



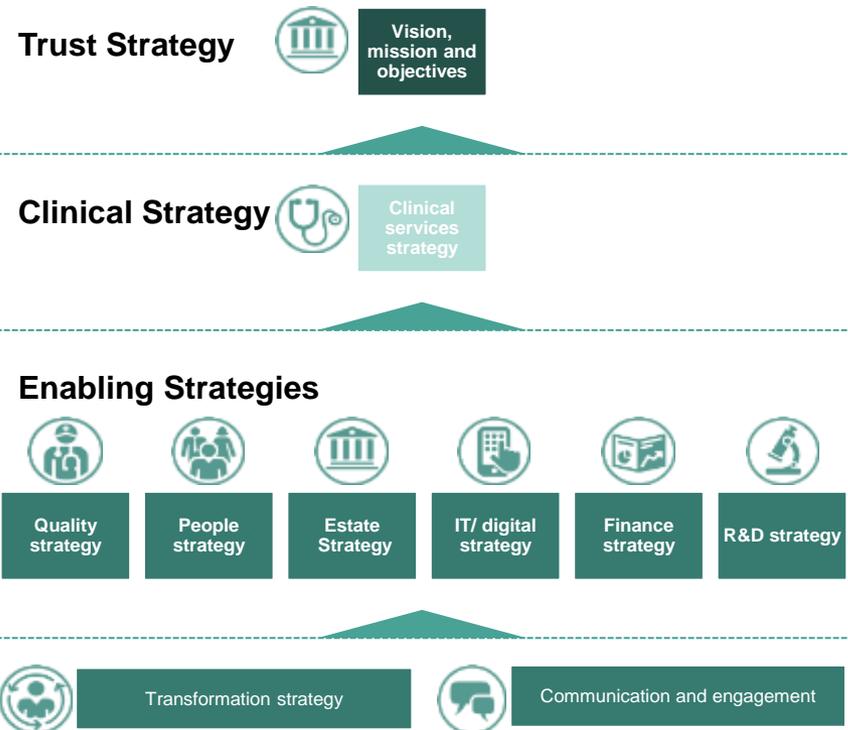
Royal Berkshire
NHS Foundation Trust

Vision 2025

Our Strategy

Prepared for the Membership Event, 26 February 2018, Townlands Memorial Hospital

- In recognition of the progress we have made over the last two years we have revised our Trust Strategy and set out our “Vision 2025”.
- We have looked at our vision and mission statements and reviewed our priorities as an organisation in the local and national context.
- Alongside the Trust Strategy we have been updating our Clinical Services Strategy and enabling strategies
- We want to share our progress with you and seek your views

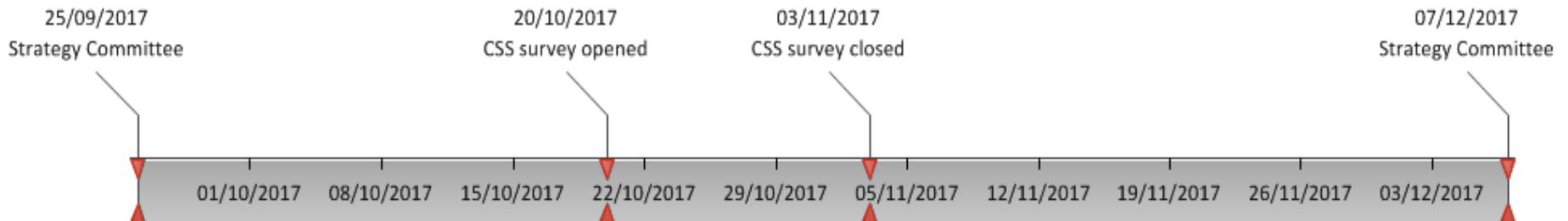


Members surveyed during October 2017 to help us develop the Trust Strategy



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1. To what extent do you believe the following are priorities?
(strongly agree, somewhat agree, neither agree or disagree, somewhat disagree, strongly disagree)
2. Are there additional priorities we should be applying? (Yes, No, - if yes free text answer)
3. Which of the services provided by the Trust require the most improvement or investment? (list of specialities and services (e.g. OP, catering etc) and a free text answer)
4. Which aspects of areas of care outside of the hospital should Royal Berkshire NHS Foundation Trust be offering to support? (GP services, 111 services, Ambulance services, Community Hospitals, Mental Health, Specialist services, Social Care, Other –please state)
5. Is there anything else you would like us to consider as we develop the strategy? (free text)



