

# Welcome to our Annual General Meeting 2022

Wednesday 28 September











# AGM agenda Wednesday 28 September 2022



- 2.00 2.30pm Arrival, refreshments and opportunity to meet your governors
- 2.30 2.40pm Welcome by Martin Earwicker, Chair
- 2.40 2.50pm 2021/22 review, financial report and future plans
  by Julian Emms, Chief Executive and Paul Gray, Chief Financial Officer
- 2.50 3.00pm Presentation on the work of our Governors by Martin Earwicker, Chair
- 3.00 3.10pm Questions from the public on the presentations
- 3.10 3.50pm Service presentations
  - Ageing Well
  - Op Courage
- 3.50pm Close of meeting by Martin Earwicker, Chair



# Welcome to Berkshire Healthcare NHS Foundation Trust

Annual General Meeting – September 2022

Julian Emms, Chief Executive

### **About us**



 Main provider of community and mental health services to the population of Berkshire

 Annual income of around £300m, employing approximately 4,800 staff and providing services from 98 sites

 In terms of scale the Mental Health and Community Health services portfolio are of equal size – we are a combined trust

 We are key partners in two integrated care
 systems – BOB (Buckinghamshire, Oxfordshire and Berkshire West) and Frimley



### **Our CQC rating**

- March 2016 awarded 'Good' the first trust of our kind to achieve this
- October 2018 awarded 'Outstanding' for being a well led (and maintained overall 'Good').
- March 2020 awarded 'Outstanding' overall and have four services also holding this rating:
  - Community Physical Health services for adults
  - End of Life service
  - Learning Disability In-Patients
  - Older Peoples Community Mental Health services
- 2021/22 all our core physical and mental health services now rated Good or Outstanding





## Grand openings...



 We opened our new Phoenix and Campion units





### **Post Lockdown Demand**



- Some services have seen large increases in demand and/or significant workforce shortages
- Waits in some services are unacceptable e.g:
  - Children's neurodiversity
  - Community speech and language Therapy
  - Podiatry



## **National Targets**



### Nationally mandated service performance is holding up

	Target wait time	Met by Trust?
Community Readistries		✓ Yes
Community Paediatrics	< 18 weeks	v tes
Diabetes Outpatient Service	< 18 weeks	✓ Yes
Audiology diagnostics	< 6 weeks	✓ Yes
A&E (MIU)	< 4 hours	✓ Yes
IAPT- Assessment	< 6 weeks	✓ Yes
IAPT Treatment	< 18 weeks	✓ Yes

### **Patient Experience**



We launched our new I Want Great Care
 Patient Experience measure

### This provides:

Our patients with more ways to leave feedback
 i.e. website and app, QR code scanning, post
 appointment SMS messages and kiosk points

 Us for the first time with access to real-time anonymous feedback to drive improvements, make it easier to identify health inequalities and share our progress with patients, carers and our wider communities



### A great place to work...



We succeeded in realising the **highest engagement score (7.5**) of all Community and Mental Health combined trusts

- 91% of staff feel trusted to do their job
- 82% said they're able to make suggestions to improve the work of their team
- 77.8% would recommend the organisation as a great place to work



## Celebrating our diversity....





Awards and accreditations

## Our Wellbeing service



**Wellbeing Matters** has been a great addition, providing mental health, wellbeing and support to all of our staff.



### Working with Partners



We are a key partner in two integrated care systems (ICSs) – BOB and Frimley

### **Examples of joint working include:**

- Establishing virtual wards and rapid community response teams
- Reducing agency spend
- A shared care record known as Connected Care





# Thank you questions...



# Annual General Meeting Financial Review 2021/2022

September 2022

Paul Gray, Chief Financial Officer

### 2021/2022 Context for the year



# Financial regime in response to the COVID pandemic continued into 2021/22

- Trust set a breakeven plan for 2021/22
- Continued central funding for COVID
- PPE procured and funded
- Plan to invest £7.9m capital expenditure agreed with BOB ICS



### 2021/2022 Financial performance



	2021/2022 £'m	vs 2020/2021 £'m
Total income	£320.1m	+£18.9m
Expenditure	£318.5m	+£17.9m
Pay costs	£228.5m	
Premises	£19.1m	
Services from healthcare providers	£18.9m	
Drugs, clinical services and supplies	£11.2m	
Establishment	£3.0m	
Capital charges	£8.7m	
Other	£24.8m	
Surplus	£1.6m	+£1.0m
Capital investment	£7.2m	
Cash	£53.9m	+£14.8m

