



**Berkshire Healthcare**  
NHS Foundation Trust

# Strategic Plan Summary 2018 – 2021

Berkshire Healthcare NHS Foundation Trust

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# Introduction and contents

## Welcome to our 3 year strategy summary for 2018 – 2021.

The purpose of this document is to set out our key priorities and what we want to achieve by 2021. We want to be clear about our commitments – and to be specific about the difference we aim to make – with patients and service users, with our partner organisations and within our whole organisation.

Our strategy summary brings together in one place the highlights of our current strategies and plans, describing both what we are aiming to achieve and how we intend to go about it. We have set out our plans for our organisation as a whole, as well as for each of our major service areas. Summaries of our approach to financial planning and our work with our 2 Integrated Care Systems are also included.

We know that the next three years will present us with many challenges – but we also know that we have the opportunity and capability to make a real difference – by building on the progress we have already achieved and setting ourselves ambitious targets for the future.

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# Our vision and values

Our ambition is **to be recognised as the leading community and mental health service provider by our staff, patients and stakeholders.**

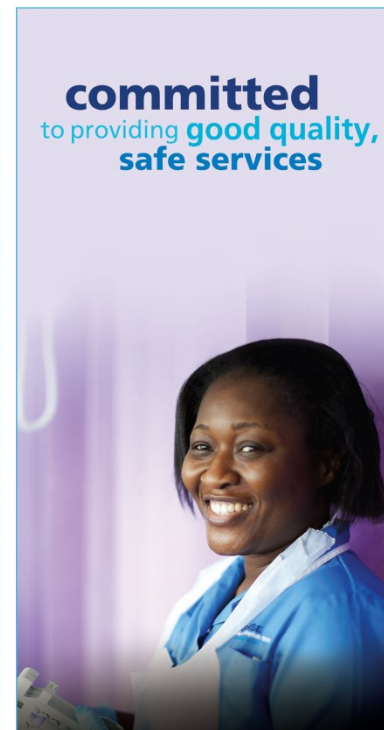
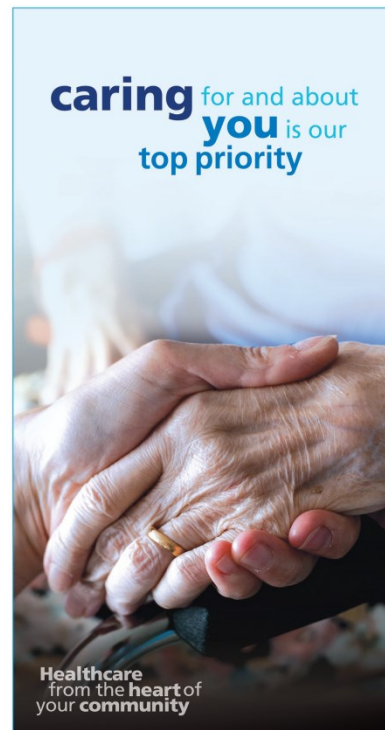
We created this vision statement to guide us in our work, and to underline the importance of measuring our progress through the experience of our staff, the quality of our services and the outcomes we are achieving with patients and service users, as well as from the perspective of our partners and commissioners.

Our values were developed through a series of discussions with our staff, patients and stakeholders which gradually distilled what were the most important commitments we wanted to make as an organisation.

We are using our values to guide us in the way we recruit our staff and conduct our individual performance appraisals, as well as how we approach our major plans and strategies.

This illustration of our values is on display throughout our organisation, and they are stated on each of our annual plans to help us remain focused on the fundamentals of what we are trying to achieve.

## Our **core** values



## About us

Berkshire Healthcare provides care and treatment for people with physical and mental health problems across the county and its borders. We operate from approximately 100 sites and employ around 4,500 staff – split roughly 50/50 between mental health and community health services.

Berkshire Healthcare was established in 2001, and secured Foundation Trust status in 2007. More recent major change programmes include:

- Responsibility for running community health services in 2012
- Centralising our mental health inpatient services into a purpose built site at Prospect Park in Reading
- Establishing the Health Hub and Common Point of Entry as single points of access for community physical health and mental health services respectively
- Implementing an Organisational Development Strategy helping us achieve year on year improvements to staff engagement
- Prioritising the use of technology to support efficient and effective service delivery – including mobile working, a single electronic patient record, joining up health and social care records, delivering services online and electronic prescribing
- Key partners in 2 “exemplar” integrated care systems, providing a opportunities to improve services and use of resources.

## Our services

We provide a wide range of services, most of which are delivered in patients’ own homes, and mental health and community inpatient services in Reading, Newbury, Maidenhead, Slough and Wokingham. Please visit [our website](#) to find out more.

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## Our local health profile

Berkshire comprises of 6 unitary authorities, with a population of 891,000 (2015) predicted to rise by 4% by 2020. Berkshire has a range of rural and urban areas, affluence and deprivation, and ethnic diversity. Most of the population has a higher than average life expectancy and good health compared with the national average. However the life expectancy of men living in Reading and Slough is less than the national average, there are higher levels of deprivation, and people’s overall health is more varied. Detailed health profiles are available on page 25.

## Our operating context

Like all NHS organisations, we are working with significant funding constraints, and experiencing continued growth in demand as our population increases and ages. We recognise that, following the Health and Social Care Act of 2012, there is not likely to be further, centrally driven NHS reorganisation. We are actively participating in the system work outlined in the Five Year Forward View, including new integrated models of care. Our NHS partner organisations performing strongly, with the Royal Berkshire Hospital and Frimley Health NHS Foundation Trust achieving “outstanding” ratings from the CQC. Our unitary authority partners are challenged by significant funding reductions – and the lack of a clear policy direction for funding social care presents a significant risk.

We remain committed to delivery of integrated services, but we operate in a complex commissioning environment, which presents a particular challenge for our children's services. National workforce shortages are compounded locally by high housing costs/low unemployment.

# Where are we now?

## How do others see us?

The CQC rated Berkshire Healthcare “good” with “outstanding” community mental health services for older people. We recognise areas of improvement needed, and are working hard towards achieving “outstanding” overall. NHSi has placed us in segment 1, which reflects the highest level of performance across 5 themes, including finance and use of resources.

National Mental Health and Community Health Benchmarking results show that we provide efficient services, with higher than average demand.

We have achieved national accreditation for our Memory Clinics, Learning Disability Inpatient Services and our IAPT (Talking Therapies) service.

Our stakeholder survey results showed that commissioner and partner providers rated us as “very good” or “fairly good” in 89% of categories, with 11% “neither good nor poor” and 0% “fairly poor” or “very poor”.

Views of patients, service user and carers are used to inform our service development and we work closely with Healthwatch to ensure that we access an independent view of our services.

