Berkshire Healthcare NHS
NHS Foundation Trust

Operational Plan 2017/18 – 2018/19

Berkshire Healthcare NHS Foundation Trust

March 2017

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Contents

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS
NHS Foundation Trust

Activity planning

Activity Planning - 1

Berkshire Healthcare NHS
NHS Foundation Trust

Key operational Standards

We are in active discussions with commissioners to ensure that we have the capacity and resources to deliver the key operational standards during 2017-19:

- Achievement of Five Year Forward View for Mental Health (FYFV for MH) targets specified within NHS England planning guidance for the period April 2017 to March 2019, as well as the five year timescale required for Sustainability and Transformation Plans (STPs).
- Demand and capacity pressures which ensure on-going delivery of safe community and mental health services
- Delivery of benefits across the health and care system, drawing on the Centre for Mental Health economic report for the Mental Health Taskforce.

Mental health services have been identified as the priority area for investment with a mixture of national funding, CCG funding and funding streams through the Sustainability and Transformation Fund (STF) for our two STP footprints.

- CCG investment in 2015/16 has enabled us to achieve the **Early Intervention in Psychosis (EIP)** national standards during 2016/17. Staff have been recruited and a service model designed to achieve waiting times and NICE (National Institute for Health and Social Care Excellence) compliance. Performance targets are being achieved
- Through CCG and Wave 1 Transformation Funding, our **Improving Access to Psychological Therapies (IAPT)** service has sufficient investment to meet the national access standards. The service is currently delivering against the waiting times required. We have trajectories to meet 25% of local prevalence in 2020/21, with increased numbers of therapists trained and co-located in general practice by 3,000 by 2020/21, subject to ongoing investment from CCGs from 2018/19.
- We secured £2.4m of CCG investment into **Child and Adolescent mental Health Services (CAMHS)** Tier 3 services in 2015/16 to improve waiting times. We are actively working with our commissioners to implement our Local Transformation Plans to expand access to CAMHs to meet 32% of local need by 2018/19. CCG investment is also being sought to pilot a **CAMHS Urgent Care Response** team to deliver a 24/7 urgent and emergency mental health service for children and young people that can effectively meet needs, ensure submission of data for a baseline audit in 2017 and an expansion in access. The FYFV for MH states that half of all mental health problems are established by the age of 14, rising to 75% by the age of 24. A key aim of investment in CAMHS is a reduction in adult mental illness, in the context of the current rising demand
- We are auditing our **Mental Health (MH) Liaison** service at the Royal Berkshire Hospital against the Core 24 standard, and working with system partners in the Frimley Health and Care System to develop a compliant MH Liaison Service at Wexham Hospital (Frimley North), accessing Transformation Funding.

We have received year on year investment from commissioners to meet demand pressures in specific community physical health services and are meeting national standards for **diabetes, audiology and paediatrics**.

Capacity and demand management

The following key capacity and demand risks have been addressed during 2016/17 and remain under review:

Child and Adolescent Mental Health Service (CAMHS)
Good progress has been made, supported by commissioner investment. Achievement of targets to the contracted timescales is progressing to plan, including establishment of a **Community Eating Disorder service**. The Autistic Spectrum Disorder pathway remains an area of concern with slower progress to achieve waiting time targets in the context of high referral rates.

CAMHS Tier 4 inpatient service
NHS England has also invested in our Berkshire Adolescent Unit, which is now fully operational with 9 beds, to reduce the number of young people receiving inpatient services outside of Berkshire. Plans for a new Adolescent unit are being discussed with NHS England, to be operational in 2019.

Activity Planning - 2

Berkshire Healthcare NHS
NHS Foundation Trust

Demand and capacity continued

Crisis Response and Home Treatment (CRHTT)
Commissioners invested £0.8m into our CRHTT service in 2015/16 to support improvements in our response to people in crisis and address rising demand. Activity levels are being managed more effectively however demand continues to increase. Service reconfiguration is underway and interfaces with other services are being improved as part of the mental health clustering /pathways development. Our Berkshire East service has achieved the **Home Treatment Accreditation Scheme (HTAS) standard**, (Royal College of Psychiatrists Centre for Quality Improvement). Investment in **mental health liaison** and **street triage** has been prioritised to improve the safety and outcomes for patients and to address demand pressures.

Mental health inpatients and Out of Area Placements (OAPs)
In common with other providers we experience peaks (sometimes sustained) of MH inpatient activity leading to high bed occupancy levels and the need to place patients in a bed outside of Berkshire. We have seen increased demands during 2016/17 and have a **bed optimisation project** to identify and deliver effective alternative community services, improve the length of stay and discharge processes. This project is aiming to consistently deliver <90% occupancy for adult beds to meet demand needs within available bed capacity. We have undertaken a skill mix review and included Bed Manager and Discharge Coordinator posts within our revised staffing establishment. We have identified a relatively high proportion of patients within the Cluster 8 personality disorder category, and have therefore prioritised strengthening alternative community based responses to avoid crisis and inpatient admissions.

