BERKSHIRE WEST
INTEGRATED CARE SYSTEM
OPERATING PLAN: 2019/20

1 INTRODUCTION

This document is the 2019/20 Operating Plan for the Berkshire West ICS and the NHS organisations that are part of the ICS. It will form the foundation for a five year strategy that will be developed later this year in response to the NHS Long Term Plan. The ICS will work with its three local authority partners and Health and Well Being Boards to develop a single strategy for Berkshire West and this, in turn, will contribute to the development of the strategy for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) shadow ICS.

To meet the challenges faced by the local health and care economy, the constituent NHS organisations have joined together to form the Berkshire West Integrated Care System (ICS). The ICS is currently made up of:

- Berkshire West Clinical Commissioning Group (CCG)
- Royal Berkshire Hospital Foundation Trust - an acute hospital (RBFT)
- Berkshire Healthcare NHS Foundation Trust - a community and mental health provider (BHFT)
- Providers of GP services in Berkshire West

The ICS also works closely with South Central Ambulance Service (SCAS) and the three local councils in West Berkshire, Wokingham and Reading to drive integration between health and social care through the Berkshire West 7 programme. During 2019/20 we will align the two programmes and create a single set of governance arrangements for the NHS and local government in order to take on joint responsibility for the health of the local population, providing joined up, better coordinated care and making best use of the Berkshire West pound.

1.1 Our Vision

At its inception the ICS identified three strategic objectives which are shared by the Berkshire West 7 programme:

- An improvement in the health and wellbeing of our population
- Better patient experience and outcomes
- Financial sustainability for all organisations across the ICS.

The ICS has a clear vision for the Berkshire West health and social care system which will comprise:

- A resilient urgent care system that meets the “on the day” needs of patients and meets national standards
- Redesigned care pathways that improve patient experience and clinical outcomes and make the best use of clinical and digital resources
- A transformed and resilient primary care sector which supports GPs to care for more patients at home and in their communities
- A shared infrastructure and capability that supports delivery of the vision
- A financially sustainable system that provides best value for the taxpayer

The ICS has developed programmes which support the delivery of its vision and 2019/20 will be our third year of operation as an ICS. The system will seek to build on the successes of the previous years, which include:

- Improvements to service quality and access, including the provision of additional GP appointments at evenings and weekends

- The establishment of four Primary Care Alliances which have provided a strong foundation for the development of Primary Care Networks serving neighbourhoods of around 50,000 people
- Publication of our first *Population Health Management Roadmap* (PHM), and the launch of our initial PHM programme which has identified opportunities to provide support to “at risk” individuals in our population
- Development of a robust urgent and emergency care system which has reduced Delayed Transfers of Care (DTOC) in conjunction with BW7 partners, and reduced non elective admissions from care homes to below the national average.
- Working with the Thames Valley Cancer Alliance to increase the uptake of cancer screening amongst individuals who were not previously coming forwards
- Implementing a nationally recognised Increasing Access to Psychological Therapies service which is an early implementer for targeting people with Long Term Conditions
- Delivery a psychiatric liaison service in the Royal Berkshire to support people in crisis who attend the Emergency Department
- Expanding the Individual Placement Support employment model to support people with mental health and addictions to gain and keep paid employment.
- The development of a new contracting mechanisms and a joint approach to managing the system’s financial resources

1.2 About us

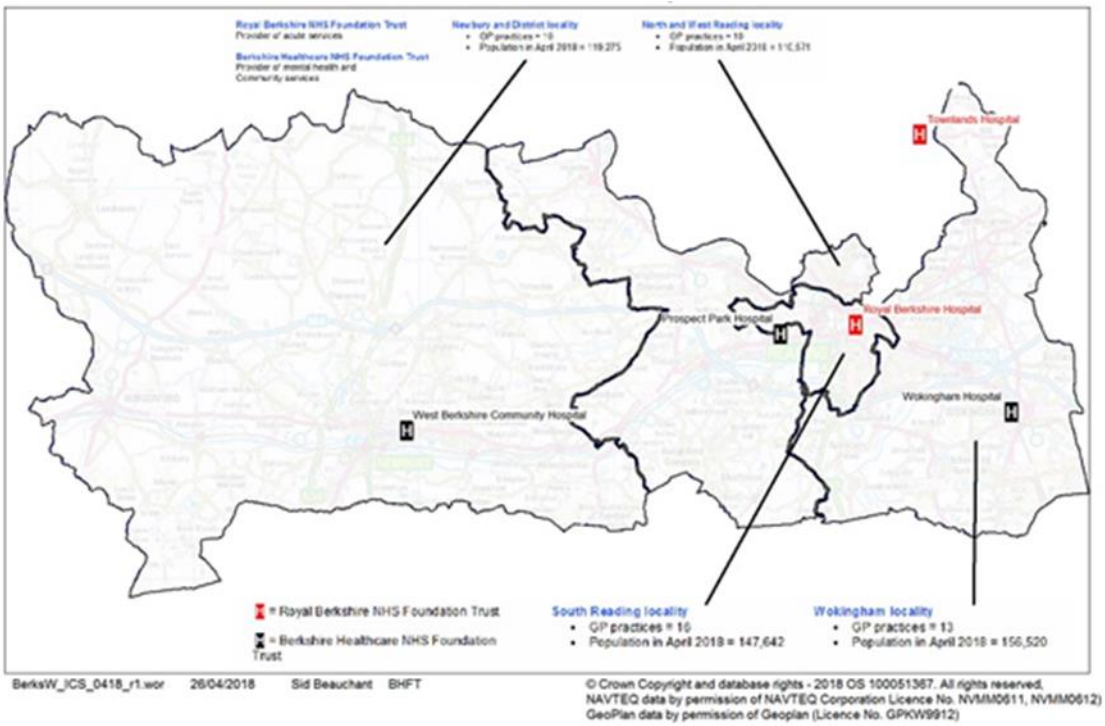
The ICS is collaboration between health organisations to improve services for our local population, delivering consistent high quality and safe care, ensuring the best possible outcome and experience for patients, whilst returning our system to financial sustainability.

Together with our Local Authority partners the ICS are responsible for the health and wellbeing of 528,000 residents living across three Local Authority Areas.

- West Berkshire;
- Reading; and
- Wokingham.

Along with South Central Ambulance Service (SCAS) the three local authorities and 3 NHS organisations make up Berkshire West 7 (BW7)

Map 1.1: Berkshire West Geographical Footprint



The BW7 footprint is a self-contained health economy with approximately 80% of patient activity, and the majority of funding, being with the constituent organisations. The three local authority areas have some notable differences in terms of their demographic and health profiles. Reading has a much younger population with typical characteristics of an inner city diverse population, Wokingham is suburban with rapid housing expansion under way, whilst West Berkshire has an older population and significant rurality.

Generally, the health of residents of Berkshire West is good; however, there are some clear differences between the populations in each of the local authority areas and this is reflected in the differing health needs.

For most of Berkshire West the smoking rates are lower than the national rate in England, however in Reading the rates are higher. The number of people drinking alcohol above the recommended levels is fairly high, particularly in South Reading, and along with smoking is an area of focus for the ICS and BW7. Obesity levels across the area are similar to the national figure as are rates of physical inactivity. The ICS works closely with public health colleagues to monitor and improve these levels with targeted interventions in place to support healthy eating and promoting healthy lifestyles.

Overall the health and well being priorities for Berkshire West include:

- Reducing childhood obesity
- Reducing alcohol consumption to safe levels and alcohol related harm
- Promoting positive mental health and well-being
- Preventing and reducing early deaths from cardiovascular disease, diabetes, COPD, chronic kidney and cancer
- Reducing levels of infectious diseases e.g. Tuberculosis
- Promoting self-care and empowerment

1.3 Our 2019/20 Strategic Priorities and Transformation programme

Despite good progress in previous years the system faces a significant financial challenge in 2019/20. Berkshire West continues to be one of the lowest funded health economies in the country and has already delivered many of the recognised approaches to system efficiency. In recent years the control total has been achieved by a series of non-recurrent mitigations, both within the provider and the commissioner sector. The underlying deficit has reduced but remains and there are no further short term non recurrent mitigations available to address this.

The ICS's focus is therefore on delivering a robust shared cost improvement programme and a broader transformation programme that will deliver medium term service redesign. This is a mature system that now operates on a system wide cost model, as opposed to price and income, but the limiting factor is the rate at which cost can be taken out of the system, mainly from the acute sector. The ICS therefore has put itself into voluntary turnaround and proposes a two year financial recovery plan. The current plan shows recovery of c.50% of the financial gap in 2019/20 and there is work underway to develop a plan during Q1 19/20 that closes the gap completely by 2020/21.

The ICS have identified a number of transformation programmes that will deliver the ambitions of the Long Term Plan and contribute to financial recovery. These have been identified by reviewing Population Health Management (PHM) data, NHSE/I best practice toolkits, Rightcare, New Model Hospital and the Bronze Diagnostic. Proposals are robustly tested by the clinical and financial leadership before they are approved to begin. The list of programmes can be found in Table 1.

A system financial recovery plan at Table 2 shows the full gamut of activity organisations are planning to take this year to improve the financial position and includes the impact of the transformation programmes.

In light of the NHS Long Term Plan and the challenges faced by the local health and care system Berkshire West ICS has identified 7 strategic priorities for the year ahead:

- **Implement the ICS financial recovery plan –** Given the highly challenged financial position of the Berkshire West health economy the partner organisations will work together through a joint Financial Recovery Group to complete and deliver a systems savings plan**.**

- **Design Our Neighbourhoods** – The ICS will work with the newly established Primary Care Networks, the three local authorities, community services, the voluntary sector, patients and communities to integrate services at neighbourhood level around clusters of GP practices. The ICS will invest around £3m in primary care services in 19/20 providing new workforce to improve urgent access to primary care and provide proactive more co-ordinated support to people with complex problems.
- **Development of a new Urgent & Emergency Care delivery model** – following the development of an urgent care strategy for Berkshire West, the ICS have identified a number of key design principles such as access to same day urgent primary care, the development of community hubs, 24/7 mental health support, ambulatory care at the front door of A&E. This means all patients will get a timely and appropriate response to their needs but only the highest acuity patients will need to go to A&E.
- **Outpatient transformation** –The ICS will continue with the objective of reducing the number of outpatient appointments at the RBFT by 50% which will see many patients offered the opportunity to have their outpatient appointment closer to home through a range of approaches including the use of technology
- **Design and development of an Integrated MSK service** – The ICS will introduce new staff whose role is to support patients early on in the pathway and maintain and improve their condition so that fewer people require surgery.
- **Develop a strategy for the future provision of diagnostic equipment and associated care pathways –** The ICS will have a shared understanding of current comparative provision, performance and cost of Berkshire West diagnostic services, an understanding of future demand and an implementation plan to deliver identified gaps
- **Implement and embed our approach to Population Health Management and Digital transformation –** Complete an evaluation of the programme commenced in 2018/19 and identify ongoing PHM priorities, which will support the identification of transformation opportunities at system level and support PCNs in the pro active management of their population. Take steps to develop a shared ICS Business intelligence function

These, along with other programmes of work, are supported by key enablers including a review of shared functions and estate, understanding and modelling our collective bed base, and workforce development.

As a strong component of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) shadow ICS, Berkshire West will contribute to the BOB operating plan which will describe how the wider system will deliver shared programmes at scale.

1.4 Oversight and delivery of Transformation and Financial Recovery

The ICS will have oversight of these programmes via monthly reports from the programme boards to the Unified Executive on progress against agreed deliverables and trajectories. The ICS have an agreed Quality Improvement and Transformation methodology and staff working on the transformation programmes have, or will have, training on these quality improvement methodologies. The system will utilise a set of reporting processes and templates that support the successful delivery of quality improvements.

All significant transformation programmes across the ICS have or will undertake a Quality Impact Assessment (QIA) to understand the impact on patients and staff of the potential change. These are reviewed by the respective organisational or ICS wide Quality Committees with recommendations as to how to mitigate any negative quality impacts.

Efficiency savings are verified by Chief Finance Officers ahead of being agreed by the Unified Executive. A joint Finance Recovery Group will track progress on delivery of the overall Financial Recovery Plan and identify mitigations as required. Risks to delivery will be captured by the individual programme boards and escalated to the Finance Recovery Group and Unified Executive where necessary.

To increase the delivery capability across Berkshire West in 19/20 the CCG will continue its programme of in housing functions from the CSU and the ICS partners will establish a shared transformation function. Dedicated turnaround resource will be secured and located in RBFT.

Table 1.1 – Summary table of ICS Programmes

Berkshire West ICS Strategic Priorities – 2019/20

ICS Objectives

An improvement in the health and wellbeing of our population

Enhancement of patient experience and outcomes

Financial sustainability for all constituent organisations and the ICS

19/20 Strategic Priorities

Develop a resilient urgent care system that meets the on the day need of patients and is consistent with our constitutional requirements	To redesign care pathways to improve patient experience, clinical outcomes and make the best use of clinical and digital resources	Progress a whole system approach to transforming primary care to deliver resilience, better patient outcomes and experience and efficiency	Develop the supporting infrastructure to deliver better value for money and reduce duplication	Deliver the financial control total agreed to by the Boards of the constituent statutory organisations

Key Projects for Delivery

Develop new UEC delivery model; to include:

- Completion of UEC Strategy
- Bed capacity optimisation
- Establish an Urgent Treatment Centre at West Berkshire Community Hospital
- Develop the Reading Walk in Centre
- Refine the approach to ED Streaming
- High Intensity Users

Joint pathway redesign work to include:

Outpatients Transformation

Integrated MSK Service

Diagnostic Strategy

- Delivery of national Cancer ambitions
- Delivery of MH FYFV and Long Term Plan ambitions
- Audiology
- Diabetes
- Ophthalmology
- Respiratory

Implement Primary Care Networks;

- Design of PCN neighbourhoods in partnership with community health, social care and voluntary sector
- DES contracts signed by end of June to achieve 100% PCN coverage across BW
- Increased digital support to reduce workload, offer alternative consultation modes and increase self management by patients
- Completion of primary estates strategy to ensure needs arising from housing growth are met and best use is made of BW estate
- Strengthen the primary care workforce in partnership with BOB shadow ICS and through recruitment of new roles to PCNs
- Support PCNs to adopt a PHM approach and engage with urgent and planned care transformation programmes

Development of integrated Place-based shared functions

- Options appraisal and implementation of an Integrated Place based functions:
  - Transformation,
  - Analytics,
  - Business Intelligence
  - Compliance
- Redesign of governance to integrate the ICS and BW 7 programme and create an Integrated Care Partnership.
- **Develop and implement the ICP Digital Strategy**
- **Evaluate the 18/19 PHM programme and agree the 19/20 deliverables to support PCNs and embed system wide PHM capability**

Credible financial recovery plan for 20/21 and beyond

Progressing transparency of cost information at SLR level

Benefits

- Patients being seen in the most appropriate setting in a timely manner
- Fewer patients needing to access on the day services from the acute hospital
- Constitutional standards achieved

- Patients to receive more of their care closer to home
- Greater reliance on technology to free up clinical time for more complex tasks
- Unlock estate capacity through fewer F2F appts
- Services provided at a lower cost to the taxpayer

- Networked based delivery of additional services and improved access for patients
- Greater resilience and capacity within the primary care sector
- Development and deployment of new care models which are more integrated and delivered closer to patients' homes

- Shared capacity targeted at system priorities
- Improved integration and joint decision making between the NHS and local government
- Digital technology supporting optimal efficiency
- PHM driving pro active care of patients to reduce demand on hospital and identify further transformation opportunities

