NPs), non-clinical roles (e.g., health coaches, care coordinators)
- Take an active role in innovating around the design, training and development of the 'clinical team of tomorrow' by building on our partnership with the University of Reading

This allows us to be:

Safe

- Highly trained, highly skilled staff

Effective

- Regular flow of new clinical insights and evidence to inform our care
- MDTs working collaboratively to deliver seamless pathways of care

Caring

- Increased opportunities for patients to participate in ground-breaking studies
- Patients cared for by best possible staff

Responsive

- Increased agency in shaping workforce to evolving needs of population
- Flexible and adaptable workforce

Well-led

- Improved staff engagement, motivation, morale
- Improved recruitment and retention

We will work as a team with our partners

Why?

We cannot deliver our ambitions by working in isolation. We depend on close collaboration with our partners to build integrated pathways, move into prevention and bring care closer to home in a seamless experience that eliminates disjointed transitions across organisational boundaries.

What this looks like:

- Strengthen collaboration with our partners in **primary, community, acute** and **social care** across Berkshire West and the wider Thames Valley, and with **local authorities, public health, patient advocacy groups** and the **voluntary sector**, working to foster an environment that supports the shared pursuit of our common agenda
- Proactively drive the integration of our collective services to improve outcomes, deliver a seamless experience of care, and operate more efficiently as a system; engaging around such areas as:
 - Cross-boundary clinical pathways (geographical and organisational)
 - Determining the optimal setting of care for patients
 - Transitions in care / seamless hand-offs
 - Population health management
 - Health inequalities
 - Shared care records and information flow
 - Mental health
 - Outpatients transformation
 - Musculoskeletal, Ophthalmology, Cancer and other clinical networks
 - Shared roles and investment to support prevention and management
- Continue to build our clinical education, academic and research portfolios through our partnership with the **University of Reading**
- Engage in partnerships and commercial opportunities across **the public and private sectors** to drive innovation, research, quality improvement, service development, training, and other improvements to patient care

This allows us to be:

Safe

- Increased accountability through strong, transparent and collaborative system relationships

Effective

- Improved know-how and insights leading to better outcomes

Caring

- Improved patient experience and satisfaction

Responsive

- Population needs met more rapidly and managed more effectively as system partners collaborate

Well-led

- Better resource use across system
- Strong R&D and innovation activity

We will build a physical environment that supports healing

Why?

A high quality built environment that is designed around people and their needs will enable, rather than hinder, healing and recovery for patients. It will improve the experience for staff, promote safe and efficient care delivery, and support the wider community with convenient access to services.

What this looks like:

Human-centred spaces

	<i>Design a built environment to:</i>
For patients	<ul style="list-style-type: none"> Minimise noise and light pollution to foster a peaceful environment conducive to rest, sleep and recovery Protect patients' privacy, sense of security and dignity Encourage and enable patients to regain physical activity, mobility and independence as quickly as possible Maximise the accessibility of our facilities Reduce risk of hospital acquired infections
For visitors, families and loved ones	<ul style="list-style-type: none"> Reflect the importance families and visitors play in healing, comfort and avoiding loneliness Provide space to visit, rest and recover from long visits that can take a significant toll Ensure spaces are easy to navigate, featuring inclusive wayfinding Avoid exposure to sick patients in public spaces
For staff	<ul style="list-style-type: none"> Promote efficiencies in staffing, time and motion through strategic 'zoning' that aligns our spaces to patient pathways and drives productivity Future-proof our spaces by designing for flexibility and adaptability Foster a learning culture by creating strategic adjacencies between teams and through purpose-built spaces for formal education and training Provide areas where staff can decompress, socialise and access outdoor greenspaces in privacy Embed technology into our physical space to improve staff's ability to monitor patients while also enabling higher single bed ratios, quiet and privacy for patients

This allows us to be:

Safe

- Improved infection control
- Quieter and more peaceful environments protect patients and staff from adverse effects of avoidable stressors

Effective

- Improved outcomes through application of evidenced-based design principles
- Faster recovery times

Caring

- Improved privacy protects each person's dignity
- Human environments that reflect our CARE values

Responsive

- A built environment design that aligns service delivery with the patient journey
- Flexible space that adapts to shifting needs

Well-led

- "Zoning" for efficient use of resources and asset management
- Space that supports a culture of learning and innovation

Spaces that connect with nature

- Provide ample access to natural light and ventilation
- Maintain easy access to green spaces, views of nature
- Maximise energy conservation, efficient use of resources and environmental sustainability

Spaces that enhance social value in our community

- Ensure our physical footprint remains easily accessible to our community through multiple means of travel
- Support the local economy by developing a footprint that encourages investment into the community, increased footfall into commercial hubs and strategic partnerships that elevate the region's national profile
- Locate a selection of health services in highly-frequented commercial areas so that people's daily shopping routines create opportunities to promote healthy behaviours, help manage conditions, and catch issues early

We will leverage technology to its full potential

Why?

