

Strategic Plan Document for 2013-14
Berkshire Healthcare NHS Foundation Trust

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

This document completed by (and Monitor queries to be directed to):

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The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

Approved on behalf of the Board of Directors by:

Name

(Chair)

Signature



Approved on behalf of the Board of Directors by:

Name

(Chief Executive)

Signature



Approved on behalf of the Board of Directors by:

Name

(Finance
Director)

Signature



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1. STRATEGIC CONTEXT AND DIRECTION

1.1. Trust's strategic position within LHE including:

Berkshire Healthcare NHS Foundation Trust (BHFT) is a provider of community and mental health services to the population of Berkshire, as well as across our county borders. BHFT has an annual income of circa £220m and employs 4,400 staff. The majority of the Trust's services have been commissioned by Berkshire West PCT and Berkshire East PCT, more recently the NHS Berkshire cluster, and currently the seven Clinical Commissioning Groups (CCGs) in Berkshire.

Moving into 2013/14 the Trust enjoys the stability of an experienced team of substantive Executive and Non-Executive Directors (NEDs) who have worked together closely through a number of major organisational developments. There exists amongst the Board members a powerful and broad range of experience expertise and extremely strong working relationships have developed leading to an environment of shared accountability and constructive challenge.

The NED team continues to be led by an experienced Chair who had his term of office renewed in 2012 for a further three year term, adding to the stability of the Board. In addition a number of other NEDs have also had their terms of office renewed adding to the depth of experience available to the Trust. This includes the key role of Audit Chair.

From a clinical quality perspective, the Board benefits greatly from membership of Rodney Phillips who is Professor of Clinical Medicine at the University of Oxford. His extensive clinical and research background has added considerably to the NED team's ability to secure assurance around quality and patient care issues, complementing the leadership roles of the Medical Director and Director of Nursing and Governance. The background of the rest of the NED team includes a wide range of commercial experience of blue chip companies, and personal and professional knowledge of supporting vulnerable children and adults. The NEDs also bring particular expertise in human resources and organisational development alongside financial acumen.

During 2012, the Board appointed a substantive CEO following a robust national recruitment campaign to find a successor to the former CEO, who had left to take up appointment as CEO at a neighbouring foundation trust. The appointee was the Trust's former Deputy CEO who had acted into the CEO role. The new CEO brings a wide range of experience and knowledge of the Trust having been formerly both deputy CEO and Director of Operations. The executive team, all substantive appointments, bring in-depth knowledge and understanding of commissioning and providing health and social care services in Berkshire, as well as commercial and voluntary sector experience.

As a foundation trust, the role of the Council of Governors is a key feature in the governance of the organisation, and this Annual Plan has been developed through an iterative process, with the Board and governors working in partnership to build on our Five Year Strategy. The role of governors will become even more important going forward in light of the provisions of the Health and Social Care Act 2012, underlining the importance of the strong foundations which have been established.

The Trust Board will continue to facilitate a close and constructive working relationship with Council including regular attendance at Council meetings by representatives of both non-executive and executive directors and bi-annual joint meetings between the Council and Board. In addition there are regular private meetings between the Council and individual non-executive directors and Chief Executive briefings on key strategic developments via the well-established and well attended

Governors' Strategy Steering Group. Trust directors and senior managers also attend council committee meetings covering membership and communications, quality, and patient care/recovery.

Plans are also being developed for the provision of a wide ranging governor training and development programme, linked to national work, to reflect the need for foundation trusts to equip governors for the new powers they have acquired through the Health and Social Care Act 2012 provisions.

In respect of the 2013/14 Quality Account, interaction with governors, particularly with regard to the identification of quality improvement priorities, has been conducted over a number of months and has informed the final outcome.

Early discussions about the 2013/14 Annual Plan commenced in January through the Governor Strategy Steering Group and also featured on the agenda for the joint Board/Council meeting in April. The final plan, reflecting the views of governors gathered through this consultation process, was presented to the Council of Governors at their May meeting.

BHFT has a major role in the local health economy as the primary provider of community health services. The Trust is making a significant contribution to the development of integrated services (both with social care and with the local acute sector), particularly for people with long term conditions. BHFT has an instrumental role, alongside our primary care colleagues, in reducing non-elective admissions to the Royal Berkshire Hospital (RBH) in Berkshire West, and the Heatherwood and Wexham Park Hospitals (HWP) in Berkshire East. We are therefore playing our part alongside our partner acute providers, in developing sustainable acute and community health services for the future for Berkshire residents.

The population we serve is growing at a faster rate than the English average due to inward migration and relatively high birth rates. The population is also ageing rapidly. Both factors will drive up demand for our services. Anticipated demographic change will lead to a growth in the number of people living longer with chronic conditions such as dementia, diabetes, heart disease and/or chronic obstructive pulmonary disease (COPD). These people will also live longer than a decade ago i.e. their years of 'ill health' will potentially rise.

Although Berkshire is one of the most affluent counties in England there are some striking local variations with hot spots of deprivation across the county – this means need for our services varies between boroughs. We need to be cognisant of resulting differences in demand between boroughs, in particular between the poorer areas of Reading and Slough, and more affluent areas such as Wokingham.

Over recent years, demand for acute and community based services has increased by approximately 4% per annum, creating pressures on the local health economy. There is evidence that this rate of increase is becoming steeper – with some local estimates of 7-8% changes in demand in the last couple of years. In addition HWP has experienced financial challenge for a number of years, requiring significant commissioner attention and the support of the broader health economy in Berkshire East. More recently RBH has experienced unplanned significant increases in demand for its services, placing pressures on the Berkshire West system.

During 2012/13 escalation capacity in acute and community settings has therefore been required in both Berkshire East and West. Working with commissioners, acute and social care partners in

Berkshire West, the Trust has commissioned demand and capacity modelling to inform system wide understanding, and short and long term strategic planning. Tactical and strategic options informed by this analysis are currently being reviewed and we will play a full part in leading and implementing agreed actions. In Berkshire East, the Trust has continued to actively participate in the commissioner programme *Shaping the Future* which resulted in NHS Berkshire approving seven recommendations including the closure of a 28 bed ward at Heatherwood Hospital, with BHFT developing an early supported discharge service for recovering stroke patients, and community based rehabilitation services.

