



Berkshire Healthcare
NHS Foundation Trust

AGM 2017

Welcome

making a difference community
understanding specialist local
together

Healthcare
from the **heart** of
your **community**

www.berkshirehealthcare.nhs.uk

Welcome

Martin Earwicker

Chair

respect from the heart personal community people together help care understanding right place making a difference specialist dedication safe health service local enthusiast
are understanding right place making a difference specialist dedication safe health service local enthusiast dependable friendly
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Governors' Report

Paul Myerscough

Lead Governor

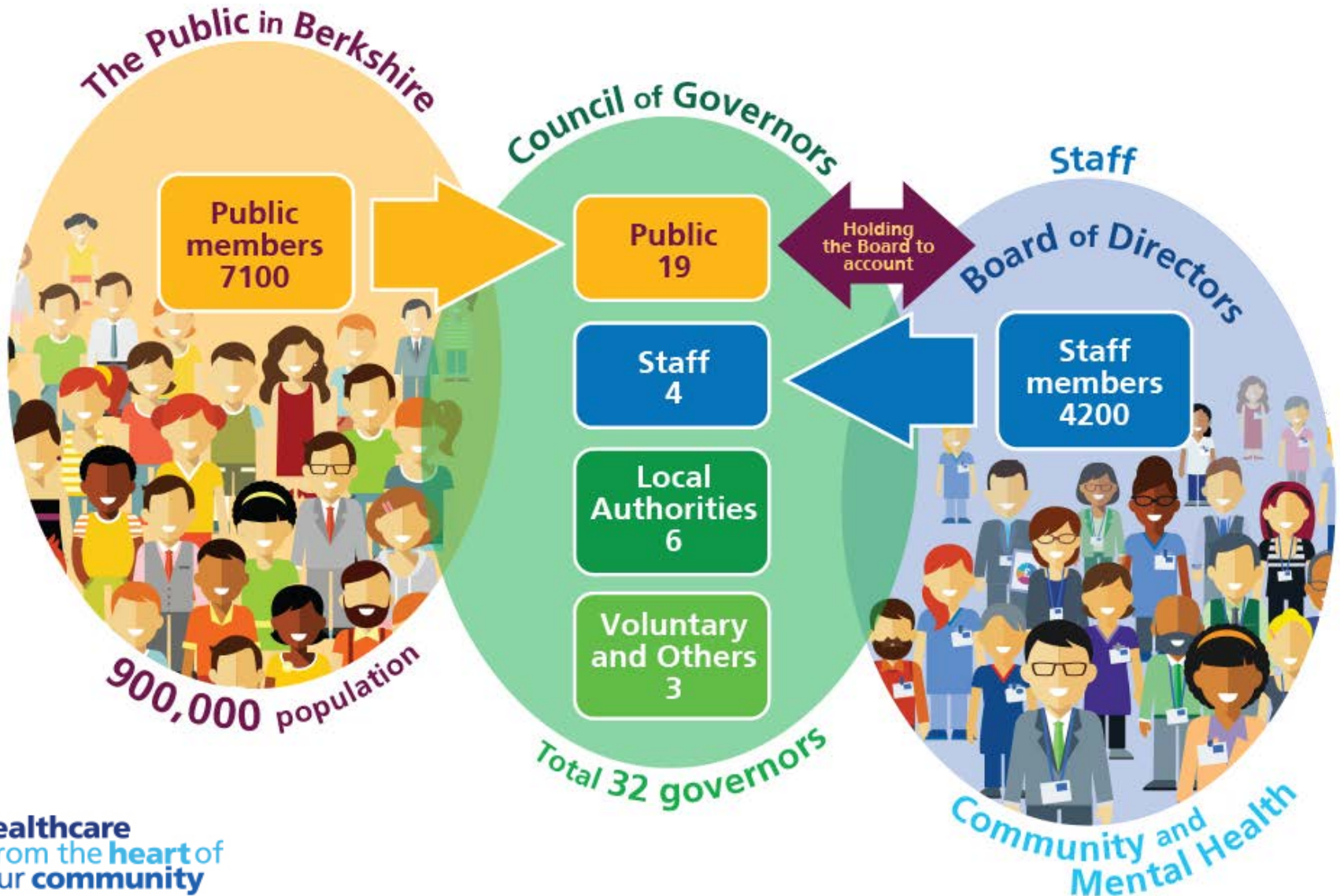
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Governors' Report