As technology increasingly becomes a core component of all our services, accelerates our ability to care effectively and efficiently, and unlocks new ways of creating value for our patients, it is becoming ever more important to focus our efforts in this space so that digital becomes an enabler to delivering the four principles of the CSS, rather than an obstacle.

What this looks like:

RBFT's digital strategy focuses our work around five strategic themes, underpinned by two crosscutting themes:

1. **Improving quality and safety**
 - Develop our digital systems into a fully clinical and operational management system
 - Leverage EPR empowered analytics, timely data and device integration to enhance decision-making and personalise care and support CQI initiatives
 2. **Enabling integration and service development—Support teams to provide care outside of the four walls of the hospital in partnership with primary, community and social care:**
 - Develop purpose-built virtual care programme
 - Empower in-person at-home care through digital (analytics and insights supporting logistics, blended in-person / virtual care, etc.)
 - Develop the interoperability and integration of clinical systems to support distributed care and system-wide pathways
 - Better utilise analytics of patient data generated across the system to inform and improve population health management
 3. **Empowering patients—to become more active participants in their wellbeing and to co-manage greater portions of their care:**
 - Expand the ways patients can access care virtually and improve their digital experience (e.g., integrated experience across video, phone, text, app, Patient Portal, booking and check-in)
 - Adopt innovative tools and solutions that help patients adopt healthy behaviours and manage conditions, integrating these into our clinical pathways
 4. **Designing digital into our built environment**
 - Research and embed innovative digital solutions when building new estate
 - Integrate clinical and corporate IT systems
 5. **Productivity through intelligence, innovation, partnerships and clinical research**
 - Build capabilities to produce real-time insights about our performance (e.g., dashboards fed by EPR)
 - Develop our data science capabilities across descriptive, diagnostic, predictive and prescriptive analytics
 - Leverage systems (e.g., artificial intelligence, intelligent automation) to free up time for staff to spend on value-add activity and optimise our pathways
 - Support clinical innovation, commercial innovation and scientific research
- Two crosscutting supporting themes:**
1. **Digital education and ensuring ease of use, enabling staff to work to the top of their license**
 2. **Continued investment into infrastructure**

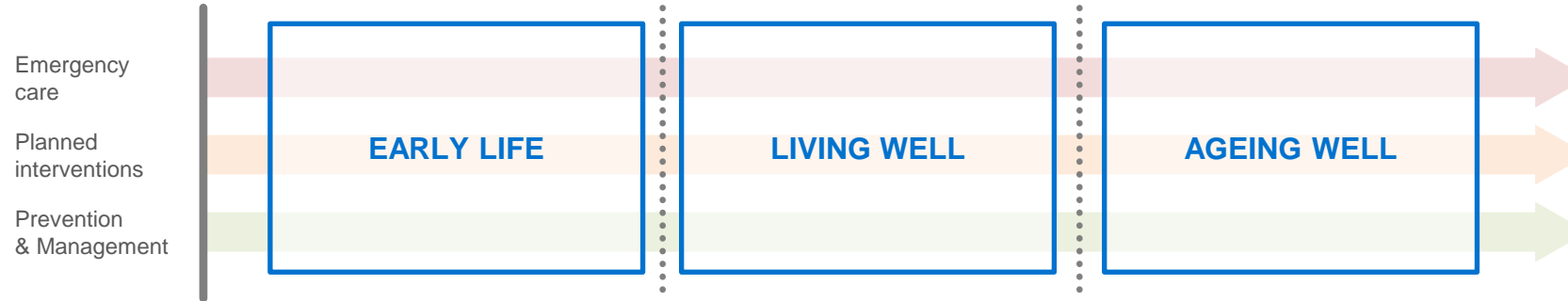
This allows us to be:

Safe	<ul style="list-style-type: none"> ▪ Right information delivered at the right time in clinical care ▪ New capabilities developed around safety (continuous outcomes monitoring, PHM, etc.)
Effective	<ul style="list-style-type: none"> ▪ New treatments and models of care unlocked ▪ Reduced administrative burden leads to more efficient use of clinician time ▪ Optimised and enhanced clinical services (e.g., AI) ▪ Trust's reach expanded
Caring	<ul style="list-style-type: none"> ▪ Clinicians able to spend more time interacting with the patient ▪ Patients empowered to co-manage their care ▪ Improved accessibility ▪ Good UX / UI ▪ More individualised care
Responsive	<ul style="list-style-type: none"> ▪ Real-time monitoring of population health needs ▪ Real-time monitoring of clinical and operational workflows
Well-led	<ul style="list-style-type: none"> ▪ Improved resource use management and planning ▪ Culture of innovation ▪ Reduction in wastage

Our strategy in practice

The following slides describe ways in which the CSS's principles and enablers can be applied to adapt our services, followed by an overview of where we intend to focus our efforts to build momentum in delivering the CSS over the immediate and near term.

Care along the stages of life



To align our services to the patient journey, we will:

Ensure our consistent levels of care deliver adaptive services and pathways **reflecting the changing nature of health care needs** through the key stages in life

- E.g., Emergency care (Paediatric ED vs RACOP)
- Inclusive towards patients with special needs (mental health conditions, learning disabilities, autism, dementia)

Adopt a **lifetime 'Relationship Management'** mentality:

- Our relationship with a patient and their loved ones doesn't begin and end with an encounter
- At each encounter through the stages of life, approach patients as individuals deserving best service (rather than 'users' receiving free services as a courtesy / obligation)
- Focus on families and early years of childhood; foster engagement with their health throughout life stages (e.g., through early learning centres and schools)
- Leverage this approach to reduce health inequalities and promote partnership working across the system

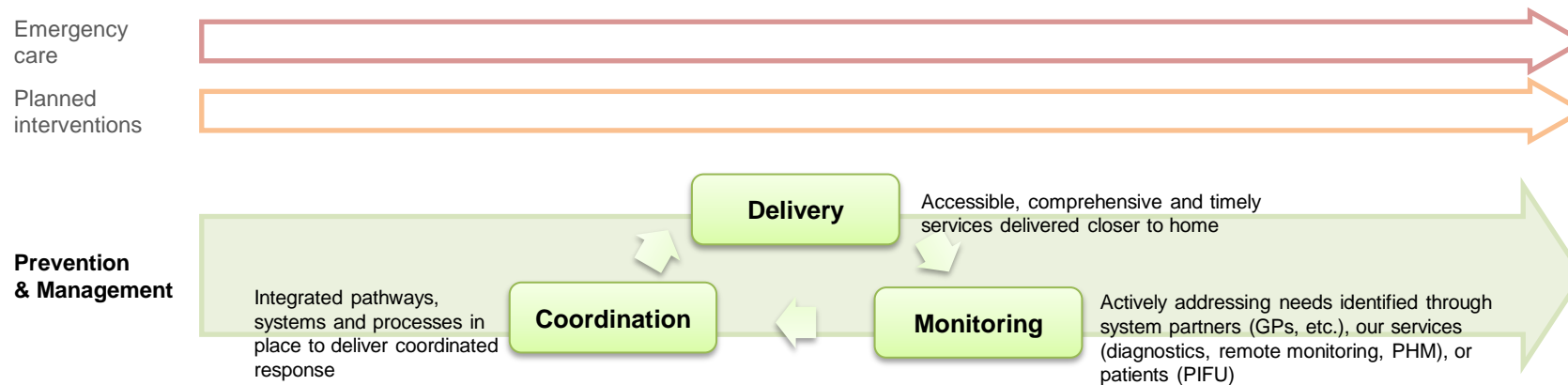
Collaborate **strategically across each stage**

- Services across the system are disjointed / fragmented in different ways at each stage; collaborate to identify and close these gaps appropriately
- E.g., Joined up delivery of mental health services across community / primary / secondary care among young people

Pay **special attention to transitions between each stage**

- Seamless work/information sharing and collaboration across Trust and system to identify appropriate transition time and execute intentionally (e.g., rather than default cut-offs)
- Equip / inform / empower patient throughout these critical junctures
- E.g., Support young people to learn to manage their own care and be in control, ensure seamless transition into adult services focused on individual needs