The Trust is recognised as a provider of high quality mental health services, having achieved significant transformational change with good outcomes. We have a track record of sound financial management achieved within consistently low levels of commissioner funding allocations in Berkshire. The Trust acquired community health services in 2011, and established the Tomorrow's Community Health (TCH) programme to integrate and modernise services (our TCH plans are set out in Section 3: Clinical Strategy). The Trust does not anticipate any significant tenders of its current service portfolio during 2013/14; however commissioners have signalled their intention to test the market in future years, primarily in community health service areas.

The Trust faces potential competition from neighbouring community and mental health foundation trusts and some independent sector providers. Oxford Health NHS Foundation Trust and Southern Health NHS Foundation Trust are examples of NHS competitors. Both have strong track records with histories of significant growth, and are now consolidating their positions. Our locality focus and history of strong partnership working in Berkshire, coupled with a reputation as a progressive provider of mental health services, gives the Trust particular strength in this service area. As the benefits of TCH are realised we expect to be regarded as a strong provider of community health services.

The Trust's independent sector competitors have a presence in Berkshire, and although this is less well established than in neighbouring counties, we are clear about the need to demonstrate positive outcomes and patient experience to ensure that we provide a quality, cost effective service which will be attractive to our patients and commissioners.

Having won Any Qualified Provider (AQP) contracts for existing Berkshire services during 2012/13, the Trust will be monitoring activity closely to assess any changes in market share. To mitigate the risk of any loss of business the Trust has successfully bid for AQP contracts in neighbouring areas.

Most of the Trust's contracts remain as block contract arrangements, creating tensions as demand for our services continue to rise while delivering 4% year on year efficiencies. We are meeting this challenge through our transformational change programmes, and by working closely across the local health economy with our commissioners, acute, primary care and local authority partners. Our commissioners and partner providers recognise the challenges posed by the different payment mechanisms currently in use, and work is in progress to explore alternative arrangements which reflect a focus on meeting patient need along a service pathway, within an overall funding allocation.

1.2. Threats and opportunities from changes in local commissioning intentions

The new commissioning landscape for Berkshire includes seven CCGs organised into two Federations, East and West of the county. Our NHS England local area team (LAT) is the Thames Valley Area Team, and our six unitary authorities (UAs) will be commissioning public health

services. There are potential risks to the Trust from the fragmentation of commissioning across CCGs, the LAT and UAs, which are being addressed locally through robust contractual relationships and well established partnership forums. The Trust has productive and collaborative working partnerships with our unitary authorities and is establishing good relationships with CCG colleagues through both a local and strategic approach to stakeholder management.

The LAT is still being established and with its focus on commissioning primary care services there may be a risk that there could be a lack of capacity and understanding of the more specialised services we provide, however these are comparatively modest in size which limits the level of risk in comparison to some other providers. We will be working with and supporting our LAT commissioners as the new structures take shape.

To provide effective patient pathways in the community, BHFT has a significant dependency on good performance and access in primary care, and there is therefore a risk of loss of momentum during the transition of commissioning arrangements. This is being mitigated by working closely in partnership with CCG colleagues to develop pathway initiatives informed by activity and performance analyses.

Berkshire's UAs have commissioned services through BHFT's health service contract for 2013/14, providing a degree of stability, however we anticipate that these services may be tendered in future with a potential risk of fragmentation over time.

The commissioning intentions of NHS Berkshire for 2011/12 included the proposal to reduce provision of inpatient services, both in acute and community hospitals, and to invest in increasing the capacity of community based rehabilitation services. BHFT's five year strategy incorporated these commissioning plans into its assessment of its environment and strategic position. However, the demand and financial pressures on Berkshire's acute services has restricted commissioners' ability to fully deliver their original plans, which has impacted on the ability of BHFT to reduce its community inpatient beds, and limited the investment in community based services.

The published commissioning intentions for the seven Berkshire CCGs focus primarily on community health services and are consistent with existing initiatives to reduce non elective activity, enhance out of hospital care, reduce unwarranted variation and improve patient experience. This continues to provide opportunities for the Trust to further develop collaborative and pathway models of service provision, including additional investment in community health services. Alongside the opportunities presented by local commissioning intentions, there is also a significant challenge given the year on year increase in non-elective admissions which is reflected in local acute services planning assumptions. Our assessment of commissioning plans has not revealed any threats to Trust-wide clinical viability.

The 2011 census confirmed our understanding of the population mix in Berkshire, with Reading and Slough having relatively young populations, and significant growth in people aged over 85 in West Berkshire, Wokingham and the Royal Borough of Windsor and Maidenhead. In addition the proportion of people from a Black and Minority Ethnic (BME) background in Slough has increased. This underlines the importance of our focus on the Elderly Frail Pathway and embedding equality analyses into our service change processes.

The Trust's strategic goals continue to provide the appropriate framework for an effective response to the 2013/14 commissioning intentions. These were refreshed in 2012/13 along with our vision,

aims and values by the Board in consultation with Governors, staff and key stakeholders, to reflect BHFT's revised long term strategy.

BHFT's vision is:

“Developing excellent services in local communities with people and their families to improve their health, well-being and independence.”

Our strategic goals are:

1. To provide accessible, safe and clinically effective services that improves patient experience and outcomes of care
2. To deliver sustainable services based on sound financial management
3. To be the provider of choice for people who use and commission our services
4. To establish a comprehensive range of integrated 'out of hospital' services
5. To work with our partners to play our part in developing caring and compassionate communities

Our vision and goals are underpinned by our values, which illustrate the way the Trust wishes to be viewed by its patients and service users: as an organisation which places people at the centre of everything it does, prioritising safety and quality, and demonstrating real energy and enthusiasm for exploring opportunities to improve.

The Trust has taken part in a number of competitive tendering processes during 2012/13 and was successful in defending and protecting its current service portfolio and we were extremely pleased to be awarded the contract for the South Central Veterans Health Service.

The Any Qualified Provider (AQP) initiative represents a potential threat to current providers of selected services due to increased competition. BHFT has taken a number of actions to mitigate any loss of income, including qualifying to provide services in neighbouring economies, where these are offered.

Our two major service redesign programmes: Tomorrow's Community Health and Clinical Services Reconfiguration (CSR, which builds on our previous transformational programme for mental health services Next Generation Care); together with service line reviews, provide a framework to enable BHFT to ensure high quality, efficient service provision which meet or exceed commissioner expectations. We have undertaken an evaluation of our competitors in all sectors which has helped to inform our strategic approach to partnerships, integration and growth. We are also analysing our service lines to establish robust cost, quality and market profiles. This will inform action to ensure all of our services provide high levels of patient satisfaction and outcomes, meet commissioner and regulatory expectations, and are cost efficient.