## How do we assess ourselves?

We complete an analysis of our strengths, weaknesses, opportunities and threats each year to inform our annual plan. Our main strengths include: highly engaged & motivated staff; stable leadership; strong organisational development focus; well-developed use of technology; consistent financial plan delivery. Our development areas are linked to the risks included in our Trust Board Assurance Framework and include: workforce; demand growth; specific quality concerns (outlined in our Quality Account); and the need to develop more standardised approaches to clinical pathways across the full range of services we provide.

### Our strategic journey...

Our strategy has been consistently focussed and informed by our desire to provide very good quality, safe services in a way that is sustainable in the medium to long term. Analysis undertaken as part of our previous 5 year strategy refresh indicated limited benefit in merging our organisation with another, or seeking major acquisition of new business. Our approach has therefore been to develop our services within Berkshire or on our borders where this makes sense in terms of patient pathways.

We work in partnership with GP practices but do not directly provide them. Similarly, we work closely with social care providers but are focussed on integrated service models rather than providing social care.

We now have a major focus on the contribution we can make to the 2 Integrated Care Systems that we are part of – maximising the opportunity presented by collaboration with commissioners and partner providers through new ways of working and whole pathway development.

Alongside this, we are continuing to strengthen our internal improvement work through our Quality Improvement Programme, maintaining a strong focus on workforce planning and development and prioritising our use of technology as described on slides 16, 17 and 19.



# Integrating health and social care systems

## Why our system work is important

Our analysis is that service sustainability is dependent on organisations working together – and that this will also drive improvements for patients and value for money.

The NHS Five Year Forward View (FYFV) provides the policy context for collaboration in planning and delivery of services. Resources are increasingly being channelled through Sustainability and Transformation Partnerships (STPs) to support integration.

Locally, the Berkshire West Integrated Care System (ICS), which is part of the Berkshire, Oxfordshire and Buckinghamshire (BOB) STP, and Frimley Health and Care ICS/STP bring together commissioners and providers to focus on the population we serve collectively. Successful integrated systems will take more control of local funding and performance, and achieve their vision through partnership working rather than competition.

## Our involvement in our local system leadership

As well as being major contributors to specific initiatives, we also have a significant leadership role in ICS governance and delivery structures. For example:

- Berkshire West ICS: our Chair and CEO are members of the Leadership Group, and our CEO and 2 other exec. directors are members of the Unified Executive.
- Frimley ICS: our CEO and Director of Nursing and Governance are members of the ICS Board, and our CEO chairs the Programme Delivery Board.
- Our Chief Financial Officer is a member of both ICS CFO groups
- Our Medical Director and Director of Nursing & Governance are members of ICS clinical delivery groups.

## Our contribution to local initiatives

**National priorities.** As 2 out of 10 national exemplars, Berkshire West and Frimley ICSs are accountable for delivering our FYFV priorities and to lead the way for other systems. This includes the Mental Health FYFV and transforming care for people who have a learning disability. We are also key contributors to improvements in urgent care, and GP service transformation.

**Berkshire West ICS.** In Berkshire West we are part of the outpatient transformation programme, and the integrated MSK physiotherapy initiative involving primary care and independent physiotherapy providers, with acute NHS and commercial hospitals.

**Frimley ICS.** Berkshire Healthcare is making a major contribution to the Integrated Care Decision Making hubs being developed to improve health outcomes for people with long term conditions or frailty. We are also supporting the GP transformation programme, developing extended care teams in primary care.

**Population Health.** By working together at a system level we are sharing our knowledge and resources to better understand the needs of our local populations. This requires improved informatics which we have included in our strategy for both community and mental health services.

**Prevention and self-care.** We are working with our acute hospital partners on their Getting It Right First Time programmes, recognising the importance of prevention, promoting independence, and minimising relapse.

**Finance.** With our ICS partners we have agreed an approach to use of our collective resources – a “system control total” as well as changing payment mechanisms to facilitate the optimum use of resources.

# What do we want to achieve by 2021?

We have identified a range of measures that will help us **achieve our vision**, provide **outstanding care to patients** and provide an **outstanding place to work** by 2021.

The vision metrics, shown on the next page, enable us to track our progress **to be recognised as the leading community and mental health service provider by our staff, patients and stakeholders**.

Our targets are deliberately stretching – and will require consistent and sustained effort to achieve our ambition.

In terms of **quality** improvements, we have prioritised reduction of assaults on staff and patients and use of restraint in our mental health inpatient services. These are measures that are really important to patients and staff alike, and are fully aligned with our values as an organisation.

To drive improvements in **safety**, we have chosen a range of key measures across our community and mental health services.

We have also included measures that enable us to understand how well we engage with our **staff, patients and stakeholders**, and we are actively working on additional ways of measuring the views of patients and service users and how they influence our service development.

Finally, we have included a **regulator** perspective, recognising the importance of their objective assessment.

We recognise that we need to maintain our commitment to organisational development to achieve our goals, and that building our digital and informatics capability is a key part of this.

Our **annual plan on a page** specifies measurable targets for our true north goals each year. These will be adjusted annually to support achievement of our vision and our targets for 2018-19 are shown on page 13.

Our **True North Goals** are:

## **Harm-free care**

- ✓ To provide safe services, prevent self-harm and harm to others

## **Supporting our staff**

- ✓ To strengthen our highly skilled and engaged workforce and provide a safe working environment

## **Good patient experience**

- ✓ To provide good outcomes from treatment and care

## **Money matters**

- ✓ To deliver services that are efficient and financially sustainable

We have identified 3 strategic initiatives to support delivery of our goals which are:

- **Workforce.** Our Workforce Strategy summary is on page 16
- **Quality Improvement.** An outline of our programme is on page 14
- **System work.** A summary of the priorities and key initiatives in progress in our two Integrated Care Systems are on pages 21 and 22.

# What do we want to achieve by 2021?

Our **vision metrics** are designed to enable the delivery of our vision “to be recognised as the leading community and mental health service delivery by 2021”.

## Trust Board Vision Metrics

(March 2018)

	Quality			Safety					
Category	Mental Health Patient on Patient Assaults	Mental Health Patient on Staff Assaults	Mental Health Use of Restraint	Falls Due to Lapse in Care	Mental Health Inpatient Deaths	Mental Health Bed Occupancy	Never Events	Pressure Ulcers	Suicide Rate per 10,000 under Mental Health care
Our Target	Top 3	Top 3	Top 3	0	0	85%	0	Better than Last Year - 9	10% Reduction Target 8.2
Performance trend since last report (Nov 2017)	↓	↓	↑	↔	↔	↓	↔	↓	↑
Our position in all English NHS Mental Health Providers (out of 55)	51 <sup>st</sup>	44 <sup>th</sup>	19 <sup>th</sup>	2	1	98%	0	18	7
Our position in joint English Mental Health and Community Trusts (out of 32)	28 <sup>th</sup>	23 <sup>rd</sup>	13 <sup>th</sup>						
	Engagement					Statutory Compliance			
Category	CCG Net Investment	Stakeholder Satisfaction Survey	Patient FFT Response Rate	Staff Survey Engagement Rating (out of 32)		CQC Rating	CQC Compliance Actions	NHSi	
Our Target	Green	Over 80% Good or Very Good	15%	3rd		Outstanding	0	Segment 1	
Performance trend since last report (Nov 2017)	↔	-	↑	↑		↔	↔	↔	
Current performance	✓	✓	9.56%	2nd		Good	5	✓	



# What do we want to achieve by 2021?

## Mental Health

The focus of our Mental Health Strategy is on the delivery of **safe services**, continuous **improvement in quality**, achieving good **outcomes** for service users, supported by **technology**.