Prevention & management



We work together to prevent the onset of disease and support patients with long-term conditions to stay well by:

Offering services that are **accessible**

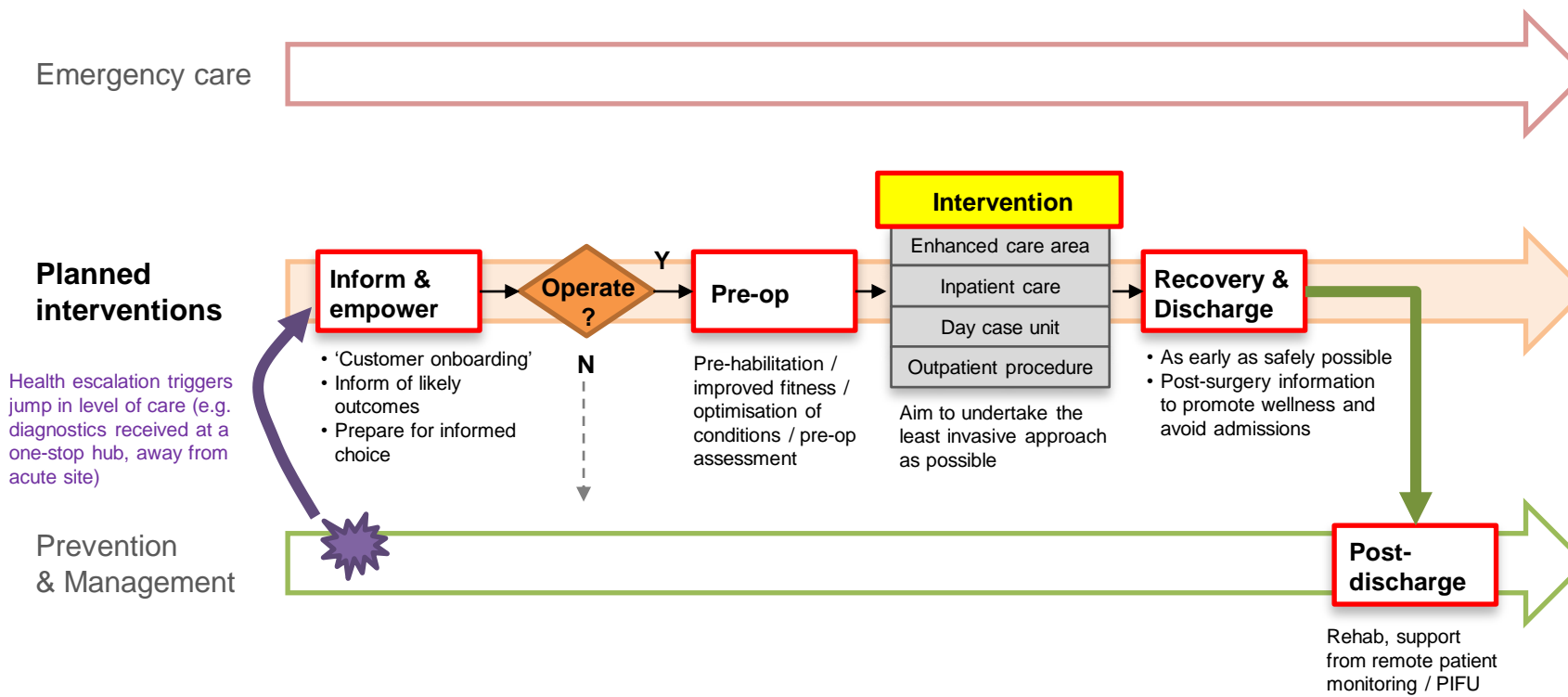
- **On-site care** provided in community settings, primary care, ambulatory care sites, drop-in centres and other non-healthcare settings
- **Virtual care** delivered through video, phone, text, app/chat, internet, connecting into a comprehensive patient portal
- **At-home** or **mobile care** (e.g., vans) delivered in-person

Collaborating with our partners to deliver a **'One NHS' experience of care**

- Patients shouldn't be able to tell where primary care ends and secondary care begins
- Much greater blurring of physical, process, and organisational boundaries between partners
- Seamless work / information sharing across the system allowing active and prompt identification & management of needs
- Partners work together to simplify journey for patient (e.g., GP referrals, NHS 111 pathway optimisation)