The Board has reviewed changes in its operating and business environment as part of its annual business cycle. It has concluded that BHFT continues to be in a strong position for 2013/14 and recognises the need for decisive action to ensure the medium to long term resilience of the organisation. The over-riding principle is to grow only where there is a contribution to overheads and surplus, and where we can demonstrate service quality and benefits to patients, for example:

- We are actively exploring the potential for secondary commissioning, prime contractor and year of care models. BHFT's reputation and established relationships with local authorities and acute trusts places it in a unique position to work with Berkshire CCGs and primary care to identify and deliver transformational system change. We do, however, recognise that the

Berkshire East system has a particularly complex financial foundation and service model, and will therefore require specific focus

- BHFT's plans for 2013/14 include continuing to work closely with our partners and stakeholders to explore where service and organisational integration will provide solutions for the local health and social care economy
- The Trust will continue to explore potential avenues for growth in non-NHS services income. This is expected to be initially very low scale, focussing on areas of expressed patient or public demand, for example the provision of podiatry or audiology equipment, or where minimal investment is required, such as the provision of shared back-office services. The guiding principle will be to only develop non-NHS service income streams where this will deliver service quality, benefits to patients and generate significant contribution to surplus. Priorities will be in areas which complement current services and provide an improved patient experience.

1.3. Collaboration, Integration and Patient Choice

BHFT is building on a strong foundation of a decade of joint working in community services particularly with social care. The success of a number of established joint posts and teams have led to the belief that further integration would improve pathways and outcomes for residents of Berkshire. Reading Borough Council and the Trust have agreed to the secondment to BHFT of social care staff working in mental health community teams, and we are considering similar approaches for intermediate care teams. The decision to permanently transfer staff to the Trust will be dependent on an assessment of the benefits realised.

The Trust will continue to work with its partners in unitary authorities, CCGs, acute trusts and local area teams to identify services and pathways where integration will benefit patients and the local health economy, taking the system lead where this is appropriate. We will support CCGs in Berkshire to identify and implement system wide Quality, Innovation, Productivity and Prevention (QIPP) initiatives.

System solutions generated from demand and capacity modelling in Berkshire West will rely on BHFT's ability to transform services and drive down costs. With the support of our CCGs, BHFT is working in partnership with the RBH on proposals to establish a pathway approach to the provision of services to elderly frail people.

Similarly the agreed outcomes from Berkshire East's *Shaping the Future* programme include some investment in community based integrated rehabilitation services. Key to the success of actions to stabilise the Berkshire health economy will be managing the implications of reducing activity in local acute trusts, ensuring the viability of remaining services as hospitals become more specialist centres. BHFT's investment in information management systems will provide required evidence to inform commissioner investment in BHFT services designed to meet demand growth, and also improve the impact assessment of initiatives within our current block contract arrangements.

Initiatives to increase patient choice within Berkshire continued in 2012/13 with the introduction of Any Qualified Provider arrangements for podiatry services, and services for age related hearing loss for people aged 55 years and older. BHFT was awarded contracts to provide these services in Berkshire and across the county borders, where offered, and we will continue to bid for AQP contracts as they arise where our services offer benefits to patients. Other initiatives include the introduction of Choose and Book for referrals to BHFT's Common Point of Entry for mental health

services, and mapping individual needs to mental health pathways to ensure services are tailored around patients.

Building on a successful implementation of telehealth with heart failure and chronic obstructive pulmonary disease services, we are considering further use of technology to support the development of self-management and self-care.

BHFT has developed successful independent sector partnerships for the provision of services for people with longer term mental health problems, enabling the establishment of a range of services outside hospital environments. We will continue to develop our service offer to this group of patients and are at the early stage of discussions with unitary authorities on supported housing and social enterprise partnerships.

2. APPROACH TAKEN TO QUALITY

The Trust remained fully compliant with the Care Quality Commission (CQC) registration requirements throughout 2012/13. An inspection of Wokingham Community Hospital in February 2013 demonstrated full compliance with the standards inspected and reported excellent care being delivered.

The first of the Trust's strategic goals is to provide accessible, safe and clinically effective services that improve patient experience and outcomes of care. Our clinical strategy and goals, detailed in the Quality Account are based on continuously improving quality of care and patient experience and have been developed in conjunction with governors, Trust Board members and senior clinical and managerial staff.

The Trust Board meets monthly with quality being the first item on the agenda. Trust Board membership is stable, experienced and promotes a quality focused culture which is demonstrated by the Trust's position in the top 20% of mental health trusts in the annual staff survey. The Trust Board reviews and monitors risks to quality and patient safety through a range of activities summarised below, and certifies the Annual Governance Statement.

The Quality Assurance Committee, a sub-committee of the Board reports/provides assurance on the Care Quality Commission Essential Standards and the annual Quality Account, and scrutinises the corporate clinical quality risks. The Quality Executive, chaired by the Chief Executive, provides the lead oversight for quality governance arrangements within the Trust's clinical services with all executive directors and locality clinical directors as members. The minutes of the Quality Executive are circulated to the Board. The Quality Executive receives reports from the following subgroups:

- Locality Patient Safety and Quality Groups, chaired by clinical directors which oversee the quality of services within their portfolio
- The Safety, Experience and Clinical Effectiveness Group, chaired by the Director of Nursing and Governance, which is responsible for operational aspects of clinical governance with a number of area related sub-groups including infection control, safeguarding, patient experience, clinical effectiveness and medicines management.

Assurance of compliance with CQC registration requirements takes place at the Quality Standards and Compliance Group. Prior to submitting to this group, services review their compliance against the Essential Standards and complete Provider Compliance Assessments which provide evidence in the form of narrative, evidence and a RAG rating around any risk to compliance for each of the outcomes in the Essential Standards. These are then checked and agreed by the locality clinical directors at their Locality Patient Safety and Quality Groups prior to submission to the governance team and review by the Quality Standards and Compliance Group and ultimately the Quality Executive.

Performance information metrics, related to quality and patient safety, have been developed from a range of sources including national and local reports on areas of identified risks, where patient safety has been compromised and where targets have been set. The Trust Board or appropriate subcommittee monitors these quality and patient safety metrics monthly. The high level overview of quality metrics are RAG rated in Tier 1 and detailed Tier 2 metrics covering CQC mock inspection reports, pressure ulcers, complaints, incidents, workforce and patient experience. The metrics are reviewed annually to ensure benchmarking and targets are up to date.

