

Trust Transformation Programme

KCC Briefing Paper

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Introduction

Programme Context

The Trust's Transformation Programme will deliver the Trust's vision to:

... "Deliver excellent care personal to you, delivering quality through partnership. Creating a dynamic system of care, so people receive the right help, at the right time, in the right setting with the right outcome."

The Transformation Programme is an ambitious programme of change which focuses on the delivery of the aims and objectives defined within:

- The Clinical Strategy which aims to:
 - Provide excellent community services close to home reducing the number of people who need inpatient care. Where necessary our community services will support the length of stay being as short as possible.
 - Focus on the recovery model ensuring positive outcomes.
 - Improve quality and dignity in services including a better environment and improved use of technology.
 - Expand some of our strongest specialist services where appropriate to potentially provide those across a wider geography.
- The Commercial Strategy which aims to ensure that through the delivery of high quality outcomes the Trust:
 - Retains its existing market share.
 - Grows its market share within existing commissioners.
 - Grows into new markets where this is aligned to the delivery of its clinical strategy.

The Transformation Programme will be enabled through the implementation of the actions set out within:

- The Organisational Development Strategy
- The Quality Strategy
- The Finance Strategy
- The Estates Strategy
- The Information, Communications and Technology Strategy
- The Service User and Carer Engagement Strategy
- The Community Engagement Strategy

Our Transformation Vision

At KMPT our passion is to ensure that the service user is at the centre of everything we do.

Our vision is to provide ... “Excellent care personal to you, delivering quality through partnership. Creating a dynamic system of care, so people receive the right help, at the right time, in the right setting with the right outcome.”

Our major challenge is to move away from traditional models of service delivery and implement new models of care. Models of care which are focussed on preventing hospital admission and promoting the delivery of care closer to home which are recovery focussed in line with our clinical strategy.

We are committed to working with our service users, staff, carers and commissioners on this improvement journey. Through our whole systems approach we will focus on designing services which meet local needs. This will be achieved through our clinically led transformation programme which is focussed on delivering improved outcomes through changing how our services are delivered, supporting our staff to develop and improving how we work across organisational and service boundaries.

This means that across the organisation, irrespective of role or grade, that we must all take responsibility for ensuring that we challenge the things that we know do not work and that we work with our service users and within our teams to deliver the excellent services which we believe in.

The result of this will be that we improve service user access, service user and staff experience, clinical outcomes and our overall efficiency and effectiveness.

We fundamentally believe that if we do not meet these needs then we as an organisation will not grow and develop and we will not deliver the excellence which we are passionate about.

We will deliver our transformation through a benefits led programme

Our transformation vision will only be delivered if we take a benefits led approach to delivery. The Clinical Strategy identifies that the Trust must deliver high quality, safe and sustainable health and social care services that people identify as those they prefer to use to improve their health and well being.

In delivering our transformation we will seek to continually improve our services to provide consistent pathways of care which benefit from a skilled and modern workforce, modern technology and high quality estate.

The projects which contribute to the delivery of the overall Transformation Programme must create:

- a culture of excellence;
- strong clinical leadership which drives service improvements;
- a highly skilled and valued staff;
- commercial success based upon the quality and outcomes that we deliver.

The benefits of the programme are set out in Table 1 below.

Table 1: Transformation Programme Benefits

Transformation Programme Benefits
Improved service user and carer access to services
Improved clinical outcomes
Improved service user and carer experience and satisfaction of services
Continuous improvement in our performance
Employer of choice
Long term financial viability and sustainability
High quality therapeutic environment
Improved care through the use of technology
Work in partnership with service users, carers and other agencies to deliver a seamless service user experience

It is essential in adopting a benefits led approach to transformation that any project which is undertaken within the Transformation Programme reflects the Trust's core Values of:

- Respect – we value people as individuals, we treat others as we would like to be treated.
- Open – we work in a collaborative and transparent manner.
- Accountable – we are professional and responsible for our actions.
- Working together – we work together to make a difference for our service users.
- Innovative – we find creative ways to run efficient; high quality services.
- Excellence – we listen and learn to continually improve our knowledge and ways of working.

