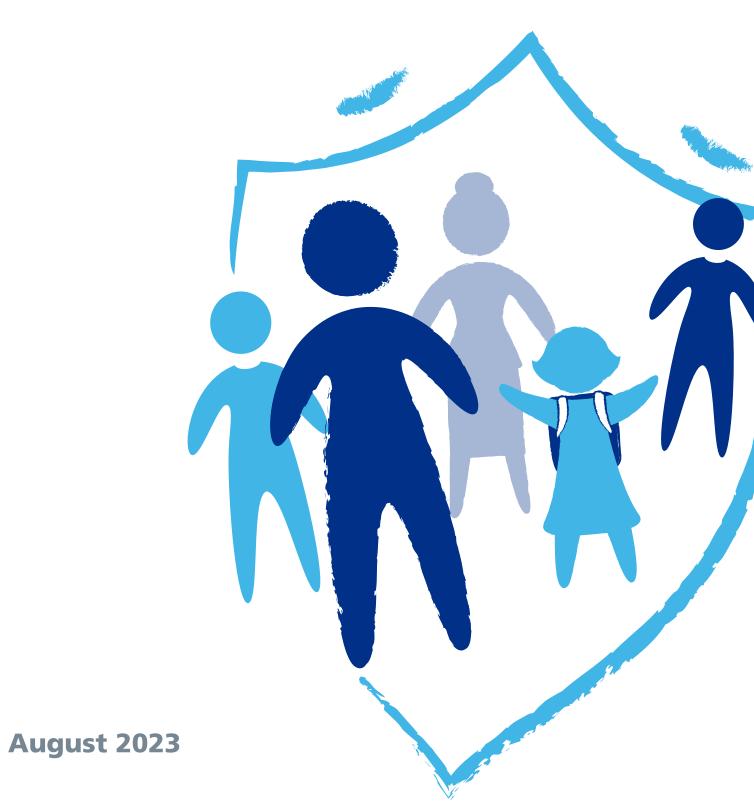


# Our Corporate Strategy to 2025



### Introduction

In 2019, we set a three-year strategy. We refreshed it in late 2020, updating for our pandemic response and learning. The extraordinary circumstance of the pandemic accelerated change to the way we work and deliver services.

### **Objectives**

Our 2021-2024 objectives across patients, populations and people remain relevant to our strategy intent. Our high-level priorities are to:



# Continue to improve access, quality, and experience of care for our patients

- Delivering outstanding patient care
- Improving patient safety
- Improving health outcomes and experiences



# Work with partners to improve the health outcomes of our populations

- Providing integrated care closer to home
- Improving the health and wellbeing of our communities
- Delivering sustainable services



# Make Berkshire Healthcare a great place to work for our people

- Looking after our staff
- Belonging to the Trust
- New ways of working and delivering care
- Collaborating across our health and social care systems



# Context

The world our health and care system and Berkshire Healthcare operates in continues to change at pace. We know of many reasons why our external environment is uncertain.

We have national financial challenges, increased demand on services, and shortages in the workforce. We have an unstable political and economic outlook with Brexit, the pandemic and the Ukraine conflict all affecting cost of living and supply chain.

Long term NHS workforce shortages impact our capacity to meet demand for healthcare. Waiting times for care and treatment have worsened, driving poor experience and potential harm to patients. Recovery of waiting lists, urgent and emergency care, and widening health inequality is in sharp focus.

In context of real terms wage decline over the austerity period, public service pay disputes have escalated to industrial action in the NHS.

Markets for NHS staff are competitive, making it harder to attract and retain our future healthcare workforce.

Technological advancements present opportunities for self-care and digitally supported healthcare, but these need to be balanced with the public's expectation of high quality and timely face-to-face care and treatment.

The value of healthcare information is increasing with sharing of clinical and population health data for direct clinical care and research presenting a significant commercial opportunity for big technology companies looking to move into and grow their healthcare markets.



# Cause for optimism

Although our world view is challenging and uncertain, we know from our pandemic experience we can very successfully work through tough times together and will do so in the future.

Now is the time to be optimistic for the future and a bright outlook for Berkshire Healthcare, our patients, staff, and partners.

With the provision of safe high-quality care to our patients as a key priority, alongside providing a great place to work for all staff, we will continue to build for the future on our fantastic strength and achievements over the last few years:

- Positive values-driven culture, fostering listening and learning to drive safer care
- Highly engaged and motivated workforce
- Encouraging innovation and driving everyday continuous improvement
- Trusted community and mental health service provider in our integrated care systems, and regionally for specialist mental health services
- Leading clinical expertise in service development for Berkshire and wider geographies
- Financially stable, well led, 'Outstanding' CQC rating, and high performing from the regulator perspective
- Digitally mature and invited to support shaping of the NHS digital strategy





Our optimism for the future builds with our highly engaged staff, motivated to give their best every day having adapted through the pandemic, learning, improving, and innovating with patients at their heart.