Serious incidents requiring investigations are reported monthly to the Board for scrutiny and challenge. They are also RAG rated against specified criteria and progress over time reviewed. Where concerns are highlighted, external reviews are commissioned or more detailed reports and action plans are brought to the Board as needed to provide assurance. Reports to the Board are supplemented by a programme of Board Quality Visits which are reported during Board meetings. The Board is also supporting the Trust's participation in the regional mental health patient safety collaborative.

In developing the Quality Account the Board engages with a range of stakeholders including governors, staff, and overview and scrutiny committees

Existing quality concerns being addressed include:

- The Trust commissioned an external review following a cluster of suicides associated with our common point of entry and urgent care services. This highlighted the need for a change to the operating policy of our urgent care service, which has been implemented. Further work on developing team culture and addressing interface issues between mental health services is on-going. A suicide benchmarking exercise demonstrated that the Trust has a low incidence of suicides compared to regional similar organisations. The Trust is striving to maintain and improve on these levels
- The shortage of health visitors remains challenging within the Berkshire health system, reflecting recruitment issues being experienced in a number of parts of the country. In 2012/13 the Trust failed to achieve its health visiting recruitment target; consequently the new health visiting programme has not been fully delivered. Health visitor work continues to be prioritised so that children and families with the most need are kept safe and are supported
- There are pockets of use of agency staff in some inpatient and intermediate care services. Plans are in place to address this, and a revised approach to community health escalation capacity has been agreed with commissioners, enabling recruitment of more permanent staff
- The Trust has undertaken work to continue to maintain our registration with the Care Quality Commission and inspections conducted during 2012/13 have shown our services as being fully compliant with Essential Standards; however the Trust is not complacent as any failure of qualification of our registration means that quality has potentially been adversely affected
- During 2012/13 the Trust introduced a new model of care for child and adolescent mental health services in response to a new service specification designed in conjunction with our commissioners. The new model of care has introduced a single referral entry point and four care pathways. Staff vacancies currently exist in the single referral entry point which has caused delay in the management of moderate to low risk patient referrals. In addition the introduction of an assessment and diagnosis autistic spectrum disorder, and anxiety and depression pathways, has resulted in excessive waiting times for patients. Vacancies have been advertised with some successful recruitment of staff, who are due to start before the summer. A capacity review is currently underway to address the waiting lists.

The key quality risks associated with the future plans of the Trust are:

- The requirement to continue to achieve an annual efficiency target of 4% each year in a system without large scale whole system transformation means that the Trust will need to continue to make internal efficiencies whilst not adversely affecting quality of care. This risk is being mitigated by ensuring that all service changes have a rigorous quality impact assessment completed to ensure that high quality standards are maintained.

- Demand for services continues to increase without commensurate productivity gains. This risk is being mitigated through our transformational change programme, Tomorrow's Community Health, and through close working with our commissioners to manage the impact on our block contract arrangements.

3. CLINICAL STRATEGY

Berkshire Healthcare NHS Foundation Trust is the sole provider of community based mental health services and provides the majority of community physical health services in Berkshire. We wish to continue to be seen as the provider of choice for these services. During 2013/14 we will be analysing our service lines, including consideration of internal and external benchmarks, to decide which provide the best outcomes for patients and to ensure we have appropriate contractual arrangements in place. This will enable us to develop service line business strategies, identifying opportunities for change.

BHFT will take a central role identifying and delivering system solutions in both Berkshire West and Berkshire East, especially where greater integration and collaboration across organisational boundaries along care pathways delivers improved patient outcomes and system efficiencies. This is likely to generate complex contractual and partnership arrangements potentially reducing the likelihood of market testing in these areas, or making competitive tendering much more complex.

A theme running through our clinical strategy is the application of successful achievements across both mental and physical health services. This means our community health services adopting a model of care similar to our mental health model, i.e. one focused on early intervention, case management and admission avoidance. Equally, our mental health services will align with community health by strengthening primary care partnerships in the provision of core services, as well as continuing to provide specialist services.

Service design, workforce skills and service delivery within mental health services will be centred on clinical pathways of care. Individualised care from a defined range of clinical interventions, determined by the best evidence base and outcomes, will be jointly agreed with the patient and delivered by a multi-disciplinary team.

Inpatient mental health beds will be provided from one location which will enable the Trust to develop Prospect Park Hospital into a Centre of Excellence. This will allow the Trust to offer consistent services both in terms of standards of accommodation provided and the range and level of services that can be offered.

Commissioners have invested in dementia services in the 2013/14 contract to deliver enhanced memory clinic services and infrastructure support. This is the second year of a two year investment required to meet increased demand due to demographic changes and implementation of NICE guidelines. The Trust has also been successful in securing additional funding as part of the Prime Minister's Challenge Fund and will be providing new services into care homes as part of the dementia in-reach project.

The redesign and improvement of physical health services (Tomorrow's Community Health) is being driven by our desire to deliver the vision of community services developed following merger of the two Berkshire PCTs' provider arms service providers with BHFT in 2011, under the Transforming Community Services initiative. It also provides the opportunity to respond to and resolve the challenges within the local health economy.

Our vision is to transform community physical health services by 2014 to improve:

- Prevention and self-care
- Access into services
- Provision of care closer to home

- Integrated care.

This will be delivered by the development and delivery of integrated teams clustered around GP practices, providing targeted interventions from a multi-disciplinary team with our partners.

A Health Access Hub is being developed, and will launch during 2013/14, to manage GP referrals for all Trust services, including mental health. This will ensure the effective management and co-ordination of service delivery when and where required.

We are undertaking a number of service analyses and redesigns in specified areas, to ensure that our services remain market compliant with the latest best practice models. This will include assessments of potential quality and productivity benefits. Current planned redesigns include the following services:

- Children's Complex Therapies
- Frail and Elderly Pathway
- Palliative Care Services
- Sexual Health Services
- Nutrition and Dietetics
- Musculo-Skeletal Physiotherapy
- Mental Health Rehabilitation Services
- Dental Services
- Diabetics
- Community Nursing.

The use of technology to monitor, support and interact with people needing our services is being combined with mobile working to support service delivery. Through the use of 'lean' methodology and elimination of wasted activity in services, the available capacity within teams and capability of resources to meet the needs of patients will be increased.