By adopting a benefits led approach to transformation we will ensure that:

- We have clarity of the objectives of our transformation programme.
- We can engage all of our key stakeholders in a benefits led discussion on the proposed activities of our programme and identify how they can be involved in making it a success.
- We build a culture of continuous improvement with a focus on delivering improved clinical outcomes.
- We can not only measure and track delivery, but celebrate our success when we achieve our objectives.
- We can learn from experience and ensure that when designing new initiatives we build in the lessons we have learned.

We will adopt a structured approach to programme delivery

We will only deliver our transformation objectives if we adopt a structured approach to programme delivery.

We have implemented robust programme governance structure which ensures that Trust's Transformation Programme reports to the Trust Board through the Finance and Resources Committee [FRC]. This ensures that we are held to account for the delivery of the agreed programme plans.

The Transformation Programme is managed on a Managing Successful Programmes [MSP] (lite) basis with each of its component projects being managed through a Projects in a Controlled Environment (PRINCE2) (lite) framework. This approach ensures that the Transformation Programme:

- Is governed effectively.
- Is accountable for its actions.
- Has a benefits led approach.
- Has an agreed approach to programme and project management ensuring that each project has:
 - an established project board and governance framework;
 - a supporting Project Initiation Document [PID];
 - a project benefits framework;
 - a clearly defined project plan;
 - a project risk plan;
 - a project communications and engagement plan;
 - a project resource plan.

The Transformation Programme is built of a number of projects which have a primary focus on delivering the Trust's Clinical Strategy to deliver high quality, safe and sustainable health and social care services that people identify as those they prefer to use to improve their health and well being.

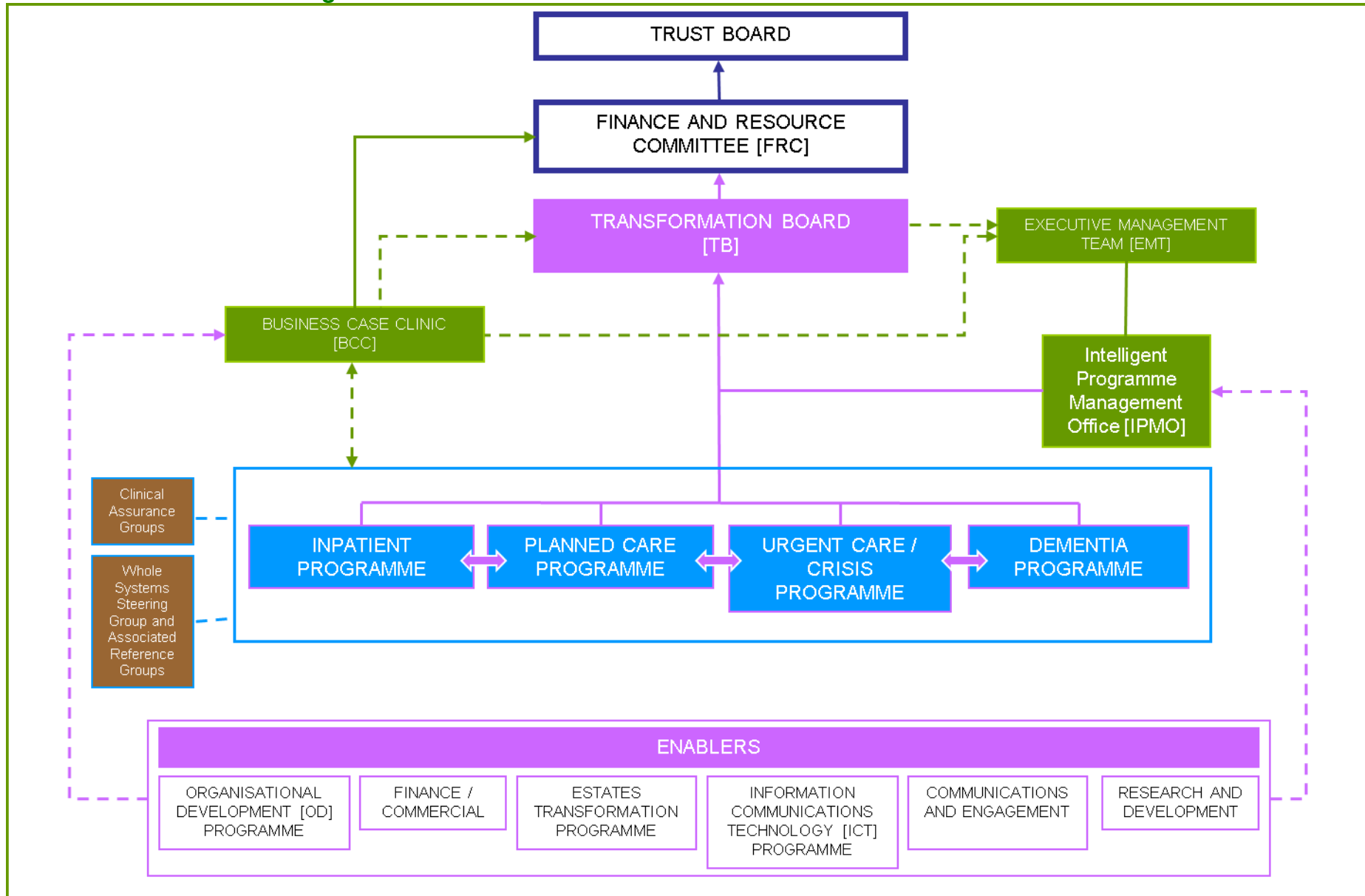
The programmes which will underpin our transformation are:

- Inpatient Programme
- Planned Care Programme
- Urgent Care / Crisis Programme
- Dementia Programme

Each project has a focus on ensuring that through delivery it will contribute to a continuous improvement in how we deliver our services to provide consistent pathways of care which benefit from a skilled and modern workforce, modern technology and high quality estate.

Table 2 below sets out the overarching programme management structure.

Table 2: Transformation Programme Structure



We will ensure that our Transformation Programme is underpinned by a robust programme of communications and engagement. The communications and engagement programme must:

- be both externally and internally facing;
- make use of existing channels of communications and engagement;
- develop new ways of engaging all stakeholders in programme design and delivery;
- be benefits led ensuring that we celebrate the success of our achievements;
- provide a mechanism to capture and share learning from project delivery, thereby promoting a culture of continuous improvement.

Summary on progress – including next steps:

The tables below provide a summary of the work that we have undertaken to date and are proposing on our transformation programme.

Inpatient Programme:

Project/Scheme	Progress Update	Progress this month	Dependencies
PIC Outreach	None required	Service in situ (Nov 2013) –scheme completed.	• none
Birch Ward Upgrade	3-6 month post implementation review to be completed. We would anticipate this review being completed in partnership with Medway CCG, Council, Carers and service users.	Refurbishment completed 09.12.13, Medway ward transfer completed 19.12.13	• none
Transport	3-6 month post implementation review to be completed. We would anticipate this review being completed in partnership with Medway CCG, Council, Carers and service users	Transport plan implemented at point of ward transfer from Medway in Dec	• none
DVH refurbishment	<ul style="list-style-type: none"> • Finalisation of design • Procure providers • Commence decant preparation work • Ward decants to Edmund Feb/March • Refurbishment work commences • Ward moves to refurbished ward July 2014 	Pre implementation - design & tender phase	• On going commissioner support in relation to additional capacity created

Additional capacity –existing wards	<ul style="list-style-type: none"> • Agree design and phasing • Develop tender and gain sign off • Authorisation to proceed acquired • Works commence • Additional beds operational June 2014 	Pre implementation – design & tender phase	<ul style="list-style-type: none"> • On going commissioner support in relation to additional capacity created. • Permission from landlords re PFI building at Little Brook Hospital – Dartford. 	
Additional capacity – new emerald ward/modular build	<ul style="list-style-type: none"> • Develop design • Business case and approach approved • Identify preferred provider • Contractor appointed • Gain planning permission • Finalise design • Installation commences • Unit operational Feb 2015 	Pre implementation: <ul style="list-style-type: none"> • Design phase Dec 2013 – April 2014 • Tender phase commences in May 2014 	<ul style="list-style-type: none"> • Planning permission. 	
Acute Treatment	Day	<ul style="list-style-type: none"> • Scope models and best practice • Visit leading centres • Develop model • Develop PID and Business case • Secure Resources • Identify base to deliver service from • Develop transport plan • Support to implement gained from Trust and CCGs • Implementation 	Planning phase. Jan – March 2014 Implementation due to commence October 2014..	<ul style="list-style-type: none"> • Identification of suitable estate to deliver service. • Commissioner support • Resources
Crisis/ Recovery Accommodation	Recovery	<ul style="list-style-type: none"> • Scope models of crisis and recovery accommodation used nationally • Identify potential partners 	Planning phase Jan –March 2014	<ul style="list-style-type: none"> • Commissioner support • Support from potential partners • Resources to deliver

