

Date of issue: Tuesday, 22 November 2017

<b>MEETING</b>	<b>HEALTH SCRUTINY PANEL</b> (Councillors Rana (Chair), Smith, Chaudhry, M Holledge, Pantelic, Qaseem, A Sandhu, Sarfraz and Strutton)
	<b>NON-VOTING CO-OPTED MEMBERS</b> Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
<b>DATE AND TIME:</b>	WEDNESDAY, 22ND NOVEMBER, 2017 AT 6.30 PM
<b>VENUE:</b>	SEMINAR ROOM 4, GRADUATE MEDICAL CENTRE, WEXHAM PARK HOSPITAL SL2 4HL
<b>DEMOCRATIC SERVICES OFFICER: (for all enquiries)</b>	NABIHAH HASSAN-FAROOQ  (01753) 875018

### SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

Item 7 was not available for publication with the rest of the agenda.

### PART 1

<b><u>AGENDA ITEM</u></b>	<b><u>REPORT TITLE</u></b>	<b><u>PAGE</u></b>	<b><u>WARD</u></b>
7.	Berkshire Healthcare NHS Foundation Trust - Annual Report	1 - 24	All

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel      **DATE:** 22<sup>nd</sup> November 2017

**CONTACT OFFICER:** Jill Barker, Regional Director, Berkshire Healthcare NHS Foundation Trust  
Susanna Yeoman, Locality Director, Berkshire Healthcare NHS Foundation Trust

**(For all Enquiries)** (01753) 635663/ (01753) 633946

**WARD(S):** All

**PART I**

**FOR COMMENT & CONSIDERATION**

**BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST ANNUAL REPORT**

1. **Purpose of Report**

To provide an update to inform the Health Scrutiny Panel on Berkshire Healthcare Foundation Trust (BHFT) 2016-17 Annual Plan, and future priorities.

2. **Recommendation(s)/Proposed Action**

The Panel is requested to note the report

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

This report focuses on community health services provided by Berkshire Healthcare NHS Foundation Trust, which includes physical and mental health services for children and adults, and links with the following priorities of the Joint Wellbeing Strategy:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing

3b. **Five Year Plan Outcomes**

The report links to the following outcomes of the Five Year Plan for Slough:

- Our children and young people will have the best start in life and opportunities to give them positive lives.
- Our people will become healthier and will manage their own health, care and support needs.

4. **Other Implications**

(a) **Financial**

There are no financial implications of proposed action.

(b) Risk Management

This report is for information only and there are no immediate risks to be considered.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications. All services are provided with respect to individuals' rights and preferences. Legal frameworks including Mental Capacity Act 2005 and Mental Health Act (1983, amended 2007) are applied where indicated.

(d) Equalities Impact Assessment

Equalities Impact Assessment is applied to all commissioned and established services.

(e) Workforce

An ongoing challenge to community health service delivery is the shortage of appropriately qualified and /or registered health and social care practitioners, which is well known locally and nationally. Community and voluntary sector partnership initiatives are a crucial element of the overall health and social care offer in Slough and increasingly opportunities are being sought for joint approaches and innovative workforce solutions.

5. **Supporting Information**

Please see the Berkshire Healthcare Annual report and Accounts 2016-17, published at:

<https://www.berkshirehealthcare.nhs.uk/media/168416/annual-report-and-accounts-2016-17.pdf>

Please see also the presentation slides accompanying this report.

6. **Comments of Other Committees**

Not applicable.

7. **Conclusion**

The Panel are asked to comment on the key points made in this presentation.

8. **Appendices Attached**

'A' - Presentation slides.

9. **Background Papers**

None.

# Berkshire Healthcare

## NHS Foundation Trust

Update to Slough Health Scrutiny Committee:  
November 2017

Jill Barker - Regional Director  
Susanna Yeoman - Locality Director

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# About us

- **Main provider of community and mental health services to the population of Berkshire.**
- We also provide the **Out of Hours GP service** in the West of Berkshire.
- 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.

# 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'**. This was the first time that any similarly combined Trust (**mental and community health**) in the south of England achieved this status. Feedback from our patients, staff and the inspectors was very positive and we are immensely proud of this rating.