3.1. Clinical Workforce Strategy

The overall aim of the Trust is to provide responsive and flexible quality services to our local population, in the community. We are developing our clinical leadership to ensure that all initiatives and plans are informed by effective consideration of their impact on service quality. We have a highly experienced cohort of clinical directors, working with our professional heads of therapies and psychological therapies, the Director of Nursing and Governance, and Medical Director.

Our service review work, described above, includes consideration of appropriate skill mix, ensuring that the skills of qualified clinicians are deployed effectively and they are well supported by health care assistants, administrators, and corporate services with an internal customer service ethos.

The Trust is committed to integrating our services both horizontally and vertically, with social care and acute services, organised around patient need. We are also working to use technology to drive quality and productivity improvements. We will also build on our telehealth initiatives and mobile working pilots to introduce additional "technology enablers" to support clinicians and drive innovation. (Please refer to Section 4 Productivity and Efficiency for more detail on mobile working.)

Our approach to our medical workforce strategy has been successful with all medical posts now filled following a programme of recruitment to substantive posts over the last two years. Nursing recruitment continues to be a challenge for some services, with our key workforce pressure being the recruitment of district nurses and health visitors. The Trust is successfully implementing skill

mix, particularly in community nursing, to support the 'grow our own' nursing workforce strategy. In addition, new contracts for health visitors in training, along with retention initiatives, are supporting the achievement of our health visitor staff establishment target in 2013/14.

A key issue that is being addressed by the Trust with local universities is to increase the amount of experience that student nurses have in community health settings to ensure they have sufficient skills to be employed directly into these services after qualification. This has led to work on increasing the number and quality of clinical practice placements and an increase in the number of student mentors required in the organisation.

The continuing shift of providing care and treatment in the community or in the home rather than in hospital environments requires community based staff to be multi-skilled, so that they can be as effective and efficient as possible. The work on identifying competences for Band 5 nurses completed in 2012 will be developed for higher bands in 2013. Staff and managers will be supported to work autonomously and supervise teams at a distance as mobile working becomes more widespread.

The role of specialist nurses will be clinical leadership, practice development and to facilitate innovation in practice, which will ensure sustainable services through safe partnership working. The way we use therapy staff may change to include more diagnostic work, and directing care provision by more junior and unqualified staff alongside their own specialist interventions. We therefore anticipate increases in our assistant therapy posts and unqualified nursing staff.

As we progress with social care integration, we will review governance and supervision needs of our whole workforce, ensuring that professional leadership is clearly identified for social care staff seconded into the Trust.

A pharmacy review was completed in 2012/13 with recommendations for the pharmaceutical workforce, including the introduction of skill mix, and will be implemented during 2013/14 by our new Chief Pharmacist.

Our Education and Training Strategy recognises the importance of investing in continuing professional education on the basis that the majority of our staff will be working providing healthcare in the Trust in five years' time.

3.2. Clinical Sustainability

All Trust services have sufficient operational clinical capacity, and specific actions have been taken to ensure sustainability in specific areas:

- An assurance review of staffing levels on physical health community inpatient wards has shown that they have sufficient staffing levels with appropriate skill mix. Action to reduce the use of agency staff has been described in Section 2 Approach to Quality, which reflects our work with commissioners to provide an appropriate approach to system pressure when escalation capacity is required in community hospitals and intermediate care
- During the last two years there has been a programme of recruitment to substantive medical posts which has seen all posts filled. When a medical post is advertised there are sufficient applicants to warrant shortlisting, which is a much improved situation resulting in all key medical posts being filled.

- District nursing shortages in some localities has been addressed by teams working together across boundaries to share district nursing skills and ensure patient safety, supported by the 'grow your own' campaign to address future shortages
- The Trust has a programme to combine children's therapy services into an integrated model which will provide more family focused care and increased productivity
- In conjunction with clinical commissioning groups and social care, integrated nursing teams are being introduced across all localities to support acute admission avoidance and early supported discharge. This approach will reduce the risk of vacancies in smaller separate teams having a significant impact on access to services and patient experience
- Based on the success of our common point of entry for mental health services, the Trust is introducing a health access hub for community health services during 2013/14 which will increase productivity, improve staff deployment in the community, enhance signposting and support patient self management.

4. PRODUCTIVITY AND EFFICIENCY

The Cost Improvement Plan (CIP) for 2013/14 carries significant corporate service contribution, in part due to some opportunities being provided from the integration of Berkshire Shared Service (BSS) back office functions. BSS, hosted by the Trust up to 31 March 2013, has now been disaggregated and integrated with Trust services. Productivity gains are being made across most corporate services including finance (management accounting and transaction processing), Human Resources, estates and governance/risk teams.

The CIP for 2013/14 includes low value productivity schemes for clinical operational services. Continuing and complex work to identify safe productivity gains in clinical services is underlined by the requirement to carry existing vacancy management benefit in advance of viable productivity opportunities being identified and implemented.

In December 2012 the Trust's Executive received a detailed analytical report identifying significant internal productivity opportunities against community physical health service teams (community nursing, health visiting and therapies). The analysis compared team performance, internally benchmarking across localities and available external benchmarks, using time available in the day to provide face to face clinical care as the primary comparator. The analysis identified a potential for 5-15% team gains in clinical care productivity per day.

Using these and other opportunity indicators, including analysis of community nursing productivity potential in the TCH programme, the Chief Operating Officer commissioned Verto Vis (ex Institute of Innovation change and process redesign experts) to undertake scoping of the 'hour a day' vision for all staff in the organisation (clinical and corporate) to release productive time from their day.

The vision is for productive time to be shared in both cash releasing benefit to the Trust CIP and time back to individual teams. The estimated productivity benefit of the potential time saved equates to circa £10m, less investment in workforce changes which will include the increased use of technology.

Seven teams (six clinical, one corporate) are currently piloting the 'hour a day' approach, redesigning the way they work as a team to release productive time. The pilots will inform the change model for roll out and embedding across appropriate teams in the Trust. The pilots are due to complete in May 2013 and full roll out to be accelerated in 2013/14.

Current mobile working pilots have identified significant productivity gains simply by deploying laptop and 3G/4G internet connectivity to mobile workers, allowing working away from base in the community and at home. Clinical record keeping volume and quality has also improved with further opportunities identified to reduce estate use. Mobile working, upgrading RiO (our patient record system) and other information management and technology tools, including scheduling software for staff deployment into the community, will be aligned with the 'hour a day' programme to ensure double counting of benefits is avoided, with these tools seen as enablers.

4.1. CIP governance

The Trust has a strong track record of financial management and CIP delivery and has delivered £23m of savings over the last 3 years.