25/09/2017

07/12/2017

We received nearly 200 responses to the Member survey



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Overview of responses to survey

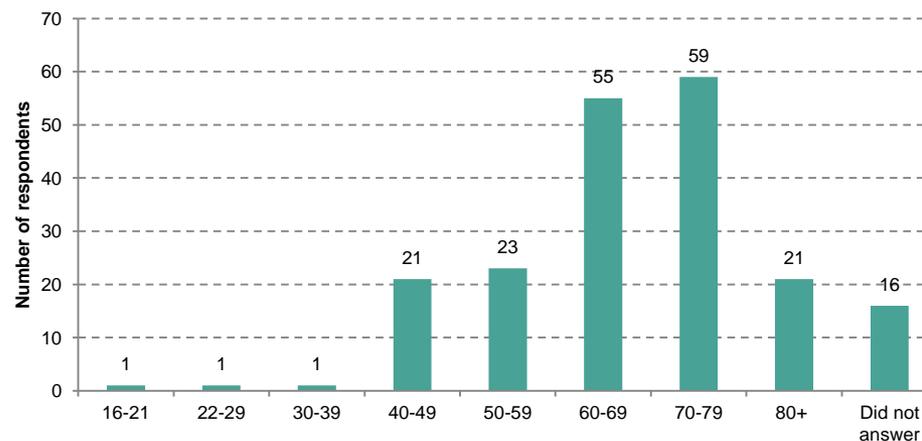
- 198 people responded to the survey
- Roughly 50% of those who responded were male
- We had a good response from across the geography we serve
- 74% of respondents identified their age said that they were 60 years of age or over

It was pleasing to receive so many responses and we would like to thank all of our respondents for the time they took in completing the survey.