Optimism for the future is supported by increasing our effectiveness for patients through collaboration and integrated working across health and care services and in new digital partnerships.

We share a core ambition with our system partners to improve health and wellbeing of the populations we serve and reduce health inequalities.

# Our Mission and Vision

Our previous vision, "To be recognised as the leading community and mental health service provider by our staff, patients and partners", needed to be changed to better outline our optimism and ambition for the future, a future that will see us working closely and in collaboration with our patients, communities, staff, and partners.

We are grateful to the 800+ staff who contributed to shaping our mission and vision. These few memorable words encapsulate our everyday purpose and ambition for the future.

At Berkshire Healthcare, our **mission** is to:



Our **vision** is to be:



We are proposing a clear and ambitious vision for the future.

Whilst we are recognised by the CQC as an 'Outstanding' Trust, we are not outstanding for everyone. Not all Berkshire Healthcare patients experience the best possible care and not all staff experience the best possible workplace.

With a focus on safe, high quality patient care, supported by continuous improvement and

excellent teamwork, we will deliver our vision to provide great care, for all patients.

We know that building inclusive, motivated, and engaged teams who are working to shared goals translates to great care for patients. Our vision for high quality patient care will be directly supported by making Berkshire Healthcare a great place to work for all staff.

# A patient-centred view

Our mission and vision purposefully place a focus on our patients. We will progress towards our vision by taking a patient-centred view of everything we do. We will actively listen to carers, families, and patients, ensuring we sustain our focus.

Our strategy themes that follow in the next section start with patient-centred action across safety, experience, voice, and health inequality.

We are building from a strong base with high positivity ratings where patient experience is captured, and our staff recommending Berkshire Healthcare for friends and family to receive care, this in context of digital change. Technology drivers and our relative digital maturity present great opportunity for enhancing patient centred care.

Through our digital innovation, we will create new service offerings for patients. We will expand our population reach, availability, and patient choice of access to the right care and self-care support through new digital strategy initiatives, for example:

- Expansion of our digital therapy and self-care tools (Silvercloud and SHaRON platforms) into wider service offerings:
  - Growing digital support for more mental and physical health conditions, scaling with primary care to reduce demand and prevent escalation and deterioration
  - Developing partnerships with digital providers to increase our expertise and capacity to improve patient experience and outcomes, learning from children's ASD/ADHD diagnosis services
- Our leading "Connected Care" shared cared record for health and social care is the platform from which we will build self-care potential through patient held records:
  - Enabling patients with their health information to take control of their own health and wellbeing – our strategy identifies national development of the NHS App will increase this self-care opportunity



# Strategy objective focus to March 2025

The following themes propose focused action aligning with current strategic objectives. Actions and intended outcomes are set out in context of key drivers.

### **Patient safety**

Ambition: We will reduce waiting times and harm risk for our patients

Safe care is a fundamental expectation of our patients and 'Harm free care' is one of our four True North goals.

Implementation of the National Patient Safety Strategy is a strategic objective of the Trust. National scrutiny of shocking care standards and culture in some maternity and mental health services rightly raise shared concern regarding safe care for our patients.

The National Patient Safety Strategy aligns with the excellent work of the Trust over the last few years. We are focusing on fostering a psychologically safe culture that enables learning from incidents and near-misses, supporting improvement in safety to reduce risk of future harm.

Nationally, there is a focus on harm from increased waiting times in elective and cancer care, exacerbated by capacity constraint of the pandemic response. Integrated care systems are expected to recover and improve pre-pandemic productivity, with activity trends down nationally.

Increased waiting times in our own mental health and community services require visibility, operational grip, and targeted improvement action to match capacity with demand and avoid harm

We will therefore focus on patient safety in waiting time reduction. Areas where there is a potential adverse impact on condition and experience of people waiting must be our priority.