The following table illustrates historical CIP performance from 2010/11 to 2012/13:

CIP scheme detail	Rec / NR	10/11	11/12	12/13	Total 3 year CIP
Ward clinical reconfiguration	Rec	353	772	771	1,896
Clinical productivity / efficiency eg: reduction in DNA	Rec		4,095	3,018	7,113
Service Redesign eg: Next Generation Care	Rec		1,115	30	1,145
Reduction in Management costs	Rec		1,689	76	1,765
Corporate / back office efficiencies	Rec	925	371	873	2,169
Out of Area placements / Secondary Commissioning review	Rec	692			692
Procurement / Contractual changes including non pay reductions & controls	Rec	80	625	250	955
Pay award benefit	Rec	280			280
BSS	Rec	642	1,000	1,000	2,642
Medical staffing	Rec	100	124		224
Other including - Locality vacancy factor management	Non Rec	1,202	640	621	2,463
Mitigation to original plans	Non Rec			1,484	1,484
		4,274	10,431	8,123	22,828

The majority of schemes in each of the financial years since 2010/11 have identified recurrent savings across various service lines as illustrated in the table above. There has been a significant CIP contribution through improved clinical productivity and efficiency workstreams including a reduction in “did not attend” (DNA) rates driving efficiencies across the Trust. Ward clinical reconfiguration savings have driven efficiencies within inpatient services across mental health and community health services, delivering circa £2m of savings across the last three years. Reductions in the back office, the redesign of corporate services and reduced management costs have all contributed significantly (circa £4m) to the overall CIP target over the last three years. The redesign of mental health services in 2011/12 through the Next Generation Care programme has driven savings in excess of £1m whilst improving the quality of care for patients.

A shortfall of £1.4m in the original savings plan of £8.1m in 2012/13 was driven by lower than planned CIP performance against one key scheme: the sale of bed capacity within a new mental health rehabilitation facility, which accounted for circa £1m of the £1.4m shortfall. This risk has been accounted for in the forward financial plan and in 2013/14. This scheme was mitigated through additional identified non-recurrent CIP schemes in 2012/13.

The Trust manages its saving schemes through detailed planning, and follows up delivery against all schemes as part of the Trust performance management framework. The majority of recurrent savings historically have been delivered through service redesign, release of vacant posts and rebasing of budgets following the acquisition of community services.

Throughout the planning phase for CIP delivery, the executive, clinical and locality directors consider financial risk, deliverability, interdependency with other schemes, impact on quality and patient care, and mitigating actions required for higher risk schemes.

Quality impact assessments have been completed for all CIP schemes in the 2013/14 financial plan to determine the quality impact and risks within each scheme. The output of each assessment has been reviewed and considered by the Director of Nursing and Governance, and the Medical Director, and presented externally to our commissioners as part of the assurance process.

A Programme Management Office was established by the Trust in 2012/13 to oversee all project resource requirements to deliver CIP schemes and transformational change programmes across the Trust.

4.2. CIP profile

The Trust has savings plans of £9.3m identified for 2013/14 across a range of schemes. The key schemes are as follows:

Transformational / service redesign schemes

- Mental Health Rehabilitation Services including re-contracting and review of existing placements for patients and the closure of Orchid Ward at Prospect Park (£1m).

A full review of rehabilitation services is being conducted across the Trust which will consider all rehabilitation facilities, capacity and functionality to ensure that all required elements of the service can be delivered by the existing Trust facilities. The review will identify the most clinically appropriate placement for all patients as well as making the most efficient use of our resources and the available capacity across all facilities.

- Clinical Services Reconfiguration (CSR) and transfer of Berkshire East Mental Health inpatient services to Prospect Park (£0.5m).

The Trust is transferring Berkshire East mental health inpatient services to Prospect Park Hospital as part of the mental health Clinical Services Reconfiguration project which will provide mental health inpatient services from a single site. The planned net saving will be delivered from the release of rent and service charges in relation to the Heatherwood and Wexham Park Hospitals site and a more efficient skill mix delivered from a single inpatient site. It will also improve the efficiency of Prospect Park Hospital, by reducing void risks at the PFI facility.

Other CIP schemes

- Vacancy Factor management (£2.4m).

The Trust has historically delivered contingency benefit through the management of vacancies across all services. We plan to deliver £2.4m of pay savings in 2013/14 in advance of recurrent savings planned through Tomorrow's Community Health and 'hour a day' productivity programmes in 2014/15 (part year impact expected in 2013/14). The vacancies will be managed through each locality director structure allowing local decision making to ensure the quality impact of recruitment decisions can be assessed appropriately to ensure there are no adverse impacts on the quality and safety of services.

- Central support services and review of back office (£1m).

The Trust has a strong track record of delivering savings in corporate services and management cost reductions. We plan to deliver a further £1m in savings in 2013/14 through service redesign in corporate functions.

- Net Procurement benefits (£0.6m)
- Efficiencies in Older People's Mental Health Services (£0.3m)
- Revenue generation schemes including contribution from new investments (£0.8m) and contribution from the new NHS Property Services contracting model (£0.3m)

Within the forward financial plan for 2013/14, £1.1m of our CIP schemes have been risk rated as amber with the remaining £8.2m of schemes rated as green. The amber rating is across four schemes within the plan including the Orchid Ward closure (£0.5m) and older people's mental health efficiencies (£0.3m): this rating is driven by the risk of slippage to delivery in 2013/14 with full year recurrent benefits expected in 2014/15. All schemes are monitored closely as part of the Trust's performance management framework with mitigation plans developed as and when required. The Trust also plans for circa 0.5% contingency (£1m) within the forward financial plan to offset financial risk against CIP delivery as mitigation.

The outline CIP requirements for the Trust in 2014/15 and 2015/16 (to deliver minimum financial risk rating of 3 and a 0.5% surplus margin) are £9.7m and £7.2m respectively, with £2.4m of non-recurrent CIP in 2013/14 increasing the recurrent CIP requirement for 2014/15. As described in Section 4 Productivity and Efficiency, during 2013/14 the Trust is embarking on productivity and efficiency scoping programme across all Trust services entitled 'hour a day'. The aims of the pilot are to identify productivity gains and develop efficiency plans across pilot services with full rollout across Trust services if successful. It is expected that this scheme will identify the key benefits to support the delivery of the Trust CIP in 2014/15 however it is not expected that further service productivity gains alone will meet the 2014/15 CIP requirement, hence the need for collaborative approaches to demand and capacity risk and sustainability, described in the financial strategy section.