Location of respondents



Age of respondents

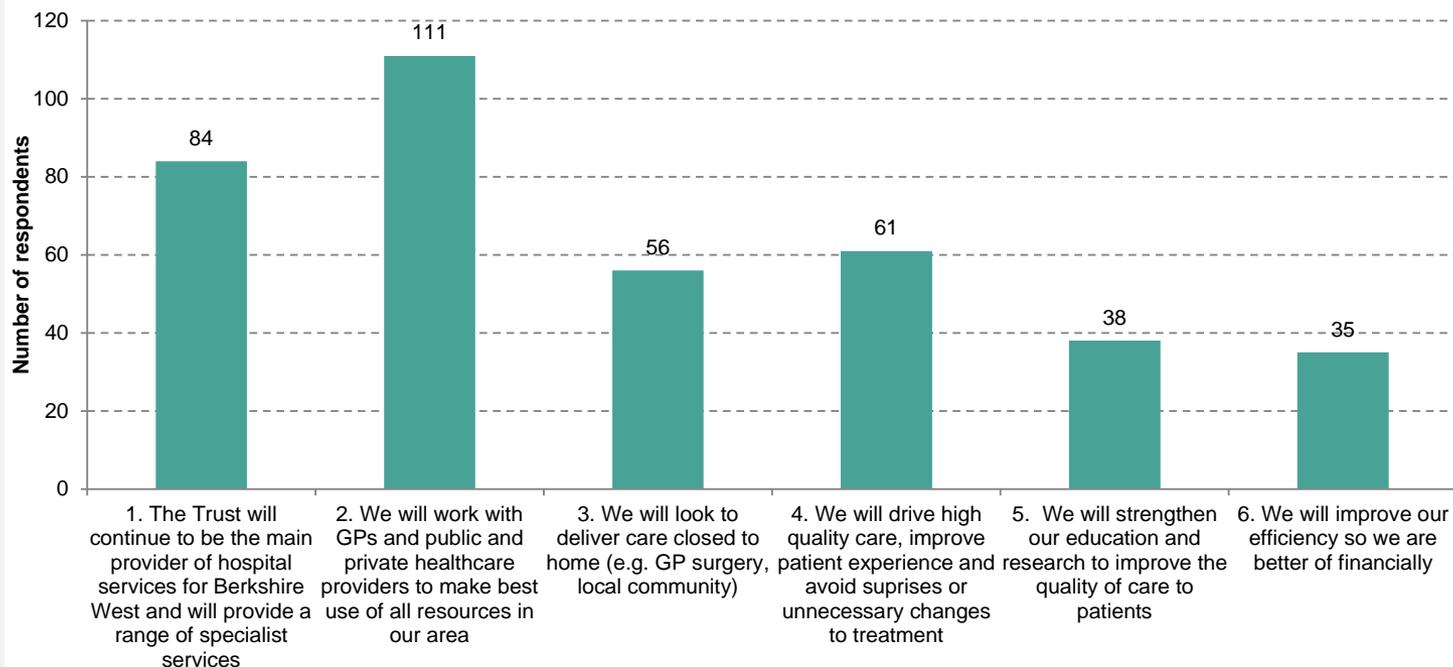


Which are the most important principles?

Members felt that the most important principles for shaping the strategy were:

- Principle 1 (remaining as the main acute provider)
- Principle 2 (working in partnership with other organisations)

Which two of the Clinical Services Strategy Principles are most important to you



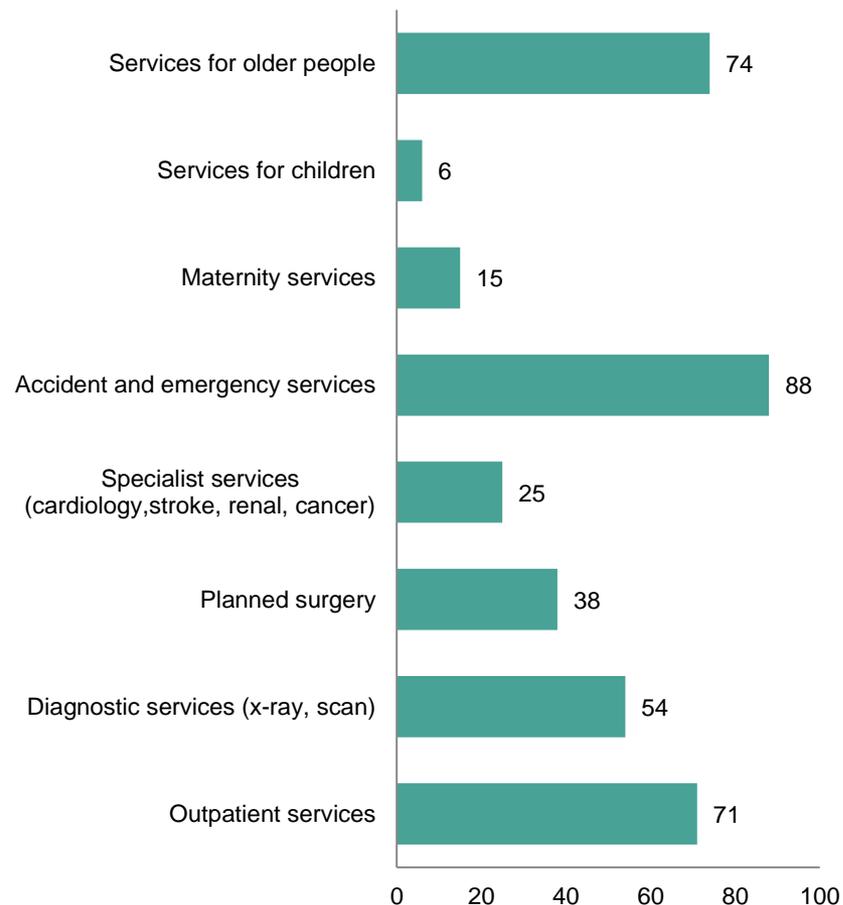
Members were asked which services they believed need most improvement



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- Accident & Emergency, Services for older people and Outpatient services were the top three identified.
- This reflects usage of our services and the profile of members involved in the survey
 - On a “typical day” the Trust has 1,627 face-to-face outpatient attendances, 339 A&E attendances, 113 day cases and 175 hospital admissions.
 - The majority of respondents to the survey were over 60.

Which of the services provided by the Trust do you believe needs the most improvement?