- Delivery of the financial trajectory agreed with regulators

Table 1.2 – Berkshire West Two-Year Financial Recovery Plan

ID	Org	Scheme	Y1 Total £k	Y2 Total £k	Two Year (Cumulative)
BH01	BHFT	Bed Optimisation (Acute/PICU overspill beds)	1,000	-	1,000
BH02		Papist Way Contract	191	-	191
BH03		Cloisters Contract - Income Loss Avoidance	272	-	272
BH04		Cloisters Contract - Bed Reduction	560	-	560
BH05		Sexual Health Tender	432	-	432
BH06		Court L&D Hampshire	621	-	621
BH07		Veterans Expansion	271	-	271
BH08		19/20 Procurement Programme	301	-	301
BH09		NHS Supply chain Margin Removal	152	-	152
BH10		NHS Supply chain Profit Share	44	-	44
BH11		NHS Supply chain Category Towers	48	-	48
BH12		Medicines Optimisation	52	-	52
BH13		CRHTT	100	-	100
BH14		LD Patients	300	-	300
BH15		NHSPS VAT saving	614	-	614
BH16		SLT (Slough)	60	-	60
BH17		PFI Benchmarking / Review	129	-	129
BH18		Corporate Benchmarking Target	150	-	150
BH19		Admin / Estates Agency Trade Out	200	-	200
BH20		E-Roster Efficiencies (Carter)	100	-	100
		TOTAL Berkshire Healthcare FT	**5,597**	**-**	**5,597**
RB01	RBFT	Procurement Transformation-UCG	175	-	175
RB02		Medicines Optimisation -NCG	507	-	507
RB03		Commercial Income and Opportunities -PCG	331	-	331
RB04		Digital Hospital -NCG	62	-	62
RB05		Digital Hospital -Trustwide	342	-	342
RB06		Patient Flow Bed Base -NCG	329	-	329
RB07		National Procurement - PCG	1,000	333	1,333
RB08		Commercial Income and Opportunities -UCG	495	-	495
RB09		National Procurement -EFM	200	-	200
RB10		National Procurement -NCG	100	-	100
RB11		BSPS CIP- Pathology -NCG	710		710
RB12		Networked Care Pay Schemes -NCG	353	-	353
RB13		Networked Care Non-Pay Schemes -NCG	456	-	456
RB14		Urgent Care Pay Schemes -UCG	394	51	445
RB15		Urgent Care Imaging -UCG	500	167	667
RB16		Digital Hospital -Transcription Service -UCG	25		25
RB17		Procurement Transformation -PCG	951		951

RB18		Planned Care Pay Schemes -PCG	1,052		1,052
RB19		Planned Care Non - Pay Schemes PCG	96		96
RB20		EFM Non Pay Schemes	709		709
RB21		EFM Income Schemes -EFM	100		100
RB22		IM&T Non Pay schemes-IM&T	102		102
RB23		Procurement Transformation - NCG	170		170
RB24		Medicines Optimisation -PCG	435		435
RB25		Patient Flow Bed Base -PCG	35		35
RB26		Patient Flow Bed Base - UCG	844		844
RB27		Patient Flow Bed Base -EFM	214		214
RB28		Digital Hospital Non Pay - CROWN -PCG	113		113
RB29		Digital Hospital Pay Scheme -PCG	370	177	547
RB30		Outpatients - PCG	288	96	384
RB31		Outpatients - NCG	118	40	158
RB32		Women and Children Services - UCG	874		874
RB33		Medicines Optimisation -UCG	40		40
RB34		Outpatients-UCG	86	29	115
RB35		Digital Hospital Transcription - PCG	188		188
RB36		National Procurement - UCG	100		100
RB37		Urgent Care - Non Pay	10		10
RB38		Procurement Transformation - corporate	144		144
RB39		Demand and Capacity	340	73	413
RB40		Operating Theatres Improvement Scheme	250	2	252
		TOTAL Royal Berkshire FT	**13,610**	**968**	**14,578**
CCG01	CCG	SCAS non conveyance	94	31	125
CCG02		Urgent Care Centre Activity	375	125	500
CCG03		MSK	1,050	350	1,400
CCG04		Referral Management	225		225
CCG05		Non-local acute challenges	503		503
CCG06		PLCVs/IFR	475		475
CCG07		Prescribing	1,140		1,140
CCG08		Long term placements	1,075		1,075
CCG09		Community Equipment	190		190
CCG10		Primary Care Networks	150	50	200
CCG11		Running costs general	950	500	1,450
		TOTAL Berkshire West CCG	6,227	1,056	7,283
		TOTAL	**25,434**	**2,024**	**27,458**

1.5 Our Governance

Whilst the members of the ICS remain statutory organisations, the ICS has developed governance arrangements that support full system working. The ICS Leadership Group is led by an independent Chair

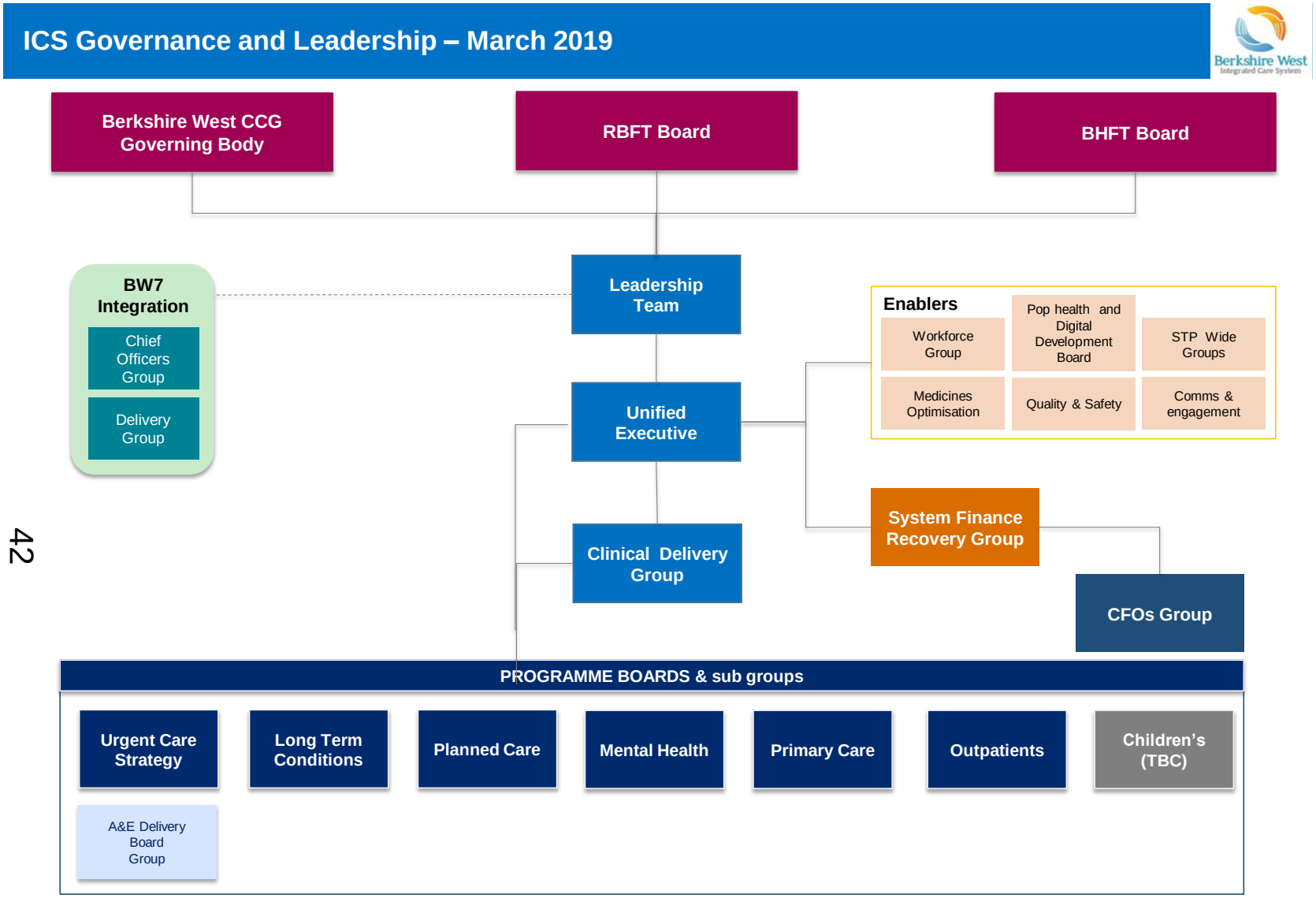
and the membership comprises the Chairs and Chief Executives of three member organisations and the Chief Executive of West Berkshire Council in his capacity as Chair of the BW7. During 2019/20 this group will expand to include the Chief Executives of the other two local authorities in Berkshire West and the elected members who chair the three Health and Well Being Boards. This will present a further opportunity to integrate the work of the NHS and local government. The Leadership Group sets the ICS strategy and holds the executive to account for delivery of the ICS programme. (Proposed new governance arrangements are currently being developed subject to further review and ratification)-

The ICS Unified Executive comprises the three NHS Chief Executives and key members of their executive teams who oversee the design and drive delivery of the programme. During 2019/20 the governance will be reviewed to align the work of the Berkshire West 7 Delivery Group and create a single PMO. The ICS has undertaken an Organisational Development programme supported by the King's Fund which has contributed to the strengthening of our governance arrangements.

During 18/19 Berkshire West ICS became a self-assuring system and monitors its performance through an Integrated Quality and performance Report which is also shared with regulators. Progress on the ICS Transformation Programme is reviewed monthly. Financial assurance is achieved through the Directors of Finance producing a group account of the year-to-date position and forecast at system level.

An ICS Finance Recovery Group has been established to manage the challenging financial position faced by the ICS in 2019/20. This will track delivery of organisational CIPs and the system wide savings plan. The ICS will augment its capabilities with additional finance turnaround support based in the RBFT.

Table 1.3 – ICS Governance and Leadership



2 A NEW MODEL OF CARE FOR BERKSHIRE WEST IN 19-20

Berkshire West ICS has assessed the challenges it faces and the opportunities available to deliver its vision, transform services and achieve financial recovery. This section of the plan describes our strategic priorities and the new model of care we intend to adopt, with partners and stakeholders, to meet these challenges and begin delivery of the NHS Long Term Plan.

Our priorities for 2019/20 were described in section 1 and build on the work undertaken in previous years and are:

- **Implement the ICS financial recovery plan**
- **Development of a new Urgent & Emergency Care delivery model**
- **Outpatient transformation**
- **Develop a strategy for the future provision of diagnostic equipment and associated care pathways**
- **Design Our Neighbourhoods**
- **Design and development of an Integrated MSK service**
- **Implement and embed our approach to Population Health Management and Digital transformation**

These priorities also reflect the visions of the constituent organisations in the system notably RBFT's vision of 'Working together to provide outstanding care for our community,' supported by its Clinical Services Strategy, and BHFT's vision "to be recognised as the leading community and mental health service provider by our staff, patients and partners", supported by its Quality Strategy.

The priorities support delivery of the long term plan by developing a robust primary and community care sector to provide local, accessible services for patients and reduce the pressure on hospital services. The ICS will work with GP practices, the existing primary alliances, community and voluntary services, patients and communities to design primary care networks operating at neighbourhood level. We have already started on a programme of community engagement and partners across Berkshire West are committed to Design our Neighbourhoods as our shared priority in 19/20.

A well supported and resilient primary care sector will play a key role in responding to "on the day" demand in support of the wider urgent and emergency care system in Berkshire West. During the coming year the ICS will identify community hubs. In particular it will seek to upgrade the current MIU to an urgent treatment centre that is linked to NHS 111 and local GP practices. The ICS will review the role of the Walk In Centre in Reading and ensure that there is a good service for children who are currently brought to A and E but do not require this service and for homeless people. The redesign of services will draw on the helpful work of Healthwatch which helped us to understand why people attended A and E and what alternative services we could offer to meet their needs.

Finally a robust primary and community sector enables us offer services that were traditionally provided in hospital in community settings closer to where people live. The ICS has identified a number of areas for transformation in relation to planned care. During 19/20 we will continue with our ambition to transform outpatients and reduce the number of appointments happening at the Royal Berkshire Hospital by 50% and implement the redesigned pathway for people with musculo skeletal conditions. The ICS will also undertake modelling of its diagnostic capacity to ensure that it can meet the needs of patients who may have can cancer in a timely way.

Our 2019/20 transformation programme is underpinned by the implementation of a comprehensive population health management approach. During 18/19 we have commenced a 20 week externally supported programme to increase the capability of the ICS in this area, identify further opportunities for system transformation and provide support to primary care networks to identify and pro actively manage individuals who are risk of deteriorating health in the future.

The diagram below describes our overall transformation strategy for 2019/20.

Diagram 2.1 – ICS Transformation strategy

2.1 Primary Care

A major part of the 2019/20 plan will be the development of primary care networks as the delivery vehicle for a number of related transformation programmes. The ICS will deliver improvements in Primary Care by:

- Building upon existing GP provider configurations to actively supporting the establishment of Primary Care Networks (PCN) including by investing £1.50 per head in accordance with the planning guidance to achieve 100% coverage by July 2019.
- Working with PCNs to develop new models of same day access as part of the broader urgent care system.
- Continuing to provide extended access to general practice services, including at evenings and weekends, for 100% of the population.
- Working with PCNs to embed multidisciplinary integrated care team working at a neighbourhood level, driven by PHM intelligence and ensuring PCNs are able to deliver the national service specifications outlined in the new GP contract.
- Ensuring that clinical pharmacists and social prescribers are recruited into primary care networks to increase their capacity and capability
- Work with community health services, social care the voluntary sector to identify the “wrap around” services for each PCN such as District Nursing, community geriatricians, diabetic nurse specialists, and the Rapid Response and Treatment service to support people in care homes.
- Offering PCNs access to primary care data analytics for population segmentation and risk stratification enabling an in depth understanding of the network’s populations’ rising health and care needs. This will build on the work commenced in 2018/19.
- Providing managerial support and subject matter expertise to PCNs to assist with their development and evolution
- Continuing work on the refreshing of the primary care estates strategy, working closely with the three local authorities to understand and meet the requirements of local housing growth.

- Continuing to support delivery of initiatives to manage workload in primary care e.g. care navigation, workflow optimisation and other High Impact Actions.
- Building the capacity of Primary Care to support the Outpatients Transformation programme
- Working with partners in BOB shadow ICS, implement the Wessex workforce planning tool to inform the primary care workforce strategy
- Build on the implementation the International GP Recruitment programme and support the current international recruits to ensure that they are retained.
- Work with partners in BOB shadow ICS to implement the GP retention programme and support two Berkshire West GPs with GP Fellowships.
- Working with HEE and higher education institutions to support nurses to choose primary care as a first destination and to retain experienced nurses already working in primary care
- Further developing the Berkshire West Training Hub to deliver practice manager development and clinical leadership development and work with partners in BOB to review the optimal model for Training Hubs going forwards
- Increasing the use of digital technology to enable patients to book appointments and order prescriptions on line, have different modalities of consultation such as telephone or skype, and increase the remote monitoring of patients with long term conditions.

Arrangements for managing all delegated responsibilities, will continue unchanged with oversight provided by the Primary Care Commissioning Committee. As part of the process of providing assurance to NHSE these arrangements have been reviewed by internal audit and provided “Substantial Assurance”.

2.2 Urgent Care

During 2018/19 the ICS undertook work to establish how we can better manage the demand for Urgent Care in Berkshire West and avoid the need to expand the acute and community bed base as the population ages. The review demonstrated that the ICS have the correct mix of beds in our system, with some further efficiency opportunities, providing we implemented a new model of care. This new model would provide people with timely and appropriate services to meet their needs and reduce the need to attend A&E. If people do need emergency admission then the aim is to get them back out of hospital and home as soon as possible.