#### **Outcome:**

- Reduced waiting times and potential for harm to patients in higher risk services, increased productivity and positive experience of patients accessing our services
- Waiting list demographic actively reviewed to reduce risk of access inequality
- Reduced number of beds on adult acute wards at Prospect Park Hospital

#### **Measures:**

- Reduce number of incidents reported as moderate harm or above
- None of our services will be on our Quality Concerns Register due to risks associated with their waiting times
- Maximum adult acute ward size at Prospect Park Hospital to be reduced to 18 beds

#### **Actions:**

- Release productive time to clinicians by reducing administrative processes via the implementation of digital initiatives
- Build knowledge of incidents and highlight areas to focus on
- Complete implementation of a new system for the recording of incidents
- Support services to reduce their waiting times

### **Patient experience and voice**

**Ambition:** We will leverage our patient experience and voice to inform improvement

People are increasingly better informed about their health and potential choice of services that could be available as either discerning taxpayers or private funders. This customer perspective will drive competition and partnership response to a patient-driven market in the future.

The NHS often fails to actively listen to or act upon the voice of patients to improve experience and outcomes. There is good evidence that codesigned services lead to better experience, care outcomes, and system efficiency.

The Trust has valuable experience of co-design in personality disorder services, a QI project meaningfully involving people with lived experience. However, this approach is not standard practice for our service development and it must be.

We have invested in a patient experience monitoring tool and developed our own standardised question set. The tool enables patients to provide a review of their experience and suggestions that staff can use to inform service improvements. Comparison data is available across the wide variety of Trust services.

This tool, and development of a more open design mindset, presents an opportunity to develop our co-design and engagement approach using our patients' voice.

#### **Outcome:**

- Increased patient satisfaction, reduced inequality, improved service efficiency, and outcomes
- Building social capital with the public increased public awareness of own health and wellbeing agency and reduce inequalities

#### Measure:

• Increased patient feedback across all services

#### **Actions:**

- Routinely analyse patient experience data for improvement, moving to patient co-design approach for key service transformation and quality improvement (QI) projects
- Use experience data to target engagement with the public for customer voice, and gather a view of care outcomes through focus groups, listening events, and health marketing to reduce inequality



### **Health inequalities**

**Ambition:** We will reduce health inequalities for our most vulnerable patients and communities

Health inequalities arising from differences in health status, access to care, outcomes and experience driven by deprivation, social exclusion, and specific characteristics (to name only a few factors) existed pre-pandemic and are widening now. We know there are differences in the care people receive and the opportunities available to lead healthy lives. In a perfect world, these differences would not exist, and health inequality is eradicated.

Our mission to maximise independence and quality of life is not just for the patients we can see; it is also our intention for those not visible or able in our communities who are suffering health inequality. A core purpose of integrated care systems is to reduce health inequalities and we will grow our contribution to that aim.

We have an existing programme of initiatives in the Trust to address inequality where we can see it in our services. Our Board is now asking the Trust to develop a comprehensive approach to scoping health inequality into action, particularly for mental health where we and partners see growing demand from people unknown to services.

#### Outcome:

- Reduced health inequalities and improve outcomes for those experiencing difference
- Leverage partnership resources of health, VCSE and local government to address wider determinants of health as pertinent to shared focus

#### **Measures:**

- Reduce ethnicity-based variation in Mental Health Act detentions
- Reduce overall Mental Health Act detentions

#### **Actions:**

- Develop a corporate level quality improvement programme to scope, engage and address (on our own and with partners) key identified mental health inequalities and drivers for our patients and communities
- Engage with BOB and Frimley Health Inequalities strategy groups as they begin to develop priorities out of ICS strategy work and Core 20 + 5 national framework



### Workforce

**Ambition:** We will make the Trust a great place to work for everyone

We are a people business. Our staff provide healthcare to our patients. Without the right number of skilled and qualified staff to meet demand and need, we will fail in our mission, let alone our vision.

The NHS has waited a long time for a nationally costed workforce plan. A decade of austerity has bitten into the supply of qualified NHS staff and made the NHS a less attractive place to work. On 30 June 2023, the NHS Long Term Workforce Plan 2023 was published covering a 15-year assessment of the workforce needed for the future, providing a costed plan. However, at the end of August 2023, the Institute of Fiscal Studies published its analysis of the plan which suggests full implementation is unlikely to be affordable.

Demand has been outstripping NHS capacity, the workforce, for years. The workforce feels undervalued and is living through a severe cost-of-living crash after years of below inflation pay rises. We now see unprecedented NHS industrial action in response.

It is remarkable, therefore, that the Trust maintains scores significantly above average in the staff survey for recommending as a place to work and top scoring in our sector for engagement. We must protect and nurture this position, hence a fundamental component to our vision is to make the Trust a great place to work for everyone.

We are realistic and focused in addressing the existential problem of not enough staff. We understand that a relentless focus on reducing process waste (through continuous improvement, innovation, digital automation, reducing administrative burden on clinicians) will release valuable time to care where we cannot easily recruit.