Members were asked which services provided outside of the hospital we could support



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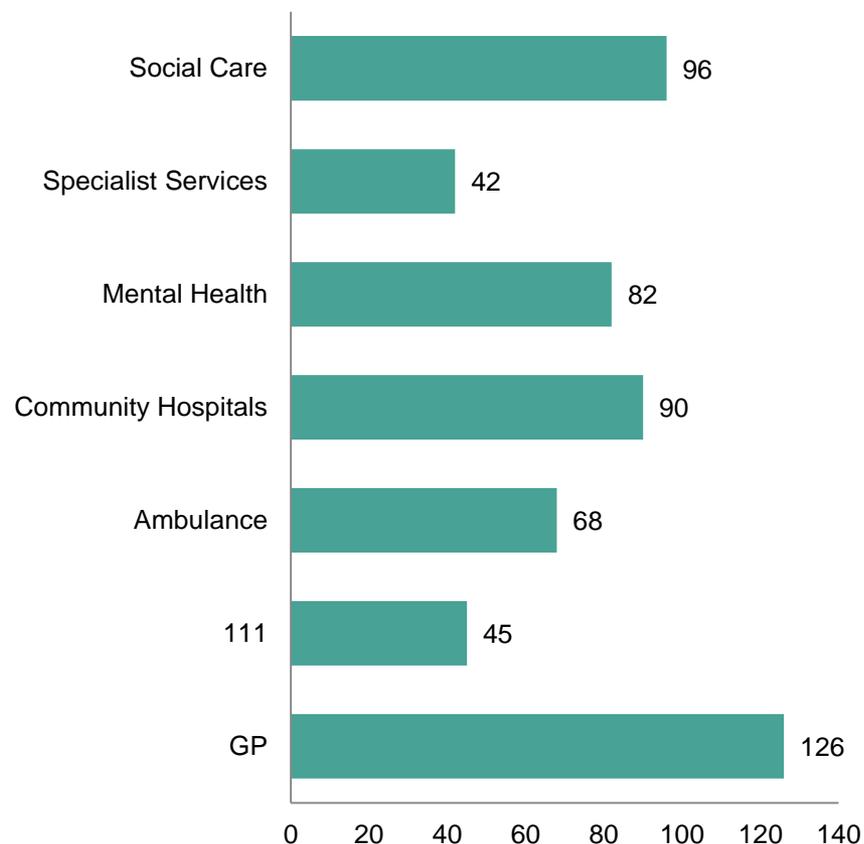
Members were keen for us to consider how we can support services outside of the hospital.

There was a strong focus on supporting local services such as GPs, Social Care and Community Care.

Within these areas respondents suggested that they would like to see us supporting:

- Healthcare at home:
- Self-monitoring:
- Preventative care:
- Respite care:

Which aspects of NHS care outside of the hospital would you like to see us support?



Having considered the views of members, our clinical teams and our stakeholders, we feel that over the next five years our mission involves:

- Continuing to provide our community with the **full range of acute healthcare services** that they need, as close to their homes as we can
- Striving to ensure that the services patients receive from us are as **safe** as possible and that the **outcomes** we deliver are on a par with the best the NHS can offer
- Working with partners to deliver **more integrated health and care** services
- Engaging more extensively in clinical and non-clinical **research** to bring new techniques and technologies to our patients
- Being a leader of **workforce, clinical, operational and digital change** in the NHS
- Becoming a **learning focussed organisation**, making the most from both our successes and our failures and being a place where people can develop their skills and build fruitful and rewarding careers
- Fully participating in the economic and civic life of the towns and places that we serve, acting as an **asset and resource for our community**

Our Trust vision statement

“Working together to provide outstanding care for our community”

We have identified five strategic objectives inline with our vision and values. These objectives set our agenda as an organisation and drive our work over the next five years.



Provide the highest quality care

This includes key priorities which are aligned to the Care Quality Commission (CQC) framework in terms of safety, effectiveness and outcomes, caring, responsiveness and access, leadership and governance.



Invest in our staff & live out our values

includes our key priorities of embedding our values, recruitment and retention, learning and development, health and well-being of our staff and talent management.



Drive the development of integrated services

comprises the key priorities which are aligned to delivery of the Integrated Care System (ICS) and Forward View commitments on urgent care and cancer, system financial balance, population management capabilities, partnership working and patient engagement.



Cultivate innovation & transformation

includes key priorities on research and development, academic partnerships, transformation, digital hospital



Achieve long-term financial sustainability

with our key priorities on financial balance, cost improvement programmes, renewal of our physical estate and growing our charity

Our values:

Compassionate

All our relationships are based on empathy, respect, integrity and dignity. In every interaction and communication, we treat colleagues, patients and 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. Responding 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 and we do what we say we are going to do and hold ourselves and others to account for adhering to our values and the behaviours we expect.