Our work identified a number of key design features for the new model:

- Single point of access/triage – this will build on the work already underway with the Integrated Urgent Care alliance to position NHS 111 as the entry point for patients who are unsure of which service to access
- Prevention and self care at home – supporting patients and their families to maintain wellness and signpost to self care wherever possible
- Proactive management of health
- Voluntary sector support – building on our successful social prescribing and winter schemes during 18/19
- Access to same day urgent primary care
- Access to hospital consultants for GPs to support them to manage patients by ensuring telephone access to specialists to support alternatives to acute admission
- Enhanced NHS 111 Clinical Assessment Service to incorporate secondary care expertise
- Community services tailored to the neighbourhood’s needs and able to respond rapidly
- Paramedics and ambulance services delivering treatment to avoid hospital admission – further enhancing the work delivered through the non-conveyance CQUIN
- Urgent Treatment Centres to provide local alternatives to A&E
- Ambulatory care at the front door of the hospital – delivering the national aspiration for 30% of patients to be treated as same day emergency care
- 24/7 specialist mental health support for all ages
- Tiered provision of community beds
- Services aimed at children with minor ailments – to meet a recognised need in the Reading area.

The ICS will use these principles to complete the Berkshire West Urgent Care Strategy by the end of quarter one and commence implementation.

Working across Thames Valley, the ICS will further develop the Clinical Assessment Service (CAS) underpinning Integrated Urgent Care (NHS 111). During 18/19, the service expanded to include palliative care expertise, access to third sector agencies including the Samaritans and direct booking into GP Out of Hours and the Minor Injury Unit. This approach has enabled the system to channel patients to definitive treatment in the community. Services within the NHS 111 Directory of Services are reviewed regularly, with recent improvements to search limits and mapping of symptom discriminators across Thames Valley, ensuring patients are directed to the most appropriate service, particularly out of hours and for minor injuries.

111 Online is now well established across the Thames Valley with patients receiving direct calls from clinicians after an initial online assessment. As part of a continued development of the CAS this will expand to include call backs from dentistry in 19/20, following a successful pilot in Oxfordshire.

During 2019/20, the ICS plans to:

- Maintain a 50%+ proportion of NHS 111 calls receiving clinical assessment by ensuring there is sufficient clinical workforce available at all times
- Increase the percentage of people triaged by NHS 111 that are booked into a face-to-face appointment with another service,
- Continue to ensure that patients provided with advice by NHS 111 are supported to access an array of services away from the Emergency Department by regularly reviewing the Directory of Services and addressing any commissioning gaps which may be identified"
- Work with commissioners across Thames Valley and the ambulance service to achieve a single Clinical Assessment Service across 999, 111 and GP out of hours
- Expand direct booking into in hours general practice in line with the new contract for Primary Care Networks
- Scope NHS 111 disposition to rapid response community services
- To complete the business case for an Urgent Treatment Centre at West Berkshire Community Hospital, building on the current Minor Injuries Unit
- Develop the role of the Walk In Centre in Reading
- Ensure 100% of ambulance handovers occur within 30 minutes and that Ambulance Response Programme (ARP) waiting time standards continue to be achieved
- Undertake further work with SCAS to improve non conveyance rates with increased access to out of hospital pathways and access to shared care plans to support alternative management of patients
- Build on the successes of the existing Royal Berkshire Hospital Frailty Service and ring fenced Ambulatory Care Unit to increase the number of non elective admissions discharged on a same day basis
- Build on existing good work in relation to national pathways for stroke, heart attack, and sepsis
- Continue to closely monitor and reduce the number of stranded patients in hospital beds by addressing both internal and external reasons for delay and continue to make progress on reducing delayed transfers of care (DTOC).
- Embed the use of the local code to identify causes of delay and identify trends which can then be used to drive further improvements particularly in health attributable delays and delays in mental health beds.
- During 2019/20 the ICS will resume its focus on High Intensity Users – those people with high use of urgent care services. This will be done by reviewing frequent adult, children and mental health patients who attend the Emergency Department; reviewing people who call 999 and 111 frequently and taking the learning from GP reviews of High Intensity Users. The ICS will build on the pilot it implemented to identify an appropriate response to support people and the Oxford AHSN will support the ICS with this work.

As part of the new model of care for Berkshire West there will be a move towards people getting more control over their own health and receiving more personalised care when they need it. During 2019/20 the ICS will achieve this by:

- Introducing social prescribing as part of Primary Care networks so that people have access to a wide range of local support services that help to keep them well and living in their communities.
- Increasingly patients will be involved in making informed decisions about their care. 85% of people who have musculoskeletal (MSK) problems will have the opportunity to work with a voluntary sector provider to support them in managing their condition.
- The ICS will increase the number of patients with complex problems and those at the end of life who have personal care plans that are developed with them and shared by all those involved in their care
- The ICS will learn from the good practice demonstrated by our local authority partners and increase the number of people who have personal health budgets (PHBs). The ICS will ensure that the delivery of all new Continuing Healthcare home-based packages (excluding fast track) use the personal health budgets model as the default delivery process. We also plan to expand the CCG's PHB offer to users of wheelchairs and people entitled to S117 Aftercare. Our submitted trajectory shows an increase of 70 PHB's for 19/20 in recognition of the baseline position and the work required.

2.3 Planned care

Our strategy for Planned Care will improve patient experience and productivity by redesigning services to improve health outcomes for patients, reducing lengths of stay in hospital and the number of outpatient appointments required. Our vision includes the use of new technologies to enable our patients to interact with services in new ways; we will implement virtual clinics and other modalities to deliver follow ups.

Our ICS work programme for 2019/20 includes continuing work to redesign and streamline pathways and reduce clinical variation focusing on Orthopaedics and Musculoskeletal problems, Dermatology, Ophthalmology, Adult Hearing and Diagnostics; efficiencies in outpatients including exploring other modalities for follow ups (e.g. virtual clinics, telephone follow ups), access to consultant advice and guidance for GPs, patient initiated clinics and Pre-op assessments.

A key priority for the ICS in 2019/20 is the transformation of outpatient pathways and the redesign of musculo-skeletal services to improve patients' experience of care. The ICS has drawn on national work to identify best practice in developing its programme. The ICS will achieve these improvements by:

- Designing a new end to end MSK pathway to deliver care closer to patients' homes by preventing unnecessary hospital procedures and investing in conservative treatment. The pathway will incorporate up skilling GPs and peer to peer reviews in primary care, First Contact Physiotherapists in primary care, the introduction of clinical triage service (key national 'must do') for patients that cannot be managed in primary care but require some additional management from a multi disciplinary team of clinicians before considering treatment in secondary care, and increased Shared Decision Making to help patients make informed choices about their care.
- The redesigned service will deliver the following benefits:
    - Ensuring appropriate referrals to secondary care in line with clinical need
    - Reducing clinical variation and duplication through pathway coherence
    - Ensuring that every MSK practitioner is consistent in their approach
    - De-medicalising MSK presenting symptoms and promoting self-care and healthy living such as exercise and healthy eating as enablers to have a positive impact on MSK issues
    - Addressing the issues and concerns identified by patients and improving the quality of patient experience
    - Delivering best value for the Berkshire West pound
- Redesigning the Dermatology service at RBFT to address the shortage of dermatology consultants. The ICS is working together to produce a new and innovative clinical model which will optimise primary care and community providers to support the Dermatology service with consultant oversight. The NHSE Elective Care Handbook for Dermatology has informed the clinical redesign of the service.

- Reviewing the ophthalmology pathway by incorporating triage and redesigning pathways for the three main conditions: Wet AMD, cataracts and glaucoma. We are also maintaining failsafe prioritisation processes and policies in all areas to manage the risk of harm to ophthalmology patients, and act on the outcomes from the eye health capacity reviews
- The ICS performs well in relation to seven-day services and has adopted the Hospital Services Board Assurance Framework to support oversight. The focus in 2019/20 will be on consultant review within 14 hours.

- The ICS generally performs well in relation to Referral to Treatment Times (RTT). Processes have been in place for over two years to manage RTT and proactively review long waits as a result RBFT have not had any patients waiting over 52 weeks in 2018/19.

- To ensure patients make an informed choice of provider a project is being developed to train GP practice staff to educate patients where they can be treated and utilise the information on the electronic Referral Service (eRS) correctly. (The ICS has considered implementing Capacity Alerts however due to pressures within the Thames Valley system this is not an effective tool).

3 ACTION ON PREVENTION AND REDUCING HEALTH INEQUALITIES

Preventing ill health and reducing health inequalities will be key priorities for the NHS in the next decade, with the focus on supporting people to live healthy lives becoming increasingly important.

At present the ICS is working with Local Authority partners to align the Joint Strategic Needs Assessment (JSNA), the Population Health Management Programme, the Health and Wellbeing Strategies and BOB STP prevention programmes. During 2019/20 the ICS will build on the existing programmes of:

- Obesity – working with our local authority partners we will undertake a comprehensive review of our children and adult obesity care pathways. This will aim to improve equity and access across Berkshire West and ensure sufficient support is in place.
- Physical activity – maximise opportunities to engage the least active through the implementation of social prescribing and Making Every Contact Count (MECC) to signpost individuals to local physical activity opportunities. This will be supported by working in partnership with local authorities to build on the learning of the NHS Healthy Towns Initiative to develop a joint health and planning protocol across Berkshire West
- Smoking – work with our local authority partners to undertake a review of our stop smoking services and the implementation of the 19/20 CQUIN across community, mental health and acute providers. This will include improving data quality on those individuals who smoke and ensure brief advice is given
- Alcohol – develop early identification and support for heavy and harmful drinkers, as distinct from those seriously dependent on alcohol that visit A&E frequently, with the aim of targeting people earlier in their alcohol journey support implementation of the 19/20 CQUIN.
- Making Everyone Contact Count – we will continue to roll-out a train-the-trainer model of MECC that will be supported by a behaviour change training in partnership with the University College of London (UCL)

We will continue to work with our partners to ensure a continued focus on reducing health inequalities across the system. Tackling the wider determinants will be important as these are known to strongly influence people's resistance to illness and disease, as well as their ability to self-care. Therefore, we will support the adoption of a "health in all policies" approach to improve population health and health equity. This will be supported through working in partnership with the three local authorities to develop a joint health and wellbeing strategy. The development of our primary care networks, supported by a population health management approach, and social prescribing will also provide more holistic models of care that can help tackle the root causes of ill health.

4 IMPROVING CARE AND QUALITY OUTCOMES IN BERKSHIRE WEST

The purpose of this section of the plan is to set out how the ICS will support the reduction of disease burden across Berkshire West in key areas and improve care and quality outcomes

4.1 Cardiovascular Disease

Preventing cardiovascular disease is one of the biggest opportunities for the ICS to save lives over the next 10 years.

The previous chapter described our prevention strategy which addresses a number of risk factors and in addition the ICS will:

- Work with Primary Care networks to improve the detection and management of high blood pressure, raised cholesterol and Atrial Fibrillation in primary care, support more people to understand their own results and work with health care professionals to improve the management of these conditions.
- Work with Primary Care Networks to improve the management of patients with heart failure and ensure that all high risk patients have personalised care plans

4.2 Stroke Care

Berkshire West ICS performs well in the delivery of Stroke Care but will ensure that the service model is delivered consistently across the 24 hour period. The ICS will work with partners across BOB to plan for the implementation of post hospital stroke rehabilitation models. During 2019/20 the ICS will review its capacity for neuro rehabilitation.

4.3 Cancer

In light of the national cancer strategy and the Long Term Plan the ICS is refreshing its Cancer Framework and plans to:

- Continue to show improvement in the proportion of cancers diagnosed at stage 1 and 2, as progress towards the ambition of 75% cancers diagnosed at stage 1 and 2 by 2028/29. Currently the system is at 54% and the ICS Cancer Steering Group and TV Cancer Alliance (TVCA) are working together to increase this by working with hard to reach groups, Primary Care and Public Health teams.
- The ICS has implemented a Quality Improvement Scheme (QIS) which aims to increase cancer screening across three major tumour sites of Breast, Prostate and Bowel Cancer.
- It will also increase 2WW referrals by providing in-depth and expert advice to GPs on when to refer patients to secondary care for testing.
- The QIS is running alongside a specific patient engagement project to improve knowledge of screening programmes in the community of South Reading where outcomes are some of the worst in the country. The project, delivered by the charity Rushmoor Healthy Living, aims to raise awareness of the signs and symptoms of cancer
- Maintain the 25 cancer champions have been recruited and made over a thousand contacts with our most hard to reach communities to increase early detection and treatment and increase survivorship.
- Continue to ensure that all providers collect mandatory data items for the 28-day faster diagnosis standard cohorts and work with TV Cancer Alliance to use this data to improve time to diagnosis,
- Redesign pathways to enhance the existing services for breast and prostate cancer to provide high quality, efficient, accessible, effective and safe follow up care. The ICS has already fully implemented the risk stratification of follow-up protocols for Breast and is looking to roll out prostate and colorectal follow ups in 2019/20. Work with TVCA and PHE to implement bowel FIT screening testing, HPV and consider lung health checks.

- Review our demand and capacity modelling to ensure the capacity required to achieve the national performance standard, including diagnostic capacity are fulfilled and work with TVCA to consider a local Rapid Diagnostic Centre

4.4 Respiratory Conditions

Berkshire West ICS have identified respiratory as an area of focus using Right Care data and agreed the following areas of focus for19/20:

- the provision of Spirometry in a consistent way across the system and
- the development of a clearer pathways for COPD patients, particularly those with exacerbating conditions, across primary, community and secondary care, building on our existing pulmonary rehabilitation services
- a prescribing Quality Incentive Scheme that includes the review of inhaler provision and support for inhaler technique for asthmatic patients.

4.5 Diabetes

Diabetes continues to be an area for improvement within Berkshire West therefore in 2019/20 the ICS plans to:

- Support Primary Care Networks to reduce variation in achievement of the diabetes treatment targets between GP practice through data sharing and support from the Diabetes Clinical Leads.
- Ensure individuals with Non-Diabetic Hyperglycaemia are referred to the NHS Diabetes Prevention Programme (NDPP) to reduce the risk of Type 2 diabetes, with support to practices frm the programme coordinator.
- In 2019/20 the CCG's pre-diabetes Community Enhanced Service (CES) will have an explicit requirement to refer to NDPP.

4.6 Mental Health

Improving mental health is a fundamental part of the CCGs' operating plan with the need to integrate care to meet the needs of a changing population both for adults and for children and young people. During 2019/20 the ICS plans to:

- meet the mental Health investment standard; as part of the 2019/20 financial planning, all budgets and investment have been through the CCG's governance processes
- continue focus on early intervention and improving outcomes for people with mental health problems, supporting them to achieve greater wellbeing, build resilience and independence and optimise life chances, as well as reducing premature mortality.
- address the challenge of increased demand and ensure children and young people get the right help they need, building capacity and capability across the whole system is critical to improving access to community mental health services.
- In line with our Local Transformation Plan significantly improve access to emotional wellbeing and mental health support by reducing waiting times and strengthening pathways for our most vulnerable children. This will ensure that 34% children and young people with a diagnosable mental health condition will receive treatment from an NHS-funded community mental health service.
- As one of 25 national trailblazer sites, set up two Mental Health support teams in 2019 that will increase capacity to both identify and intervene earlier as well as strengthen the knowledge and response of local schools. These teams will contribute another 1000 intervention as year when fully operational as well as provide highly valuable training and consultation to local school leaders in order to get children, young people and families the right support at the right time.
- develop the current community eating disorder service and ensure that the service is compliant against NICE standards and will meet national standards on access and waiting times for children
- work with partners to identify cases earlier in order to support children and young people at an earlier stage of eating disorder with mild-moderate presentations.