We welcome the **Five Year Forward View for Mental Health**, and have a strong foundation for delivering its targets. The Delivery Plans for each of our ICSs prioritise the following:

**Elimination of Acute Out of Area Placements by 2021** – achieving a 33% reduction each year, we will improve our bed management, ensuring an enhanced offer to patients (including 72 hour review, and completion of our Personality Disorder and discharge pathways). Our bed modelling has identified no requirement for additional beds, if we are able to reduce our length of stay.

**Achieving access targets** – for CAMHS, IAPT, EIP, and IPS. This represents a significant challenge given workforce shortages and demand growth. We will work with commissioners to achieve a smooth transition from NHSE non-recurrent funding, maintaining service developments.

**Implementation of our Mental Health Workforce Plan** – to mitigate the key risks presented by staff shortages, and include development of new roles as well as recruitment and retention initiatives.

**Securing benefits to service users and staff** from our **Global Digital Exemplar status**, and being an **early implementer of increased access to Talking Therapies**, we will drive innovation in our models of service delivery, use of data and shared electronic records.

We will develop a **Centre of Excellence** at **Prospect Park Hospital** by 2025, including establishing an effective service model and skill mix in both CRHTT and CMHTs. Our **QI programme** will empower our front line staff to work together with patients and carers. Our **workforce plan** will mitigate workforce risks, reducing vacancies and turnover.

Our **mental health pathways** – will provide a clear offer to service users, reducing internal variation, and achieve good outcomes for patients and effective use of resources. We will **reduce both acute and longer term out of area inpatient treatment** and work to mitigate the risk presented by reductions in local authority funding.

**Managing increasing demand** – in line with national trends, demand for mental health services are increasing, with pressures in our community services, the length of time patients stay in hospital and high bed occupancy rates. We will collaborate with partners to build a **new model for our Common Point of Entry** and **greater capacity for prevention/early intervention and recovery** through recovery colleges and community asset based approaches.

**Suicide prevention** – is a key priority for us and our **Zero Suicide Programme** outlines our work to develop additional staff training and development of safety plans with patients.

**Physical health** – we are committed to **reducing the inequality in life expectancy** for people with severe mental illness, achieve the national targets for **physical health checks and interventions** and improve communication with primary care. Mental health will be included in integrated service planning in our ICSs, **reducing avoidable urgent admissions** to acute hospitals, and our liaison services will continue to **reduce ED attendances**.

# What do we want to achieve by 2021?

## Community Health

Simplifying referral arrangements and leadership structures were important priorities when we took responsibility for providing the large number and variety of community services in Berkshire. We now have a well-established “Health Hub” and a range of integrated services which benchmark well nationally. Our services operate in a complex environment with multiple partners, and demand for services and complexity of need are both increasing. Community Health Services do not have a Five Year Forward View policy document – although each ICS is prioritising development of community services to reduce avoidable hospital admissions.

### Our key priorities are:

Establishing a sustainable service and staffing model for **Community and District Nursing** – including workforce planning, a recruitment & retention project and service development projects. Using the results of bed modelling work currently in progress, we will complete longer term planning for our **Inpatient Services** – We will reduce variation in average length of stay, standardise processes and engage with our system partners to adopt and spread good practice.

Our **GP Out of Hours service** is experiencing cost pressures and staff shortages. We will work in partnership to develop solutions and new skill mix models to continue providing high quality care.

**Planned Care** – MSK/Audiology/podiatry/sexual health/dental services are operating in a commercially competitive environment – our offer will be clear and clinically/financially sustainable. We will develop use of technology in our service models and support self management.

We are participating in a number of system initiatives:

**Ensuring the right number of beds are in right place, sustainably staffed.** This is a bed modelling project in Berkshire West which will inform system planning to ensure effective use of resources. We will continue to contribute to reduction of delayed transfers of care in all inpatient services.

**Transformation of primary care and establishment of local “cluster” teams.** We will make a major contribution to the Frimley ICS initiative to develop **Integrated Care Decision Making (ICDM) Hubs** aiming to reduce non-elective admissions and delayed transfers for people with higher levels of need. We will work with Berkshire West partners to develop and implement similar plans across localities, moving towards “**population health**” solutions including Community Health, Primary Care, Social Care and Voluntary sectors.

**Shared care record.** The Connected Care programme is progressing well and will facilitate further development of our mobile working capability and facilitate new ways of working with patients online.

**Optimum use of buildings.** The One Public Estate initiative will enable co-location of services to enable delivery of new models – particularly ICDM hubs.

**Workforce development.** Introducing new roles to support evidence based, innovative ways of working.

In addition, we will work with our partners to develop services and our **Health Hub** to achieve the following system objectives:

- Rapid access to multi-agency services
- Commitment to reduction of duplication, seamless delivery of services and shared care plans.

# What do we want to achieve by 2021?

## Children and Young People

We have brought together physical and mental health services for children and young people into a **single directorate** – reflecting the national drive to provide joined up services. The new directorate has faced a considerable volume of tenders for health visiting, school nursing and integrated therapies (CYPIT) services but has made excellent progress in use of technology and service user participation. The operating environment includes unitary authority partners facing significant challenges, and a limited appetite for joint commissioning to date.

### We will prioritise achievement of targets within the Five Year Forward View for Mental Health:

- 70,000 more children will access evidence based mental health care interventions. Community eating disorder teams are in place for children & young people. We will work with commissioners and partners to meet targets alongside agreed waiting times, and play our part in achieving a good experience of transition between services.
- There will be the right number of CAMHS inpatient beds in the right place, reducing the number of inappropriate out of area placements. Locally, this means relocating Willow House to establish a 10 to 12 bedded Tier 4 unit at Prospect Park Hospital by 2021, and actively supporting the New Model of Care for CAMHS with regional partners, for those needing access to specialist inpatient services.

### Our objectives are:

**Retention of Health Visiting, School Nursing and CYPIT Service contracts** – cuts to local authority funding means careful work is needed to ensure quality and safety. We will benchmark our services against others and strive to demonstrate better performance and outcomes.

