

## **Strategic Plan 2017-21**

**The Hillingdon Hospitals NHS Foundation Trust**

**Version 2**

## Strategic Plan 2017-2021

<b>Version:</b>	Version 2
<b>Category:</b>	Organisational
<b>Authorisation Committee:</b>	Board
<b>Date of Authorisation</b>	26 April 2017
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<b>Date issued:</b>	1st September 2017
<b>Next Version Date:</b>	29 <sup>th</sup> March 2019
<b>Review Period ( 1 year, 2 year etc)</b>	2 year
<b>Scope</b>	All staff, trust-wide
<b>This policy has been Equality Impact Assessed</b>	YES

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### Record of changes to this document

<b>Version &amp; Section Number</b>	<b>Amendment</b>	<b>Date of Change</b>	<b>Change/ Addition</b>	<b>Reason</b>
V1 Original document issued	None	No changes	None	Document published following Board approval 26 <sup>th</sup> April 2017
V2 Document control cover	Insertion of doc control pages	1 <sup>st</sup> September 2017	Pages 2-3	To comply with THH policy management procedures
V2 Addendum	Insertion of foreword	1 <sup>st</sup> September 2017	Page 7	To comply with Board request 26th April 2017
V2 section 11 communicating the strategy	Addition of revised graphics	1 <sup>st</sup> September 2017	Revised graphics p.42- p.44	To better communicate Trust strategy

### Dissemination and Consultation with Stakeholders

<b>Disseminated to (either directly or via meetings, etc.)</b>	<b>Position of Stakeholder or Name of Endorsing Committee</b>	<b>Format (paper or electronic)</b>	<b>Date</b>
David Searle	Director of Strategy and Business Development	Paper and Electronic	March 2017
Executive meeting	Executive Team	Electronic	March 2017
Trust Management Executive	Trust Management Executive	Electronic	April 2017
Trust Board meeting	Trust Board	Paper and electronic	April 2017
Internal Staff engagement events	Staff at The Hillingdon Hospital and Mount Vernon Hospital	Paper	May 2017

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## Foreword:

The health economy of North West London is going through a period of unprecedented change. We recognise the need to transform our services and, in doing so, are supporting the delivery of the Sustainability and Transformation Plan.

There will be fundamental differences in the way we deliver acute care, so that by 2021:

1. We will provide more acute services away from our hospitals, closer to home. This will result from our collaborative work with colleagues in our Accountable Care Partnership, the Hillingdon Health and Care Partnership, to prevent hospital admissions, support discharge, improve patient flow, and reduce length of stay. The North West London-wide strategy to deliver the right care in the right place will be supported by our focus on providing better community-based services. Our aim is to improve the quality of care where it's needed and reduce the cost of delivery.
2. We will, through the Brunel Partners Academic Centre for Health Sciences, bring together academics and health and social care professionals in a shared agenda of education, research and knowledge transfer. Our shared ambition is to deliver radically transformed physical and mental health care and social care provision through training, education and research and knowledge transfer.
3. Our emerging clinical strategy is predicated on the NHS national direction of travel toward place-based healthcare, and maximising the benefits of sector wide footprint planning and accountable care structures. We will continue to develop partnerships with tertiary care centres to deliver specialist services and we will maximise use of our facilities at Mount Vernon by further developing outpatient, and non-elective services.
4. We will, assuming planned investment is forthcoming, make progress implementing the Trust's ICT strategy with the goal of creating digitally-connected citizens and care professionals, aligned to the North West London digital roadmap, to become paper free at the point of care.
5. If funding for Shaping a Healthier Future is agreed by the Department of Health, we will have addressed some but not all of our significant backlog maintenance problems at Hillingdon Hospital. We will also have expanded our emergency care, critical care and maternity capacity. We will be making progress on our plans to build a new acute care centre on the Brunel University London site. We shall have made improvements to the infrastructure and opened a new Skin Centre at Mount Vernon.

# 1. Executive Summary

This document updates the Trust's strategy in the light of the Sustainability and Transformation Plan (STP) for North West London (NWL).

The STP will deliver system-wide changes to improve population health and wellbeing, together with care and quality for patients. The ambition articulated in the STP is to 'turn a reactive, increasingly acute-based model on its head, to one where patients take more control, supported by an integrated system which proactively manages care with the default position being to provide this care as close to, or in people's homes, wherever possible'.

The STP vision is for an integrated system, proactively managing care, to transform the way services are delivered.

The Trust's previous strategy (2014-19) was developed within an operating environment which no longer applies. So, it has been reframed it within the terms of the 5 delivery areas and 3 enablers of the STP. This alignment with the STP provides better system coherence and focus to address the clinical and financial performance challenges which the Trust faces:

- Demand for acute services is rising at an average of 4% each year, as the population ages. The Trust is experiencing year on year increases in non-elective activity<sup>i</sup>.
- Funding is growing at a slower rate than demand for services. This is reflected in the expected provider sector deficit of £800m in FY 2016/17<sup>ii</sup>.