#### To Note

- COVID costs inc PPE £2.6m
- Profit on asset disposal of £1.4m
- Asset revaluation resulting in restatement of opening asset for 2020/21 valuations £13.2m

#### **Capital investment**

- IM&T Equipment & Infrastructure £4.2m
- Estate Improvements & Developments £3.0m

**External Auditors E&Y:** 



**Unqualified audit opinion** 

# **Looking forward**



### Moving back towards 'business as usual' for 2022/23

- Trust has submitted a plan for 2022/23 with planned deficit of £0.9m
- Cost improvement programme set at £10m,
   c3% of turnover
- Reduced financial support for COVID costs
- Inflation pressures, supported with additional funding
- Plans to invest £11.0m capital expenditure agreed with BOB ICS
- Decrease in cash of £7.2m





# Thank you questions...



# Council of Governors Report 2021/22

Martin Earwicker, Chair, presenting on behalf of Paul Myerscough, Lead Governor

### Purpose and background



This report provides an **overview of the work** of the Council of Governors since the last annual meeting. The Council of Governors:

- Adds a level of public scrutiny to NHS Foundation Trusts
- Has a number of statutory responsibilities
- Hold the Non-Executive Directors to account for the performance of the Trust
- Has the authority to appoint and remove the Chair and other Non-Executive Directors

Since the start of the COVID-19 pandemic, in-person meetings have been replaced by screen-based forums.



## **Elections and appointments**



Public Governor elections were held in the following constituencies and the following Governors were elected:

- Slough Steven Gillingwater
- Wokingham Baldev Sian
- Wokingham Debra Allcock
- Windsor, Ascot and Maidenhead Tom O'Kane (re-elected)

There was also an election for Clinical Staff Governor and Tina Donne was elected.

The following new partnership Governors were appointed to the Council:

- Young People with Dementia Charlie Drape
- Wokingham Borough Council Cllr Tahir Maher



### **Meeting topics** included:







New patient experience measure







ICS mental health and wellbeing hubs



Mental health support in schools



**Quality Improvement Programme update** 



Carers strategy update

## Trust Chair Appointment



Martin Earwicker is to be re-appointed for another three-year term of office as Trust Chair, following the recommendation of the Appointments and Remuneration (A&R) Committee, when his current term of office expires on 1 December 2022, subject to the outcome of satisfactory annual appraisals.



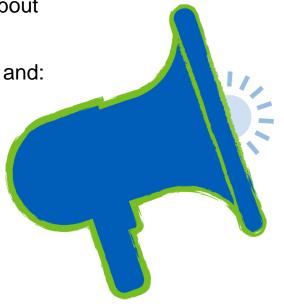
### **Non-Executive Director Appointments**



The A&R Committee recommended that, if possible, terms of office should be managed to **limit the frequency of appointments to one new director a year**, in recognition of the time it takes to learn about the Trust and to become an effective member of the board.

The Council of Governors followed committee recommendations and:

- Extended the term of Mehmuda Mian by one year
- Extended the term of Mark Day by one year
- Re-appointed Aileen Feeney for a second three-year term
- Following a recruitment process, appointed Sally Glen in June 2022 as the new Non-Executive Director and Chair of the Trust Quality Assurance Committee



## **Quality Assurance Group**



- Following requests from this group, a quarterly report on Trust's waiting times for individual services is now produced for review
- Saw presentations on CAMHS and neurodiversity and the actions taken by the Trust to reduce waiting times
- Received an explanation of the Trust's Mortality Review process
- Pre-reviewed the Trust's 2021-22 Quality Account on behalf of the Governors in advance of all Governors being given the opportunity to offer comments
- Visits in person have recently re-started with Governors required to comply with the prevailing national COVID-19 infection prevention and control measures when joining a service



### Membership and public engagement



- Energy, innovation and commitment was found in public engagement by services which need to communicate strongly - School Nursing and Talking Therapies
- The Trust's use of social media was reviewed and the team believe the Trust need to strengthen common branding to improve recognition and support the spread of knowledge about the Trust's public governance



### Living Life to the Full



The main items reviewed during the year have been:

- A video on Recovery In Mind
- No 5 Youth Counselling Charity's presentation on the Youth Ambassadors Scheme
- Progress made by the Friends, Family & Carers
   Strategy Focus Group in preparing and implementing a new system across the Trust



### **Looking** ahead



Please get in touch if you are interested in our work! We are also keen to meet those who would like to join us as Governors of the Trust.