**System work to identify pathway opportunities to improve experience, outcomes and use of resources** – addressing unwarranted variation and improving our use of data to inform decision making

**Implementation of SEND (Special Educational Needs and Disability) plans** – providing a clear offer, simplifying access and improving experience, making best use of staff with specialist skills.

**Delivery of evidence based system working** resulting in **smooth transition** from local authority/third sector CAMHS providers and **reduction in “non accepted” referrals**

Delivery of the benefits of our **CYP Integration Programme** – using the opportunity presented by scale but understanding local needs. We will continue to develop our **Online Toolkit** and improving access to self help, signposting and access to services for young people and families as well as referrers. **Transition** between our services will be a good experience for CYP and their families.

Completion of a **Workforce Plan** for our Children and Young People’s Directorate, addressing shortages in specific roles, improving recruitment and retention, developing new roles and responding to the development of new service models and ways of working.

# What do we want to achieve by 2021?

## People with a learning disability

Our services are a small, but important part of our overall offer, and we have a clear focus on our direction and goals.

The national policy direction is to reduce provision of care and support in inpatient settings, address premature mortality and health inequality and ensure that action is taken to address serious quality /safety concerns. Our priorities reflect these themes along with work that is specifically relevant to Berkshire.

We are a partner in the Berkshire-wide **Transforming Care Programme**, working with commissioners, local authority and third sector partners to continuously improve service quality and outcomes, informed by the views of people using our services and carers.

In support of this programme, we have already **rationalised our inpatient services**, enabling our assessment and treatment beds to be focussed at our Prospect Park Hospital site. This service has gained **national accreditation**, providing assurance to people using the service and their families, staff and commissioners about the quality of services provided. We are also establishing **intensive community support team** working with people may require admission into hospital, to avert the need for admission where appropriate, and when admission is the correct approach , to minimise the time spent in hospital.

### Our priorities are:

**Promoting good health and wellbeing of people with a learning disability** – tackling health inequality and premature mortality. We are working with partner organisations to ensure that people with a learning disability are able to access healthcare services that they need for their physical and mental health. We have a robust “Learning from Deaths” process which includes sensitive and compassionate communication with bereaved families and carers, careful review of health and care provided and transparency about the results of our process which are reported to the Trust Board.

**To create a clear Community Service Offer** –to people with a learning disability and their families – setting out what the g Community Teams for People with a Learning Disability and Intensive Community Support services will provide.

The development of a **Centre of Excellence at Prospect Park Hospital** incorporates the Champion Unit – our inpatient service for people with a learning disability. We will meet targets for reducing patient assaults to other patients and to staff.

We will develop a **sustainable staffing model** – addressing the risks of an aging workforce, and the effect of reductions in nurse training places and closure of education programmes available – resulting in fewer learning disability nurses available to work inpatient and community services.

# What do we want to achieve by 2021?

## Financial Planning

### Internal Focus: Improving our underlying surplus to £3.5m excluding Sustainability and Transformation Funding

#### We will:

- Retain sufficient cash for the continued investment in the development of our estate, equipment and IT infrastructure
- Establish and maintain a finance business partnering and rolling forecast model, aligned with front-line quality improvement activity
- Continue recurrent delivery of our financial targets, maintaining our low level risk profile with regulators
- Have a clear understanding of patient level and service costs, informing decisions about allocation of resources
- Achieve an affordable and sustainable workforce, with substantially reduced reliance on agency staffing
- Maintain a continual process for the identification, and delivery of cash releasing savings
- Complete clear, multi year, deliverable capital programmes
- Review and act upon opportunities identified in the Carter Report, to improve operational productivity and unwarranted variation.

### External Focus: Achieving our system control total

#### We will:

- Work with commissioners to ensure our contracts recognise sufficient growth in our Mental Health and Community services
- Ensure we retain our core services, and take advantage of tendering opportunities which will benefit existing services and patients
- Continue to be seen as key partner in our local ICSs, contributing to the financial success of partners and attainment of system financial targets
- Ensure we have made maximum use of opportunities to secure funding through local and national initiatives
- Work with partners to complete capital plans linked to system wide priorities and investments



# Appendices

The appendices in the following pages contain:

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# True North: Plan on a page 18/19

Our **vision**: To be recognised as the **leading community and mental health** service provider by our staff, patients and partners.

## True North: Goal 1 - Harm-free care

### ✓ To provide safe services, prevent self-harm and harm to others

- We will align our efforts and work to deliver our harm-free objectives
  - Reducing patient falls incidents by 50%
  - Reducing patient self-harm incidents by 30%
  - Reducing rates of suicide of people under our care by 10% by 2021
- All our services will contribute to an Outstanding Care Quality Commission rating

**At a system level:** We will achieve reductions in urgent admissions and delayed transfers of care across our inpatient services, working in collaboration with provider partners and commissioners.

## True North: Goal 2 - Supporting our staff

### ✓ To strengthen our highly skilled and engaged workforce and provide a safe working environment

- We will achieve improvements in key areas:
  - 66% of our staff feeling they can make improvements at work
  - 75% of our staff recommending our Trust as a place to receive treatment
  - 20% reduction in assaults on staff
- Our recruitment and retention plans will reduce vacancies by 10%
- An additional 24 services will be trained in our Quality Improvement System
- We will achieve the objectives set out in the Equality Plans for each area

**At a system level:** We will participate in Integrated Care System work streams, enhancing job satisfaction and career development opportunities.

## True North: Goal 3 - Good patient experience

### ✓ To provide good outcomes from treatment and care

- We will achieve 95% satisfaction rate in our Friends and Family Test and 60% of staff reporting use of service user feedback to make informed decisions in their department
- We will reduce our use of prone restraint by 90% by the end of 2018/19
- All our services will focus on understanding and supporting outcomes of care that are important to patients

**At a system level:** We will contribute to Integrated Care System work streams to improve patient experience and outcomes.

## True North: Goal 4 – Money matters

### ✓ To deliver services that are efficient and financially sustainable

- We will deliver our financial plan for the year and achieve £5m internal savings
- We will continue to improve our efficiency in the way we buy goods and services and further reducing our use of agency staff
- People needing mental health inpatient care will be able to access it locally, eliminating the need for acute out of area treatment by 2021
- We will achieve our environmental targets, reducing our use of fuel and water

**At a system level:** We will contribute to the achievement of the financial targets in Berkshire West and Frimley Health and Care Integrated Care Systems.

# Quality Strategy 2016 – 2020

## The six elements

### 1. Safety

Avoid harm from care that is intended to help.

#### We will:

Build a culture of patient safety through our Quality Improvement approach. We will also be open, honest and transparent with incidents and complaints ensuring that lessons are learnt and shared.