- The Governors
- Governors Council
- NED & Chairman recruitment
- Interest groups
 - Quality Assurance Committee
 - Membership & Public Engagement
 - Living Life to the Full group
 - Others
- Outlook

The Governors

Holding the Board to account



The Governors

Public elected

area	governor
Bracknell	Pat Rodgers
	Linda Berry
	Victor Rones
Reading	Tom Lake
	Keith Asser
	Paul Myerscough
Rest of England	<i>vacancy</i>
Slough	Amrik Banse
	Ruffat Ali-Noor
	Nigel Oliver
WAM	John Barrett
	June Leeming
	Tom O'Kane
West Berkshire	Mukesh Bansal
	Verity Murrricane
	<i>vacancy</i>
Wokingham	Andrew Horne
	Krupa Patel
	Gary Stevens *

* new in 2016/17

Local Authorities

area	governor
Bracknell	Isobel Mattick
Reading	Bet Tickner
Slough	Sohail Munawar *
WAM	Shamsul Shelim *
West Berkshire	Adrian Edwards
Wokingham	Richard Dolinski

Voluntary and others

area	governor
Ascot Alzheimers sg	Alison Melabie
Berkshire Red Cross	Suzanna Rose
Reading University	Craig Steel

Staff elected

area	governor
Staff clinical	Natasha Berthollier *
	Julia Prince
staff non-clinical	June Carmichael
	Amanda Mollett

Governors' Council

Formal Council meetings

- Four each year
- Conduct formal business
- Receive reports
 - annual accounts
 - auditor reports
 - annual report
- Review other performance reports including the Quality Accounts
- **Governor focus areas**
 - patient safety
 - service quality
 - financial sustainability

Other Council meetings

- Four in 2016/17
- Joint meetings with our Executive and Non-Executive Directors
- Receive briefings including:
 - Equality and Inclusion strategy
 - Quality Improvement Programme
 - NHS Strategic Context from auditors
 - The Apprenticeship Levy
 - etc
- Question Executives and NEDs
- Work on issues in a workshop format with NEDs

Non-Execs and Chairman Recruitment

- The Board of Directors is composed of:
 - Chairman
 - 6 full-time Executives including the CEO
 - 6 part-time Non-Executive Directors
- NEDs have a three year term which can be renewed
- The **Governors' A&R Committee** is responsible for recruiting Non-Executive Directors and the Chairman
- New **Chairman** Martin Earwicker took up post in December 2016
- **Non-Exec Directors** in 2016/17
 - We ran a campaign to recruit a replacement for Mark Lejman who has completed two terms on the Board
 - We agreed to re-appoint Chris Fisher for a further term of three years

Appointment of External Auditor

The Council of Governors is required to approved the appointment of the external auditors annually

- We appointed **Deloitte**s as the new external auditor
- Previously KPMG has worked for us for about 10 years
- Every three or four years we invite new tenders to bid as external auditor. In November 2016 we contacted seven companies with an invitation to tender, two companies submitted bids
- A committee of eight governors convened to evaluate the bids against assessment criteria prepared by the in-house procurement team
- KPMG withdrew their bid, however the team felt that **Deloitte**s passed well against each of the 18 criteria under consideration, and Council subsequently approved their appointment

Quality Assurance Group

The purpose of the group is to provide assurance to the Council of Governors on quality related matters

- Meets quarterly and reports to Council and management
- May be directed by the Council or management to investigate quality related matters
- Discusses Quality Report with management
- Reviews complaint handling through anonymous case studies
- Members carry out a programme of service visits ‘to look at quality with non-professional eyes’
 - The programme is visiting a wide range of community and mental health services in all areas mostly proposed by management but also by governors