You may send questions on this report or any other matter to the Trust's Company Secretary:



Julie.Hill2@berkshire.nhs.uk



#### Julie Hill, Company Secretary

Berkshire Healthcare NHS Foundation Trust 2nd/3rd Floor, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ

Governors may be contacted directly or via the Company Secretary or the Trust website.





# Thank you questions...



# Urgent Community Response and Virtual Community Wards

Joanne Blackburn, Head of Community Ageing Well Services

Kam Purewall, Berkshire West Urgent (2hr) Community Response and Care Home Support Manager











## **Ageing Well** - a national priority



 'Ageing Well' is the delivery of the NHS Long Term Plan vision for integrated out of hospital care – it represents transformational change for Community Health Services





"move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting... creating genuinely integrated teams of GPs, community health and social care staff. New expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes".

### **Services**



#### **Urgent Community Response**



8am - 8pm Monday to Sunday 365 days a year

#### **Virtual Community Wards**



### Community service 2 hour response time

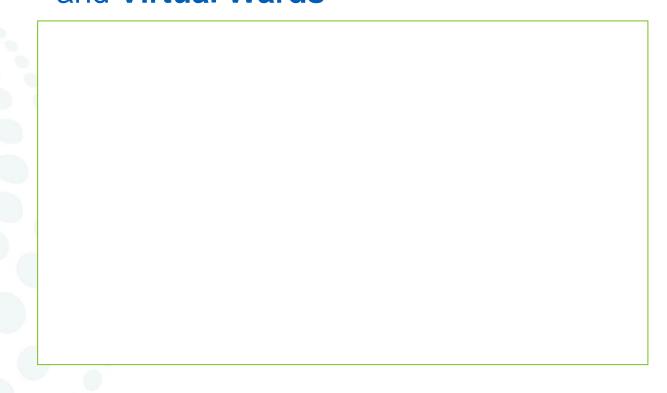
- Supports people in usual place of residence
- Approaching or following a crisis
- Delivers treatment to avoid hospital admission

Admitted from a number of services e.g. Urgent Community Response, acute hospital, GPs etc.

- Supports people in usual place of residence
- Delivers treatment to avoid hospital admission

# Video – Urgent Community Response and Virtual Wards

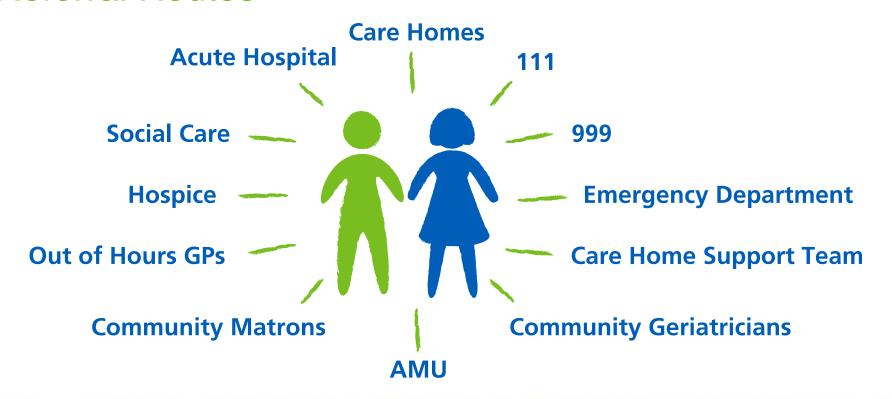




### **UCR & Virtual Community Wards -**



### Referral Routes



### **Urgent Community - Referral Conditions**



- Fall
- Decompensation of frailty
- Palliative/end-of-life crisis support
- Urgent equipment provision
- Reduced function/deconditioning/reduced mobility
- Confusion/delirium
- Urgent catheter care
- Urgent support for diabetes
- Unpaid carer breakdown which if not resolved will result in a health care crisis for the person they care for



# Berkshire West - UCR & VW Teams







## Berkshire West - UCR & VW Teams



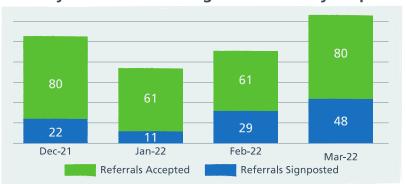




# **Urgent Community Response and** Virtual Wards - East Berkshire (1 April 2021 - 31 March 2022)



### Monthly referrals to the Urgent Community Response



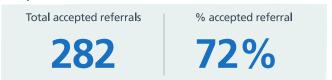
### Monthly referrals to the Virtual Ward