### 2. Clinical Effectiveness

Providing services based on best practice and innovation.

#### We will:

Use Quality Improvement methodology, clinical audit and research to drive improvement and advances in the use of technology.

Follow relevant NICE guidance

### 3. Patient Experience and Involvement

Patients have a positive experience of our service and receive respectful, responsive personal care.

#### We will:

Demonstrate a compassionate approach in our treatment and care of patients.

Engage people in their care, supporting them to take control and get the most out of their life

Ask for and act on both positive and negative patient feedback.

### 4. Organisational Culture

Achieving satisfied patients and motivated staff.

#### We will:

Act in line with our values, with a strong focus on delivering services which provide good outcomes for patients and their families.

Listen and respond to our staff and provide support and opportunities for training, development.

**Our vision:**  
To be recognised as the  
**leading community and mental health service provider**  
by our staff, patients and partners.

### 5. Efficiency

Providing care at the right time, in the right way and in the right place.

#### We will:

Review our services to make sure they're well organised and efficient. Use our Quality Improvement approach to eliminate waste.

### 6. Equity

Providing equal care regardless of personal characteristics, gender, ethnicity and socio-economic status.

#### We will:

Provide services based on need.

# Mental Health Strategy Summary 2016 - 2021

## Effective & compassionate help

- Evidence-based pathways
- Safe, effective services achieving outcomes which are meaningful to service users
- Inpatient services represent a “centre of excellence”
- Suicide Prevention

## Supporting our staff

- Recruiting and retaining skilled and compassionate staff
- Developing new roles
- Enabling creativity, innovation and effective delivery
- Building strong clinical and managerial leadership, a quality improvement and research culture

**Safer,  
improved services  
with better outcomes,  
supported by  
technology**

## Working with service users and carers

- Guiding development of our services
- Supporting self management

## Good experience of treatment and care

- Personalised care supporting recovery & quality of life
- Meeting both physical and mental health needs

## Straightforward access to services

- Meeting national targets
- Effective and integrated urgent care
- Expanding online and telehealth services
- Tackling discrimination and stigma

## Working with partners and communities

- Partnerships with primary care, social care and voluntary sector organisations
- Integrating mental health within locality services, and system sustainability and transformation plans
- Supporting prevention, early intervention & peer support

# Workforce Strategy 2016 – 20

## The 6 Key Elements

### 1. Grow our own workforce

Offer attractive and structured career pathways and pay progression in critical / hard to fill roles

#### We will:

Develop new roles, increase apprenticeships and recruitment of recently qualified clinicians

Reduce staff turnover by investing in development and career progression.

### 2. Develop and promote our employer brand

Promote the benefits of working for the Trust to maximise recruitment

#### We will:

Use our refreshed Trust website and social media to develop an authentic brand based on high levels of staff engagement and organisational performance

### 3. Align our workforce and service models

Optimise quality and workforce productivity

#### We will:

Design and deliver evidence based ways of working, supported by benchmarking, accreditation, peer review and Quality Improvement methodology.

We will develop the digital capability of our workforce.

**Our aim: a workforce with the capabilities and capacity needed to provide great care and treatment in a financially sustainable way**

### 4. Plan and meet demand sustainably

Aligning workforce capacity and capabilities with service demands

#### We will:

Complete and implement evidence based workforce plans for mental health & community inpatient, physical and community adult and children's services.

### 5. Know our numbers

Monitor, manage and improve workforce utilisation, and efficiency.

#### We will:

Embed e-rostering and temporary staffing best practices to manage staffing resources efficiently.

### 6. Build our strategic workforce planning capability

Fit for purpose processes, information and decision-making

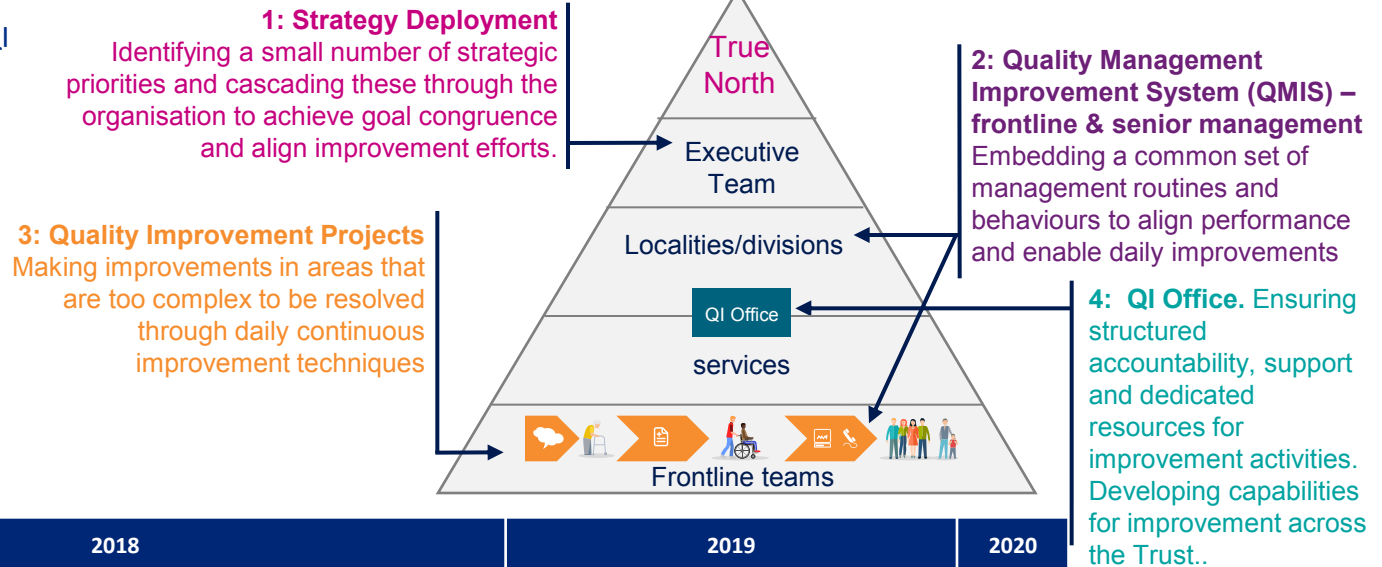
#### We will:

Develop in-house expertise, draw on best practice and bring together activity, financial and staffing data to strengthen planning and monitoring.