Membership & Public Engagement Group

The purpose of the group is work with the Trust to maintain membership and to support engagement with members and the public by both the Trust and its Governors

- Meets quarterly and reports back to Council
- Considers all matters related to our membership and public engagement as referred by Council
- Reviews and advises on activities at public events
- Points for 2016 /17
 - Membership maintained above target minimum level of 10,000
 - Governors supported the organisation on program of public activities
 - Exploring additional events for the public and members
 - Sharing information on public engagement with other trusts and organisations

Living Life to the Full Group

The purpose of the group is to champion good practice supporting autonomy, expertise, and well-being by following work within the Trust , partner organisations, and the Third Sector.

- Meets quarterly and reports back to Council
- Guest speakers to highlight new development areas involving staff
- Themes for 2016/17

- | | |
|-------------------------|--|
| Berkshire
Healthcare | - Prospect Park Hospital : Community Marketplace presentation and updates; Staff retention and recruitment |
| | - Patient Experience & Engagement Group |
| 3 rd Sector | - Brighter Berkshire 2017 year of mental health |
| | - Eight Bells for Mental Health Newbury |
| | - Destiny Support Slough |
| | - Social Prescribing Reading |

Other Governor Activity

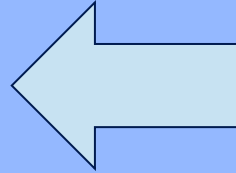
- Board meetings: A rota makes sure one or two Governors attend the public Board meetings
- Locality meetings: Governors for each locality meet with corresponding management to share information on local issues
- Public events: Governors attend public events where we are represented
- Projects and workshops: Governors have participated in a number of workshops and projects, examples include:
 - Development of the Carer Strategy
 - Learning into Action awards

Outlook

We expect

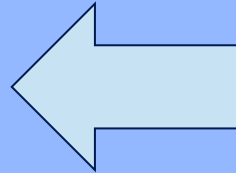
Coming from

Increasing demand for services



- Reduced budgets for social care
- Aging population
- Higher expectations from public

Must do 'more with less'

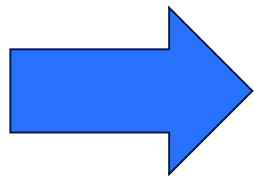


- Financial constraints in NHS
- Shortage of staff

Complexity of organisations and care pathways



- Care in the community
- Focus on wellness & public health



public involvement is important
to keep the NHS on track in delivering what our communities need

Contact us

Website

www.berkshirehealthcare.nhs.uk

Get involved /
members pages

Search membership on our website

Twitter

@BHFT

email governors

governor@berkshire.nhs.uk

*(to contact a specific governor please include their name in the
'subject' of the email)*



Berkshire Healthcare
NHS Foundation Trust

Thank you

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Julian Emms

Chief Executive

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13 September 2017

About us

- **Main provider of community and mental health services to the population of Berkshire**
- We also provide **primary care services**
- Annual income of around **£240m**, employing approximately **4,400 staff** and providing services from just over **100 sites** – **“Healthcare from the heart of your community”**
- In terms of scale the Mental Health and Community Health services, portfolio are of equal size – we are a combined trust.

What do we do?

- **We maximise individuals independence and their quality of life**
- **We support thousands of people to live at home or get home quickly**
- **Management of risk and high levels of “Community Competency” set us apart from other types of NHS Trusts**
- **We are the most integrated NHS organisation in the region in pursuit of “person centred co-ordinated care”**

Our CQC rating

In **December 2015** Berkshire Healthcare had its CQC inspection. More than 100 inspectors visited and assessed our services, teams and overall patient care.

In **March 2016** we were awarded a rating of **‘good’**.

In **December 2016** the CQC returned to inspect the areas that had done less well – they found we had addressed all of their concerns identified in the previous inspection.