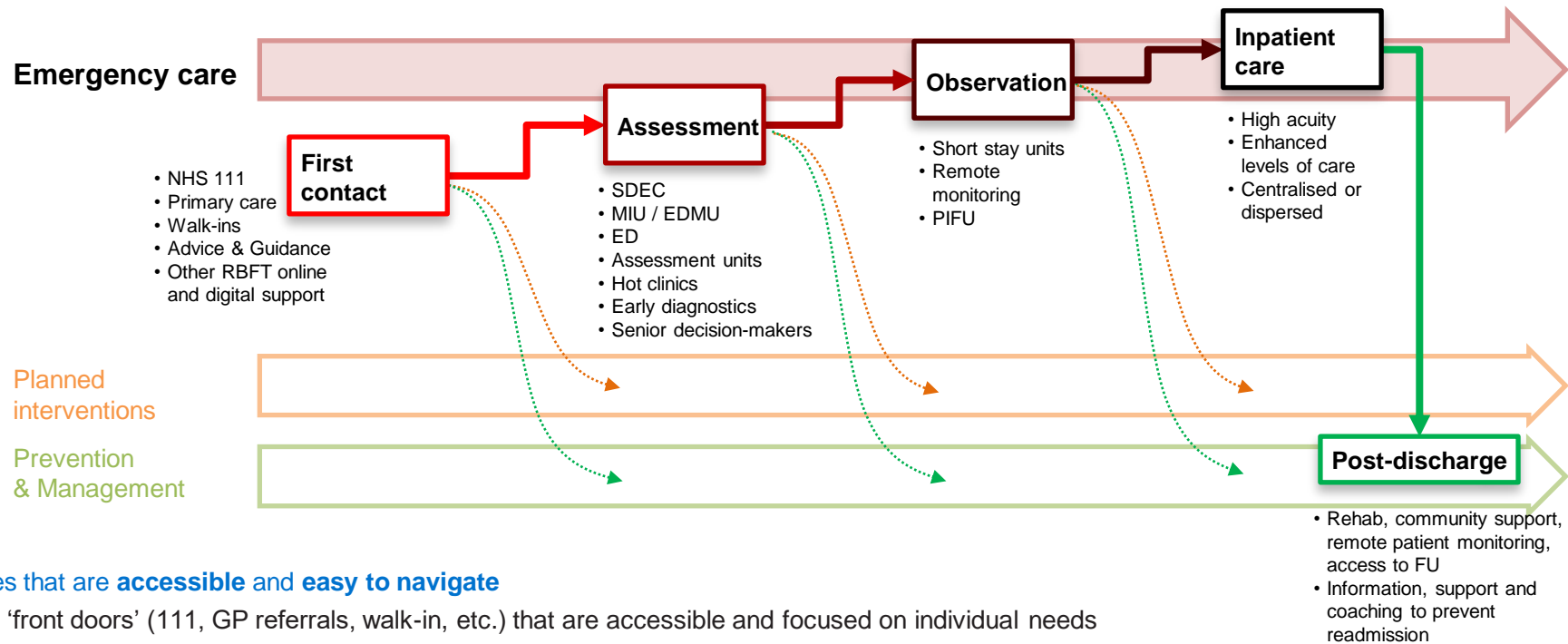
Making the most of every opportunity to empower the patient to co-manage their care (e.g., education/information, patient portal, PIFU, etc.)

Planned interventions



- Decision for surgery / intervention is a **trigger for a system wide response** across a perioperative pathway, focusing on shared decision making, optimising health and lifestyle in the perioperative period to maximise the positive impact of the intervention.
- Pathways are defined by **levels of care required** (e.g. day case vs. inpatient), opting for the least invasive and most local option that delivers a high quality outcome. This allows the Trust to cohort expertise, skills and resources, which optimises delivery to be efficient, cost effective and scheduled. Patients and carers receive clear communication around the expected timelines and support they will need at home, in turn reducing the frequency of cancellations.
- Volume of inpatient care required is maintained at relatively fixed levels, while accepting that those patients who do require inpatient care will be more complex and require a higher degree of monitoring, as well as a multidisciplinary approach to their care.
- Focus is maintained on **minimising length of stay**, safely discharging patients to their home with appropriate monitoring, support and knowledge.