Common Point of Entry (CPE) mental health referral hub
Referrals to our mental health hub has been growing. A significant proportion of referrals do not "convert" to activity in our MH services and are triaged / signposted elsewhere. We continue to improve productivity of the service and engage with primary care and commissioners to reduce inappropriate referrals. We have provided additional investment to address immediate demand pressures. We are also working with partners to integrate services which will help meet demand for health and social care more efficiently.

Community health services
There is a trend of increasing referral rates and complexity of referrals to community health services. We have mitigated this to some extent through the deployment of mobile working, the use of digital innovation and effective use of estates. Capacity issues in our **community nursing service** are mainly caused by challenges recruiting suitable staff. Demand for the service is rising, so we are working with our commissioners to establish a Service Development Improvement Plan (SDIP) to review the specification of the service and address these issues.

Productivity

We continue to highlight and address material capacity and resource risks with commissioners and will continue to focus on data quality and activity reporting to identify trends. Our key areas of work to enable us to meet future demand pressures and improve productivity include:

- Further development and deployment of technology, building on our strengths in delivery of innovative, online solutions to provide greater choice about how people can access our services,
- Implementation of our workforce strategy , which includes the development of our support workforce, recruitment and retention initiatives and increasing our workforce planning capability
- Our inpatient services will focus on productivity related quality improvements, including reducing assaults, slips, trips and falls, 'absent without leave ' patients and absconsions; our community services will improve clustering, reduce delayed transfers of care and improve performance in response to benchmarking results
- Leading and participating in system-wide initiatives to improve collective use of resources in partnership within our local systems

Winter resilience

Berkshire Healthcare attends the A&E Delivery Boards in both East and West Berkshire, and contribute to the A&E Delivery Plan for winter resilience. We have well established escalation arrangements in place for both east and west systems to manage unplanned changes in demand.

Berkshire Healthcare NHS
NHS Foundation Trust

Quality planning

Quality planning - 1

Berkshire Healthcare NHS
NHS Foundation Trust

Our approach to quality improvement

The Director of Nursing and Governance, and the Medical Director share responsibility for quality improvement across the Trust. Berkshire Healthcare was rated 'good' by the Care Quality Commission (CQC) in March 2016. Quality improvement underpins our plans to achieve an 'outstanding' rating in the next round of CQC inspections. In September 2016 we approved our Quality Strategy 2016 – 2020 which is grounded in the use of quality improvement methodology, and informed by our Quality Account and Trust Board Quality Concerns monitoring.

We have a robust quality governance process, with each service reporting to a locality patient safety and quality group. These groups report to the Quality Executive Group (QEG), chaired by the Chief Executive, which reports into the Board subcommittee for quality assurance (QAC). CQC and quality improvement action plans are received monthly by the QEG, with embedded evidence to provide assurance around progress and completion. Where a whole service improvement plan is in place, for example our Crisis Resolution and Home Treatment Team, and our Child and Adolescent Mental Health service waiting lists, these are monitored by the Business and Strategy Executive group, also chaired by the Chief Executive ,and reported through to our Trust Board on a quarterly basis. A trust wide Clinical Audit Programme and Patient Safety Programme also support quality improvement reporting thorough clinical effectiveness to the Audit Committee.

Safe staffing is considered by the QEG, Finance Performance and Risk Executive group, and the Finance Investment and Performance (FIP) Board subcommittee.

The Trust Board reviews emerging and current quality concerns each quarter, to enable members to understand progress to mitigate concerns and where new concerns are potentially occurring. Quality visits are undertaken by Trust Board members, and reported to Board meetings, which also provide assurance.

From good to outstanding

We are prioritising investment in quality improvement as the foundation of the next phase of our Organisational Development Strategy and we are seeking to contract with a suitably qualified provider to form a strategic relationship to develop a culture of continuous quality improvement. This will require the successful provider to work alongside staff at all levels within the Trust, including board and senior manager levels to increase capability and capacity in quality improvement.

The aim of the programme will be to support us in becoming a transformed organisation through the skills, knowledge and experience gained from the strategic partnership.

The procurement process is due to conclude in March 2017. The contract will be in place for 18 months. A key element to transformation is a culture where frontline staff are able to participate in innovation activities and identify opportunities for improvement, using quality improvement tools. The culture that supports this level of engagement is one rooted in trust and respect across the workforce and builds on our 'Listening in Action' programme (our staff engagement initiative), our accredited bespoke Excellent Manager Programme, and our Values Based Appraisal and Recruitment process.

The measures planned to demonstrate and evidence the impact of quality improvement include:

- Reduction in the percentage of suicides per 10,000 people receiving services from our secondary mental health care services
- Reduction in absconsions from our acute mental health wards
- Reduction in pressure ulcers
- Reduction in falls resulting in fractures
- Co-production embedded into service redesign.

Quality planning - 2

Berkshire Healthcare NHS
NHS Foundation Trust

Our Quality Improvement Plan

Our quality improvement plan is wide reaching, focusing on both mental health and community health services. **Workforce shortages** are identified as our greatest risk to quality over the next two years. Nursing, therapy and medical vacancies within our mental health and community inpatient services cause significant concern currently. For mental health inpatient services an overall improvement plan is in place, and the workforce stream includes actions to improve recruitment and retention and development of new staffing models, supported by robust induction and training.