NHS Improvement (NHSI)

- **Oversee finance and governance across all NHS Providers**
- **NHSI segment all 249 Trusts based on performance in 5 areas: Quality of Care, Finance, Operational Performance, Strategic Change and Leadership and Improvement Capability**
- **We are in segment 1 (along with just 10% of Trusts) – lowest level of concern and oversight**

The Pursuit of Excellence - Our Quality Improvement (QI) Programme

- **Launched our QI programme, with partners Thedacare and KPMG**
- **Developing a culture in which continuous improvement thrives**
- **Providing each and every staff member with the right support, knowledge and skills to give them confidence to make improvements based on evidence and improvement science**
- **Looking forward to showcasing some of teams work at next year's AGM**

Patient experience

We ask patients and carers to tell us how they rate the care they received. An overall improvement on the previous years of those who would rate us as good or very good.

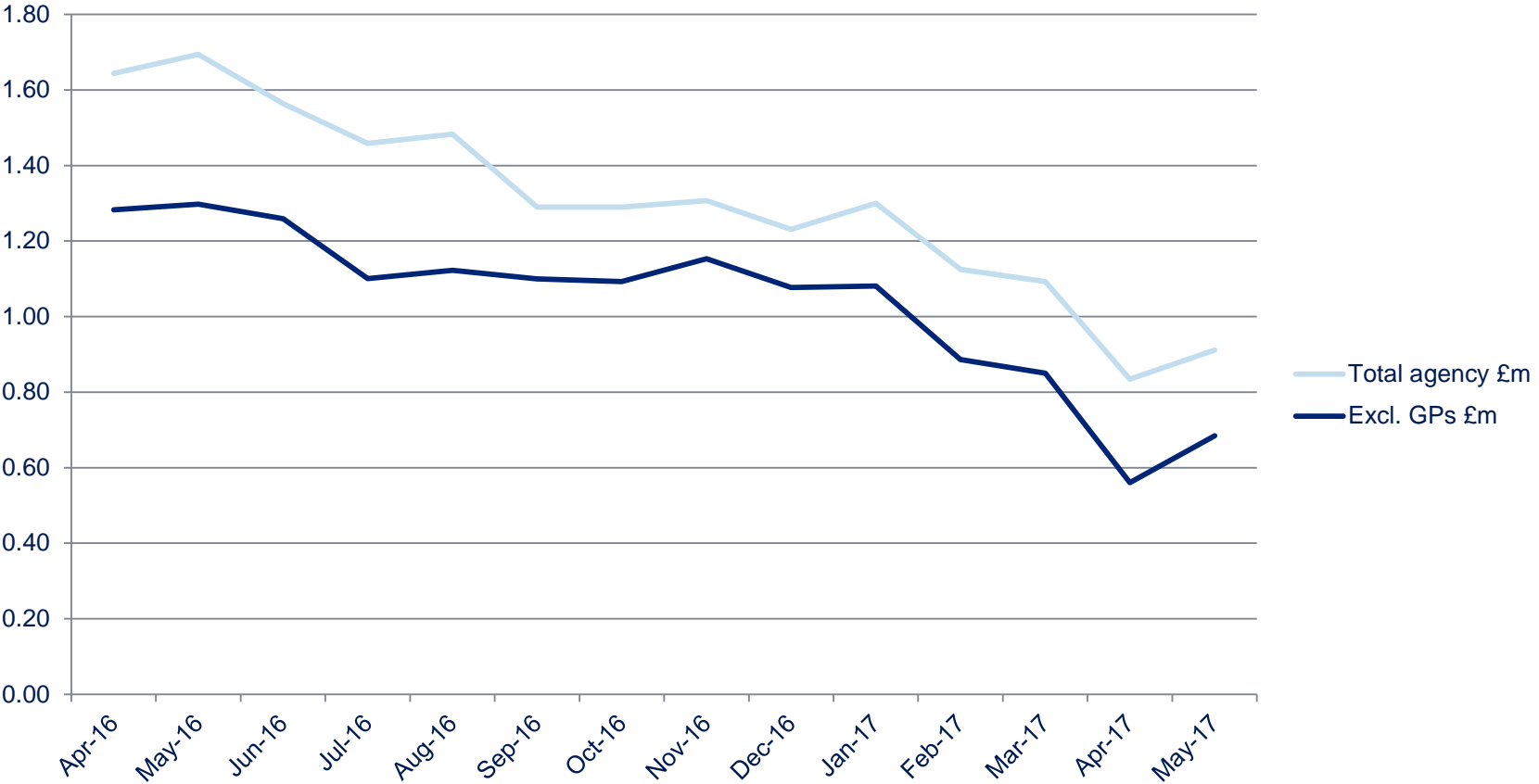
- **Community Hospitals – 96%**
- **Community Physical Health – 94%**
- **Community Mental health – 86%**
- **Mental Health Inpatients – 75%**