- review the mental health services for adults with the intention to redesign core community mental health services by 2023/24 to deliver better outcomes and meet the new four-week waiting time target, underpinned by a systematic focus on prevention and supported self-care, with the aim of reducing unplanned hospital admissions .
- reinforce the Psychological Therapies pathway particularly for people with long-term conditions by integrating the psychological pathway across IAPT and the Acute hospital, increasing access to IAPT services to 25% by 2021 and ensuring that the recovery rate of 50% continues to be met.
- continue to develop plans for the IAPT workforce by having an integrated service for people with mental health and physical health needs, as well as creating a workforce trained to deliver talking therapies for children and young people.
- continue to engage with the BAME community and with people over 65 to promote the service and increase access for these groups
- develop CMHTs to work in partnership with drug and alcohol teams to support individuals with dual diagnosis.
- review the crisis pathway with the intention of building on the current expansion of crisis care that incorporates a single point of access and timely, universal mental health crisis care for the residence of Berkshire West, 24/7 community support, alternatives to admissions (such as crisis houses and sanctuaries) and work with the ambulance service to better respond to people with MH needs through increased access to mental health training
- develop a Primary Care Mental Health model as a key part of the vision for transformation in 2019/20, ensuring more accessible and extensive mental health support within primary care which will also allow individual to transition from secondary care into primary care in a timely manner.
- focus on addressing the physical health risks and reducing premature death for our patients in both mental health and learning disabilities by ensuring Mental Health clinicians have a range of skills and knowledge
- work with GPs to deliver physical health checks by offering incentive to carry out an enhanced health check service, in addition to the current QOF arrangement, with a target of reaching at least 60% of those on SMI registers having a physical health check.
- continue to develop our Psychiatric Liaison Service to be an all-age mental health liaison service in A&E and inpatient wards by 2020/21 that will enable it to meet the Core 24 standard.
- carry out a full needs assessment of the section117 cohort to ensure we commission services that meets the needs of this group in a cost effective manner. The ICS will work collaboratively with the market to develop new solutions for meeting the needs of service users to increase the local supply and provide greater choice. This will allow the ICS to reduce out of areas placements and enable people to be closer to their family.
- continue to work in partnership with BHFT and the Councils to develop a process to regularly monitor requests for out of area placements, the application of the Care Programme Approach (CPA) and progress towards repatriating people placed out of area.
- Building on the committed investment in Perinatal Mental Health, ensure increased access to community-based specialist perinatal mental health services and delivery of the 5YFV targets. Continue to developing the service ensuring that at least 4.5% of the target population receive dedicated psychiatric and psychological support to in line with NICE guidance
- make good progress against the OAP baseline of 476 bed days for 2017-18 with the aim of reducing the numbers by 33.3% in 2019-20.
- continue to meet the national EIP standard of 50% people experiencing a first episode of psychosis begin treatment within two weeks of referral and work towards the increased target of 60% in 2021.

4.7 Dementia

Increasing the identification of people with dementia so that they can receive appropriate support is a key priority for the ICS. During 2019/20 the ICS will:

- focus on maintaining the dementia diagnosis rates across Primary Care.
- deliver the Dementia Action Plan with partners to improve dementia diagnosis rates, access to services and outcomes for people living with dementia and their carers.

Dementia Strategy for Learning Disability

The ICS Dementia Action Plan also focuses on the needs of people with learning disabilities. The priorities for 2019/20 are:

- increase access to assessment / diagnosis and treatment by working with primary care and Learning Disabilities Team to identify the cohort at risk of early onset Dementia from the Learning Disability registers.
- GPs will complete assessments on people identified as having early signs of Dementia.
- Deliver more training on Learning Disability and early onset Dementia for primary care and social care staff.
- Work with providers to ensure that reasonable adjustments are made to referral and assessment pathways for people with learning disabilities
- Work with colleagues in Adult Social Care to ensure that people with learning disabilities have a regular assessment of their care needs

4.8 Self-harm and suicide

A partnership Berkshire wide Suicide Prevention Strategy has been developed and approved by all six Berkshire Local Authority Health and Wellbeing boards. The implementation of the strategy plans to meet the national target to reduce suicide rates by 10% by 2020/21 against the 2016/17 baseline. The ICS will support the concept of “zero suicide” which facilitates the belief that suicide is preventable and all health and social care partners can make a positive contribution to this work.

To support this within Berkshire Healthcare progression against the zero suicide ambition will focus on self-harm and suicide of those under the care of in-patient and Crisis teams, ensuring that all of these patients have a safety plan in place.

4.9 Transforming Care for people with learning disabilities

The key focus for the ICS in 2019/21 will be to continue to deliver the regional and local Transforming Care plans with local government partners, enhancing community provision for people with learning disabilities and/or autism. This will enable a reduction in occupancy within inpatient beds; reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism. This will be achieved by:

Transforming Care

- develop the services to deliver significant changes in community services that will enable support to be delivered to people with Learning Disabilities and/or Autism and Challenging Behaviour to enable care closer to home.
- ensure every one with a Learning Disability/ASD has a Care and Treatment Reviews (CTRs) and routinely review the care of all people in in-patient beds and or at risk of admission
- scope the development of the children’s intensive support service will enable delivery of Community Care Education and Treatment Reviews to support admission avoidance.

Annual Health Checks

- focus on improving our progress with the Directed Enhanced Service annual health check sign up by primary care to improve access to healthcare for people with learning disability so that by 2020 75% of people on a GP register are receiving an annual health check and

improve flu immunisation uptake rate.

Housing Plan

- working with partners, develop a housing plan for people with a learning disability or autism or both who display behaviour that challenges, including those with a mental health condition. The Berkshire approach is to increase housing options for people to improve choice, support person centred care and meet the requirements of the national strategy for 'Building the Right Support'

Workforce development Plan

Berkshire Transforming Care Programme's workforce plan supports the changes in service provision and engagement with people with learning disabilities and/or autism and their parents and carers. It has been produced on a multi-agency basis and is supported by an action plan with clear governance and responsibilities.

Learning Disability Mortality Review (LeDeR) Programme

The ICS will maintain its well established steering group which has clear governance and accountability both to the to the Quality and Governance leads and the Health and Well Being Boards.

Children & Young People

A work stream targeted at Children & Young People in 52 week placements is ongoing to ensure that there are robust transition plans in Berkshire for this cohort of patients.

4.10 Maternity

Maternity transformation and quality assurance is delivered through a Berkshire West Maternity Steering Group (MSG) that reports directly to the BOB Local Maternity System Board. Building on the progress made since the publication of *Better Births* and the *Five Year Forward View*, the ICS will continue to deliver improvements for maternity care provision. The BOB LMS action plan, sets out the ambitions and priorities for maternity transformation, with separate implementation plans for each locality. The Berkshire West MSG is responsible for the delivery of our local implementation plan, overseen by the BOB LMS Board. To date, RBFT data for stabilised and adjusted perinatal death rate per 1000 births shows a 10.3% decrease from 2015 to 2016 (the latest available data) The ICS aims to:

- Continue against trajectory to deliver improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025.
- Deliver full implementation of *Saving Babies' Lives Care Bundle version 2.* At present the ICS is 93% compliant with the set standards and work is in progress to meet the remaining requirements, which will be monitored through the Berkshire West MSG
- Increase the number of women receiving continuity of the person caring for them during pregnancy, birth and post-natally. By June 2019 a trajectory will be shared with the MSG for achieving 20% of women booked onto the continuity pathway
- Continue to deliver improvements in choice and personalisation through Local Maternity Systems so that by March 2021 all women have a personalised care plan. In Berkshire West all women carry handheld antenatal notes which include an in-depth plan of care. The ICS have appointed a Midwife project lead for 'Better Births, who will lead to deliver all of the recommendations and work with similar midwives leads across the STP who are progressing this work.
- Continue to deliver improvements in choice and personalisation through Local Maternity Systems so that by March 2021 more women can give birth in midwifery settings. So far year to date 30.4% of women are under midwife led care at home and the Home Birth Team are demonstrating increase in last quarter of home births. It is envisaged that the Continuity pathways will enable more women to access services in midwifery settings; this will be monitored as part of the ongoing project evaluation and reported through the MSG

- Through the LMS Digital work stream, build on the findings of the local Digital Maturity Assessment Report, which outlines the vast amount of work required to deliver interoperability across BOB. RBFT are global digital exemplars (GDE), which means that they are digital fast followers and have subsequently received investment to support their digital programme development. In addition, RBFT have appointed a Digital Midwife Lead to progress this key work programme.

4.11 Children's Health

Alongside improvements to children's mental health services the ICS will establish a Children's programme board with local authority partners and NHS providers which will seek to ensure improvements in children's wider needs by:

- Improving on the current performance in relation to childhood immunisations to deliver the standards required by public health
- Supporting childhood vaccination by monitoring uptake as part of the CCG Practice visits and through commissioning of a Quality Enhanced Service
- Reducing the need for children to attend A&E by ensuring that there is access to a range of NHS and local authority services to meet their needs.
- Improving the care of children with asthma, epilepsy and diabetes
- Working with partners across the BOB STP to establish paediatric networks to ensure a co-ordinated approach to critical care and surgical services for children
- Supporting the development of a Children and Young people's strategy within the acute trust to create a culture change across the organisation and change how services are shaped around the child.

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5 QUALITY

Prioritisation of quality – including delivery of safe care, and ensuring a good experience for patients and their families – is at the centre of our ICS. Partners have a strong track record of delivery of good quality services, with well-established leadership, governance and monitoring systems.

The Royal Berkshire's current Care Quality Commission rating is "*outstanding*" for the Royal Berkshire Hospital, with an overall Trust rating of "*good*". Berkshire Healthcare's overall Trust rating is "*good*" with an "*outstandin*g" rating for "*well-led*". The four GP Provider Alliances have a strong foundation of good quality general practice, and have developed leadership and governance arrangements, enabling them to work effectively together as well as at local neighbourhood level.

The Quality Strategies (Appendix B) of both Foundation Trusts are strongly linked to the 5 CQC domains of *safe, effective*, *caring*, *responsive*, and *well-led*, and align well with both the ICS strategic priorities as well as with individual organisational strategies. Quality Accounts and providers' plans for 2019/20 ensure clarity of focus on key quality priorities, supported by a strong focus on Quality Improvement.

5.1 Summary of Quality Priorities for 2019/20

- Reduction in the numbers of pressure ulcers in our hospitals
- Reduction in infections acquired due to a lapse in care (gram negative bacteraemia and e-coli)
- Reduction in medication errors
- Reduction in self-harm and suicide
- Reduction in harm from falls

Alongside these, mortality reviews, mortality review for people with a learning disability, implementation of NEWS2, and Sign Up To Safety have been established and will continue to provide a strong framework for the ICS safety culture**.**

The ICS work continues to be informed by national policy guidance – including the *Long Term Plan* – which will continue to shaper local plans alongside the developing work on population health management and the views of local people.

As Executive leads for quality improvement, Directors of Nursing from the CCG and provider trusts have worked together to develop a collaborative approach to quality improvement, with an ICS Quality Framework which retains robust scrutiny, builds greater transparency and reduces duplication. This new approach to quality assurance, shares responsibility and accountability for delivery of high quality care with both providers and commissioners. The ICS has developed an Integrated Quality and Performance Dashboard (IQPR), which includes a quality section; divided into patient safety, clinical effectiveness and patient experience and a performance section. The IQPR is scrutinised at the ICS Quality Committee, where providers present by exception, any risks to patient safety and mitigating actions taken. The ICS are continuing to build on this, through the development of a common ICS quality improvement/transformation methodology using local experience and international best practice, ensuring a culture of healthy challenge from provider to provider in addition to the usual commissioner to provider arrangement. The ICS Quality

Committee is an enabling committee within the ICS governance structure and reports formally through the CCG Quality Committee to the Governing Body.

The ICS has retained named quality leads for provider contracts within the CCG and a collaborative approach to the development of quality schedules and confirmation of quality priorities between commissioners and all providers.
The ICS Clinical Delivery Group is chaired by the Royal Berkshire's Medical Director, and includes senior leaders from all partner organisations. It has played a key role in identifying strategic priorities where the ICS can demonstrate value in terms of improved quality and use of our collective resources.

National priorities are reflected in the ICS strategy, and Berkshire West leads are also well engaged with work taking place at STP level on Urgent Care, Mental Health, Cancer and Maternity Services.

Our Quality Concerns are largely linked to high demand and workforce shortages, and are also focussed on work required to mitigate key risks linked to avoidable deaths – all of which are set out below in summary form.

Table 2 – Quality Concerns and actions to address

Challenge	Actions to address
Clinical Staff Shortages	Retention, recruitment and workforce transformation initiatives within local organisations, at "place" and "system" level to reduce vacancies and turnover and increase workforce stability. Monitoring of progress is maintained within each of the Foundation Trusts, enabling Board overview and assurance that risks have been properly identified and mitigation put in place, under the leadership of Directors of Nursing and Human Resources. There is also oversight through the ICS Workforce Committee, which reports into the BOB Local Workforce Action Board
Capacity and flow within Trusts and across the local healthcare economy	The A&E Delivery Board, chaired by the Chief Operating Officer of the Royal Berkshire, is well established and supported by all local health and social care organisations. There are strong arrangements in place to manage demand and capacity across acute, community and mental health inpatient services. A programme of work is in place within Berkshire healthcare to optimise bed use, improve patient flow and reduce Out of area placements. Urgent Care system, Acute Medicine Pathway and Primary Care Alliance development are focussed on provision of safe and effective care, with good use of resources. The Urgent Care Strategy, development of Primary Care Networks, Outpatient Transformation and Digital Development are all priority initiatives for the ICS. The ICS has a specific focus on children and young people in ED and CAMHs in individual organisations, as well as the use of SAFE improvement programmes– recognising that reducing avoidable harm reduces bed days and delivers more efficient care.
Treatment of serious infections in the context of increasing antimicrobial resistance	The Royal Berkshire and Berkshire Healthcare both have a strong focus on reducing harm to patients in their plans for 2019/20, with specific targets and programmes of work in place for their quality priorities. Sepsis and antimicrobial stewardship work programmes within individual organisations and across the ICS include the review and implementation of a "catheter passport", developing urinary tract infection management guidelines for community patients (inpatient and in own home) and standardised approaches to nutrition and hydration in care homes.

A Mortality Review Group has been established at ICS level, linked to robust arrangements within each of the Foundation Trusts and CCG. Along with the joint ICS Serious Incident Panel, these facilitate learning

and development across our local system. One recent example of this is the joint work undertaken to plan implementation of *Pressure Damage Guidance* from NHSI.

The learning and experiences from major issues, initiatives and reports (such as NHS Improvement's drive towards providing 7-day hospital services; and implementation of the National Quality Board's "*Guidance on Learning from Deaths*", Gosport Inquiry) are used to guide local work – and are reported through Executive and Board governance processes, as well as through our ICS structures.

NEWS2 has been implemented within the Royal Berkshire and is being rolled out to community inpatient services within Berkshire Healthcare, supported by training around the deteriorating patient and electronic patient record systems.

Quality Impact Assessment processes are established within both Foundation Trusts, including approval processes relating to major cost improvement or transformation programmes. These include a structured assessment of potential impact, as well as a formal sign off process including Medical and Nursing Directors. Monitoring of key safety and experience metrics within provider organisations is enhanced by the ICS Quality Framework and Dashboard outlined above, process, which enables a system wide overview of potential impacts of major programmes. The Clinical Delivery Group supports our ICS Unified Executive in understanding the quality implications of ICS priority initiatives as part of our prioritisation and performance monitoring processes.

Berkshire Healthcare has implemented a significant, multi-year Quality Improvement Programme, including external support from internationally recognised experts. As well as including the tools and techniques used to support quality improvement in patient facing services, the programme includes a significant focus on strategy, leadership and development of a whole organisation culture focussed on quality improvement. Berkshire Healthcare also has a Quality Strategy which is set out in summary form in Appendix B.

The Royal Berkshire has established a quality improvement initiative and full details of this can be found in Appendix B.

6 ACTIVITY PLANNING

6.1 Overview

The purpose of this section is to summarise the activity assumptions that have been agreed across the ICS for 2019/20 as required to deliver on constitutional standards and the intentions of this plan. They have been developed following detailed modelling by providers and commissioners and are supported by the detailed activity returns from our constitutional organisations. The section also seeks to summarise the action we are taking to ensure that capacity exists in providers to deliver on these assumptions and the specific action we have planned to ensure service continuity during Winter 2019/20.

6.2 Activity assumptions

Bottom up modelling by providers and commissioners has indicated a limited need for growth in services for the year ahead. This continues the trend seen during 2018/19 and is reflective of the strong performance of the system with respect to operational standards.. A high level summary of our assumptions is provided in table X below which highlights the limited growth expected by all parties save for the growth in zero length of stay Non-elective admissions which is linked to the growth trend as seen since 2017/18 and work to embed ambulatory care pathways and improve patient flow in support of same day emergency care. .