We have recently appointed a Head of Resourcing and Retention to support our workforce initiatives and their links to quality improvement.

Berkshire Healthcare participates in all relevant national clinical audits for mental health and community services, our early intervention services and IAPT. All national reports are reviewed by the Board sub committee for quality (QAC) and the Audit Committee. They provide both challenge on the actions identified by the relevant services, and also give assurance to the Board that, where required, improvements will be implemented.

In January 2016 the Trust established our **mortality review process** which now reports quarterly to the QEG. Our Mortality Group meets monthly supported by weekly meetings between the Medical Director and the Director of Nursing and Governance, who review the deaths reported during the previous week. The mortality review process uses the Mazars grid and covers all deaths of people with a learning disability, our older people's mental health service that meet a defined criteria, all mental health suicides and unexpected deaths, and deaths associated with our community inpatient services. We have repeatedly encouraged our commissioners to establish a system wide learning group with acute and primary care clinicians involved so that learning can be shared. Our serious incident investigation process is timely and robust, fully involving families and is praised by the Coroner.

We have robust systems to support the management of **infection prevention and control**, and our performance in this area demonstrates our success, with zero MRSA and one Cdiff case over the last year. In response to the needs around anti-microbial resistance we have developed an App for use by clinicians to support the prescribing of antibiotics.

We are working with the Oxford Academic Health Science Network (AHSN) to reduce the levels of **falls** on our older people's mental health and community rehabilitation wards using QI methodology.

Our out of hours GP service was praised by the CQC for its innovative work to identify **sepsis**. This work is supported by the implementation of the patient safety alert for managing the deteriorating patient.

Our **end of life care** was rated as 'outstanding' for caring in our CQC inspection and work will progress on improving recording of advance decisions and preferred place of death.

Patient experience priorities include driving consistency across mental health services to ensure patients and carers are involved in individual care planning and co-production is developed as a way of working. Our patient leaders will support this work.

We will implement **national CQUINs** relevant to mental health and community service trusts. The Director of Nursing and Governance is the lead for CQUINs and the Quality Schedule.

Quality improvement work will continue on our **zero suicide** project, the management of 'absent without leave' patients, **pressure ulcers** and risk management.

We have reviewed the **four priority standards for seven-day services**, which relate primarily to acute hospitals, however during 2016/17 we are delivering a Quality Standard for **7-day working consultant cover** for mental health inpatients. We also provide a range of 24/7 services including MH Liaison in Berkshire West, MH crisis resolution and district nursing across Berkshire. We also offer extended hours to access our services where there is a patient need or to meet national guidelines.

Our quality priorities are consistent with the two Sustainability and Transformation Plans covering Berkshire.

Quality planning - 3

Berkshire Healthcare NHS
NHS Foundation Trust

Our approach to the Quality Impact Assessment process

As part of our CQC comprehensive inspection, our approach to Quality Impact Assessment (QIA) was taken into account, and Berkshire Healthcare was rated 'good' in March 2016. In addition, our quality impact assessment process was reviewed as part of our external Board Governance Assessment where we were rated as 'well led' in 2015. There are currently no plans for the Trust to merge with or acquire other organisations.

Cost improvement plans and significant service changes are all subject to our QIA process. Initiatives are developed at a service level, led by our locality directors with appropriate service managers and clinicians. Once a scheme is proposed an electronic QIA form is completed based on the three core quality domains to focus attention on potential impact on our CQC registration. Within the domains managers are expected to indicate impact and metrics they will monitor, and then provide mitigation for those identified risks. Quantitative and qualitative metrics are used and might include staff morale, whistleblowing, patient feedback, waiting times and incidents. The appropriate clinical director then reviews, analyses and follows up any questions prior to making a recommendation to the Director of Nursing and Governance, and Medical Director whether or not to support the scheme. These two executive directors then review each initiative and ask further questions if appropriate prior to approving or not.

There is no formalised risk based approach and therefore all cost improvement plans (CIPs) and significant service changes are subject to a QIA and are reviewed by the Director of Nursing and Governance, and Medical Director.

The Quality Assurance Committee (QAC), a subcommittee of the Board, oversees the QIA process and receives a detailed report following completion. CIP performance is monitored monthly by the Finance, Investment and Performance (FIP) Board subcommittee. Significant service changes are reported monthly to the Business and Strategy Executive group which also reports into the FIP. The QAC receives quarterly quality concern reports which can be triangulated with CIP and service changes.

In the last two years the QIA process has resulted in investment into services where quality was compromised for example child and adolescent mental health services, where high levels of demand were causing unacceptably long waiting times.

Triangulation of quality with workforce and finance

Berkshire Healthcare triangulates quality, workforce and finance on a quarterly basis. This is led by the Director of Nursing and Governance and reported to the Quality Assurance Committee, which is a Board subcommittee.