A highly committed and motivated workforce

- Continued our focus on staff engagement. As demonstrated in a very positive annual staff survey – top score for motivation
- As the UK prepares to depart the EU, we have made clear how much we value the contribution of all our colleagues – regardless of where they were born
- We have had a focus on improving the working experience of our BAME staff where satisfaction and engagement levels are less encouraging

Agency now £600k p.m. lower vs. April 2016

Agency costs



What else are we known for?

- Innovation and Technology
- Global Digital Exemplar (GDE):
 - One shared record and connected care
 - Skype
 - SHaRON
 - Interactive online therapy
 - Telehealth

Working together – Connected Care

- Major enabler of integration – ‘Person centred co-ordinated care’
- Long standing ambition – most consistent request from clinicians over the last decade
- 1000 records accessed a week
- Managers and Leaders important at support and promote internally & externally

A tough few years in the midst of a perfect storm



Demand –

The population of the UK has grown by 11% (5m) since we were established in 2001.... that's a lot of patients and some of our services have struggled to cope



Supply –

Severe workforce shortages: Nurses, Doctors, Physios. A major source of concern



Money –

Really biting. The sixth year of austerity and a 20% reduction in income during this period

So what's the plan?

- **Sustainability and transformation partnerships (STP's) / Accountable Care Systems (ACS)**
- **Essentially plans to move to integrated care at scale – Partnership work ++**
- **Bring together a range of health and social care services around the populations they serve to develop integrated care**
- **Removing barriers (financial, contractual, cultural) and a shift away from the competitive and fragmented legacy of the 2012 Health and Social Care Act**
- **We are in two Accountable Care Systems – Frimley and Berkshire West.**

Accountable Care Systems

- The NHS has often been described as a collection of organisational and professional tribes!
- ACS – Focus on solving difficult problems collectively & collaboratively, rather than antagonistically or resorting to contracts/legal solutions (better long term outcomes, less transactional costs)
- Work together to govern common resources (not just money – leadership etc). Vision of ‘One system, one budget’
- Structure and culture of ACS needs to bring order to this change. Also needs to bring in primary and social care.