We know that a focus on retention, positive workplace experience, and equal opportunity to progress are mission-critical to protecting and developing our motivated workforce.

#### **Outcome:**

- Reduce turnover to <12%</li>
- Improve staff experience on bullying, harassment and discrimination and career progression

#### **Actions:**

#### Candidate attraction and recruitment

- Scale workforce gap closing action, including international recruitment and apprenticeships, and streamline student placement employment offerings
- Widen attraction focus into schools, T-levels, NHS Reservists and underrepresented groups, including veterans
- Internal matching to place staff into roles prior to external recruitment
- Recruitment and onboarding process improvement supported by automation and customer focused recruit/candidate connection prior to start

#### Staff retention and workplace experience

- Our anti-racism commitment and actions are a key area of ambition to address staff experience differential
- Developing vision and action scope with the Board
- Maximise staff wellbeing support, benefits, and flexible working, and continue retention impact from streamlined development progression

#### **Career progression**

- Develop talent management cycle/pooling, a leadership programme, and management skills
- Streamline internal progression path (competency based) with smooth upward grade movement

### **Efficient use of resources**

Ambition: We will use our resources efficiently and focus investment to increase long term value

There is no more money for the NHS. The public and politicians think the NHS has had enough, the government can't afford more than it already gives in this post-Brexit/pandemic economic turmoil.

Some will say the NHS has enough money, if only it would be more efficient and employ fewer managers. The NHS is objectively undermanaged yet more productive in comparison to other health systems. With NHS growth not meeting demand, technological and medical innovations, the estate backlog, and now inflation, it would be hard to argue that the NHS has enough money.

Our integrated care systems carry significant underlying deficits into the next budget year, mostly attributed to the acute sector where costs of emergency care escalation over the last few years have meant deficits unrecoverable in the current financial regime.

Our Trust has a history of being financially stable and well managed. We are realistic that there will be little growth in funding this year and any mandated investments will face system scrutiny as we go into one of the most challenging periods for NHS finances in a decade.

In this context we are proposing a range of actions that will take a wider use view of our current resources and drive value, hence changing our True North 'money matters' to 'efficient use of resources'.

As the NHS recovers its grip on post-pandemic spending, we will develop a long-range forecast over five years, moving us out of year-by-year (sometimes shorter) into a strategic forecast view where we can consider the course and impact of our strategic investment decisions and value drivers.

#### **Outcome:**

- Reduce reliance on income growth and shift focus to increasing value and reducing waste/cost
- Strategic, longer-term view of finances available to Board to aid strategic investment and operating model decision making

#### **Actions:**

#### Financial planning and investment

- Develop five-year financial forecast range, identify, and align cost base improvement and investment opportunities
- Engage systems in balancing comparative regional underfunding of mental health and community services
- Develop long term workforce plan aligning finance projections

#### Efficiency/use of resources

- Service reviews review clinical and/or financial sustainability of key services
- Sustainability scope and plan for environmental action breakthrough in 2024/25, by summer 2023



# Key outcome measures

The ten outcome measures detailed here support the Board in tracking performance of our strategy implementation.