We will address these challenges over the period of this plan and our priorities include:

1. Delivering more joined up, community based care to make best use of available resources. We will do this by working in partnership with other organisations who deliver care, locally. These include Central and Northwest London NHS Foundation Trust (CNWL), the Hillingdon GP Federation, and 'H4all' (a consortium of voluntary sector providers). Together, we have formed 'Hillingdon Health and Care Partners' to be commissioned by Hillingdon Clinical Commissioning Group (CCG) as an Accountable Care Provider (ACP).
2. Implementing transformation schemes to manage demand whilst also making best use of available financial and staffing resources. These include national initiatives like the 'The Model Hospital' and efficiency improvements recommended by Lord Carter's review; together with sub-regional schemes like the NWL productivity programme.
3. Developing an Academic Centre for Health Sciences with Brunel University London and CNWL. This will bring together academics, health and social care professionals in a shared agenda of education and research to shape the NHS and care workforce. It represents an initial step in developing an Academic Health Campus to improve population health and patient care in Hillingdon.

We need an estate which is fit for purpose, and recognise that substantial investment is required to develop it. Our preferred option, informed by master planning, is to build a new acute medical centre on the Brunel site. We have, with our partners, outlined our vision<sup>iii</sup> towards this objective, and in the meantime, we will continue to address the operational risks posed by the chronic condition of our estate infrastructure.

Throughout this planning period we recognise the underpinning importance of engaging with our patients, people and stakeholders, and co-creating solutions to the shared challenges we face.



## 2. Vision, Purpose and Strategic Priorities

### ***Vision***

***"To be an outstanding provider of healthcare through leading health and academic partnerships, transforming services to provide best care where needed"***

This statement acknowledges a commitment to changing our operational model over the planning period. We recognise that transformational change is required to continue providing high-quality care to the growing number of older people we serve; whilst also supporting many others who now live with long terms conditions.

We recognise that evidence-based innovation will play a key role in fulfilling our aspirations, and so we intend to strengthen our relationship with local academic health partners like Brunel University London, Bucks New University, and the Academic Health Services Network which is based at Imperial College Healthcare Partners.

### ***Purpose***

***"To provide high quality, safe and compassionate care, improving the health and wellbeing of the people that we serve"***

Our focus is to improve health outcomes, and we will adopt the most efficient approaches to deliver effective care – this means extending our reach beyond the footprint of our hospitals, and working with community-based partners in responding to local needs.

This statement of purpose is informed by the dual-nature of our role. We will continue treating people when they are ill, by providing the best available acute care – as has been our focus to date. Looking forward, we will be more forthright in helping people to stay healthy, so that they do not become ill in the first place – this will represent an increased focus on prevention.

### ***Strategic Priority***

***To fulfil the triple aims of the 5 Year Forward View, by focusing on the delivery areas of the North West London Sustainability and Transformation Plan.***

#### **2.1. Delivery Areas and Enablers**

The Trust's strategy reflects that of the local Sustainability and Transformation Plan (STP) (section 3.2). This ensures consistency from policy to implementation, and provides a level of agreement with local health economy partners, facilitating the delivery of shared goals across the sector.

It also aligns the Trust's activities to the source of funding. The STP provides the single application and approval process for transformation funding. Allocations will be contingent upon performance against recovery milestones for (i) deficit reduction; (ii) access standards; and (iii) progress on transformation.

The STP sets out to deliver the triple aims of the 5 year forward view, reducing gaps in health and wellbeing, care and quality and finance and efficiency. The STP will do this through five delivery areas, supported by three enablers.

The five delivery areas are designed to reflect the vision of the STP, focusing on improving health and wellbeing, better management of long term conditions, a better model of care for older people and people whose needs are most acute, whether mental or physical. Having work streams grouped in these five areas will ensure a clear focus on particular objectives.

The three enablers constitute ongoing programmes of work to facilitate effective service delivery.

Priority: To fulfil the triple aims of the 5 Year Forward View				
Health and Wellbeing	Care and Quality	Finance and Efficiency		
This will be achieved through the 5 delivery areas of the STP				
<u>Delivery Area</u> <u>1</u>  Radically upgrading prevention and wellbeing	<u>Delivery Area</u> <u>2</u>  Eliminating unwarranted variation and improving long term condition management	<u>Delivery Area</u> <u>3</u>  Achieving better outcomes and experiences for older people	<u>Delivery Area</u> <u>4</u>  Improving outcomes for children & adults with mental health needs	<u>Delivery Area</u> <u>5</u>  Ensuring we have safe, high quality sustainable acute services
Enablers: Estates, Workforce, Digital				

## **2.2. Relevance to the Trust**

All of the 5 Delivery Areas are relevant to the Trust's medium term planning, but not to the same extent. As an acute provider, the Trust will be centrally involved in realising shared objectives in some delivery areas, whilst playing more of a supporting role in others.