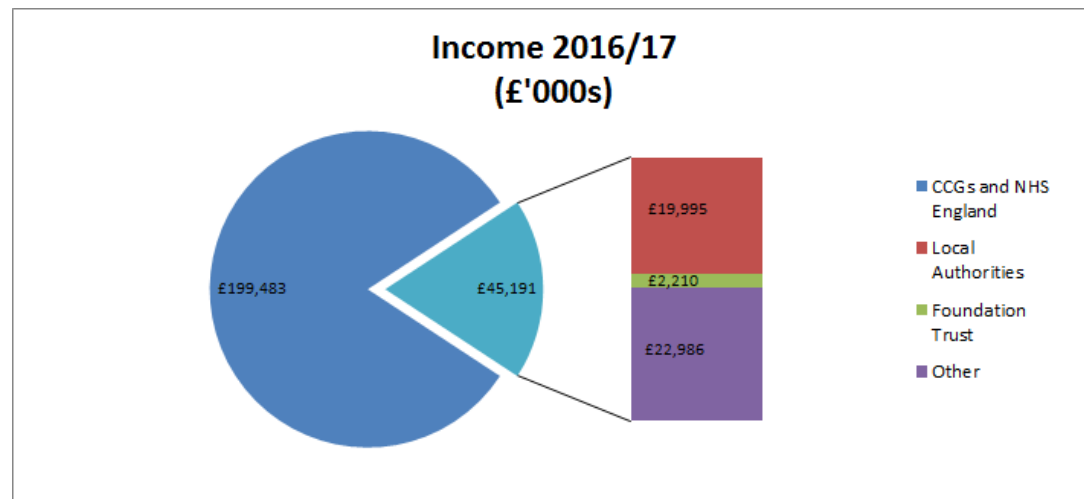
Financial Review for 2016/17

Alex Gild
Chief Financial Officer

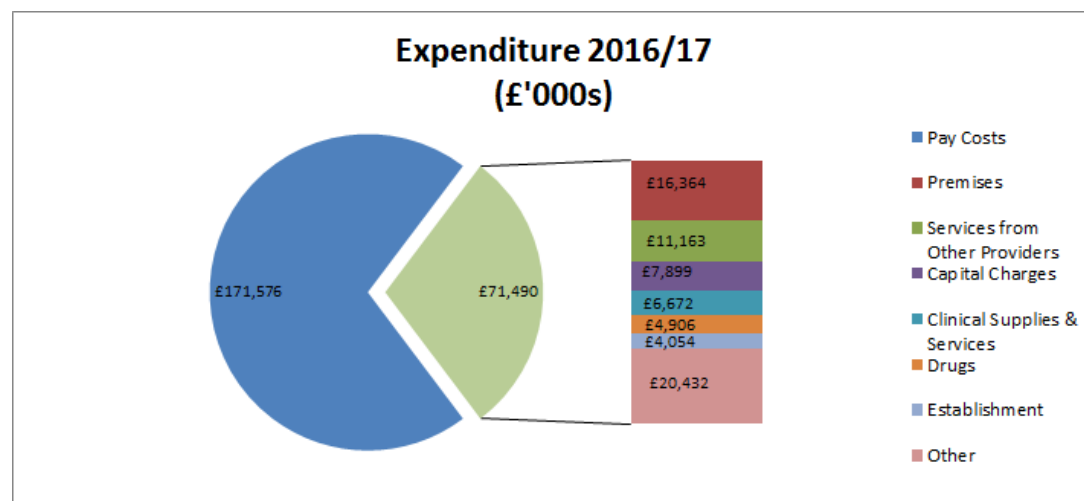
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Income and expenditure

	2016/17 Actual £'000s	2015/16 Actual £'000s
Income Received	244,674	237,414
Employee Pay Costs	(171,576)	(168,723)
Other Costs	(71,490)	(71,122)
Sub total Costs	(243,066)	(239,845)
Net Surplus/(Deficit)	1,608	(2,431)
I&E Margin	0.66%	-1.02%



- Planned net surplus £0.5m. Achieved £1.1m above plan including £0.8m central funding 'bonus' from NHSi for positive performance
- Achieved cost savings of £4.4m against plan of £4.9m
- Temporary staffing costs of £23m, decrease of £3m on prior year. Agency costs decreased from £21.5m to £16.3m. Further significant decrease achieved in 2017/18
- Returned a financial risk rating of '2' (plan of '2') indicating lower risk and good financial sustainability moving forward, but outlook remains challenging.



Balance sheet

	As at 31st March 2017 £'000s	As at 31st March 2016 £'000s
Property, Plant and Equipment	88,483	90,746
Current Assets	12,090	10,242
Cash	20,698	16,653
Total Assets	121,271	117,641
Current Liabilities	(29,336)	(27,743)
Non Current Liabilities	(32,527)	(33,045)
Total Liabilities	(61,863)	(60,788)
Total Net Assets	59,408	56,853

- Improved closing cash position of £20.7m, an increase in cash of £4m on prior year
- £2.9m spent on improving and enhancing our estate and investment in information technology
- Strengthened balance sheet with net asset position improved by £2.5m
- **Governance Highlights** - clean audit with no material or significant recommendations.