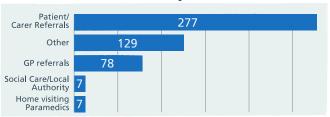
### **Urgent Community Response % response rate for** accepted referrals

2hr response % accepted	Total virtual ward referrals
91%	106

### Total number of referrals accepted and the % rate of accepted referrals



### Total number of referrals by referrer



# **Urgent Community Response and Virtual**

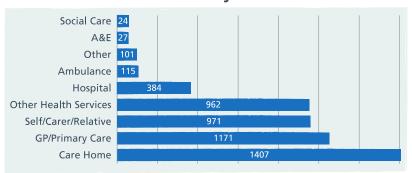


Wards - Berkshire West (1 April 2021 - 31 March 2022)

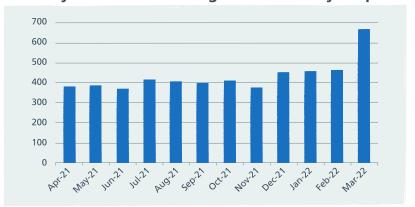
Total number of referrals accepted and the % rate of accepted referrals achieved

Total accepted referrals % accepted referral 85%

### Total number of referrals by referrer



### Monthly referrals to the Urgent Community Response



# Case study – 90 year old Edna



# Referred by her GP after fall and long lie refuses to go to hospital lives alone, no children but friends close by

- Assessments: Physical, psychological and mental
- Mobility/balance: referred to a physio for walking frame adjustments
- Equipment: commode and electric bed
- Personal care: UCR supports and dosset box advised and live-in carer
- Socioeconomic and environmental: Next door has a key, friends close by, cousin is next of kin but moving away, no clubs and declined social services assessment
- Medication review: low sodium and diuretics
- Medical plan: referred to heart function team and supported with activities daily life
- Outcome: patient going into hospital and supported at home along with her wishes

### **Team supporting:**

- Community
- Geriatrician
- UCR (nurse and paramedic
- Support workers
- Occupational
- Therapist
- Heart Function nurses
- Social Services
- District Nurses

# Case study – 69 year old Marcus



# Referred by NHS 111 to the UCR team, right sided abdominal pain, diarrhoea and weakness for 7 days

- Assessments: Physical, psychological and mental
- Socioeconomic and environmental: lives with family, until this episode independent and self-caring
- **Medication:** on medication for diabetes & hypertension diabetes medication amended and hypertensive medication stopped. Reviewed daily.
- **Medical plan:** UTI symptoms, commenced antibiotics, urine cultures samples sent & bloods taken and AKI diagnosed
- Action taken: Patient transferred to Virtual Community Ward & began 4 days IV fluids and monitoring. Abdominal pain investigated with a scan and small cyst discovered.
- Outcome: Patient well and discharged, extremely grateful not admitted to hospital. GP feedback excellent service and brilliant example of unwell patient treated at home with very good outcome.

### **Team supporting:**

- NHS 111
- Geriatrician
- UCR nurse
- Acute diagnostics

# **Urgent Community Response and Virtual Ward**



- Communications



NHS Berkshire Healthcare

### **Urgent Community Response**

The Urgent Community Response service is a 2 hour nurse led muld disciplinary specialist learn tine urgent Community Mesponse service is a £ nour nurse real man disciplinary specialists, seath aim to prevent unplanned hospital admissions by supporting people in their usual place of snat aim to prevent unpairmed disspiral admissions by supporting people in timer usual place or residence when they are in health or social care crisis. They will carry cut an urgent assessment and to deal to the transmission of the company of residence when they are in health or social care crisis. They will carry out an urgent a and put in short-term intervention(e). They will make onward referrals as appropriate.

Your GP or a health or social care professional has asked us to see you as you have become TOUR SET OF A TREASURE OF SOCIAL CARRY PROFESSIONING THAT ARRESTS ASSESS AS AS SECTION OF THE CONCUMPNION OF univers suddenly and we might one asse to give you one care you need to prevent you traving so ge, into hospital. This might also be due to your carer being univeil or unable to continue caring for .....