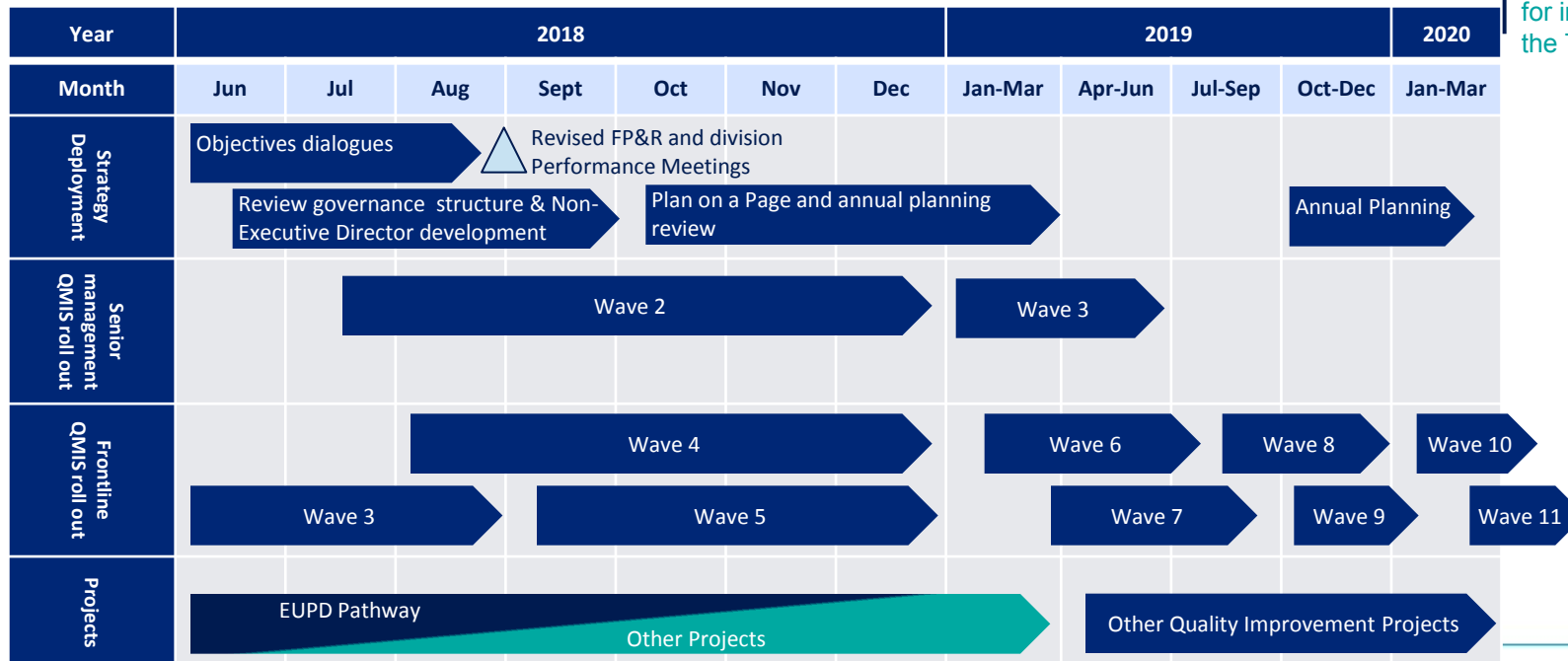


# Quality Improvement Programme

**Overview:** The purpose of our QI Programme is to support the Trust deliver its aim of providing the best quality and financially sustainable care, and being the provider of choice – in particular achieve an Outstanding CQC rating. The programme is based on Lean methodology and has four workstreams:



## Key milestones



## Our Approach

We use the following frameworks to comply with legislation, regulator and commissioner requirements:

- The NHS Equality Delivery System (EDS2)
- The NHS Workforce Race Equality Standard (WRES)
- The Stonewall Workplace Equality Index (Sexual orientation)
- Accessible Information Standard (Disability).

We also reference our Time to Change health check undertaken in 2014 when considering progress on mental ill-health.

We will meet with community and staff equality panels every two years to grade our performance and set priorities.(EDS2) .

We will use the Stonewall Workplace Index annually.

We will develop local equality plans for each major service area to drive progress in delivering our Equality and Inclusion Objectives. These plans will also reflect local engagement with people who use our services, community and voluntary sector groups and our own staff.

## Our Equality and Inclusion Strategy

sets out specific targets for our **leadership**, continued development of our **staff networks**, our approach to **communication** and support required from our **learning and development team**.

**Our CARE Principles:**  
Challenging unfairness  
Appreciating difference  
Respecting the individual  
Everyone's business

## Why it is important to us

Achieving our equality and inclusion objectives is a key part of our vision

*to be recognised as the leading  
community and mental health service  
provider by our staff, patients and  
partners*

as well as being true to our values:  
*caring, committed, together.*

## Our Objectives

1. 20% representation of black and minority ethnic staff in (Agenda for Change) bands 7 and 8a-d
2. No difference in perceptions of equal opportunity in career progression between white and BME staff (in annual staff survey)
3. Lowest quartile rankings for harassment and bullying (reported in the annual staff survey) and equity in reporting between BME and white staff.
4. Improvement in the well-being of disabled staff and a reduction in the proportion of staff experiencing stress related illness
5. Maintain Top 100 Workplace Equality Index Employer status with a ranking in the top five health and social care providers
6. Engage with BME, LGBT and disabled people to inform our understanding of their needs, ensuring good patient experience and equity of access in both mental and community health.
7. A more robust approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard.

# Our Information Management & Technology

**Roadmap....central to the achievement of safe, quality services for patients, good job satisfaction for staff and effective use of resources**

## Building the foundations

Our **Mobile Working** initiative has enabled significant efficiency benefits, enhanced by extended use of **Skype for Business**

We have established a **single electronic patient record system** across physical and mental health services.

We have developed **online talking therapy services** and expanded our **Support Hope and Recovery Online Networks (SHaRON)** across a range of services.

Our **Health Hub** and **Children and Young People Service Online Toolkit** enable improved access to our services. We use **Tableau data analysis reports** to inform service monitoring and development and will continue to prioritise informatics development

### By 2021 we will have:

- Developed our **IT Architecture** through a new data network, email, skype, document and data storage in the cloud and moved to Windows 10 and Office 365 desktops
- Completed our **phase 2 mobile working**.

## Our GDE Programme

Being awarded “Global Digital Exemplar” status will enable us to achieve important outcomes in terms of: digital patient access and communications; digital wards & services; digital workforce; analytics for research, safety & quality improvement.

### By 2021 we will have:

- Established e-observations, patient safety monitoring and alerts and fully implemented e-prescribing
- Implemented electronic bed monitoring, health analytics for clinical teams, digital care pathways and online supervision
- Significantly expanded online consultations, online therapy, therapeutic networks and signposting, and online support to care homes
- Developed a plan (through our workforce strategy) to build our digital competency and confidence.

## System Working

We are committed to the ongoing development of the Berkshire-wide **Connected Care** programme which will deliver joined up care planning and delivery across health and social care.