	<ul style="list-style-type: none"> • Explore development of supported accommodation with potential partners • Develop business case • Gain Trust and CCG agreement to implement. 		<p>crisis /recovery accommodation (estate and staffing)</p>
Personality Disorder Hostel Pilot	<ul style="list-style-type: none"> • Completion of capital works (Feb 2014) • Hostel opens end of Feb 2014 – for up to 5 females (who will be expected to participate in daily crisis pathway) • Crisis pathway moves from Canada House to Park Avenue Feb 2014 	<ul style="list-style-type: none"> • PD Crisis pathway commenced 4 Nov 13 • Early indicators are that service is having a positive impact. • Capital project re refurbishment of Park Avenue has commenced (Dec 13) 	<ul style="list-style-type: none"> • Completion of capital project • KMPT agreement regarding staffing ratios for PD Hostel • Securing recurrent funding post pilot.
OASSIS (Older Adult Safe Secure Inpatient Services)	<ul style="list-style-type: none"> • Project Board in operation • Public consultation completed • P21+ process completed and partner identified and commenced work • Work streams identified- inter dependant 	<ul style="list-style-type: none"> • Currently agreeing phased approach- Canterbury first 	<ul style="list-style-type: none"> • Commissioner intention/ CCG support • Infrastructures to support capital build • This also forms part of the Dementia programme

Urgent Care Programme:

Project/Scheme	Progress Update	Progress this month	Dependencies
Strengthening CRHT/STR Development	None required	Posts are being recruited to. There will be an additional 11.38 WTE Support Time Recovery Workers across North and West Kent. A similar increase has already been delivered within East Kent following relocation of inpatient services to Canterbury.	<ul style="list-style-type: none"> On going commissioner support
Street Triage	<ul style="list-style-type: none"> Evaluation of pilot Planning undertaken during Jan & Feb 2014 with Kent Police to determine recommendations post pilot. Development of business case re options for future service post April 2014 Agreement gained re future provision of service Implementation of agreed option 	Pilot running September 2013 to March 2014.	<ul style="list-style-type: none"> Commissioner support Kent Police support Identification and securing resource to run service post pilot.
Liaison Psychiatry	<p>Discussions with Acute Hospitals and commissioners with view to establishing robust services across all three health economies and four Acute Trusts.</p> <p>Winter monies obtained to support delivery of services in Medway, DVH and MTW. Currently unable to provide a winter service to East Kent due to lack of workforce resource.</p>	Business case developed to ensure robust service is delivered across each of the three health economies (four Acute Trusts).	<ul style="list-style-type: none"> Service requires longer term financial commitment to enable service to develop. Commissioner support Acute Hospital Trusts support

DVH currently remains on a CQUIN contract. As of April MTW will be on a main contract and not CQUIN.

Urgent Response

- Development of improved urgent response with mental health teams
- Partnership working with other urgent response agencies eg police, ambulance, A&Es, AMHPs for MHA.
- Urgent response provided will be for ages 18 years onwards.

Revised CQUIN schedule agreed to be delivered by March 2014, which includes:

- Development of standards and protocol for community mental health teams and Crisis Resolution Home Treatment teams including fast tracking for known individuals
- Telecoms review to provide recommendations regarding the implementation of a single phone number per health economy.
- Interim flyer to be developed per CCG indicating in hours and out of hours contact numbers for referrals and will include contact information should escalation be required.
- On going engagement with CCG, primary care, and other stakeholders with regards to future development of an urgent care response.

