

KHFT Transformation Programme 2018/19

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| Executive Management Committee | Item: 11 |
| Date: 11th July 2018 | Enclosure: G |
| Purpose of the Report: To advise the Board on the integrated approach to transformational projects over 2018/19 and beyond across the multi dimensions required within the current health system. | |
| For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> | |
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| Risk Implications – Link to Assurance Framework or Corporate Risk Register: | Corporate |
| Legal / Regulatory / Reputation Implications: | |
| Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> | |
| Link to Relevant Corporate Objective: | SO3 |
| Document Previously Considered By: | EMC |
| Recommendations: The Board is asked to consider and discuss the complex programme as described and identify if the current proposed governance and approach is appropriate. | |

KHFT Transformation Programme 2018/19

Executive Summary

The Trust has a complex set of moving parts to manage to progress the transformation set out in its strategic document.

The papers lays out the principles for handling that change; the scope/dimension of the programmes and the governance and capacity.

The diagram illustrates the breadth of the projects across the five dimensions and the clinical and managerial leadership.

1. Context

The Trust is seeking to develop a comprehensive transformation programme in response to a number of key internal and external dynamics and pressures.

The NHS is increasingly seeking integrated care to improve and smooth the disjointed nature of current care delivery across health and social care. In addition the NHS is supporting the development of population health to aid and enable the increase in self-care; reduction in duplication and increase standardisation and greater integration and targeted intervention as a mechanism to manage increasing demand and the impact of an aging population.

An extended period of austerity in the public sector has also driven a much sharper awareness of efficiency and value for money and new tools- most notably the model hospital has been developed to benchmark cost and efficiency and identify opportunities. Although the Trust currently benchmarks well across a number of areas it will need to continue to be efficient both internally and in maximising the opportunity of collaboration to keep costs low and bolster and sustain clinical and organisation sustainability

The Trust works in a densely populated and complex health system serving 5 CCGs distributed across two NHS health regions. The local accountability held at borough level emphasises the need to develop specific and bespoke integration solutions which meet the needs and aspirations of the local citizens. The models for integrated care to be developed are most appropriately and effectively led by GPs and this reinforces the need to pursue these changes at a locality or borough level.

The Trust is therefore seeking to manage a program of transformation at three levels – hospital/organisational; borough and pan SWL (6 boroughs/4 acute Trusts). These schemes of work must interrelate and there is a need to ensure that the co - dependencies and opportunities are fully understood and anticipated and managed together to gain the benefits for patients and the planned operational efficiencies.

2. Principles

1. The Trust must be clinically and financially sustainable within the context of SWL including 4 sustainable acute hospitals in SWL.
2. The acute services for each borough should be integrated with planning and provision in that borough including social care and primary care.
3. The Trust will aim to consistently achieve top decile in efficiency as measured by model hospital and other measures.
4. The Trust will work on collaboration and in combinations of 2/3 or 4 Trusts where these are effective to improve care and efficiency.

5. The Trust will work collaboratively with locality/borough arrangements as appropriate to enable and enhance local developments and integration.
6. The Trust will aim to standardise processes and systems both within borough and with partners where possible to improve care.
7. The Trust will enter into range of new contractual arrangements ,compatible with its responsibility to maintain financial balance ,in order to facilitate this transformation
8. Clinically led managerially enabled change will deliver lasting and prompt change

3. Multi-layered Transformation Programme – KHFT

The programme is summarised below and explained diagrammatically at Annex 1

| | SWL | BOROUGH | INTERNAL KHFT | |
|--|---|--|---|--|
| | Review of elective pathways including impact and opportunity of new models of delivery and maximised elective delivery for SWL residents within SWL. Review of financial position across 4 Trusts. | <u>RBK - KCC</u> Development of localities. Support to Single Point of Access. Development of 2 nd care focus into locality IMT integration Early intervention. Development of new services | OUTPATIENTS <ul style="list-style-type: none"> • Process • EDRM • ERS • Customer Care Revised Pathways | |
| | IMT Integration to maximise Cerner benefit in 3 Trusts and enhance VFM and interoperability across 4. | <u>RICHMOND</u> Development of 2 nd care focus into locality Development of localities. Development of new services | FLOW <ul style="list-style-type: none"> • JAD • Trusted Assessor • Home First • Avoiding internal delays • Removing outliers | |
| | Standardisation of approaches to clinical support services and pathway redesign | <u>SURREY</u> Development of Primary Care Home. Development of 2 nd care focus into locality | THEATRES <ul style="list-style-type: none"> • Scheduling changes • Day/OP increases | |
| | Backoffice/Support Integration to increase efficiency; resilience and impact | <u>CARE GAP</u> Identification and resolution of gap in care provision in the borough/home environment – present in each borough | | |

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| | Develop 4 successful business cases to enable sustainable | Information Sharing information for | | |
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| | acute services across 4 sites. | individual care/risk stratification and planning | | |
| | Maximise potential for growth within existing partnerships – SWLEOC; SWL pathology and Staff banks | | | |

4. Leadership within and from KHFT

4.1 The Trust has aligned its revised operational structures to support these transformational projects. The medical director will lead the clinical support on the wide scope of the transformation schemes and the newly identified Chiefs of medicine with the cluster Clinical directors will provide the clinical input and drive for both the internal projects and the external integration work.

4.2 The Trust will identify further leadership and managerial capacity to lead and drive the overall approach and delivery of integration and to co - ordinate the elements at the three levels – internal; borough and SWL.

4.3 This will involve close working with clinical colleagues and matrix working with Executive Director colleagues on:

Management and approach of change;
Activity planning and refining current hospital strategy and planning assumptions;
Coordination of timing and nature of operational shifts and changes;
Integrated workforce impact and future supply model
Financial strategy;
Contracting risk and revised contract forms;
Integrated risk oversight across all programmes

5. Integrated planning and delivery within the Trust

5.1 The Trust has a number of the planning and delivery elements available internally within current structures already to manage these processes and ensure coordinated and focussed delivery:

Theatre Project Board
Emergency Care Programme Board
OPD Transformation Board

These report to EMC and hence to the Board.

5.2 There are a number of external mechanisms to enable the Trust to deliver within the broader local or SWL system:

A and E Delivery Board
Kingston Coordinated Care Principals Group
Richmond OBC Program Group/Richmond Leadership Group
APC Collaboration Board
APC specific project boards
SWLEOC Management
SWL Path Management

These elements come together within the Trust through the Executive leadership of individual Directors to EMC. They will be co-ordinated and integrated specifically by a new Director of Integration.