### By 2021 we will have:

- Achieved **shared care records** with acute, primary and social care partners.
- Established our **patient portal**, enabling people to access and contribute to their own records
- Built our **population health management** capability
- Implemented greater use of **e-referrals** and the Cancer Care Information Exchange
- Progressed our **Local Health and Care Record Exemplar** (subject to outcome of bid in progress). This is a significant multi-system initiative led by our AHSN.

## Building the foundations

We have established **two strategic hubs** for core services, enabling release of 6 leased buildings and disposal of 3 legacy properties to fund investments into new buildings

We extended our **contract with NHS Property Services to provide Estates and Facilities Management (EFM) services across Berkshire**, protecting our commercial and strategic influence, and income. We have created **Agile Working** space across Berkshire to support our **Mobile Working** initiatives.

We developed our Berkshire Adolescence Unit (Willow House) **24\*7 Tier 4 In-patient Services**

### By 2021 we will have:

- Established our Whiteknights site as a **centre of excellence** for **Children's services** and **Specialist Learning Disability** services
- Established a new **highly functional and technology enabled HQ** site in central Berkshire and consolidated our back office
- Completed **LD Champion Unit** move to **Jasmine Ward** and transfer of **Willow House Tier 4 In-patient Services** to leading edge facilities at Prospect Park Hospital

## Our Vision

*Delivering effective high quality EFM services and safe, clean, efficient work environments for staff to support the delivery of outstanding care to patients and service users - taking pride in delivering excellent services*

### Key Principles

1. Our **estate is an enabler**, not a driver, of service delivery.
2. We will ensure our estate is in the **right condition, functionally suitable, complies with the law, and adheres to healthcare standards and codes of practice.**
3. We will **maximum flexibility & optimise utilisation** of our estate.
4. We will **maximise the use of 'committed' assets.**
5. We will ensure our estate is **in the right place.**
6. Our estate will be **sustainable.**
7. We will **maximise value for money** from the estate.
8. We will **embrace the benefits** of the **NHS Premises Assurance Model (PAM).**

## System Working

We are committed to our role as a system partner within the two local Sustainability and Transformation Partnerships (STP) and two Integrated Care Systems (ICS), and One Public Estate initiatives. We will actively seek to maximise system estate synergies, and the efficient use of buildings & services.

### By 2021 we will have:

- Developed and implemented the **Integrated Care Hub** strategy across Berkshire East ICS including the development of Upton and St Marks Hospitals
- Delivered the **West Berkshire Renal and Cancer Care Unit**
- Integrated CYPF, CAMHs and services currently at Dingley at **Whiteknights**
- Integrated Skimped Hill community services at **Brants Bridge** and enabled disposal of the NHSPS site.
- Developed an exit plan for premises on Bath Road, enabling **improved facilities** for Berkshire West CCG and our IT services, and release the site.

# Berkshire West ICS Priorities



Next steps on the  
NHS Five Year  
Forward View

**Deliver the Five Year Forward View along with national priorities**

- Cancer
- Mental Health
- Urgent Care
- Primary Care
- Maternity
- Learning disabilities



**Local transformation priorities**

- Outpatient transformation
- Respiratory Service
- High Intensity Users programme
- MSK
- Diabetes



**Deliver financial sustainability**

- Payment Mechanism
- System Control Total
- New contractual forms
- 10 point efficiency plan



**Embed a population health approach**

- Risk stratification
- Health profiling
- Prevention and self care

**Berkshire West Integrated Care System – Governance and Leadership**  
**Enablers – Back office, Estates, Digital, Workforce, Bed modelling**



# Frimley Health & Care ICS Plan on a Page

## Five Year Priorities

National

### National 'must do's':

Primary Care  
Urgent and Emergency Care  
Referral to treatment times  
Cancer  
Improving quality  
Financial sustainability  
Development of high quality STP

**Priority 1:** Making a substantial step change to improve wellbeing, increase prevention, self-care and early detection

**Priority 2:** Action to improve long term condition outcomes including greater self management & proactive management across all providers for people with single long term conditions

**Priority 3:** Frailty Management: Proactive management of frail patients with multiple complex physical & mental health long term conditions, reducing crises and prolonged hospital stays

**Priority 4:** Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the most appropriate place

**Priority 5:** Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence

Local

## Transformation Initiatives

**1.Prevention & Self-care:** Ensure people have the skills, confidence and support to **take responsibility for their own health and wellbeing**

**2.Integrated care decision-making:** Develop **integrated decision making hubs** to provide single points of access to services such as rapid response and re-ablement

**3.GP Transformation:** Lay foundations for a new model of **general practice provided at scale**, including development of GP federations to improve resilience and capacity.

**4.Support Workforce:** Design a **support workforce** that is fit for purpose across the system

**5.Care and Support:** Transform **the social care support market** including a comprehensive capacity and demand analysis and market management

**6.Reducing clinical variation:** Reduce **clinical variation** to improve outcomes and maximise value for individuals across the population.

**7.Shared Care record:** Implement a **shared care record** that is accessible to professionals across the STP footprint.

## Cross cutting Programmes

Cross cutting Programmes

Urgent & Emergency Care

Mental Health & Learning Disabilities

Maternity

Children & Young People

Cancer

## Enablers

Enablers

Workforce

Analytics

Estates

Digital & Technology

# Vision Metrics explained

Our vision metrics are framed around 4 areas which the Board have identified to demonstrate progress towards achieving our vision.

## Quality

These have been selected to reflect our highest areas of risk to service quality, benchmarked against other similar trusts in England:

- Assaults on patients by other patients in our mental health services
- Assaults on staff by patients
- The use of restraint (where staff restrain patients physically to prevent harm to themselves or others)

Further measures demonstrating the quality of our services are shown in our regulatory compliance section.

## Safety

Safety, or harm-free care, is an area of high importance to both people receiving services, and staff. The following metrics have been identified:

- The number of times patients are harmed due to falling while in our care, where this could have been avoided
- The number of patients who die while receiving care in an inpatient setting
- The proportion of beds being used in our mental health inpatient services (best practice is to have some beds available to provide safe services and for people requiring admission, who may otherwise require services outside of Berkshire)
- The number of 'never events' – these are serious, largely preventable patient safety incidents which should have been avoided
- The number of category 3 or 4 pressure ulcers developed by patients, which could have been avoided - reducing occurrences year on year

- The number of people who commit suicide for every 10,000 people receiving mental health services. We are committed to the national Zero Suicide programme, with a target of reducing the numbers of people who commit suicide by 10% by 2021 (compared to 2016/17).

## Engagement

The following measures are intended to reflect the levels of confidence key stakeholders have in our services, and how well we engage with our staff – which is an important indicator of staff satisfaction and the quality of services we provide:

- The additional investment our commissioners make into our services each year, reflecting their confidence to develop and improve services
- The levels of satisfaction from our major stakeholders, including our commissioners, with our services, taken from a regular survey
- The response rate of people using our services to our Friends and Family Test, which is an indicator of their satisfaction with our services
- The scores from our independent annual staff survey for staff engagement, benchmarked against scores from similar trusts.