Emergency care



Critical services that are **accessible** and **easy to navigate**

- Several 'front doors' (111, GP referrals, walk-in, etc.) that are accessible and focused on individual needs

A **streamlined** pathway that simplifies the patient experience

- Rapidly funnels patient to the most appropriate clinical team and optimal level of care and reduce duplication of assessments
- Comprehensive suite of offers to segment demand (EDMU, MIU, HDU, etc.)
- Minimise demand for high-acuity space and inpatient care (maximise SDEC and supported care at home)
- Those who are admitted will have higher care needs

A service that is **interconnected** with our partners

- Improved connectivity, visibility and flow from community to the Trust
- Develop shared EPR to support pathways, decision making and flow through different care settings across the system
- Work with the PCNs and integrated services to ensure we consider long term physical and mental health needs, opportunities for screening and educating / empowering patients and families—**every contact is an opportunity** to improve long term health & wellbeing
- Support and collaborate with PCNs to manage 'urgent care' needs in the community (illnesses or injuries that require urgent attention but are not life-threatening)

Looking ahead—cross-cutting initiatives

Significant activity is already in motion which can be built upon over the next 12-18 months as we begin to deliver the CSS:

- Strategy development:
 - **Provide the highest quality care:** Progress the work to build a culture of continuous quality improvement across the Trust
 - **Preparing our workforce for tomorrow:** Progress work on the people strategy, education strategy and strategic partnership with the University of Reading
 - **Working as a team with our partners:** Work with colleagues across Berkshire West and the Thames Valley to develop a shared vision for collaboration that highlights specific areas where integration can be achieved at pace and yield high returns (e.g., exploring provider collaboratives around elective care)
 - **Leveraging technology to its fullest potential:** Progress work on developing and delivering our new digital strategy
 - **Reflect the changing nature of health care needs along the key stages in life:** Deliver the new children and young people’s strategy, develop a maternity/women’s health strategy and an ageing well strategy
- Service development:
 - **Streamlining services to align with patient needs:**
 - Link in with estates to help reorganise how services are physically configured around pathways, separating emergency services from planned services and facilitating new ways of working
 - Plan how we might develop the ability to proactively optimise our portfolio of services as the population’s health needs evolve, accounting for factors such as the establishment of provider collaboratives, collaboration with the independent sector and integration with partners in community care and social care
 - **Reaching patients where it’s best:**
 - Continue to develop a vision for outpatient care that brings care closer to home
 - Determine our model for mobile/at-home care and virtual care
 - In light of the above, develop a long-term vision for the Royal Berkshire Hospital site in Reading that determines which pathways to deliver in addition to high-acuity, high-complexity care, particularly around areas such as lower-complexity outpatient procedures, diagnostics and day case surgery

Looking ahead—by service area

- **Prevention and management:**

- Determine our model for mobile/at-home care and virtual care (see previous slide)
- Establish a clear vision for location of care that is to remain on-site (e.g., what is delivered in other RBFT locations, in the community, with GPs, in new drop-in centres, etc.)
- Work with primary care partners to establish a shared vision and model for collaboration, clarifying roles and expectations and planning how we will co-deliver shared goals around prevention, chronic disease management and other interdependencies in the delivery of acute care
- Progress our partnership with Public health
- Deliver our patient portal and build on this to develop a suite of curated digital tools for patient co-management of their care

- **Planned interventions:**

- Progress the preoperative programme of work to expand into a perioperative programme across multiple pathways, driving use of technology, health coaches and patient co-management
- Determine vision for enhanced care areas (once hot block has been developed and ring-fenced—see below) including questions of ownership and integration of pathways
- Develop an approach to shift volume from inpatient to day-case to outpatient, establishing a model for reaching the target of 85% of surgical activity being delivered as day-case. Explore the implications (e.g., on estate) of setting up a dedicated pathway to accomplish this.
- Gain a clear understanding of interdependencies between services to understand which services must be co-located, especially as we move to separate planned services from emergency services

- **Emergency care:**

- Progress work to plan the development of a new ‘hot block’ in lockstep with our work for the New Hospitals Programme, as well as the model for acute care across each level of care (e.g., single-organ level 1, co-located levels 2-3)
- Develop our model of outreach and support for primary care—e.g., around advice and guidance
- Develop SDEC model across all pathways, supported by remote monitoring and virtual wards, as well as exploring the potential to develop off-site SDEC and UTC locations in the community
- Understand the interdependencies between services and plan accordingly to optimise efficiency of delivery for emergency care, including development of a plan for diagnostic support (incl. POCT / hot lab / imaging) and for theatre capacity and design