Organisation culture



In March 2017 we launched “What Matters”, a big conversation with our staff about our values and how this affects all of our behaviours.

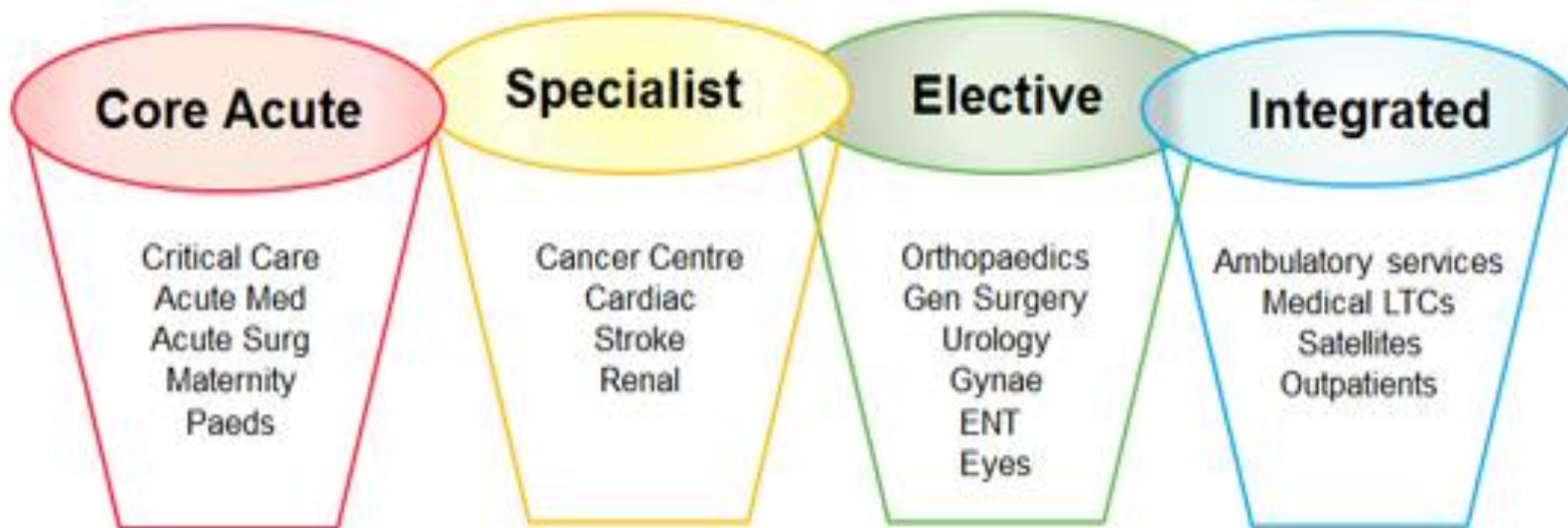
In the first 9 months, more than 3,000 staff across all occupational and professional groups, specialities and trust locations, have taken part in What Matters.

After completion of the first phase, the next steps are currently undertaken on shaping the behaviours that support our CARE values so that together we could build a Trust Behaviours Framework which will strengthen our positive and inclusive culture.

What this means for our services

We think about our services in 4 groups:

- At our core we are **District General Hospital (DGH)**, providing acute medical and surgical services.
- We also provide a **range of specialist services** that are not typically found in a DGH.
- We think about the services we provide in four groups



Core Acute Service Priorities as a result of the Strategy



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Establish efficient models of care (for adults and children) maximising ambulatory care where appropriate and sustain flow through the hospital 7 days a week

Ensure patients can access consistent high quality acute care

Develop new treatments in respiratory medicine and interventional radiology

In the estate, create an emergency facility at the core of the RBH site to include appropriate sized ED and ICU, supported by diagnostic interventional facilities and ensure an appropriate medical bed base pool. Refurbish the maternity unit and consider the need for a dedicated adolescent unit.

Invest in sufficient diagnostic capacity (MR and CT) to serve growing demand in all sites

Develop new workforce roles such as Physician Associates and Nurse Practitioners

Specialist Services Priorities



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Explore opportunities with commercial and charitable sector for these services.