The triangulation process involves clinical and locality directors, human resources and clinical governance staff. The current financial information for each quarter is used to support this process. The key indicators used in this process are all reported incidents, complaints, patient feedback, staff and manager feedback and HR intelligence (e.g. grievances), whistleblowing, use of temporary staff, e-rostering information, escalating costs and waiting lists.

The Board uses this information to monitor quality of care and to ensure appropriate actions are in place to mitigate the identified concerns. An example of this process is the Prospect Park Hospital workforce work stream, aimed at ensuring patient safety and quality of care are not compromised as a result of staffing shortages. Three executive directors are focusing on improved recruitment and changing workforce skills mix to improve numbers of permanent staff, reduce agency costs and as a consequence improve quality of care overall.

Berkshire Healthcare NHS
NHS Foundation Trust

Workforce planning

Workforce planning and strategy - 1

Berkshire Healthcare NHS
NHS Foundation Trust

Our **Workforce Strategy**, approved by the Trust Board in December 2016, sets out our workforce planning methodology, and is informed by patient safety, quality, financial, and service objectives, and clinical and STP priorities. The strategy includes specific initiatives for attracting and retaining staff and aligning workforce design with our strategic objectives, ensuring that key risks are mitigated. The workforce strategy was informed by views of staff and input of operational service managers.

Our **workforce planning methodology,** developed with support from the University of West London and funded by Health Education Thames Valley, enabled us to produce workforce plans for four major operational service areas: community nursing, community mental health teams (CMHT), mental health inpatients, and crisis resolution and home treatment teams (CRHTT). This process included assessment of risks and opportunities represented by demographic trends, changes in clinical best practice, known or anticipated commissioning requirements (including anticipated procurement processes) shortages of specific skills, cost improvement and service delivery objectives. This together with an understanding of the existing workforce strengths and weaknesses were used to:

- Identify skills, roles, skills mix and numbers of staff required
- Prioritise actions required to achieve safe staffing levels, and provision of high quality patient care on a sustainable and affordable basis
- Develop tailored workforce plans to attract, retain, develop and improve the efficiency of the workforce

We will build on this work to deliver in-depth workforce reviews by October 2017 for major service areas: community nursing/community health services; community hospitals; Prospect Park Hospital; community mental health services; children's services; and learning disability services. This will include plans for **7 day Services** as relevant to community and mental health services. Explicit role and responsibilities of operational managers and corporate services will support delivery to achieve workforce targets and for the prompt escalation of risks.

Medical workforce planning has been identified as a specific priority, given recruitment challenges in Consultant Psychiatry posts for inpatient mental health services. Our Medical Directorate and service leads are working to reduce reliance on agency locums and specific actions include:

- Redesign of job descriptions to include interests/priorities of candidates and a more flexible job plan across inpatient and community services
- Commissioning an independent review in January 2017 to ensure we have the right clinical skills in the right place

Our Phase 2 **Organisational Development objectives**, aim to develop the organisational culture and capability that will enable us to achieve a **sustained CQC rating of Outstanding**. Our Quality Improvement Programme will include use of process mapping and modelling tools to design service and workforce models aligned with quality, financial, service activity and efficiency objectives.

In addition, we are exploring the use of existing **NHS workforce modelling tools** (e.g. WRaPT – the Workforce Repository and Planning Tool) to strengthen our analysis of activity, workforce and key performance indicators.

Our workforce strategy also establishes **strengthened governance** through:

- A **workforce steering group** to be established by April 2017, reporting to our Business and Strategy Executive which will monitor effective delivery of the strategy and realisation of benefits and efficiencies. Key milestones for workforce strategy implementation are included within our overall Strategy Implementation Plan, monitored by the Trust Board
- Effective communication between the workforce steering group and **Local Workforce Advisory Boards** (LWABs), ensuring alignment of plans and clear accountability
- Continued engagement with our **Joint Staff Consultative Committee** (including relevant aspects of Sustainability and Transformation Plans)

As members of the LWABs for Berkshire West, Oxfordshire & Bucks and Frimley **STP footprints**, we are aligning our plans with strategic workforce planning at a system level, including **development of the support workforce**, use of a **common staff bank** and system-orientated organisational development.

Workforce planning and strategy - 2

Berkshire Healthcare NHS
NHS Foundation Trust

There is a significant shortage of qualified registered staff in the NHS , which presents a significant risk in areas with high housing costs and staff mobility, so achieving a balance between the workforce supply and demand is key. We are committed to ensure the best and most appropriate **education and training** for our current staff and future workforce.

We are using the opportunity created by the **removal of the cap** on training places for NHS nursing and allied health professional to actively work with local universities to increase numbers of local pre-registration students. We will increase student numbers through changes to mentorship models and improving support for students. Growth in apprenticeships, linked with the **Apprenticeship Levy**, will open up opportunities, especially more mature students who are predicted not to access the student loan funded pre- and post registration training from September 2017. The Trust has expressed interest in becoming a provider of apprenticeships, and will be supporting the apprenticeship route into nursing with our local partners and Health Education England on the development of the **Nursing Associate role**. Developing the workforce locally in Berkshire will mitigate the risk of post **BREXIT** uncertainty and the **immigration health surcharge**.