Whilst you are unwell, our service can provide an increased level of support and rehabilitation to help you are unness, our service can provide an excreased rever or support and renadilisation to help you get back to being able to carry out your usual daily tasks. Our learn includes specialist nely you get usex so seng son to carry out your usual daily sands. Our team includes special nurses, parametic practitioners, therapails (occupational and physiotherapails), healthcare. nurses, parameter pracmoners, merapass (occupational and physiotherapass), neathclare assistants and doctors. As past of the multidacipitrary assessment we will identify and provide assistants and doctors. As part of the multidisciplinary assessment we will identify and provide the right equipment and any additional care support needed. We can also signpost you to other services if you need them.

Amember of our team will contact you by a phone call, or will visit you within 2 hours of us A member of our team will contact you by a phone call, or will visit you within 2 hours of us receiving a referral from your health or social care professional to find out how you are managing. receiving a reterral from your heartn or social care professional to and out now you are managing explain our service and answer any questions you may have. We will contact your GP to let them explain our service and answer any questions you may have. We will contact your GP to let them you so we under the care of our bean. They will gather further information ten you about the tensor that the property of the pr survey you are usines une care on var users, treey was games survey and measure measurement source, treey was games care on the second source of the second You may be visited up to four times a day between 8am and 8pm, or as little as once or twice a You may be vasted up to tour times a day between 8am and 8pm, or as title as once or twice a less depending on how much help you need. We carnot offer specific visit times, but we visit ny week depending on how much help you need. We cannot offer specific visit times, but we will try to plan our visits around your needs. We may arrange for district nurses or other services to visit.

The list below details the people in the team who may visit you, and this may vary A Gentatrician is a senior doctor who may review and advise on your medical needs if required Information for patients



### **Virtual Ward Patient** Leaflet

### What is Virtual Ward?

This is a new service that we, Berkshire Healthcare NHS Foundation Trust, and our health and social care this as a new service driet we, benomine measurant rists rounnement trust, and our needs and second partners have set up to provide medical cate directly in a patient's home. This means that you will no partners nave set up to provide medical care oriectly in a parent a norms. This interess must you will no longer have to go to hospital for some conditions and will be able to remain at home for your treatment. icoper nave to go to nospital not some conditions and will be done to remain an invite to: your wearning. This service will provide the same level of high patient care, with access to all the same investigations and

### How long will I be part of the Virtual Ward service?

Normally you will remain under our care on the "Virtual Ward" for about 3 or 4 days, although sometimes What to expect?

Once you have been referred and accepted on to our Virtual Ward, a member of the team which aim to be Once you have been reversed and accepted us to our viruse years, a member or me team minor and to all your home within two hours. They will undertake a full medical assessment and carry out any tests at your nome within two nours. They wis unuersiace a run treature assessment and variety out any resistance frequired. The fearn will discuss a freatment plan with you and if you need any additional investigations required. The team will discuss a neutriern plant with you allow a your focus with a such as X-rays and scans, we will organise this for you at your local community hospital.

Your case will be reviewed every morning by our multi-disciplinary team which is made up of a consultant, Your case will be reviewed every morning by our musi-dissipativity team which is move up on a community an advanced clinical nurse practitioner, experienced senior nurses, healthcare assistants, a pharmacist an devenies consent inner production, experiences sensor irruses, neostroare destatante, e prientenda and a therapist. Any changes to treatment and new investigations required will be put in place by the and a merapist, any changes to beginners and new investigations required this be put in piece by the earn, and you will have a minimum of one daily visit depending on your needs, where we will update you

e you are deemed medically stable you will then be discharged back to your GP, just like a discharge

### t if my condition deteriorates?

ual Ward team is available seven days a week behiveen 9am-5pm and can be directly contacted ual Waro team is available seven oays a week between sem-opin and can be disconscient fumber 07823 532015. Outside of these hours, if you are concerned about your health, please



# Thank you questions...



# **OpCOURAGE**

# Supporting our Veterans



is presented to you in recognition of to your country.

# **Need of Veterans**

The Veterans Mental Health and Wellbeing Service

- Transition
- Substance Misuse
- Mental Illness
- Physical Injury
- Criminal Justice
- Relationship Breakdown
- Employment
- Family Needs
- Homelessness



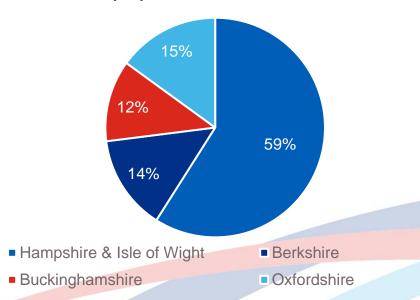
# Supporting veterans in our region



Number of veterans in England: 2,041,000

County	Veteran population
Berkshire	28,000
Buckinghamshire	23,000
Oxfordshire	28,000
Hampshire	104,000
Isle of Wight	10,000