## Regulatory compliance

These metrics provide an independent assessment of service quality, and our performance financially and as a business:

- Our rating by the Care Quality Commission, who monitor, inspect and regulate all health and social care services against standards of quality and safety
- The number of CQC compliance actions, where we have fallen short of the regulatory standards required
- NHS Improvement, which is responsible for overseeing organisations who provide NHS services, assesses each trust on five themes of: quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. Segment 1 is the highest rating; with maximum autonomy and no potential support needs identified.

# Equality Impact Analysis of our Strategic Plan Summary

## Our approach

Our **Equality and Inclusion Strategy**, summarised on page 18, sets out our objectives for 2016-20. Equality and inclusion is central to our vision and values because everyone has a right to be treated with dignity and respect. To ensure all our activities are inclusive, we undertake **Equality Impact Analyses** (EIA) for our policies and major strategies, and **Quality Impact Analyses** for our service development plans (including cost improvements) which enable us to understand the potential impacts on people who use our services.

We are continuing to develop our approach to EIA, to ensure that it is well embedded in our planning processes as well as implementation arrangements.

Our **Diversity Steering Group** monitors our progress on delivering our Equality and Inclusion Strategy, and each of our localities has a **Local Equality Plan**. This is informed by our use of the NHS **Equality Delivery System** which includes assessment against specific outcomes relating to our role as service provider and employer.

Our **Strategy Implementation Plan** provides the Board and senior leadership team oversight of the delivery of all of our strategies and major programmes, including our equality and inclusion activities.

Some of our priorities to promote inclusion and equality within services include:

### Mental Health

Our Mental Health Strategy (summarised on page 7) addresses the inequality in physical health status and life expectancy for people with longer term mental health problems. We have also undertaken analysis of the proportion of people from black and minority ethnic backgrounds who are compulsorily admitted to hospital, to inform actions regarding early intervention. Our “Time to Change” initiative aims to address stigma and encourage awareness and support for our staff in terms of their own mental health.

### Community Health

The development of Integrated Hubs and extended primary care teams (described on page 8) enable our services to be closely linked to the diverse communities they serve. We are providing person-centred services to people with long term health problems, and physical disabilities of all ages.

### Children and Young People

Our arrangements for service user participation continue to develop well and include the need for inclusion of the diverse communities we serve. Our online service offer will support increased and simplified access to services for local young people and their families.

### Learning Disability

We are prioritising the physical health needs of our services users, to address health inequality issues and also reduced life expectancy. We also have a well established and robust process for learning from deaths. (More details are available on page 10).

# Reference documents and resources

## Our key documents

[Equality and Inclusion Strategy](#)  
[Mental Health Strategy](#)  
[Quality Strategy](#)  
[Quality Account](#)  
[Workforce Strategy](#)  
[Strategic Plan Summary 2014-19](#)  
[Operational Plan 2017-19](#)

## Our regulators

[Care Quality Commission overview and inspections](#) (webpage)  
[NHS Improvement Berkshire Healthcare](#) (webpage)  
[NHS Improvement Single Oversight Framework](#) (webpage)

## National documents

[Five Year Forward View](#)  
[Five Year Forward View for Mental Health](#)  
[Implementing the Five Year Forward View for Mental Health](#)  
[The Mental Health Provider Challenge](#) (NHS Providers' webpage)  
[NHS Equality Delivery System 2](#)

## System documents

[Frimley Health and Care STP/ICS](#) (webpage)  
[Berkshire West Oxfordshire and Buckinghamshire STP](#) (webpage)  
[Berkshire West ICS](#)  
Frimley Health and Care ICS 2018-19 System Operational Plan  
(when available)  
Berkshire West ICS 2018-19 System Operational Plan (when  
available)

[Joint Strategic Needs Assessment for West Berkshire](#) (webpage)  
[Joint Strategic Needs Assessment for Reading](#) (webpage)  
[Joint Strategic Needs Assessment for Wokingham](#) (webpage)  
[Joint Strategic Needs Assessment for Slough](#) (webpage)  
[Joint Strategic Needs Assessment for Windsor and Maidenhead](#)  
(webpage)  
[Joint Strategic Needs Assessment for Bracknell Forest](#) (webpage)

[Health profile for West Berkshire 2017](#) (Public Health England)  
[Health profile for Reading 2017](#) (Public Health England)  
[Health Profile for Wokingham 2017](#) (Public Health England)  
[Health Profile for Slough 2017](#) (Public Health England)  
[Health Profile for Bracknell Forest 2017](#) (Public Health England)  
[Health Profile for Windsor and Maidenhead 2017](#) (Public Health  
England)

# Glossary of terms

<b>AHSN</b>	Academic Health Science Network	<b>IPS</b>	Individual Placement and Support
<b>BME</b>	Black and Minority Ethnic	<b>IT</b>	Information Management
<b>CAMHS</b>	Child and Adolescent Mental Health Services	<b>LD</b>	Learning Disability
<b>CCG</b>	Clinical Commissioning Group	<b>LGBT</b>	Lesbian Gay Bisexual and Transsexual
<b>CMHT</b>	Community Mental Health Team	<b>NHSE</b>	NHS England
<b>CQC</b>	Care Quality Commission	<b>NHSi</b>	NHS Improvement
<b>CRHTT</b>	Crisis Resolution and Home Treatment Team	<b>NHSPS</b>	NHS Property Services
<b>CYP</b>	Children and Young People	<b>PAM</b>	Premises Assurance Model
<b>CYPF</b>	Children, Young People and Families	<b>QI</b>	Quality Improvement programme
<b>CYPIT</b>	Children and Young People Integrated Therapies	<b>QMIS</b>	Quality Management Improvement System
<b>ED</b>	Emergency Department	<b>SEND</b>	Special Educational Needs and Disability
<b>EDS2</b>	Equality Delivery System (version) 2	<b>SHaRON</b>	Support Hope and Recovery Online Network
<b>EFM</b>	Estates and Facilities Management	<b>STP</b>	Sustainability and Transformation Partnership
<b>EIP</b>	Early Intervention in Psychosis	<b>WRES</b>	Workforce Race Equality Standard
<b>EUPD</b>	Emotionally Unstable Personality Disorder		
<b>FP&amp;R</b>	Finance Performance and Risk (Executive meeting)		
<b>GDE</b>	Global Digital Exemplar		
<b>HQ</b>	Headquarters		
<b>IAPT</b>	Improving Access to Psychological Therapies		
<b>ICDM</b>	Integrated Care Decision Making (hub)		
<b>ICS</b>	Integrated Care System		