Our **combined approach to workforce planning and strategy** has been designed to prioritise actions in the following key areas to mitigate identified risks, achieve our strategic objectives and support delivery of STP priorities:

- Effective use of resources – supported by our use of e-rostering, **Carter** and other internal workforce efficiency programmes (refer to page 14), and system- wide initiatives to develop new care models and redesigned pathways
- Effective recruitment, retention and skills mix initiatives
- Values based organisational development to support continued high levels of staff engagement and delivery of safe, high quality services
- Effective operational and strategic workforce planning - ensuring our workforce initiatives are clearly linked to the STP and Five Year Forward View priorities, and supported by commissioners.

Use of Agency Staff

The Trust temporary staffing team work in partnership with NHS Professionals (NHSP) to run the Berkshire Healthcare staff bank across all staffing groups except medical staff (under consideration for inclusion). It regularly fills over **2000 shifts per week**.

Non-framework agency usage has dropped from **48% to under 10%** of all shifts used and we aim to reduce further. Some staff groups (namely dental, IT and facilities) will continue to be non-framework as no clinical framework supplies these staff; the goal is to move these staff to the bank where possible.

There has been a **reduction in the number of agencies** used (106 in January to 65 in September 2016). From January we will be **reducing longer term agency placements** by recruiting permanent or fixed term posts, and in February 2017 we will **stop using agencies for bands 2 and 3 nursing /healthcare assistants**. Plans are in development to reduce use of **personal service companies**, and how GPs working in our out of hours services are paid.

We are introducing **e-rostering** in phases across our service areas; by 1 April 2017 it will enable the effective allocation of **2,600 staff**. We are integrating our e-roster team with our temporary staffing team, reviewing **unused hours**, poor roster practices/ designs, and further reducing temporary staffing needs.

An extra module has been purchased to **link e-rostering and the staff bank** to enable quick and efficient notification of unfilled shifts. These will then go directly to the bank as soon as the rosters are created. Three sites are currently piloting this, with a planned roll out programme.

We liaise regularly with our **acute provider partners** to work together across common areas (mostly paediatric and therapy staff). We also work with other trusts in a group known as “Collaborate” with temporary staffing leads from both our **STP footprints** to share good practice around attracting staff and working with agencies/ temporary staff. Wider collaboration will also be explored, for example a **shared staff bank**.

Our Agency Programme Board is chaired by the Director of Nursing and Governance, reporting monthly to the Executive and the Trust Board.

Berkshire Healthcare NHS
NHS Foundation Trust

Financial planning

Financial forecasts and modelling

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare is currently aligned with its 2016/17 target of a £0.5m surplus (including STF funding of £1.8m) with a UoR of '2'. This is despite managing considerable exposure with regard to Out of Area Placements (OAPs), our largest area of fiscal risk.

Future work with STP partners (Frimley 50% and BOB 50%) is welcomed as an opportunity to break the boundaries of the funding model and its impact on patient care pathways but plans, as yet, remain high level with little tangible benefit to the Trust over the next two years. On this basis the 2017-19 trajectory is currently based entirely on the Trust's own position (rather than including savings from outside the organisation).

2017-19 Projection

The **December 2016 operating plan submission forecasts achievement of the assigned control totals of £2.4m surplus in 2017/18 moving to a £3m surplus in 2018/19**; as a result this position includes £1.7m STF funding (in both years). Discussions with commissioners have focused on financial stability. We have secured national 'pump prime' investment in IAPT and Perinatal services thereby reducing the overall short term 'ask' of the local system whilst providing assurance in meeting FYFV for mental health priorities (having invested in CAMHS and EIP to date). On this basis we have agreed demand growth support from CCGs of:

- Berkshire East CCGs: 2017/18 c. £1.9m and 2018/19 c.£1.6m
- Berkshire West CCGs: 2017/18 c.£3.3m and 2018/19 c.£2.3m

Focusing on the forthcoming year, the above results in a UoR rating of '1' for 2017/18 with capex of £6.7m and a closing cash position of c.£18.7m.

Summary Income Statement	£m	£m	£m
£m	16/17	17/18	18/19
Operating Income from patient care activities	220.1	225.0	229.7
Other operating income	20.2	20.1	20.1
Operating Revenue	**240.3**	**245.1**	**249.8**
Employee expense	(171.0)	(172.2)	(176.4)
Non-Pay expense	(64.0)	(65.5)	(65.2)
Operating Surplus/(Deficit)	**5.3**	**7.4**	**8.2**
Finance Costs	0.1	0.0	0.0
PFI Charges	(3.5)	(3.6)	(3.6)
PDC	(1.4)	(1.5)	(1.6)
Non-Operating Expense	**(4.8)**	**(5.1)**	**(5.2)**
Projected surplus, per agreed control totals	**0.5**	**2.4**	**3.0**
Embedded CIPs	**4.3**	**4.7**	**4.7**
Capital expenditure	**4.5**	**6.7**	**7.1**
Cash at year end	**18.0**	**18.7**	**19.1**
Use of Resource Rating	**2**	**1**	**1**

Core Assumptions

- Reliance on CCG demand growth and central STF funding as articulated. The Trust is still holding risk in relation to activity on MSK East, AQP Berkshire-wide and Common Point of Entry (CPE).
- It is assumed the Trust delivers its 2% efficiency challenge in both financial years however a significant proportion of this is unidentified to date and there will be a reliance on the wider healthcare system to facilitate savings that will be recognisable within Berkshire Healthcare.
- We have, included in the position, provided for investment in our Quality Improvement programme (QI).