Move clinical services out of North Block into appropriate facilities

Ensure services are in the top 10%, working in networks where necessary to maintain critical mass

Ensure high levels of research, technology and innovation

Develop new roles and shared posts with other providers in hard to recruit groups

Develop capacity to address growth in demand and new treatments such as stroke thrombectomy, TAVI and specialist radiotherapy

Establish replacement programme for LinAcs and develop dedicated cardiac imaging

Elective Services Priorities

More services out of West Drive, South Block Annex and Eye Block; refurbish South Block with appropriate acute and elective surgical bed base and reduced inpatient requirement; rationalise theatres and consider a robotic suite

Invest in necessary equipment to deliver ambulatory surgical care in the satellite sites.

Develop new ways of working including pre-operative and peri-operative care; ambulatory and day case care; robotic surgery and specialist networks

Develop new roles and role substitutions

With the ACS, develop new ways of working, such as prime provider models in Musculoskeletal (MSK) and other services

Maintain high quality care by reducing variation, using GIRFT and national audits.

Integrated Services Priorities



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With the ACS, develop new models of care closer to home, utilising telemedicine and technology

Deliver more than 50% outpatient care closer to people's homes.

Invest in spoke development and equipment for all services, to make outpatient activity and release acute site capacity

Establish a satellite service template, including diagnostics

Develop new roles to support new care models, greater remote working and shared roles with ACS partners

As a second phase, consider a satellite site for ambulatory care in central Reading

Outpatients of the future



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Bringing patients, consultants and GPs together for virtual/MDT appointments



Completion of questionnaires



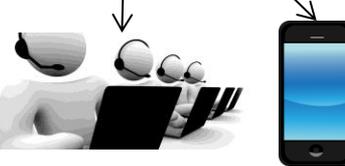
Face to Face appointments



Email consultation and advice



FaceTime / Skype



Specialist clinicians providing A&G for GPs & ?other consultants



Telephone follow up



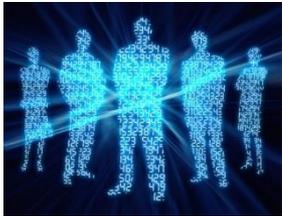
Smartphone and App technology



How could patients receive outpatient consultation?



Patient initiated appointment at point of need not routine



Virtual Clinics



Care closer to home



Care closer to home

Integrated services: Bringing care closer to home



Diagnostics - X-ray,
ECG, same day
blood tests,
Pharmacy



Urgent care
services/ minor
injuries unit

GP services
–on site or
connected

**Minor
procedures**
dermatology,
ENT,
cystoscopy,

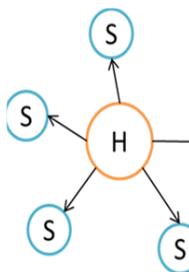
Clinics- one
stop,
multispecialty

Prevention -
Rapid Access
Clinic, access to
community beds



Support services –
Physio, Dietician, , social
care and community
services

Five principles that underpin a future vision



Integrated outpatient delivery model

- Position Royal Berkshire Hospital (RBH) as hub and with a network of spoke facilities
- Acute, complex and specialist services in hub
- Comprehensive, low-complexity services in the spokes
- Spokes as valuable part of an integrated delivery system with single management team (work in progress)



Increased service provision in spokes

- Increase clinical support and diagnostic capabilities and capacities of spokes
- Aligned service offering between public service providers
- Deliver care in an innovative way/ new models of care



Improved access through provision of care closer to home

- Shift of 60-80% of outpatient appointments from RBH to spokes (based on the patients' geographical area where clinically possible)
- Choose right location for each service (based on patient volume, medical condition, acuity level, resource intensity)



Increasing use of technology

- In service delivery tele-medicine, virtual clinics
- Connectivity of GP and other clinical groups to patient records



Optimal resource utilisation

- Utilise full potential of all (public) estates
- Optimising our workforce on all sites

What success looks like



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- A step change in the health and wellbeing of local people
- Improvement in the quality and safety of our services
- Making new techniques and technologies available to the NHS both locally and nationally as a result of our research
- Providing local people with the opportunity to build the skills needed in modern healthcare
- Supporting the development of community and civic life
- Demonstrating the benefits of integrated care to the rest of the NHS



For more information about the Trust,
to get in touch with us and join the conversation



Website



Email



Twitter



Facebook



LinkedIn