We will continue to **work together** to improve the areas where recommendations were made - our goal in the future is to increase our overall rating to outstanding.



# Berkshire map

- Population of just under one million, covering 500 square miles
- **Since 1998** made up of six unitary authorities – **West Berkshire, Reading, Windsor & Maidenhead, Wokingham, Bracknell Forest** and **Slough**
- 7 CCGs





# Our services

- **We provide nearly 100 different services** – many jointly with Local Authority partners.
- **Split approximately 50:50** between **mental** and **community health**.

Examples of the type and range of services we provide:

Mental Health Services	Community Health Services
<ul style="list-style-type: none"> <li>• Community Mental Health Teams</li> <li>• Older People’s Mental Health Services</li> <li>• Memory Clinic</li> <li>• Talking Therapies (IAPT)</li> <li>• South Central Veterans Service – provided across the South Central Region</li> <li>• Child and Adolescent Mental Health Services</li> <li>• Inpatient Mental Health Services – Prospect Park Hospital, Reading</li> </ul>	<ul style="list-style-type: none"> <li>• District Nursing</li> <li>• Sexual Health Services</li> <li>• Podiatry Services</li> <li>• Audiology Services</li> <li>• Integrated Children’s Services</li> <li>• Learning Disabilities Services</li> <li>• Physiotherapy</li> </ul>
	<h3>Primary Health Services</h3>
	<ul style="list-style-type: none"> <li>• WestCall – Out of Hours GP service in west of Berkshire</li> </ul>

# Annual Report and Accounts 2016-17

# Some Recent Highlights

**STP and partnerships**

**Mental Health Liaison  
Core 24 and CAMHs  
Rapid Response**

**Talking Therapies  
IAPT and PINC for Long  
term conditions**

**Connected Care Record  
Share My Care  
*Live from February 2017***

**Memory Clinic  
accreditation**

**Early Intervention in  
Psychosis**

**Compassionate  
Leadership**

**Agency Staffing  
Reduction**

**CYPF  
On Line Resource  
Eating disorders  
T4 provision**

**Technology  
Developments  
Global Digital Exemplar  
Mobile working and  
SHARoN**

**LD  
In patient quality  
Transforming care  
Community model**

**Perinatal mental health  
development**

# 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%**

# Our **goals** for 2017-2018

## **Goal 1: Improving patient safety and experience**

To provide safe services, good outcomes and good experience of treatment and care

## **Goal 2: Supporting our staff**

To strengthen our highly skilled and engaged workforce

## **Goal 3: Money matters**

To deliver services that are efficient and financially sustainable

## **Goal 4: Working together**

Understanding and responding to local needs as part of an integrated system

## Goal 1: Improving patient safety and experience

To provide safe services, good outcomes and good experience of treatment and care

- All our services will contribute to an outstanding Care Quality Commission rating
- Every team will use peer review, accreditation or bench marking to guide improvement, so we can achieve consistently good performance across services and localities
- Our Friends and Family Test response rates will be at least 15% in each service
- We will introduce a consistent approach to quality improvement, building the foundation of a long term commitment to improving services, informed by staff, service users and carers
- As part of our Zero Suicide initiative, we will work to achieve a 10% reduction in numbers of people known to us, taking their own lives by 2021
- We will reduce our use of restraint so we are in the lowest 10% nationally
- We will continue to achieve low numbers of falls (less than eight per 1000 bed days) and no pressure ulcers as a result of a lapse in our care
- We will expand our on-line access to services to include three new service areas using Skype and our Support Hope and Recovery Online Network (SHaRON).

## Goal 2: Supporting our staff

To strengthen our highly skilled and engaged workforce

- We will achieve at least 77% of staff saying they recommend our Trust as a place to receive treatment as reported in our staff survey
- Staff recruitment and retention plans will be completed and implemented in all services with high levels of vacancy
- Staff development opportunities will be provided in a fair and equal way, so that people are supported to develop their careers with us
- Managers will receive training in Compassionate Leadership, with an agreed charter in each service area
- We will develop a new intranet to support staff to make the best use of technology, and identify three services to develop technology solutions that can be applied across the organisation.