4.3. CIP enablers

Clinical leadership is represented in localities by clinical directors working alongside locality directors and the Lead Clinical Director for the Trust. These individuals have been engaged throughout the CIP planning process via CIP design workshops and their on-going contribution to CIP and financial planning discussions. Clinical directors also have the opportunity to provide clinical leadership challenge to the executive when considering the forward CIP plans. Each clinical director has been engaged in the CIP Quality Impact Assurance process by the Director of Nursing and Governance.

CIP enabling investment has been identified in the capital plan in relation to mobile working and the RiO clinical record system upgrade alongside significant investment into Prospect Park Hospital to support the service transfer from Berkshire East. The Executive has also agreed a Programme Management Office budget for 2013/14 covering contractor support to key programmes, balanced with identification and backfill of the Trust's own staff to embed project management and delivery skills within the organisation.

4.4. Quality Impact of CIPs

The Trust has adopted a consistent approach to assessing the quality impact of CIPs on clinical services with each proposal needing to detail:

- The proposed plan
- The services involved
- Changes that will be in place once the CIP has been delivered
- Reasons why the Trust should not implement these changes

- Considerations of the impact on:
 - Patient experience
 - Patient safety
 - Clinical effectiveness
 - Our strategic objectives including business development
 - Other services who also provide in the same pathway

Each CIP requires the support of the relevant clinical director, who will approve the quality impact assessment prior to submission to the Medical Director and Director of Nursing and Governance for final consideration and approval.

Throughout the life of the plan, a system of on-going review of quality and impact is required and is updated in line with changes in the project plan/new information or simply risks becoming evident as the project becomes better defined or in its early implementation. Each proposal has defined quality metrics for Trust monitoring purposes, for example complaints, incidents and service waiting times.

5. FINANCIAL AND INVESTMENT STRATEGY

Despite a challenged national economy, real terms flat growth for the NHS and significant demand driven pressure in the local health system, the Trust has continued to perform comparatively well to date, delivering year on year planned financial risk ratings and margins to the end of 2012/13.

2012/13 was a year of significant restructuring for the Trust, closing its hosted shared services operation Berkshire Shared Services (BSS) due to the dissolution of Berkshire PCT clients on transition to clinical commissioning groups (CCGs) and the commissioning support unit (CSU) operations. Pro-Cure, the regional collaborative procurement hub hosted by the Trust, has also closed due to lack of on-going stakeholder support for the model.

The Trust agreed required service funding share, exit liability share and loss of scale funding with Berkshire PCTs for BSS and minimised exit costs for Pro-Cure. The Trust has designed integrated post-BSS back office structures for finance, information management and technology, and facilities management services, and appointed people to the structure, to assure effective support service operation for the Trust from 1 April 2013.

Significant commercial opportunities have been taken as part of the BSS exit transition by agreeing a circa £7m annual contract to provide facilities management (FM) services to PCT properties transferring to NHS Property Services (NHSPS) on 1 April 2013. FM service economies and experienced staff have been protected, supporting delivery of the Trust's own estate strategy and providing opportunities to develop our service offering with NHSPS.

The Trust successfully completed a material threshold transaction on 31 March 2013 to acquire the West Berkshire (Newbury) Community Hospital PFI Head Lease and land from Berkshire West PCT. The hospital site is strategically and commercially important to the Trust for both future service development opportunities, e.g. diagnostics, and taking the PFI's landlord role for control and influencing future benefits, which would have rested with NHSPS.

During transaction due diligence the Trust identified a key risk in relation to PFI void space costs associated with sub tenants leaving and creating void risks to the Trust, holding the head lease. This medium term risk was mitigated in full prior to the transaction completing through the signing of a 6 year Agreement for Lease with the Royal Berkshire Hospital NHS Foundation Trust, the sole significant sub tenant of the community hospital. Other risks associated with confirming appropriate sub tenant funding of leases were also mitigated as part of the lease negotiations. The PFI is a relatively small contract and fully funded to the Trust in service contracts by CCGs. The Trust is experienced in management of PFI contracts with Prospect Park Hospital and we look forward to delivering the benefits of the acquisition, with the key risks identified and mitigated prior to transaction completion.

Financial stability

The Trust is able to confirm planning certainty and stability in its short term (12 month) financial outlook with a well-managed cash and working capital position going into 2013/14. Cash and liquidity headroom is maintained throughout the year with year-end cash forecast at £13.8m and liquidity days cover of 28. A £14m working capital facility is confirmed for the year.

Underpinning the cash and income and expenditure forecasts for 2013/14 are robust CIPs of £9.3m, delivering contribution as planned in Month 1 2013/14. The Trust is planning a financial risk rating

(FRR) of 3 and “going concern” status has been confirmed with the External Auditors for the 2012/13 accounts. An effective and sound internal control environment has been confirmed with “significant assurance” opinion provided by the PwC Head of Internal Audit and a clean external audit opinion of the accounts for 2012/13 provided by KPMG. The Trust is therefore confident of its short term financial stability.

A forecast year-end cash balance of £13.8m for 2013/14 indicates cash headroom to mitigate downside income and expenditure risks into 2014/15. If, for example, the joint system response to sustainability risk being developed during 2013/14 is not effective or enacted at the pace now required (discussed below), cash headroom would potentially provide the Trust some further time into 2014/15 to bring forward alternative service and financial sustainability plans.

Change Constraint

The Trust understands well and continues to respond to the challenging national and local NHS funding and operating environment, having delivered two years of the ‘Nicholson Challenge’ commissioner efficiency requirement of 4%+ per annum compound.

The medium term outlook for the Trust is challenging, with significant organisational financial and sustainability risk indicated for 2014/15 onwards given the local political and system constraints to effect the necessary scale of step change required to meet on-going efficiency requirements of 4% per annum. The Trust has long recognised the need for step change or transformation in service delivery, operating models and the local health system to improve quality and reduce cost, and continues to position itself to lead change within the system.

The Trust’s Next Generation Care programme for mental health services achieved significant service change and improved quality of care. Given the Trust’s control of the majority of the pathway in mental health services in Berkshire this was comparatively straightforward to achieve with stakeholders. The complexity of the pathway and interdependencies with partner providers means that the Trust is more constrained in making step changes to the models of physical community health care, which has been the case since the Transforming Community Services (TCS) transaction when Berkshire’s community physical health services transferred to BHFT. One clear example of this constraint is that £3.6m of CIP to 2013/14 approved by commissioners in the TCS transaction business case cannot be delivered as continuing acute demand pressures in Berkshire West will not allow the closure of community hospital beds as planned.