Table 6.1 – Forecast growth 19/20

Code	Activity Line	Forecast Growth from CCG Adjusted 18/19 FOT to 19/20 Plan (Total)*
E.M.7	Total Referrals (General and Acute)	0.5%
E.M.7a	Total GP Referrals (General and Acute)	0.5%
E.M.7b	Total Other Referrals (General and Acute)	0.5%
E.M.8+9	Total Consultant Led Outpatient Attendances	0.4%
E.M.8	Consultant Led First Outpatient Attendances	0.5%
E.M.9	Consultant Led Follow-Up Outpatient Attendances	0.3%
E.M.21	Consultant Led Outpatient Procedures	1.0%
E.M.10	Total Elective Admissions	1.2%
E.M.10a	Total Elective Admissions - Day Cases	1.2%
E.M.10b	Total Elective Admissions - Ordinary	1.2%
E.M.11	Total Non-Elective Admissions	3.2%
E.M.11a	Total Non-Elective Admissions - 0 LoS	10.0%
E.M.11b	Total Non-Elective Admissions - +1 LoS	0.0%
E.M.12	Total A&E Attendances excluding Planned Follow Ups	1.2%
E.M.12a	Type 1 A&E Attendances excluding Planned Follow Ups	2.0%
E.M.12b	Other A&E Attendances excluding Planned Follow Ups	0.0%

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6.3 Capacity to deliver constitutional standards

Given the limited growth planned for 2019/20 and our existing performance the constituent members of the ICS are assured that there is sufficient capacity available to deliver the level of activity agreed in the plan. Key actions already in train to support this are detailed below.

RTT:

For elective procedures the main acute provider (RBFT) has been a strong performer on access targets (RTT) and therefore has an ability to absorb some fluctuations in demand. Should there be concerns that develop during the year in relation to ability to manage capacity there is significant capacity in the Berkshire West system through a large independent provider presence, although it is not anticipated that additional activity is required at this stage and indeed there is an ambition to repatriate some activity to RBFT.

Where there are agreements in place with local independent sector providers, these providers are agreed with commissioner partners as permitted subcontractors, through the usual contractual process. When demand spikes are experienced, over and above the locally agreed demand and capacity plans, there remains the operational and associated financial risk of any associated increases in capacity. Work will continue, as in 2018/19, to mitigate the risks of such instances.

Cancer:

The ICS remains committed to the delivery of the national cancer access standards and we continue to work closely across both primary and secondary care to identify opportunities for further improve and access to treatment for patients referred with a suspicion of cancer. Through 2018/19 the main acute provider has performed well across all standards cancer standards with the two 14 day and five 31 day standards expected to achieve above target performance for the year. The Cancer 62 day standards have been more challenging through 18/19 following a significant unexpected increase in referral demand within one tumour site which when combined with the low volume nature of the 62 day standards has resulted in lower than targeted performance. However whilst performance has not been as high as we would like the Trust has robust processes in place to ensure that high quality care is maintained and wait times are kept to a minimum. The Trust remains significantly above the national average for the 62 day standard and will be targeting a compliant 62 day position through 2019/20..

As an ICS we work closely across the sectors and with the Thames Valley Cancer Alliance (TVCA) to manage our adherence to the national standards but importantly there is a strong collaboration in place to identify areas for improvement and transformation across a range of pathways and enabling programmes. We continue to target opportunities to deliver improvements that will support;

- Shorter waiting times
- Earlier diagnosis (both identification and access to diagnostic tests)
- Support and management of patients 'Living with and Beyond Cancer
- Care Closer to Home
- The use of Digital technology to support improvements in care delivery and support.

Looking forward to 2019/20 the ICS will remain focused on delivering the highest quality care to patients with or suspected of having cancer and will continue to work towards our goal of all patients being seen, diagnosed and communicated with quickly and effectively, and where cancer is diagnosed, ensuring treatment is started as quickly and effectively as is clinically appropriate. The ICS will continue to work closely with the TVCA and NHS England in relation to changes to the national cancer standards that are under discussion (e.g. 28 day diagnosis) to ensure we are able to respond effectively for the benefit of our patients.

Diagnostics:

The ICS is conscious that performance against the diagnostic access standard has been a challenge through 2018/19 as a result of workforce and equipment challenges at different points of the year. Through 18/19 the Trust has address the cause of these issues and is targeting a return to compliance in 19/20. Looking forwards, as detailed elsewhere in this plan, the ICS will be commencing a programme of work to inform planning for diagnostic services across the ICS for the next five years. This work will be undertaken in close communication with wider footprint stakeholder via the STP and Thames Valley Cancer Alliance.

Urgent Care:

During 2018/19 the system was successful in securing capital to increase acute medical capacity in the hospital in order to better manage urgent care demand. This investment alongside associated revenue funding and other investments across the system has supported a 39% reduction in 4hr breaches in Q4 of 2018/19 when compared to the same period last year and has allowed us to support the best possible care for increasingly complex patients.

During 2018/19 work was completed on a system wide bed modelling exercise to ensure that the ICS can appropriately size system capacity. This work demonstrated that with the investment above the system had sufficient near term capacity but that work was required to develop a new model of care in order to avoid the need for future investment. Progressing this work is a key priority for the ICS in the year ahead.

6.4 Winter planning and escalation/planning

The ICS A&E Delivery Board has partners working together to plan, address issues and support robust winter planning arrangements. The ICS is a comparatively high performer against urgent and emergency care metrics and have undertaken a number of improvement programmes through 2018/19, for example Patient Flow Improvement with the support of the Emergency Care Intensive Support Team (ECIST). In addition during winter 18-19 RBFT have tested arrangements to open additional short stay and HMU capacity at times of escalation and temporarily convert elective orthopaedic beds to medicine.

Winter resilience planning for 19-20 will be based on an evaluation of the 18-19 system wide plan and will adopt the same key principles of;

- Providing safe, quality care for patients aiming to reduce multiple moves in patient pathways and maintaining privacy and dignity
- Streaming as many patients as possible across front door locations to same day emergency care services
- Treating patients in short stay facilities wherever safe to do so
- Robust approach to targeting all delays in patient pathways across the system
- Supporting staff at times of pressure
- Communication and escalation with system partners as necessary to support system flow.

6.5 Mental Health Targets

BHFT and the CCG are working together to ensure that BHFT have the resources to deliver key operational standards during 2019-20. These include:

- timely access to IAPT treatment to specified outcome measures,
- early intervention for people with first episode of psychosis,
- an increase in the number of children receiving timely mental health treatment,
- physical health checks for people with mental health conditions,
- reduced number of suicides
- The required additional clinical workforce.

There is a need to ensure sufficient capacity and resource to reduce the number of out of area placements (OAPS). Whilst BHFT have been able to achieve their target trajectory, the position remains volatile. The ICS have invested in a Bed Management Team and will review opportunities for the use of alternative

provision including crisis beds and "safe haven" models. NHSE capital funding will enable a 12 bedded unit for General Adolescent Services, including specialist eating disorder services to open in the summer of 2020, which should reduce OAPs and support young people closer to home.

BHFT, working with The Berkshire Transforming Care Partnership, has closed an inpatient service (7 beds) and developed a community based Intensive Support Team for people with learning disabilities who are at risk of inpatient admission. There is a focus on enabling a small number of people in specialist OAPS to be discharged back into local community based services – and to work with partners to support the development of sufficiently robust services locally to reduce admissions, and new OAPs.

As highlighted in our quality section one of the risks to future performance is, in common with much of the rest of the NHS, the challenges around workforce. However, given the work outlined in the workforce section the ICS believe that it is making steps to reduce this risk.

7 SYSTEM FINANCIAL PLAN

7.1 System Financial Sustainability

Introduction

Financial sustainability continues to be one of the strategic priorities of the ICS. In 2017/18 the ICS achieved its control total and in 2018/19 there will be a small (0.5%) underachievement. Good in year financial performance has been achieved by non-recurrent mitigations whilst the underlying run rate has remained unresolved. Although, the allocations for 19/20 provide welcome additional funding for both providers and commissioners much of the new funding is committed to cover inflation, in particular the impact of the Agenda for Change pay award, alongside supporting delivery of the requirements of the Long Term Plan. The focus of the ICS is to deliver a robust shared cost reduction programme, with medium term service redesign through transformation.

Table 7.1 – Per Capita Funding

CCG Allocation 2019/20 (raw population)

Per Capita Funding*	**£**
Berkshire West CCG	1,175
SE England average	1,397
England average	1,460

As a result of changes to allocation methodology, Berkshire West CCG has moved on its core allocation from being 4.65% below target allocation in 2018/19 to 0.81% above target funding in 2019/20. The system continues to be one of the lowest funded in the country.

7.2 Gap Analysis and Efficiency

There is evidence to support the success that the ICS has had in flattening demand and as a result the underlying deficit has reduced, but this has been offset by inability to take cost out of the system at the same pace. The system wide gap has reduced from £50m to £45m over the 2 year period from April 2017 to March 2019 and while this is encouraging, the key focus for the system going into 19/20 is to increase the pace of change as the ability to mitigate a significant deficit has been eroded over time.

The ICS system financial gap is calculated to be £45.2m for 2019/20 and is made up from commissioner and provider positions as outlined in the bridge analysis below.

Table 7.2 – Bridge Analysis

	RBFT* £000s	BHFT^ £000s	CCG £000s	Total £000s
2018/19 Surplus/(deficit)	(3,684)	2,522	(3,000)	(4,162)
Non-recurrent Funding		(3,531)	(5,500)	(9,031)
Other non-recurrent action	(14,305)	(1,565)	(8,500)	(23,670)
Recurrent position	(17,989)	(2,574)	(17,000)	(37,563)
Allocation increase		240	33,000	
Price/tariff inflation	21,170	4,510	(15,750)	
Other inflation	(19,341)	(5,095)	(1,800)	
Investments	(5,500)	(450)	(2,900)	
MH and community commitments	0	837	(1,750)	
Growth	1,887	3,930	(6,800)	
Cost pressures/cost associated with growth	(2,052)	(4,040)	(2,150)	
Rebuild contingencies/reserves	0	0	(5,600)	
2019/20 Gap	(21,825)	(2,642)	(20,750)	(45,217)

**RBFT figures for all contracts. ^BHFT figures represent 60% of total*

Individual and system efficiencies linked to flattening demand and containing costs are summarised as follows for 19/20. The residual gap is £21.4m split between RBFT £9.4m and the CCG £12m. It is expected that the CCG will be able to mitigate some of the residual gap non-recurrently and this will leave £7m net risk as per the detailed financial templates.

Table 7.3 – Summary of Individual/System Efficiencies

Programme	RBFT £000s	BHFT £000s	CCG £000s	Total £000s
Gap	(21,825)	(2,642)	(20,750)	(45,217)
RBFT	13,930			13,930
BHFT		2,400		2,400
CCG			6,227	6,227
Net Position	**(7,895)**	**(242)**	**(14,523)**	**(22,660)**
Control total	1,503	(242)	0	1,261
Gap before mitigations	**(9,398)**	**0**	**(14,523)**	**(23,921)**
Enhanced Access Allocation			2,500	2,500
Residual Gap	**(9,398)**	**0**	**(12,023)**	**(21,421)**

7.3 Growth and Inflation

The high level **combined** growth and inflation assumptions used in planning are given below.

Commissioning segment	%
Royal Berkshire FT (based on detail projections)	6.1
Other Acute	5.4
Prescribing (as per guidance)	2.5
CHC (as per guidance)	5.7
BCF (as per guidance)	1.8
Mental health	6.2
Community	5.5
Ambulance (9s contract as per guidance)	5.2

In addition to growth and inflation, further investment will be made in Primary Care Networks and specific pathway development as proposals are agreed throughout 2019/20.

7.4 Compliance with Financial Rules

The system's ability to comply with the financial rules is assessed below, with the main risk highlighted around the achievement of individual control totals.

Table 7.4 – ICS compliance with financial rules

Financial Rule	Current Rating		
	RBFT	BHFT	CCG
Break-even in year within their overall allocation.			
Have a cumulative surplus of at least 1% of allocation.			
Set aside a contingency which is 0.5% of overall allocation.			
Invest into Mental Health services to ensure spend in 19-20 is 6.2% more than spend in 18-19			
Achievement of control total			

Given the scale of the underlying financial deficit and the more limited in year options for mitigation, the system has put itself into voluntary turnaround. Work is underway to redesign the collective transformation resource into a fit for purpose function spanning the entire ICS with a dual aim of demand flattening and cost efficiency. Linked to this, we are in-housing key services from SCWCSU to release significant cost and improve effectiveness of support functions with resource being aligned to the ICS programme boards. This has been made possible as much of the non-value added activity related to PBR and associated contractual challenge has been removed. A joint Financial Recovery Group has been established with executive level representation and a wide remit to focus on both system and individual plans.

For RBFT there is a requirement to improve financial control and forecasting, with the following programme of work agreed by the Board in March and supported by partners:

- A full review of financial governance and control is underway, led by the Chief Finance Officer.
- This will include governance over the operation of the procurement cycle, management of contracts, approval mechanisms over variable pay, delegated spending controls, budget management training and a review of financial reporting across the organisation, with the aim of improving the accuracy of forecasting, reporting, and the effectiveness of cost control.
- This programme will encompass corporate and care group areas. It will also include supporting a Trust wide demand and capacity review with the required cost, income and activity information.
- Internal Audit and some targeted external expertise will be assisting in this work. Including an external review of the financial bridge for 19/20.

The key transformation areas which will deliver system sustainability are described in Chapter 2 of this document, with the following identified as having the greatest potential benefit from 20/21 onwards:

- Outpatient Transformation
- iMSK
- Development of Primary Care Networks

To this list is added our Berkshire West First programme which aims to minimise leakage out of the system and maximise the ROI on existing healthcare assets.

Following the receipt of the Bronze Diagnostic and using other data that becomes available to the system in year e.g. output from the Population Health Management trial, it is hoped that the number of areas for transformation can be increased.

7.5 Creating the Right Environment for Transformation

The ICS has a Chief Finance Officers' Group which has been working together since September 2016 to develop a number of work streams to support our sustainability:

- **New payment mechanisms:** The ICS moved away from PbR in 2018/2019 using an innovative "blended payment" approach working closing with the NHSE/I joint pricing team. The ICS is seen as a trailblazer in this respect. The payment mechanism includes a fixed payment and an innovative risk sharing agreement with different interpretations to reflect the different starting points and risk appetites of the 2 main providers. *Ambition for 2019/20: Extend the risk share to BHFT (subject to further discussion and agreement).*
- **Cost of system delivery:** In order to further the ICS payment journey ICS finance leads have identified the need to better understand the cost of system delivery and the interplay between demand and cost. Close work with the NHSE/I Joint Pricing team has enabled the ICS to have access to support from KPMG to develop a system costing model which will enable us to assess the cost impact of proposed transformation. It is expected that this model will be fully operational from the end of Q1 with 60% system cost coverage (and 40% using price as a proxy for cost). By the end of 2019/20 the model will have been enhanced with primary care cost data linked to an innovative primary care patient level costing project. This model will link to our PHM interventions and will give visibility of cost across pathways with the ability to summarise at PCN and individual practice as required. *Ambition for 2019/20 and beyond: move to an efficient cost model for the fixed element of the blended payment.*
- **System control total:** The ICS signed up to a control total linked to the additional PSF in 2018/19. Berkshire West was the first ICS to request and secure an in year offset between providers. The control total will be at BOB STP level in 19/20 so there are no opportunities to develop this further at place on a formal basis.
- **Group Accounts** – the development of a consolidation model for group accounts gave visibility of system income and costs through the early months of 2018/19 and has now been replaced by the BWICS system risk and mitigation monitoring and sharing methodology which will be further

developed in 2019/20. This is ensuring alignment throughout planning and for forecast outturn reporting.