Risks and Capital Planning

Berkshire Healthcare NHS
NHS Foundation Trust

Potential risk to the plan position, 2017-2019

The following sets out identified risks that the Trust will be managing, which are not included in the two year plan position, and indicative level of exposure:

- **Out of Area Placements:** continuing pressure - acute overspill and independent placements
- **Decommissioning risk:** on key services which will increase the relative overhead level, most of which is not easily removed.
- **Mental health inpatients staffing/patient acuity levels:** staff retention and the increasing need for 1-to-1 observations
- **Community inpatient staffing/workforce:** recruitment into community nursing wards is increasingly difficult and has remained a cost pressure

The following lists the areas where the Trust is unable to quantify the financial exposure:

- We have achieved significant CIP benefits over the last five years but the **ability to find 'bankable', recurrent savings is becoming increasingly difficult**
- NHS Property Services' planned **move to 'market value' rentals** as part of cost recovery - whilst this will be funded via CCGs the position beyond 2017/18 is not yet clear to providers or CCGs in the Berkshire system.

Capital Expenditure

Capital expenditure for 2016/17 is projected to be £4.5m following significant challenge throughout the year. The **2017/18 projection is £6.7m and 2018/19 is £7.1m** These projections include increased expenditure on health & safety and fire safety improvements across all Trust locations. PFI expenditure includes the relocation of inpatient learning disability services in 2017/18 and a large scale capital investment, that is currently under review with NHS England in terms of funding model, for the potential move of Tier 4 CAMHs to Prospect Park Hospital in Reading in 2018/19. The plan also includes the on-going strategy of relocating services to single site in localities to reduce the overall estate risks.

Estates

Investment in estates is focused on site/service consolidation and necessary compliance works. The Trust's Private Finance Initiatives (PFI) continue to place capital pressure on resources and the constraining impact of NHS Property Services in enabling us to release estate is palpable in resource planning. Additionally the 'market value' approach to rental costs is confirmed but the funding flows (and expectation of both providers and CCGs beyond 2017/18 are not yet clear.

Information Management and Technology (IM&T)

Resources are focused on developing business intelligence systems and processes to support decision making in delivering improved patient care and stronger clinical systems. We are also rolling out electronic prescribing (ePMA) following the successful implementation of its partner integrated clinical system (this system integration expenditure is included in 'IM&T System and Network Developments').

The increase in planned expenditure in 2018/19 is primarily driven by the refresh and replacement of IT hardware following a mobile working initiative in previous years.

Efficiency Savings 2017-19

Berkshire Healthcare NHS
NHS Foundation Trust

Efficiency Challenges

As highlighted in our 2016/17 plan, the ongoing efficiency challenge has resulted in declining CIP delivery with a high level of non-recurrent savings, mainly due to the Trust's efficiencies being absorbed in demand growth within the block contract.

Over 2017-19 a key area of focus will be on workforce savings including the need to continue driving down agency spend in line with the commitment to an agency ceiling of c.£13.9m in both years. This, in itself , is a significant challenge with the ongoing implementation of E-rostering across the Trust and adoption of associated best practice.

Embedding E-rostering will bring financial benefits but there is a recognised need to improve recruitment and retention with an emphasis on key service and skills areas. There is also a need to focus on the cost of doctors across the system.

We are reviewing opportunities linked to the Carter report including:

- Estates
- Procurement (continuing development of the contract base and use of frameworks/procurement hubs)
- Support services and management costs.

Whilst the financials reported do not reflect savings from outside the organisation, we are proactively engaging in opportunities to explore efficiencies through alignment and engagement across STPs however it is recognised that these will take time.

2017-19 CIPs

The following CIPs are being planned for 2017-19:

1. Workforce programme (including Agency):
   - 2017/18 **£1m** and 2018/19 **£0.5m**
2. Carter Review:
   - Non-pay and procurement savings 2017/18 **£0.3m** and 2018/19 **£0.3m**
   - Support services 2017/18 **£0.3m** and 2018/19 **£0.5m**
   - Management costs 2017/18 **£0.3m** and 2018/19 **£0.5m**
   - Estates 2017/18 **£0.2m** and 2018/19 **£0.2m**
   - Other including discretionary spend 2017/18 **£0.6m** and 2018/19 **£0.6m**
3. We have unidentified CIPs of **c.£2m** in both financial years (see section below).

Strategic, Sustainable Savings

In view of the timing of this year's Operational Plan and Contract cycle , the certainty of the CIPs included in the 2017-19 financials are not as strong as would normally be the case (they have not received budgetary process scrutiny). However, the additional three months of time gained from the change timeline is welcome and we are considering the establishment of a 'Financial Improvement Programme' to formalise governance across the areas articulated above and to gain traction in the right areas.