## **Berkshire** Healthcare

2012: South Central Veteran Service

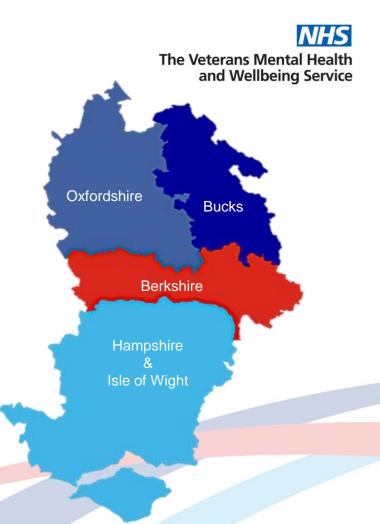
2017: Transition Intervention & Liaison Service (TILS)

2018: Complex Treatment Service (CTS)

2021: High Intensity Service (HIS)

2021: OpCOURAGE

2023: Re-tender



# Making a difference to veterans' lives



- √ Veteran co-produced
- ✓ Lived experience
- Cutting edge clinical innovation & collaboration
- Compassion at heart of service



# Veteran informed care





Language



**Engagement** 



**Clinical Intervention** 

# The team



### We are a team of specialists:

- Mental Health Nurses
- Psychological Therapists
- Social Workers
- Occupational Therapists
- Lived Experience Leads
- Peer Support Workers
- Family Worker
- Drugs/Alcohol/Gambling



# Making a difference

104



### Referrals 20/21

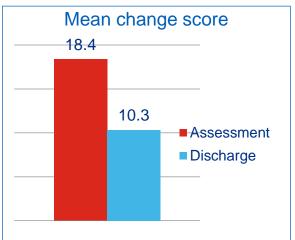
Transition,
Intervention & 403
Liaison Service

Complex

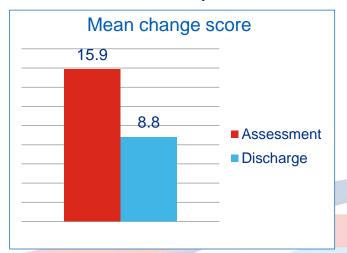
**Treatment** 

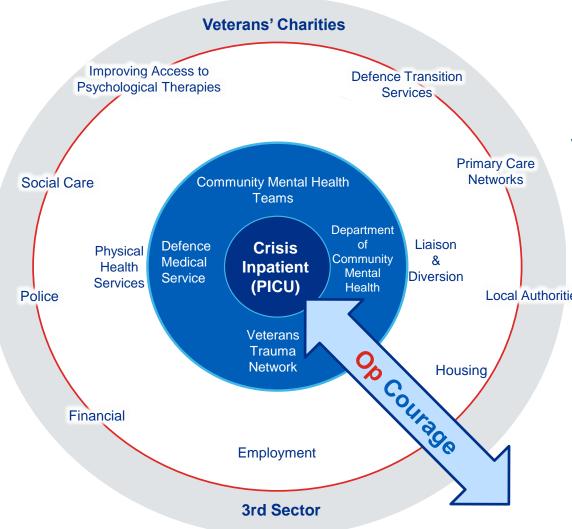
Service

# Patient Health Questionnaire - 9 (PHQ-9)



# **Generalised Anxiety Disorder - 7 (GAD-7**







## **Veteran Integrated Care**

- 1. Complex operating environment
- Local Authorities 2. Interdependencies

   Op Courage brokers
  social, physical and mental
  health support

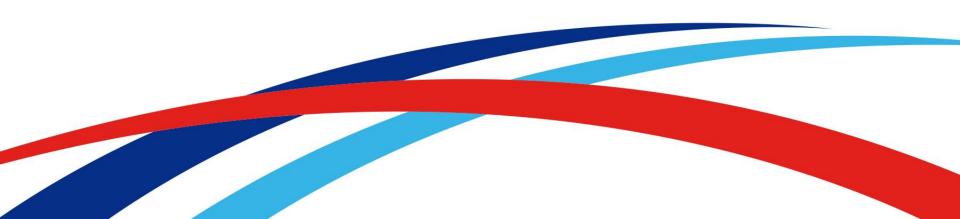
# **Gemma's Story**







# Thank you Any questions...





# Thank you for joining us

All of the presentation slides from today will be available on **our website** from tomorrow afternoon.