## Goal 4: Working together

Understanding and responding to local needs as part of an integrated system

- All our health and social care joint teams will have access to joined up patient records – we will use Connected Care to improve both patient experience and job satisfaction of staff
- We will achieve reductions in urgent admissions, delayed transfers of care and out of area placements across our inpatient services
- As a result of the outcomes we are achieving, we will maintain or improve levels of commissioner satisfaction and investment
- We will achieve the objectives set out in the Equality Plans for each locality
- Our targets for use of fuel and water and our green travel objectives will be met.

## Goal 3: Money matters

To deliver services that are efficient and financially sustainable

- We will deliver our financial plan for the year
- Our internal savings programme will save £4.7m
- We will improve efficiency through procurement, completing e-rosters six weeks in advance and reducing agency staff to less than 8% of the total, and lower as agreed with services
- We will reduce our out of area placements to ensure that these are eliminated for people needing non-specialist acute mental health care by 2021
- We will use benchmarking information and peer review to make sure that corporate services are performing effectively across our organisation and in comparison with others.

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

# Some of Our Priorities for 17-18

- **Quality Improvement Programme:** *Launched our QI programme, with partners Thedacare and KPMG; Developing new ways of working for continuous improvement and positive patient experience across the whole Trust. Wave 1 –Community and mental health wards and Wave 2 - community nursing teams*
- **Workforce:** *continued focus on staff engagement and recruitment initiatives*
- **Equalities:** *7 goals to address service delivery and workforce inequalities*
- **Zero Suicide Initiative:** *Challenging the culture relating to suicide and giving people skills to address situations when people are at their most vulnerable*
- **Managing demand:** *Inappropriate out of area placements will have been eliminated for adult acute mental health care*
- **Continued partnerships** *with STP and system partners*

# Community Nursing case study **Jane's story**

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

[www.berkshirehealthcare.nhs.uk](http://www.berkshirehealthcare.nhs.uk)



# About Jane

- Palliative 48 year old lady, breast cancer, brain metastasis, query cord compression
- Lives with husband and supportive children (young adults)

# The Context

- Deteriorating, towards end of life
- Headaches since reduction in steroids
- Back pain and totally immobile
- Husband providing all physical care but now not managing and emotional enormity of situation hitting home

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# Emotional and Psychological support

## For patient and family

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- Difficult conversations around accepting hospital bed in living room, preferred place of care (to remain at home), when and why syringe pump being used and DNACPR. What to expect and what they need to do and who to contact following death.
- Signposting and referring to Marie Curie, Hospice services, continuing health care, benefits advice line as husband not working in order to support wife's care.
- Bereavement support - the District Nurses follow up to support, arrange collection of equipment, sign post as required to ongoing support.

(Communication and coordinating care can take up significant time, liaising with GP, Palliative care team, social service, reablement team, TVNs)

# Symptom control

## Including 'just in case' medication'

- Headaches since reduction in steroids, review of steroids in conjunction with GP and Palliative care team both for what immediate dose should be, to manage symptoms and plan for steroids in the future if unable to take orally.
- Review of back pain, assessed for cord compression by GP and MDT agree not appropriate for active treatment or management.
- Risk of aspiration, struggling to swallow oral medication, syringe pump commenced incorporating analgesia Morphine Sulphate and antiemetic.
- Monitoring, advice on oral medication with rectal intervention if required.
- Catheter inserted for patient comfort once unable to transfer out onto the commode. Family shown how to empty and manage catheter bags.

# Personal care

- Plan for care needs ahead
- Husband wanting to support and manage himself. Crisis on a Saturday morning when he is emotionally and physically struggling. Reablement do not have capacity to support over weekend but agreed to picking up on Monday and assessing first thing
- District Nurses provided immediate care and then liaised with rapid palliative support team at the Hospice who supported through Sunday to prevent a hospital admission

# Skin care

- Limb oedema, mottling of legs as circulation compromised and shutting down. Support and advice for family around moving and handling, positioning limbs for comfort and use of hospital bed to support this.
- Assessment for risk of pressure damage
- Discussion with Tissue Viability Nurse to ensure all appropriate care given



# Equipment

- Ordering hospital bed, commode sliding sheets, pressure relieving equipment all in place, can be ordered on same day delivery or on a forward planned basis.

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# Thank you....

# Any questions?