It is recognised that savings opportunities outside the Trust will arise through the STPs and the work of the Financial Improvement Programme will also look to align Trust priorities with the key STP work themes as they become more established. The areas likely to be of more short-medium term benefit are those connected to inefficiencies caused by organisational fragmentation (principally non-frontline) such as support services and estates utilisation and optimisation.

Berkshire Healthcare NHS
NHS Foundation Trust

Link to our local Sustainability and Transformation Plans

Sustainability and Transformation Planning - 1

Berkshire Healthcare NHS
NHS Foundation Trust

Background

Berkshire Healthcare is part of two Sustainability and Transformation Plan (STP) footprints. Berkshire West is within the Buckinghamshire, Oxfordshire and Berkshire (BOB) footprint and Berkshire East is in the Frimley footprint.

BOB STP - overview

The BOB STP footprint covers a population of 1.8m people (c0.5m in Berkshire West). Significant new housing developments are expected to increase the population by 3% by 2020.

The BOB area has a comparatively healthy population and life expectancy is better than the England average, however there are areas of deprivation and a 22% increase in the over 85 population forecast by 2020.

The BOB STP, led by the CEO of Oxfordshire CCG, includes 3 well established health and social care systems. Oxfordshire and Buckinghamshire systems have historically worked together to some degree, with Oxford Health NHS Foundation Trust providing mental health services across both counties. Its focus to date has been largely on the Oxfordshire system with its own local challenges and significant influence of the Oxford University Hospitals NHS Trust. Stakeholder engagement, particularly with local authorities, has yet to be established across the STP area.

The STP sets out 5 main areas of challenge, and 9 initiatives to address them. In summary the challenges are:

- Underlying health variation and inequalities, particularly in child and adult obesity, and supporting our growing older population
- Workforce recruitment challenges due to high local cost of living and aging workforce, contributing to variable performance
- Significant variation in per capita spend on specialised services
- Unwarranted variation in access to care, leading to poor service quality and poor patient outcomes and experiences
- Addressing the increasing cost of services through improving the quality and efficiency of services .

Berkshire West Accountable Care System (ACS)

There is recognition across the Berkshire West (BW) system that the current profile of service provision is not affordable, not financially sustainable and will deteriorate unless action is taken to address the current underlying system deficit. In 2015/16 the system was in underlying deficit and is forecasting an increased underlying deficit position in 2016/17 (excluding STF funding).

The four BW CCGs (Newbury and District, North and West Reading, South Reading, and Wokingham) are collaborating with Berkshire Healthcare and the Royal Berkshire Hospital Foundation Trust (RBH) to establish an ACS. The intention is to include primary care and social care at the earliest opportunity building on the well established and cross sector Berkshire West 10 integration programme.

By moving away from a system of contractual transactions and closer to an allocative distribution of monies, the ACS seeks to move to a system whereby resources are allocated to the efficient delivery of pathways at cost rather than price, i.e. moving away from the tariff-based approach. This will enable finances to flow around the system in a way that appropriately pays providers and helps all organisations achieve long term financial balance by unlocking efficiencies.

Berkshire Healthcare's contribution

Our Chief Executive, Director of Finance and Director of Corporate Affairs are members of the STP Leadership Group, Finance Group and Local Workforce Action Board.

Berkshire Healthcare is contributing to a number of the STP solutions described above, including working in partnership with Oxford Health (OH) on New Models of Care in forensic services. We will continue to develop mental health service initiatives with OH where this adds value to local systems, particularly in workforce plans and the Oxford Academic Health Science Network.

The Berkshire West ACS provides an opportunity for us to work in our natural local health and social care system with established structures and relationships.

Sustainability and Transformation Planning - 2

Berkshire Healthcare NHS
NHS Foundation Trust

Frimley STP - overview

The Frimley Health and Care System planning footprint covers the population of 750,000 in 5 CCGs, 3 comprising Berkshire East: Slough, Windsor Ascot & Maidenhead, and Bracknell & Ascot (445,000 people); together with Surrey Heath CCG, and North-East Hampshire & Farnham CCG.

The Frimley system population is growing, and ageing. Growth of people aged over 65 is around 2% per year and over 85s is between 4% and 6% per year. Slough has a younger population profile and the 5th highest birth rate in England. There are pockets of deprivation across the system, but overall levels are low apart from in Slough.

The STP sets out 5 priorities:

- A step change to improve wellbeing, increase prevention, self-care and early detection
- Improve outcomes include greater self management for people with a single long term condition
- Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays
- Redesigning urgent and emergency care, including integrated working and primary care models
- Reducing variation and health inequalities across pathways

The STP sets out the following key initiatives to deliver the priorities:

- Self care and prevention particularly weight management, diabetes prevention, smoking cessation, increasing physical activity
- Integrated decision making hubs providing single points of access such as rapid response and reablement
- A new model of General Practice provided at scale
- Right Care, reducing unwarranted clinical variation, initially focussing on respiratory, MSK and neurology
- Transforming the social care support market through capacity and demand analysis and market management

Berkshire Healthcare's contribution

The Frimley STP, led by the CEO of Frimley Health NHS Foundation Trust, presents a credible balanced financial plan and has been subject to widespread stakeholder involvement, across health and social care. It benefits from its relatively small size as a footprint and the support to acute sector finances achieved through the Frimley acquisition of Heatherwood and Wexham Park.