- **Contractual form:** The ICS will continue to use the Standard NHS Contract which has been supplemented with an Alliance Agreement setting out the risk share arrangements for the year ahead. No further development work is planned for 2019/20.
- **New ways of working:** The joint contract and finance team is being supported to develop 6 focus areas with the dual theme of creating capacity and efficiency. These compliment the 4 focus areas already developed by the CFOs' Group.

Table 7.5 - New Ways of Working & Focus Areas

Focus areas from CFO Group	Focus areas from joint team
ICS Finance Team Development	Eliminate provider to provider recharges
Cost of system delivery	Joint contract review meetings
Internal audit and governance	Improve intra BW recharge processes
Adopting the Best Possible Value Framework	Development of joint business case group and processes
Communication	
Berkshire West First Project	

7.6 Agency Rules

In 18/19 the RBFT Agency Ceiling was £9,502k and the Trust expects to spend c£9,600k. For 19/20 the Ceiling is again £9,502k which the Trust does not expect to exceed.

BHFT has been operating below its agency cap for the last two years and plans further cost and quality improvements in 19/20 related to non-clinical agency usage and more effective use of our existing e-rostering system by increasing volumes of planned roster at 8 weeks in advance, reducing unused contracted staffing capacity, and better manage absence to reduce agency costs.

7.7 Use of Capital

RBFT: A high quality, modern, accessible and welcoming estate along with the presence of modern digital infrastructure and medical equipment is critical to our collective ability to serve our patients. Like many hospitals, the RBFT estate is a patchwork of bespoke buildings built in a range of different eras across multiple sites a number of which are beyond their useful life and or require investment or replacement. During 19/20 RBFT is seeking to develop a master plan for its estate that will set the long-term direction for its facilities. This plan will explore ways the Trust can to utilise estate away from RBFT site, alongside evolving digital and technological solutions. While this plan is in development the Trust will prioritise investment in infrastructure (physical and digital) and will look to deal with required backlog maintenance issues through the planned £37m of capital spend in 19/20.

BHFT: Through a £12.4m total capital programme two key estate developments will commence in 19/20. The first is the move of our inpatient learning disability service on the Prospect Park Hospital site into an improved environment for patients, releasing capacity to relocate our Wokingham based Tier 4 CAMHS inpatient service onto the hospital site in Reading (Tier 4 service move funded by wave 4 STP capital expected to be drawn in 20/21). The second scheme is to commence refurbishment of our leased property on the Reading university Whiteknights campus to move and co-locate Reading community based mental health and physical health services from poor dispersed sites, including specialist childrens services provided by Royal Berkshire FT (capital and lease funded by RBFT for their wing of the building). During 19/20 BHFT will continue major investment in IT infrastructure (cloud, 0365 etc.), PDC funded GDE programme delivery and HSLI community worker mobile device upgrade, to improve productivity and digital experience of the clinical workforce.

8 WORKFORCE

The workforce challenges remain significant in our ICS particularly with regard to recruiting and retaining staff; this is most acute in relation to the front line nursing, allied health professional groups and primary care staff. Workforce presents the greatest risk to the delivery of our strategy, and the ICS recognises that failure to recruit and retain an appropriately qualified skilled and experienced workforce will directly impact our ability to maintain quality outcomes and deliver the transformation agenda. The ICS recognises the importance of sustaining an engaged and motivated workforce and adopting technological and digital solutions to address workforce pressures and support front line staff.

In Berkshire West, the workforce supply challenges are compounded by the high cost of living locally; Reading is the sixth most expensive place to live in the UK, and local employment levels are high. The ICS also have above average numbers of workers aged over 50 in a number of services/specialities, which may reflect the impact of the high cost of living and alternative employment options available to younger workers.

The ICS has identified its ambition in relation to workforce:

- To fully engage our staff in the development of our ICS – using their talents and creativity to develop innovative solutions to the challenges of increasing demand and finite resources
- To work together as partners to share good practice and expertise to respond effectively to our workforce challenges
- To provide increased opportunities for career development through the new ways of working that are incorporated within our ICS priority initiatives, alongside cross-organisational leadership
- To develop a shared methodology for transformation and quality improvement as part of an ICS approach to organisational development

The ICS had identified five key strategic objectives to deliver its ambition and address the workforce challenge, working both within the ICS and with partners across the STP, and the RBFT and BHFT HR Directors provide leadership to the BOB work programme via the Local Workforce Advisory Board (LWAB).

8.1 Collaboration

The STP working group collaborate through regular meetings and the sharing of best practice, polices, training courses and campaigns. They have engaged in developing a People Strategy for the BOB STP, ensuring where appropriate things are done once and all can benefit from the activity. The group has worked together on the EU settlement scheme as well as leadership courses and recruitment expertise. The NHS Trusts have also collaborated on streamlining areas such as recruitment, statutory training and occupational health provision to ensure it is easier for staff to move around the NHS and reduce costs.

8.2 Recruitment and Resourcing

The ICS held an event to share recruitment and resourcing expertise between the NHS Trusts and other health and social care providers including GP surgeries. The Trusts are able to share ways of recruiting, such as using advertising campaigns, writing engaging job descriptions and using social media, that result in successful applications.

8.3 Organisational Development

At BOB level the People Strategy development and engagement of all parts of the system is a good example of OD at its best. Providers have worked on the development of a joint strategy to identify where better links and closer working would lead to better services and higher recruitment levels. This activity included conversations on the values each provider has and ways of working required by leaders and staff going forwards.

8.4 Staff Engagement

ICS partners run the NHS Staff Survey annually and use the results to make changes to how it feels to be an NHS employee in Berkshire. The feedback has led to improvements in the health and wellbeing offer, the way in which appraisals are done and development for managers to ensure they have the skills to manage well and in accordance with our values. 68% of NHS staff in the ICS would recommend the NHS as a place to work. Together we will work on the interventions to make this a great place to work including developing career paths across the system, improving the training available and recruiting more people to support our current workforce.

8.5 Retention and Wellbeing

The ICS a retention plan which includes initiatives such as reviewing the working environment, IT support, career path options, introducing flexible and agile working practices, and building a network of mental health first aiders and health, wellbeing and engagement champions to improve the support to staff. All of this work will be part of the Great Place to Work For All campaign to be launched later in 2019.

8.6 Workforce design

The ICS is working together on building the skills to design and plan the workforce for the future. A number of staff across the ICS have attended training on workforce planning and will attain a formal qualification with the aim of having internal expertise to support projects where health and social care are working together to improve workforce design.

8.7 Planning and Productivity

The current workforce data is used to predict future requirements in the light of planned changes to services. In addition ways of working and delivering services are linked to contractual renewal or bid cycles to ensure the best value for money. The Global Digital Exemplar programme has also led to the introduction of technology which has impacted on the way people work and the type of roles required. For example, community nurses are benefitting from the introduction of IPADS and smart technology allowing them to update patient records without having to travel to a fixed base.

The constituent organisations of the ICS are working to deliver an efficient, effective and sustainable workforce model to support the delivery of services. Whilst temporary staffing remains an important resource, to allow for flexible delivery, the work described above will improve staff recruitment, retention and capability which will reduce the need for temporary staffing.

Job planning and e-rostering are in place to see a better match between workload and staffing at RBFT and BHFT. Both trusts have been able to manage agency costs below the NHSI ceiling, and utilise more bank than agency shifts. RBFT has reviewed its temporary staffing policy which sees priority being given to lower costs sources over higher cost, in the first instance. Since September 2018 a joint staff bank has been established between RBFT and BHFT. RBFT believes it has been successful in achieving very competitive agency rates from providers, however there have been some issues in finding staff to cover shifts, which

may in part be linked to the rate that is being offered and therefore there may be limited future scope in this direction. Both providers have successfully implemented a “bank only” approach to temporary staff required for staff at Bands 2 and 3.

In addition both Foundation Trusts within the ICS have Board approved workforce strategies which include a focus on workforce planning, recruitment, development and retention. The ICS have recruited from both the EU and beyond and continue to see overseas recruitment as part of our workforce plans. Steps have been taken to retain existing EU staff, including regular communication with them about their importance to our success, and to address their concerns and issues.

The development of new roles, including apprenticeships across clinical, support services and leadership roles are a key part of our plans. RBFT has been highlighted as an area of best practice for their use of apprenticeships. The ICS is also developing shared functions in key areas to increase capability and make best use of the collective resource.

The CCG leads a BOB wide primary care workforce group which is developing workforce analytical and modelling capability. This group allocates the national funding available to support recruitment, retention and upskilling in primary care and works with the three place based Training hubs. The group will also have oversight of the diversification of the primary care workforce and the recruitment of new roles to Primary Care Networks.

An analysis of specific workforce challenges, risks and initiatives are set out below by sector.

	Workforce challenge	**Impact**	**Initiatives**
Primary Care Workforce	Reducing supply of registered GPs and increasing numbers of registered patients Berkshire West has higher than average numbers of GPs and Practice Nurses aged over 50.	Poor access to primary care, resulting in patients accessing less appropriate services	Current Work Streams: Time to Care Initiative, Social Prescribing, development of Footfall system use, GP Retention Scheme, International GP Recruitment, GP Locum Chambers, GP Fellowships, Upskilling and Development of the Primary Care Workforce. Development and employment of increased numbers of supporting roles within primary care including: Physicians Associates; Paramedics; Apprenticeships: (GP Assistant posts); Pharmacists
	Fewer Practice Nurses entering training since the removal of the nurse training bursary.		HEE funding is supporting the development of an integrated model of community and practice nursing.
	GP workforce data is not as robust as other sectors	Inadequate understanding of work force pressures and key skill shortages	Implementation of the Wessex Workforce Planning Tool and support from HEE

		which impedes workforce planning	Workforce Data Intelligence Team
Acute hospital	**Workforce challenge**	**Impact**	**Initiatives**
	Shortage of staff in specific services/roles including elderly care and paediatric nurses, Theatre Practitioners.	Difficulty in offering flexibility in working patterns, higher use of temporary staffing, increased workload for other staff. Challenges in filling on call rotas	Incentive schemes, rotational posts, review of shift patterns, development of new roles, retire and return initiatives. Specific review of Paediatric Consultant requirements based on demand forecasting
	Long term vacancies in Dermatology, Pharmacy and ED Consultant roles	Use of locum and agency staff to maintain service provision. Increased waiting times.	Updating of job roles and consideration of new ways of working with primary care. Redesign of roles within a workforce transformation programme and consideration of rotation scheme with private providers. New employment offering with flexibility options. Joint working with other acute trusts in BOB.
	Transformation initiatives are potentially compromised by workforce issues	Benefits of initiatives may not be fully realised or are delayed.	Employment of a Head of Workforce Transformation Use of a workforce planning template to enable integration of workforce, activity and financial planning
Community and mental health	**Workforce challenge/risk**	**Impact**	**Initiatives**
	Difficulty in recruiting to Band 5,6 and 7 Nursing and Allied Health Professional roles (particularly podiatrists and physiotherapists) This is most significant in Mental Health Inpatient, Community Inpatient and Community Nursing Services. Supply of Learning Disability Nurses is also	Use of temporary staff (targets for reduced use of agency staff are being met) and vacancy rate are both higher than BHFT wants to achieve. Adverse impact of staff wellbeing as a result of increased workload	Specific Workforce Plans and initiatives are in place for areas of highest risk. BHFT aims to increase permanent staffing recruitment, targeting Band 5 Nurses (MH, LD and DN), band 3 and 4 nursing associates to deliver national Long Term Plan targets and meet forecasted demand, and to recruit more

	limited, with reducing numbers of training courses available.		apprentices both into clinical and non-clinical roles. Improving data for workforce planning, reviewing job role design and content, and better forecasting. Recruitment of specialist support to improve health, wellbeing and engagement to reduce sickness levels and increasing engagement Recruitment of a social media expert to develop innovative recruitment channels

9 DIGITAL TRANSFORMATION

Digital Transformation underpins almost all of the ICS transformation programmes. According to *The Long Term Plan* '*Technology will play a central role in realising the LTP, helping clinicians use the full range of their skills, reducing bureaucracy, stimulating research and enabling service transformation'*

The NHS Foundation Trusts within our ICS have *Global Digital Exemplar* and fast follower GDE status – which provides a strong basis for our system focus on digital transformation: our Connected Care Programme is our largest individual work programme within the ICS, and is well established, with shared leadership from partner organisations. A digital "summit" meeting of ICS partners held in September 2018 achieved alignment of digital priorities – and reaffirmed our shared commitment to Connected Care. This meeting also provided an important organisational development opportunity for our ICS – with senior leaders summarising and reflecting the perspectives of other partners into the debate – thus modelling system rather than organisational leadership in service of our population.

Working in collaboration with Berkshire East CCGs and the Frimley Health and Social Care ICS, the Berkshire West system has led the way in the provision of integrated digital platforms which enable the sharing of information across health and social care organisational boundaries. As well as combining information held in different IT systems across the county, the shared record allows care professionals to create and update care plans, creating co-ordinated multi-agency care for individual patients and enables new ways of delivering services.

To ensure delivery of our ambition, we recognise the importance of strong foundations in a number of key functions – and our Connected Care programme includes the following priority projects.

Table 9.1 - Connected Care programme

Cloud based infrastructure Building system resilience, scalability and alignment with LHCRE	**ePMA** Including medication items within Connected Care, phased over time by provider	**Pathology** Enabling view of test results through Connected Care sent in real time by pathology service providers
Enhanced acute feeds Providing an enhanced, standard data set across Royal Berkshire and Frimley Health services	**Next generation social care** Ensuring social care data feeds can migrate to a cloud based infrastructure	**Documents** Ensuring document forms in secondary care can integrate into Connected Care

Our overarching objectives with the full deployment of new digital technologies will be to:

- Facilitate the sharing of information between professionals to support the coordination and delivery of care, regardless of which NHS organisation(s) the patient is interacting with
- Continue our work on the development of Population Health Intelligence (PHI) to support the identification and proactive support of people with complex needs and to identify pathways that could benefit from redesign across the ICS
- Provide different modalities of care – such as online service delivery (already established within IAPT, Eating Disorder, Perinatal and other mental health services), remote monitoring, Skype consultations, smart home technologies to drive efficiencies and improve patient experience. Other examples include online appointment bookings, e-prescribing and the digital front door to general practice
- Empower and supporting patients to manage their own health through access to their records and information, through the NHS app and NHS login, as well as self-access to high quality self-care information and signposting (e.g. further development of NHS 111 Online). The ICS anticipates that

the patient portal within our shared record system will develop over time to be a significant driver in the development of our ICS.

The ICS are working at organisational, place, system and regional levels, focussing on what scale or population size is required to add greatest value in digital transformation – illustrated in the following table.

Table 9.2 - Overview of digital transformation

Regional/Sub regional	BOB STP work streams with digital focus	ICS/Place	Organisation
LHCRE Programme - Thames Valley and Surrey Pathology Network Thames Valley Cancer Network Oxford Academic Health Science Network	Information Governance Steering Group Digital Work Stream including capital investment Cancer and Maternity work streams	Bucks Digital Transformation Group Oxfordshire Digital Strategy Group Berkshire West PHM Development Board	Berkshire Healthcare GDE Royal Berkshire GDE fast follower

As our ICS moves into 19/20 the momentum on this vital programme of work has been maintained by the formation of the *Population Health and Digital Development Board*. Members of this board include Chief Information Officers of partner organisations, Directors of Strategy and Director of Public Health, thus ensuring that our work is fully embedded within our overall strategic plans – both as a system and within individual organisations.