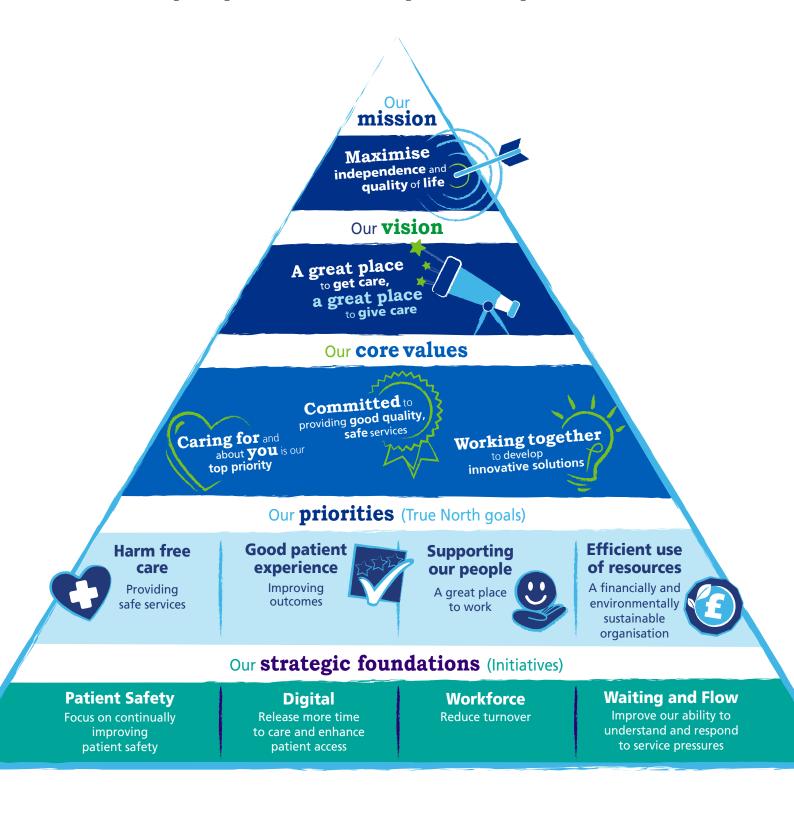
Outcome	Current	12-month target	24-month target	36-month target
Improved patient safety We will have proportionally fewer moderate harm and above incidents	15% of incidents reported as moderate harm or above	Data analysis to be undertaken to identify priority areas of focus	13% of incidents reported as moderate harm or above	10% of incidents reported as moderate harm or above
A great place to work We will sustain and improve our turnover rate	15.7%	14.5%	13%	12%
Reduced inequalities We will reduce ethnicity-based variation in Mental Health Act Section 2 detentions	Black people are currently 3.07x more likely than white people to be detained across Berkshire	Reduce variation across localities by:		
		10%	20%	25%
		Reduce MHA detentions against baseline/ previous year by 5%		
Operational excellence We will work with services to improve their business intelligence capabilities to understand operational delivery pressures and improve the management of demand and waiting lists across our services	Baseline established across all services	65% (of services)	70% (of services)	80% (of services)
Reduced higher risk waiting times We will reduce risks associated with long waiting times	There are currently 5 services on the Register due to wait times	3 services	2 services	No services (No new services added)

Outcome	Current	12-month target	24-month target	36-month target
Improved mental health inpatient services We will reduce risks associated with long waiting times	1 ward x 20 beds 3 wards x 22 beds	Maximum ward size: 20	Maximum ward size: 18	Maximum ward size: 18
Improved care driven by patient experience We will increase the overall amount of feedback the Trust collects via iWGC	3.5%	7.5%	10%	12.5%
Releasing staff time to care  We will increase productivity as a result of implementation of digital initiatives	79k hours	169k hours	243k hours	299k hours
Financial sustainability achieved  We will achieve a reduction in underlying Trust deficit	£12m	£10m	£5m	£O
Carbon emissions reduced  Reduction in direct measurable carbon emissions	2,526 tonnes CO2e	13% annual reduction (2,197 tonnes CO2e)	13% annual reduction (1,911 tonnes CO2e)	13% annual reduction (1,662 tonnes CO2e)

# Our framework

Our framework focuses our strategic objectives and action through our True North priorities, the key goals we align the organisation and improvement to through our annual plan on a page, team plans, and individual objectives.

Progressing improvement action across our True North long-term goals enables delivery of our mission and vision, working through our core values of caring, committed, together.



# Strategy delivery

The ways by which we will direct the development of the Trust and deliver our strategy outcomes with system partners are summarised below.

### **Operational structure**

A new Berkshire-wide divisional operational structure for Mental Health, Community Health, and Children's/Learning Disability services will bring consistent service models and relationship management with system partners with one voice. Key outcomes will include a reduction in service fragmentation and unwarranted variation that will aid strategic development and resource management.

# Strategic service developments

Scaling of community urgent response and virtual ward/ monitoring programmes are core to our strategy to develop an effective out-of-hospital (OOH) care model for the future.

Transformation through our 'One Team' vision to reshape and strengthen community mental health services for patients and staff will address fragmentation of a core service offer. Fragmentation has been driven by multiple national long-term plan initiatives, workforce pressures and demand. The patient voice will be a core driver for change in the redesign of our community mental health service offering to improve experience and outcomes.

### **Provider collaboration**

The Trust is leading development of ICS mental health provider collaboratives. It is in early stages and design/priority work is shaping. We envisage achieving ICB delegation of commissioning responsibility and budget, self-assuring on system delivery of improvement outcomes for people with mental health issues, through partnership with Oxford Health FT, Surrey and Borders FT, VCSE, primary care, and local authorities.

The Trust is the prime contractor for the South East Region Operation Courage partnership to deliver mental health and wellbeing services to veterans. This work, along with specialist court liaison and diversion services for Thames Valley and Hampshire, are the focus for beyond-Berkshire service delivery. Our core mental health and community services remain Berkshire-focused, unless there is a mutual agreement in our systems to extend within ICS footprints.

Alex Gild
Deputy Chief Executive