As the majority provider of community physical health and mental health services in the Frimley system, Berkshire Healthcare is an active participant at both strategic and operational level. We are making significant contributions to the initiatives proposed in the STP, in particular the integrated decision making hubs, and General Practice at scale. There is less emphasis on the role of mental health and learning disability services, and the STP has taken the approach of embedding these within each proposed initiative. We will seek to ensure that this approach does not compromise delivery of targets within the Five Year Forward View for Mental Health, while maximizing the opportunity for integrated approaches to physical and mental health.

Berkshire Healthcare NHS
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Membership and elections

Healthcare from the heart of your community

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Membership and elections

Berkshire Healthcare NHS
NHS Foundation Trust

Council of Governors and Elections

The Council of Governors comprises 32 representatives and has enjoyed an engaged membership since our foundation trust authorisation in 2007. In the spring of 2016 a number of our long serving governors came to the end of the maximum permitted nine consecutive years. Member events were held to help ensure we secured sufficient interest in the vacancies to deliver contested elections. Elections were held and nine new public governors were elected. Unfortunately one of the governors resigned shortly after being elected because of a conflict of interest. Arrangements are in place to hold an election to fill the vacancy.

During 2017, there will be elections for five public governors.

The induction, training and ongoing development of governors aims to enable those elected to fulfil the statutory requirements of the role as well as provide individual governors with the opportunity to contribute to their wider remit. Local induction by the Chair, Lead Governor and Company Secretary is supplemented with attendance on the core module of the Governwell development programme delivered by NHS Providers. Governors with specific responsibilities, such as recruitment of non-executive directors, have access to the relevant specialist Governwell module. Locally delivered training is also arranged to address any development needs. Development also features regularly within the quarterly joint meetings held between the Council and the Board.

Governors use a variety of opportunities to engage with members and the public, drawing on their own community links, attending local engagement events, such as World Mental Health Day, and attending Reading Pride.

The Council of Governors has a Membership and Engagement Committee that oversees the Membership Strategy.

Membership Strategy and Engagement

Our current membership is 11,066 (6,588 public and 4,478 staff). Following a summer of recruitment events we have over 700 new members currently being added to this figure. The membership is slightly down on last year as a thorough data cleanse was undertaken during the transfer of data to a new database provider.

Our strategic goals for membership are:

- Ensuring that the membership is representative of our local communities
- Maintaining or exceeding our target membership of 10,000
- Using the unique experiences, skills and knowledge of our members to improve services and drive up standards
- Securing interest in governorship and an increasing levels of interest in elections to the Council of Governors

During 2016 we used a range of events and publications to recruit a diverse membership and to engage with our members, including:

- Providing health checks at events such as Reading Pride and the Berkshire Show always attracts a good crowd to our stand and offer great recruitment opportunities. Health checks include oxygen levels, blood pressure checks, lung capacity and blood sugar levels
- The East Reading Festival and Newbury's Culture Fest were well attended by our Black Minority Ethnic communities
- The Bracknell show and the Royal Berkshire Hospital League of Friends annual fete.

We produced two membership magazines this year. They highlight Trust services, the role of governors and how people can get involved. All members and the public were invited to our Annual General Meeting in September.

We are in the process of transferring to a new database supplier (MES). The new supplier provides better value for money, better functionality and improved options for communicating with members.

Glossary of terms

Berkshire Healthcare NHS
NHS Foundation Trust

ACS	Accountable Care System
BOB	Buckinghamshire, Oxfordshire and Berkshire STP footprint
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
Cdiff	Clostridium difficile
CEO	Chief Executive Officer
CIP	Cost Improvement Plan
CMHT	Community Mental Health Team
CQC	Care Quality Commission
CPE	Common Point of Entry (to our mental health services)
CQuIN	Commissioning for Quality and Innovation
CRHTT	Crisis Resolution and Home Treatment Team
EIP	Early Intervention in Psychosis
FIP	Finance Investment and Performance Committee
FYFV	Five Year Forward View
HTAS	Home Treatment Accreditation Scheme
IAPT	Improving Access to Psychological Therapies
IM&T	Information Management and Technology
LWAB	Local Workforce Advisory Board
MH	Mental Health
MRSA	methicillin-resistant Staphylococcus aureus
NHSi	NHS Improvement
NHSP	NHS Professionals (staff bank)
NICE	National Institute for Health and Social Care Excellence
NR	Non-recurrent
OAP	Out of Area Placement
OD	Organisational Development
OH	Oxford Health NHS Foundation Trust
PFI	Private Finance Initiative
QAC	Quality Assurance Committee
QEG	Quality Executive Group
QI	Quality Improvement programme
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
SDIP	Service Development Improvement Plan
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan
UoR	Use of Resources (rating)
WRaPT	Workforce Repository and Planning Tool