This board will oversee the continued development of the Connected Care Programme and will be the lead for Population Health Management approach (PHM). As set out in the *Long Term Plan*, it is expected that this approach will become; *increasingly sophisticated in identifying groups of people who are at risk of adverse health outcomes and predict which individuals are most likely to benefit from different health and care interventions, as well as shining a light on health inequalities.*

The board plan for 2019/20 is to:

- Work with the ICS Programme Boards to enable delivery of the ICS Strategic Priorities
- Hold the Strategic focus for ICS digital / infrastructure development
- Lead and deliver the Connected Care programme
- Design and deliver enhanced Information sharing between ICS and Local Authority partners
- Develop an Analytics and Information Governance Group which will provide the system with '*one version of the truth'* for Planning and Business Intelligence
- Drive and deliver the accelerated *Population Health Management* programme

10 NEW WAYS OF WORKING

Berkshire West ICS is entering its third year of operation and has maximised the opportunities this way of working has brought, along with additional support from NHSE. However, the Long Term Plan identifies the requirements for ICSs to operate at a larger footprint to have the scale required for some of the necessary transformation in the NHS.

Berkshire West ICS has been an active member of the Buckinghamshire, Oxfordshire and Berkshire West STP (BOB) and will use its experience to work with colleagues in BOB to achieve ICS status. Partners in BOB have recognised that transformation will continue to be delivered in each of the 3 places in partnership with local authorities and other stakeholders. The ICS will work with NHSE and BOB partners to describe how each of the three places in BOB might operate as part of a larger ICS to optimise the NHS across the system. It should be noted that Berkshire Healthcare Foundation Trust (BHFT) is also a constituent of the Frimley STP / ICS and are fully engaged with the ICS in both geographies.

As part of our work to strengthen how the Berkshire West system operates the ICS has already begun to introduce shared leadership and shared posts between the organisations. In 2019/20 partners will transfer organisational planning and transformation functions into a shared place based function, develop more robust joint commissioning arrangements with the three local authorities and provide support to emerging Primary Care Networks.

The ICS is working jointly with officers and elected members in the three local authorities to develop and implement new governance arrangements that will integrate the ICS and BW7 programmes.

In preparation for working at scale the CCGs in BOB have begun to review commissioning arrangements in three areas:

- Specialised commissioning,
- NHSE direct commissioning
- CCG commissioning.

This will enable the ICS to take opportunities to integrate the different commissioning activities to ensure aligned commissioning intentions and commission services along patient pathways.

The ICS will also contribute to the design of the BOB ICS governance and support the recruitment of a non-executive chair by the end of quarter 1 and a substantive executive lead by the end of quarter 2. The governance in BOB will need to be flexible to recognise the three places and will need to address partnership working with local authorities and clinical involvement in the design of services. BOB partners are working together to develop a clear road map to achieve ICS status by April 2020.

11 SUMMARY

In summary, the Berkshire West ICS is a high performing health system which is looking to build on the achievements of 2018/19. However, the financial challenge faced by the health system is 2019/20 is particularly significant and the ICS will be in voluntary turnaround to address this challenge.

The 2019/20 plan outlines the key transformation programmes that will deliver the first year of the Long Term Plan although it should be noted that lack of available financial headroom will constrain the ability to invest further in new models of care to accelerate these changes.

Despite this financial challenge, the ICS is in a strong position and as it moves into the next 10 year phase of the NHS. Working together the with local government, the third sector, partners and our local communities the ICS will continue to drive system transformation to ensure that the local NHS improves health outcomes and improves the experience patients have of NHS care.

12 APPENDICES

A COUNCIL OF GOVERNORS AND ELECTIONS

A.1 Berkshire Healthcare Foundation Trust

The Council of Governors comprises 32 representatives and has enjoyed an engaged membership since our foundation trust authorisation in 2007. The 19 public governors on the Council of Governors are elected by thirds. This ensures that there is a balance between new and experienced governors.

During 2018/19 BHFT appointed 4 governors, with 1 position currently vacant. Our membership strategy is designed to ensure BHFT exceed our required 10,000 membership (currently 11,900) which reflects the diversity of Berkshire's population. There will be elections for 7 new public governors in 2019/20. The Council of Governors' Membership and Engagement Committee is planning to promote the role of Governor by attending local community groups and events to encourage interested people to put themselves forward as candidates for governor elections. The Committee, together with our Chair and Company Secretary, routinely reviews and responds to best practice in attracting potential governors.

All new Governors are invited to attend an induction session facilitated by the Chair and the Company Secretary. The sessions provide an overview of the work of the Trust and an introduction to the statutory roles of Governors. This 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.

The Trust is part of two Integrated Care Systems (Berkshire West and Frimley Health). During 2018-19, the Trust hosted two ICS Engagement events in the East and the West. This provided an opportunity for governors, clinical commissioning groups, voluntary sector, councillors and senior health and local government staff across the two systems to network and to discuss the development of the ICSs.

Governors use a variety of opportunities to engage with members and the public. This includes attendance at the Trust's Annual Members' Meeting, attending local community engagement events, such as World Mental Health Day, and attending Reading Pride. Governors also draw on their own community links to engage with members, the public and service users and carers.

A.2 Royal Berkshire Foundation Trust

The Trust has 9,256 members with public governors representing five local geographic areas, as well as volunteer, staff and partner governors. The Trust has recruited five new governors during 2018/19. There are currently five vacancies on the Council of Governors and elections will be held during May 2019 to fill these seats. All governor vacancies are advised via the Trust's Pulse magazine, as well via internal briefings to staff

The Trust, and its governors, has been raising the profile of governors with members and the public through a number of methods including sessions for people to meet their governors at all membership events. The Trust has also refreshed its membership magazine, Pulse, using an electronic platform in which the Lead Governor has a standing article in each edition, as well as featuring an article from other governors. RBFT have also sought to engage staff members to promote the role of staff governors. Proposed dates for membership events have been circulated to the governors. In 2018/19 all membership events were oversubscribed and these events were used to encourage people to become members, apply to become a governor as well as engaging our members on the development of Trust Strategy. The Trust held its third Open Day in September 2018 which was well attended. This is now an annual event.

Where there has been an under-representation of groups from the local community , the Trust has engaged with Governors to address this issue, identifying alternative ways of recruitment, including Governors attending patient engagement events in the community as well as Trust recruitment events. Members aged between 16-29 years are currently underrepresented and the Trust is due to hold a joint membership event with South Central Ambulance

Service specifically aimed to engage and recruit younger members. The Trust is also in discussions with our Integrated Care System (ICS) partners about holding joint membership events during 2019/20.

To help Governors fulfil their role the Trust has strengthened its induction programme and sought to develop them through the committees with which they engage. In addition, Governors are provided with regular updates via the NHS Providers newsletters. A Governor training and development programme continued in 2018/19 including sessions on NHS finance, commissioning, quality governance and patient experience.

The Trust is committed to meaningful engagement with its members. The membership strategy for the next 12-24 months will focus on ensuring that the Trust's membership is representative of the population served.

B QUALITY STATEMENTS FROM RBFT AND BHFT

B.1 RBFT approach to quality improvement, leadership and governance

Ensuring safety and quality of care for every patient is RBFT's top priority. RBFT aims for all its services to be outstanding every day of the week, and to maintain its position as a top performer in delivering NHS access standards. RBFT strives to be the one of the safest and most caring NHS organisations in the country.

Our high-quality clinical care is based on a strong research and development culture, being one of the most research active district general hospitals in the country. We are committed to continual learning and improvement, with a strong desire to ensure that every day is better than yesterday.

RBFT's Quality Strategy (2018-2023) provides the framework for the quality improvement work taking place across the Trust, based around the 5 CQC domains of safe, effective, caring, responsive, and well-led. The Quality Strategy sets out our quality aims and targets to help us to maintain our position as an 'outstanding' quality organisation at the Royal Berkshire Hospital site and aligns with our actions to achieve outstanding across the rest of our services. The Trust's Medical Director and Director of Nursing are the lead Executives for quality.

Our assessment of our quality of care and our chosen priorities reflects a balanced view of:

- The action taken to deliver ever improving standards of quality in the care we provide (including CEO transformation projects; "Learning from Excellence" feedback programme; and staff engagement in the 'What Matters' campaign)
- The learning and experiences from major issues, initiatives and reports (such as NHS Improvement's drive towards providing 7-day hospital services; and implementation of the National Quality Board's "Guidance on Learning from Deaths", Gosport Inquiry)
- The views and conclusions of our regulators such as the Care Quality Commission and NHS Improvement
- Feedback received from patients, partners and stakeholders in the community
- Analysis of themes arising from internal quality indicators (complaints, incidents, clinical audits, mortality reviews, outcomes data);

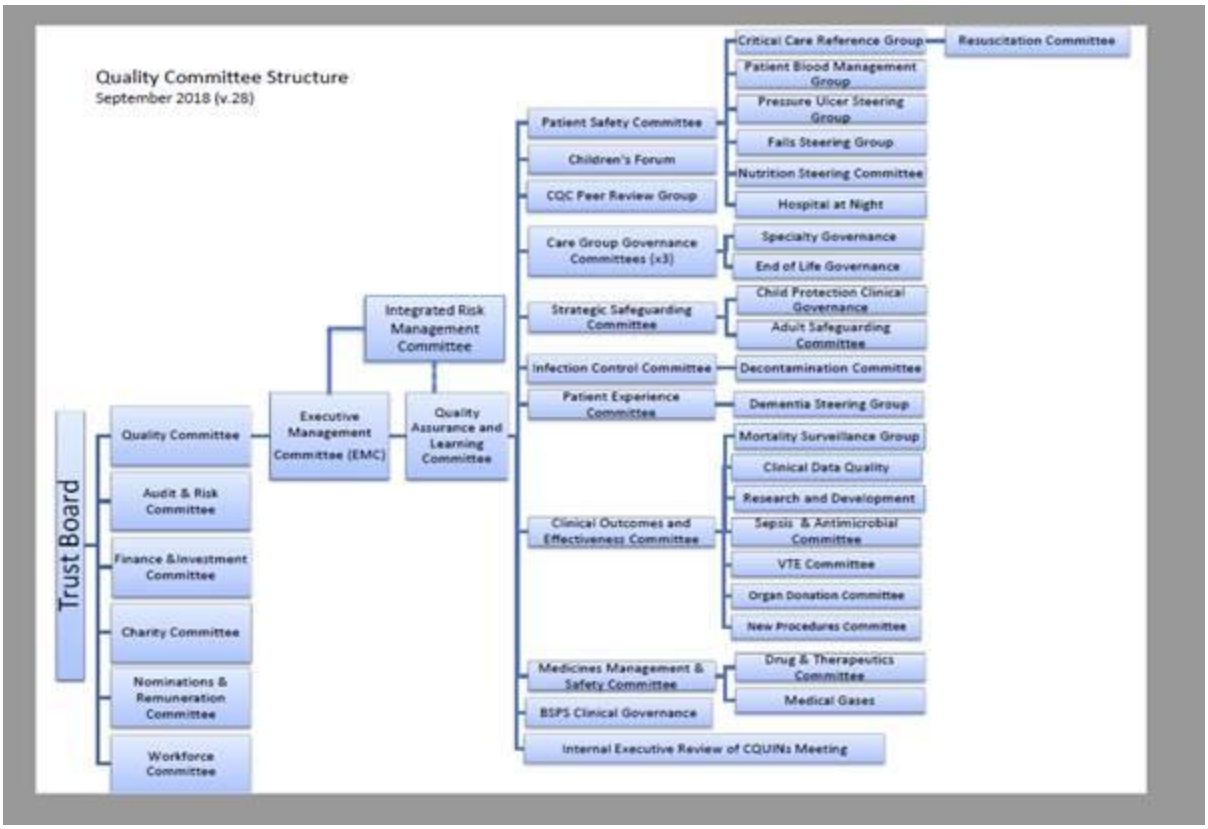
As a result, RBFT is confident that the quality priorities selected are those which are meaningful and important to our community.

Our quality priorities will be monitored to ensure that our ambitions are turned into reality. Underpinning this will be a comprehensive monitoring process to ensure that we know we are delivering quality care. This will encompass:

- the Executive and Care Groups meeting monthly to discuss and monitor progress against our quality indicators
- the monthly quality performance report to the Board
- periodic quality and safety reports
- regulatory assurance
- patient feedback

This is supported by an extensive governance infrastructure, see diagram below.

B.1.1 RBFT's Quality Governance Infrastructure



B.1.2 Summary of the quality improvement plan

Learning from Deaths

RBFT has a robust process of mortality surveillance and learning from deaths, and this is shared system wide. Our processes ensure that every adult, inpatient death receive an initial screen at the point of death certification to check if there were any concerns against an approved checklist of standards. All deaths which 'trigger' are subject to a full review by a consultant. Any avoidable deaths identified are presented in detail and considered for potential serious incident reporting and investigation. In addition plans are underway to implement the Medical Examiner role.

Reduction of Gram-negative Bloodstream (GNB) Infections

NHS and Public Health England's (PHE) ambition is to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. RBFT, as part of the wider Berkshire West health economy, has implemented a Gram Negative Bacteraemia reduction action plan and work-streams that enhances the existing Infection Prevention & Control surveillance of E.coli Bacteraemia. Within the RBFT, progress against the action plan is monitored by, and reported to the Trust Infection Prevention & Control Committee

Development of safety culture

- To work with the Academic Health Science Network (AHSN) Patient Safety Collaborative to share learning across the region
- To be within the top decile of NRLS incident reporters
- To achieve an "outstanding" CQC rating for safety
- To develop new roles and career opportunities to meet emerging healthcare needs and to respond to national shortages of key clinical staff, such as Physician and Nursing Associates

Reduction of avoidable harm

- 50% reduction in avoidable grade 2 pressure ulcers
- Zero avoidable grade 3/4 pressure ulcers

- Reduction of avoidable hospital acquired Escherichia coli bloodstream infections
- Zero avoidable falls with harm
- Reduction in avoidable, hospital-acquired venous thromboembolisms (VTEs)

Maternity improvement programme

- To improve the maternity safety culture by working with NHS Improvement on Wave 2 of the Maternity and Neonatal Safety Collaborative.
- Zero never events relating to retained swabs
- To develop Quality Improvement (QI) coaching for maternity staff to enable a culture of continuous learning and improvement.

Mental Health

- To improve safety and outcomes for mental health patients through increased partnership working with community services

The four priority standards for 7-day hospital services

In April, 2018 the Trust was compliant with 3 of the 4 standards with standard 2, consultant review within 14 hours for all emergency admissions, not being met in all areas. In order to address this, issues were investigated at a service level and an improvement plan developed.

The Trust is preparing for the introduction of the new Board assurance self-assessment framework The Trust completed the "dry run" self-assessment which was signed off by the Trust Board and submitted to NHSI. Good progress has been made in developing our EPR system to enable reporting against both Standards 2 and 8. It is envisaged that systems and processes will be in place for full implementation of the framework by 28th June.

B.1.3 NEWS2

NEWS2 has been implemented within the Trust, facilitated by the development and go-live of the Trust's EPR system.

B.1.4 Risks to Quality

There are significant challenges facing the NHS in the delivery of high quality patient care that we will address locally through this strategy. These include:

Challenge	Actions to address
Clinical Staff Shortages	Retention, recruitment and workforce transformation initiatives
Capacity and flow within the Trust and across the local healthcare economy	Acute medicine pathway: GP Streaming and Paediatric ED "SAFER" Patient Flow Programme 7 day working programme Development of innovative outpatient services Digital Hospital work programme
Treatment of serious infections in the context of increasing antimicrobial resistance	Sepsis and antimicrobial stewardship work programmes
Increased financial pressures	SAFE improvement programmes– reducing avoidable harm reduces bed days and delivers more efficient care

The key issue for RBFT are largely reflected across the NHS, balancing high quality care against increasing demand and constrained financial resources. To support the delivery of our quality and access standards we continue to drive improvement through innovation, change and recognition of good practice.