Whilst current service configuration change is politically and systemically difficult to achieve, growth opportunities are now not expected in the medium term to be numerous or of a scale in contribution to have a significant impact. The market is becoming increasingly competitive and those services offered for tender are usually at a reduced funding envelope, removing the opportunity for operating efficiencies. Business development activity is currently focused on ‘defend and protect’ re-tendering or Any Qualified Provider activity for community physical health service lines.

The Trust has secured some commissioner investment into community physical health services (Berkshire West only), alongside investments in mental health services including talking therapies (IAPT £1.8m) and dementia services (£1.2m) in the contract round for 2013/14 (circa £5.3m total, contributing £800k to CIP).

The levels of community physical health investment are significantly short of those indicated in recent commissioning strategies (net £10m community physical health investment after £20m acute activity reduction for Berkshire in *Care for the Future*).

Sustainability Risk

In light of the constrained operating environment effective CIP planning and delivery is crucial to short to medium term sustainability of the organisation; however the challenge continues to grow to identify year on year operating efficiencies, without adversely impacting quality of service.

The Trust has been tracking performance indicators in terms of emerging financial pressures. CIP performance for the first time has been significantly below plan in 2012/13 (20%). The Trust has been fortunate to be able to offset the benefit of underlying vacancies with community health services against adverse CIP performance, however with compounding efficiency requirements into 2013/14 full CIP delivery will be crucial to support the lowest surplus margin planned to date (0.3% in 2013/14) with a small contingency reserve (£1m). The plan for 2013/14 derives a FRR of 3, with a quarterly year-to-date (YTD) breakeven net surplus profile to quarter 2, linked to the later in year profile of CIP benefits.

The Trust does not have significant cash reserves to cushion the medium term funding and demand impacts. The Trust is also committed to making significant strategic cash investments in estate to relocate Berkshire East mental health inpatient services and enabling IT / technology investments to support productivity gains in the workforce. Margins have been reducing slightly year on year against planned FRR 3 risk ratings. Continuing erosion of already low margins and reducing cash reserves clearly indicate the medium term sustainability risk.

At the time of writing, the Trust has a recurrent CIP planning gap of £2.4m in 2013/14. The recurrent risk will be first mitigated by full year effects of in-year CIP schemes related to ward reconfiguration in Prospect Park Hospital, following the Berkshire East mental health inpatient service transfer and rehabilitation contract bed capacity review (full year effect value £1.5m). The in-year CIP shortfall for 2013/14 will be closed by non-recurrent vacancy benefits, mainly within clinical services where the majority of unfilled posts arise.

Sustainability Response

The Trust has been engaging CCGs and other system stakeholders to clearly profile the likely medium term sustainability risk of the Trust from 2014/15 and its potential impact on service provision and service quality if system change is not achieved. Berkshire West CCGs understand that if the Trust's financial viability is impacted its ability to support the required system change will be affected.

Berkshire West commissioners and partners, including the Royal Berkshire Hospital NHS Foundation Trust, are now engaging well as a system with a joint response to the demand and capacity risks identified to the Berkshire West system being defined (supported by Capita). The outcome of this work should see the Trust positioned favourably to support the frail elderly demographic and demand growth through investment in intermediate care services and development of virtual ward/hospital at home models, working closely with the acute trust. Berkshire West CCGs are pragmatic about reviewing existing payment and contracting mechanisms to support system change.

Engagement with CCGs in Berkshire East is developing and we are working with the CCGs closely and responding proactively to requests. The Trust is seeking to build effective strategic engagement however recognises the current position of Heatherwood and Wexham Park Hospital NHS Foundation Trust requiring considerable focus from the CCGs.

Alongside the stakeholder engagement work to agree system wide solutions, we will continue to identify operating efficiencies and productivity gains wherever possible, noting that benchmarking evidence suggests significant productivity gains are available within community physical health services.

Initial pilots of mobile working technology have identified significant productivity and estate utilisation benefits across health visiting, community nursing and community mental health team types. The Trust expects these benefits to contribute significantly to the delivery of the CIP in 2014/15. Technology enablers and estate planning support will underpin the 'hour a day' productivity programme underway in pilot, for roll out across the Trust in 2013/14, aligning with the Health Access Hub component of the Tomorrow's Community Health programme.

The Trust is reviewing possible contingency plans for service sustainability. These are desktop analyses to inform the Board of the potential value of integration synergies both from a clinical and back office perspective.

If the required system development work fails in 2013/14 the Trust is clear that continued operating efficiencies at the scale of 4% p.a. will not be possible without impacting adversely on service and quality. Mitigation options to sustain service delivery to patients in this scenario are in reality significant contributory growth in the medium term, which is unlikely, or organisational integration providing there are appropriate scale synergies and a clear rationale to deliver improved patient care.

The Trust's five year strategy was clear that system change was required to ensure system sustainability. However, system change may not in fact happen or happen at the significant pace now required. The Board recognises that in these scenarios alternative options would have to be considered to ensure financial and clinical sustainability and viability of the services the Trust delivers, as described above; the other option is to begin to engage commissioners in consideration of which service lines may need to be decommissioned to protect core services. The Trust is undertaking an internal market assessment and portfolio contribution analysis (financial / non-financial) of service lines during 2013/14 to support this review should it be required.

Investment priorities

In 2013/14 the Trust plans to invest into pre-existing strategic estates programmes and further productivity across information management and technology (IM&T) and estates:

- Reconfiguration of Prospect Park Hospital ward space to accommodate the transfer of Ward 10 and 12 from Heatherwood and Wexham Park Hospitals and Charles Ward from St Mark's Community Hospital. All non-inpatient services at Heatherwood and Wexham Park Hospitals will be moved and rehoused to achieve full rental and service savings from the acute foundation trust
- Continued refresh of the national contract supplied RiO electronic care record, beginning the preparatory work to take a significant software upgrade in April and June 2014. The upgrade

will enable mobile working functionality crucial to improve productivity. The Trust is beginning work on an Outline Business Case to replace the RiO system when the national contract concludes in 2015

- Estates strategy investment to drive towards locality hubs and rationalise the estate usage with community mobile working models requiring less “work base” infrastructure
- IM&T investment in mobile working support to be informed by continuing and successful pilots.