Commissioning support
Stakeholder engagement
and support

Review and Redesign of the Medway Older Adult Acute Care Pathway'

- Completion of project documentation
- Pathway Workshops held with stakeholders
- MCH Site visit
- Presentation to EMT/Business Case Clinic

- Project Board established
- Non-Disclosure Agreement developed with Medway Community Health
- MCH scoping exercise

- Commissioner intentions
- Timescales for availability of estate and capital funding
- This also forms part of the Dementia programme

Planned Care Programme:

Project/Scheme	Progress Update	Progress this month	Dependencies	
Older community design	Adult Re-	<ul style="list-style-type: none"> • Completion of project documentation • Instigated workforce review 	<ul style="list-style-type: none"> • Future of OPMH community teams document developed 	<ul style="list-style-type: none"> • Links and partnership working with CRSL • Future commissioning intentions for cluster 18 • Shared care arrangements • Current workforce demographic • This also forms part of the Dementia programme
Workforce	<ul style="list-style-type: none"> • Engagement with staff to review current service and identify issues, good practice and areas for development. • Review of workforce ensuring skill mix meets population and demand needs for service • Expansion of service to cover 7 day working • Development of workforce through education and providing future direction and vision of service • Develop plans to implement reconfigured service • Implementation 	<ul style="list-style-type: none"> • Planning phase, aim to implement changes during 2014/15 	<ul style="list-style-type: none"> • Estate availability and suitability • Commissioner support • Clinical support • Primary care engagement 	

Caseload	<ul style="list-style-type: none"> • Review of current case load and what that means for services. • Establish standards and protocols which addresses issues around complexity and grading of staff involved • Review pathway ensuring flow throughout service • Develop robust links with primary care • Embed reflective practice 	<ul style="list-style-type: none"> • Planning phase due to deliver implementation during 2014/15 	<ul style="list-style-type: none"> • Estate availability and suitability • Commissioner support • Clinical support • Primary care engagement
Hubs/Pods	<ul style="list-style-type: none"> • Ensure estate supports the delivery of service. • Redesign of community mental health to deliver a Consultant led service, greater presence within primary care, improved and development of robust links with primary care • Development of shared care • Development of wellness and recovery centres • Whole person approach which includes physical health as well as mental health. • Development of mobile working, ensuring systems are in place to support delivery of model. 	<ul style="list-style-type: none"> • Planning phase - implementation due 2015/16 	<ul style="list-style-type: none"> • Estate availability and suitability • Transport • Commissioner support • Clinical support • Primary care engagement • Information & technology

**Horizons:
supported
accommodation**

- Review current Horizons/supported accommodation services and rehab services
- Define model
- Develop relationships and improve partnership working with housing providers and 3rd sector organisations
- Develop a range of accommodation to meet variety of need including crisis and rehabilitation.
- Pre planning phase implementation date to be determined.
- Links with inpatient programme
- Support from commissioners
- Stakeholder engagement
- Development of strong partnerships with local authority, housing providers and 3rd sector
- Estate: appropriate accommodation identified.

Dementia Programme:

Project/Scheme	Progress Update	Progress this month	Dependencies
Older community Adult Re-design	<ul style="list-style-type: none"> • Completion of project documentation • Instigated workforce review 	<ul style="list-style-type: none"> • Future of OPMH community teams document developed 	<ul style="list-style-type: none"> • Links and partnership working with CRSL • Future commissioning intentions for cluster 18 • Shared care arrangements • Current workforce demographic • This also forms part of the Planned Care programme
Review and Redesign of the Medway Older Adult Acute Care Pathway'	<ul style="list-style-type: none"> • Completion of project documentation • Pathway Workshops held with stakeholders • MCH Site visit • Presentation to EMT/Business Case Clinic 	<ul style="list-style-type: none"> • Project Board established • Non-Disclosure Agreement developed with Medway Community Health • MCH scoping exercise 	<ul style="list-style-type: none"> • Commissioner intentions • Timescales for availability of estate and capital funding • This also forms part of the Urgent Care Programme
OASSIS (Older Adult Safe Secure Inpatient Services)	<ul style="list-style-type: none"> • Project Board in operation • Public consultation completed • P21+ process completed and partner identified and commenced work • Work streams identified- inter dependant 	<ul style="list-style-type: none"> • Currently agreeing phased approach- Canterbury first 	<ul style="list-style-type: none"> • Commissioner intention/ CCG support • Infrastructures to support capital build • This also forms part of the Inpatient Programme.