B.1.5 Summary of quality impact assessment process and oversight of implementation

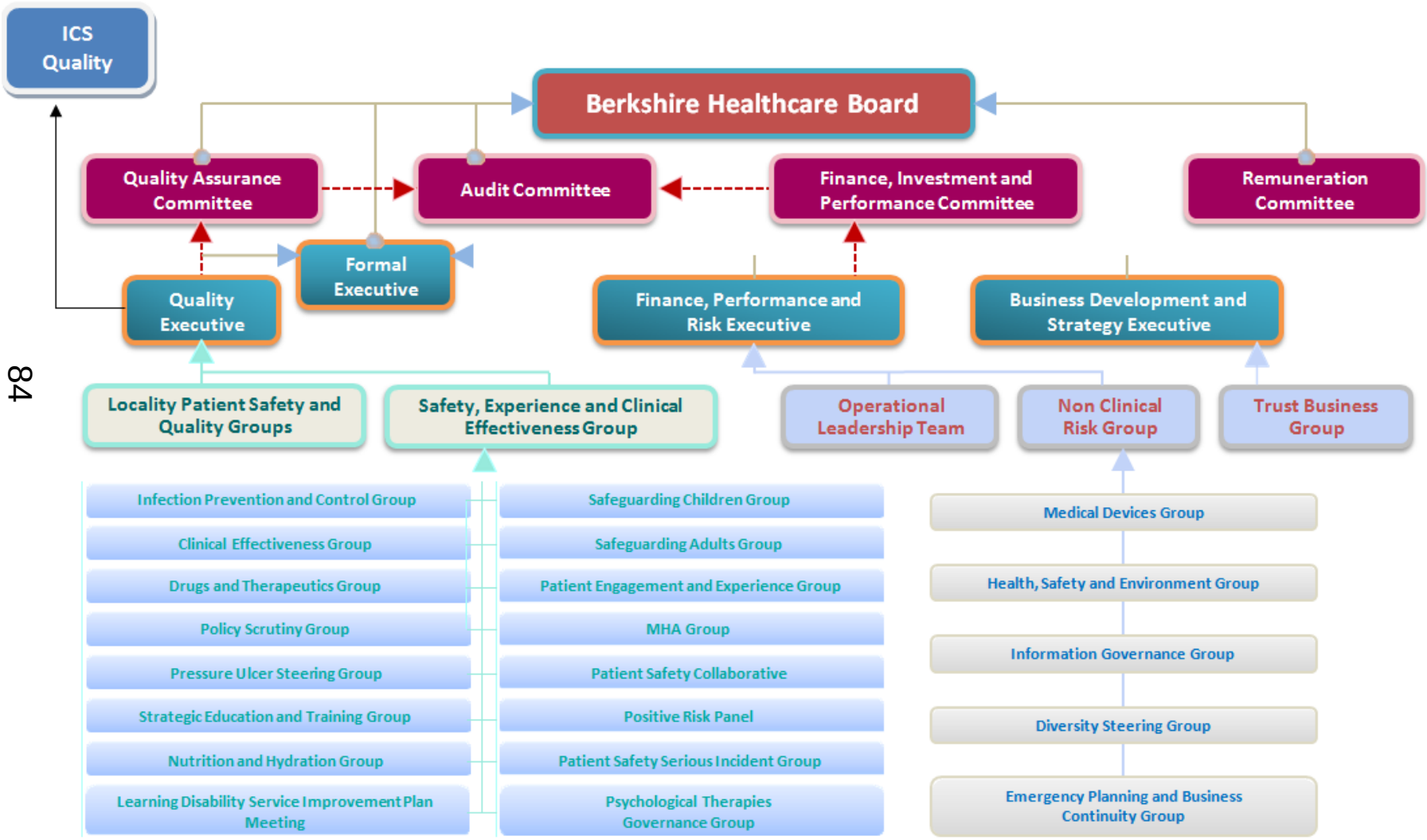
The Trust has a robust Quality Impact Assessment which is carried out on efficiency schemes over a certain value and on ones where the value maybe small but there is likely to be a negative impact on staff or the quality of the service provided. There is a standard template that reviews the quality impact of schemes on patients and staff. There is a clear scoring criteria and if any of the criteria scores over 8, the quality impact assessment is escalated to the Director of Nursing and the Medical Director for a decision to assess whether the project should continue, continue with amendments, pause and review the scope or the project should not be progressed. A quarterly update on quality impact assessments is also provided to the Quality Committee.

The following table shows RBFT's quality domains against which the QIA is scored.

Area of Quality	Impact question
Duty of Quality	Did the proposal impact negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?
Patient Experience	Did the proposal impact negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care, patient complaints or waiting times?
Patient Safety	Did the proposal impact negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections, medication errors, slips/trips/falls or adverse events?
Staff Safety	Did the proposal impact negatively on – safety, safe systems of work, or introduce further risks into the environment?
Education	Did the proposal impact negatively on the number of training placements provided by the Trust?
Clinical Effectiveness	Did the proposal impact negatively on evidence based practice, clinical leadership, clinical engagement, high quality standards, readmission rates or mortality rates?
Prevention	Did the proposal impact negatively on promotion of self-care and health inequality?
Productivity and Innovation	Did the proposal impact negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?

B.2 BHFT approach to quality improvement, leadership and governance

B.2.1 BHFT's Quality Governance Infrastructure



B.2.2 Summary and oversight of implementation

The Trust Board has overall responsibility for setting strategy and ensuring its implementation across the organisation. This is undertaken through the structure described in B.2.1.

Furthermore:

- Each meeting of the Trust Board starts with a focus on service quality, and all members of the Board make “quality visits” to our services to ensure that they stay in close touch with patients, their families and our staff.
- The Quality Assurance Committee undertakes detailed consideration of quality issues, and is complemented by the Audit and Finance Investment and Performance, Committees of the Trust Board, to collectively provide a strong Board governance structure.
- The Quality Executive includes all Clinical Directors, Executive and Regional Directors, and is the senior executive level body for decision making and scrutiny in respect of service quality and in addition, reports into the Berkshire West ICS Quality Committee. The structure diagram in B.2.1. shows the groups that are accountable to the Quality Executive, which include:
- Locality Patient Safety and Quality Groups which are chaired by our Clinical Directors and are responsible for identification and monitoring of key risks and associated action plans concerning patient experience, quality and safety across all service areas within and hosted by the locality.
- Safety, Experience and Clinical Effectiveness Group which is responsible for development and monitoring work of specified subcommittees, supporting the development of the Annual Quality Account, receiving standard reports for example serious incidents requiring investigation and undertaking work delegated by the Quality Executive.

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The Finance, Performance and Risk Executive Meeting oversees performance against key quality priorities including falls, pressure ulcers, reduction of prone restraint and assaults to staff. This is supported by our Quality Improvement methodology which has enabled detailed root cause analysis and development and implementation of targeted countermeasures. This Executive meeting also receives safe staffing reports along with performance monitoring across all the Trusts “true north” priorities of: Harm Free Care, Supporting our Staff, Good Patient Experience and Money Matters.

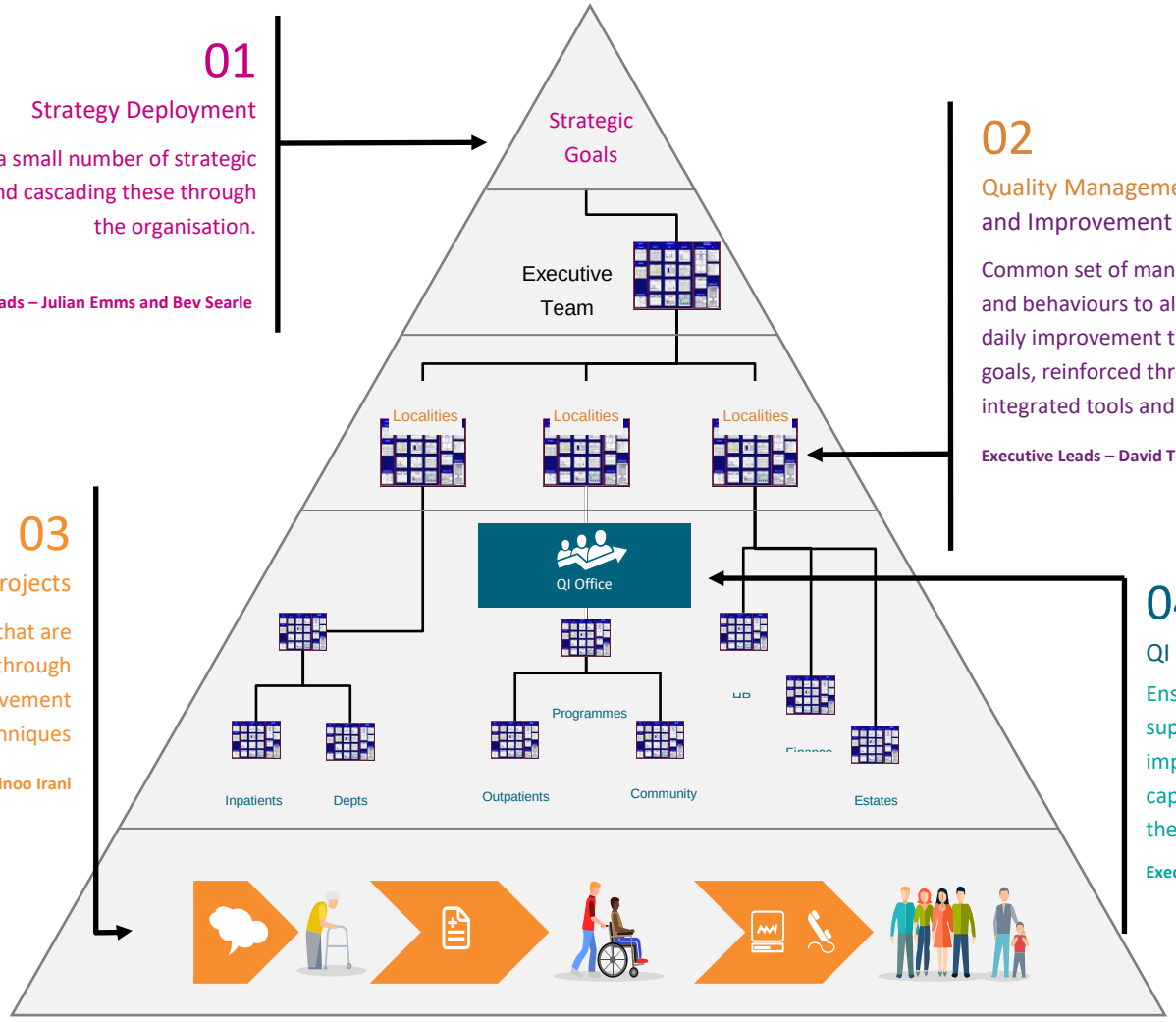
The Business and Strategy Executive oversees progress of major projects - and uses a strategic prioritisation approach developed as part of the Quality Improvement Programme. This enables an overview of all major projects in one place, and consideration of their resource impact on patient facing and corporate services.

Quality Impact Assessments are carried out for major projects – including our cost improvement plans. These are signed off by the Trust’s Director of Nursing and Governance and Medical Director and reported through to the relevant Executive meeting.

Implementation of the Quality Strategy (summarised in B.2.3) is supported by our Quality Improvement Programme, which is outlined in B.2.4 and includes setting of True North patient safety metrics which are outlined in B.2.5.

B.2.3 Summary of the quality strategy

B.2.4 Quality Improvement Programme Overview



01
Strategy Deployment

Identifying a small number of strategic priorities and cascading these through the organisation.

Executive Leads – Julian Emms and Bev Searle

02
Quality Management and Improvement System

Common set of management routines and behaviours to align performance and daily improvement the Trust's strategic goals, reinforced through the use of 9 integrated tools and techniques

Executive Leads – David Townsend and Alex Gild

03
Quality Improvement Projects

Making improvements in areas that are too complex to be resolved through daily continuous improvement techniques

Executive Lead – Minoo Irani

04
QI Office

Ensuring structured accountability, support and dedicated resources for improvement activities. Developing capabilities for improvement across the organisation.

Executive Lead –David Townsend

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B.2.5 Berkshire Healthcare True North Patient Safety Metrics

Metric	Threshold/baseline	Reduction target for 2019/20	comments
1. Self-harm	87/ month	30%	baseline unchanged from 2018/19
2. Suicides	no current threshold	10% reduction by 2021	Unchanged from 2018/19
3. Falls	8/1000 bed days	50%	baseline unchanged from 2018/19
4. Medication errors (moderate and above categories)	less than 5 per 12 months	20%	new
5. Pressure ulcers acquired due to lapse in care (Community Nursing East & West; Community Inpatient wards)	180 days without category 3 and 4 pressure ulcers— reported individually by Community IP wards and Community Nursing East & West	10%	new
6. Gram negative bacteraemia (due to lapse in care)— Inpatient Community wards	Less than 2 GNB per 12 months	50%	new

C STRATEGIC PRIORITY RISK REGISTER

Risk Ref. No.	ICS Strategic Priority	Risk description, source and owner	Inherent risk score			Required controls and actions to reduce/mitigate risk (with dates)	Review Dates: (monthly, quarterly)	Monitor/ Review body	Residual Risk Score and Rating			Is risk/ rating accept-able
			L	I	IRR				L	I	RRR	Yes/No
01	SP1	**Financial Recovery Plan 19/20** - there is a risk that unless the work required to identify opportunities for future years is completed more quickly the ability to produce a robust plan which delivers financial balance will be missed.	5	5	25	System to enter formal financial turnaround. System Financial Recovery Group initiated. Scope for external support and challenge at RBFT being drafted.	Monthly	ICS Unified Executive	4	5	20	No
02	All	**Workforce** – The largest risk to delivery and sustainability of the Berkshire West health economy is access to new workforce, both of established and new clinical roles. This risk extends to both recruitment and retention and will significantly impact the ability to deliver transformation of, and ongoing high quality services.	4	5	20	Time to Care programme Wessex workforce planning tool HEE integrated community nursing project Organisation and system level incentive schemes	Monthly	ICS Workforce Group and ICS Unified Executive	3	4	12	Yes
03	SP2	**Design our Neighbourhoods** – there is a risk that elements of this work (such as the agreement of the new DES) have short delivery timescales which are both challenging to meet and may impact on what can be achieved in year one.	2	4	8	Priority workstream for CCG Primary Care Team. Monitoring, support and oversight provided by system wide Programme Board.	Monthly	ICS Unified Executive	1	3	3	Yes
04	SP3	**Development of a new UEC delivery model** – there is a risk that the implementation of any significant changes to the delivery of UEC services will either require unavailable investment or are slow to realise due to their complexity.	3	4	12	Further mitigating actions are required for this work, including the production of a new local strategy, programme plan, resource plan and timelines. This risk has not yet been mitigated.	Monthly	ICS Unified Executive	3	4	12	Yes

05	SP4	**Outpatient Transformation** – there is a risk that the piecemeal / service-by-service change model does not release a high enough volume of activity to reduce acute hospital costs. Additional risks exist around the data and information available to track the impact of the change(s).	3	4	12	Outpatients Programme Board is continuing to work on an improved suite of programme reports, including more granular level of data and information. ICS Unified Exec will take a deepdive in April 2019 to understand outstanding issues and provide further support.	Monthly	ICS Unified Executive	2	3	6	Yes
06	SP5	**iMSK** – there is a risk that the amount of investment required to establish the new clinical pathway is unaffordable. An additional risk exists to the achievability of the cost out requirements within the acute sector.	4	4	16	Project teams are working with CFOs from all three organisations to refine the financial modeling and better understand delivery risks. Timeline for production of business case has been agreed, culminating in a final decision expected at the May meeting of the ICS Unified Executive.	Monthly	ICS Unified Executive	3	3	9	Yes
07	SP6	**Develop a strategy for the future provision of diagnostics** – there is a risk that there is a constrained level of both capital and revenue to achieve the full ambition of this work. There is also constrained transformation capacity to scope and manage this work and external support may be required which may not be affordable given the system financial position.	3	3	9	Further mitigating actions are required for this work, including the production of a new local strategy, programme plan, resource plan and timelines. This risk has not yet been mitigated.			3	3	9	Yes
	SP7	**Implement and embed our approach to PHM & Digital** – there is a risk that the level of cultural and resource change required to achieve this goal is so significant that realisable delivery is only possible in future years.	3	3	9	The Population Health and Digital Development Board are continuing to manage this risk which will be further addressed through the production of the system wide Digital Strategy.			2	2	4	Yes