Under each of the STP delivery areas the Trust is committed to areas of focus, throughout the course of this strategy, which set out where the Trust's particular response will lie.

<b>Delivery Area/Enabler</b>	<b>Areas of Focus</b>
Radically upgrade prevention and wellbeing	Enable and Support Staff Health and Well Being Engage the Population to Improve Prevention and Wellbeing
Eliminate unwarranted variation & improve LTC management	Expand Offering of Community-based Integrated Care Empower patients to self-manage their conditions Implement 'Getting it Right First Time' and NHS Right Care Earlier diagnosis of cancer and improved treatment
Achieve better outcomes and experiences for older people	Implement the Hillingdon Accountable Care Partnership (ACP) and associated new models of care Ensure carers are recognised and supported Improve care in the last phase of life Strengthen the management of medicines
Improve outcomes for children & adults with mental health needs	Improve timely access to relevant services for people attending hospital with mental health care needs
Ensure we have safe, high quality sustainable acute services	Improve patient flow With partners, reduce demand for acute services Implement 7 day services standards Explore appropriate partnerships Improve clinical and financial productivity
Estates	Manage risk within available resources to ensure safety and regulatory compliance Reconfigure acute care infrastructure consistent with the STP and SaHF Secure capital investment to deliver new build hospital
Workforce	Recruit, retain and develop high calibre staff through effective support and engagement Nurture a culture of continuous improvement Develop workforce flexibility and innovation with new roles and ways of working
Digital	Collaborate with organisations to implement the Local Digital Roadmap Invest in ICT to complete the Trust's digital care record, including electronic prescribing and case notes

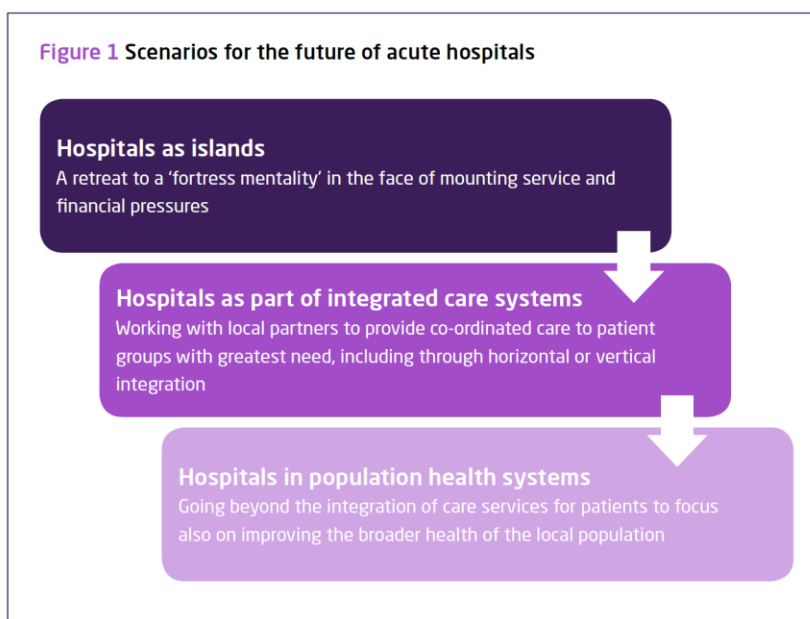
### 3. The Context in which we deliver health and care services

#### 3.1. The Policy Shift towards Place-Based Care Systems

In 2015, the NHS articulated a major shift in policy towards place based systems of care. The approach requires a number of providers in a geographical area, take responsibility for the health of an entire population, within a particular area.

The shift in policy follows a period during which time NHS organisations operated with a greater degree of autonomy and competition.

The new policy context requires hospital to cease acting as disconnected, individual organisations, and recognise their strategic role as central hubs in place based system of care. The following figure is illustrative<sup>iv</sup>:



The place based system of care moves beyond an Accountable Care Partnership (section 3.3) in a number of ways:

- The place based system is responsible for everyone in a given geographical area, rather than just those in a particular age group or with long term conditions
- A shared pool of resources for providers within that health system and shared responsibilities and risks
- A large part of the focus of a place based system of care is on clinical and financial sustainability of the entire system, ensuring that all commissioners and providers in an area are sustainable and all parties within the system are responsible for that
- Prevention and the involvement in patients in the gathering of all views are essential components of a mature place based system

- This system will also involve stronger academic links with partners such as Brunel University London

### 3.2. Sustainability and Transformation Plan (STP)

In 2016, the NHS initiated planning for place-based care systems, by introducing the following directive: "Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21"

For the first time, planning by place for local populations complemented planning by individual institutions. Both systems and organisations have become units of planning for strategic change.

In England, 44 place-based care systems have been defined, each of which has developed a Sustainability and Transformation Plan (STP). STPs provide the vehicle through which health economies achieve financial balance by implementing the 5 Year Forward View (5YFV). These multi-year plans are intended to drive a genuine and sustainable transformation in patient experience and health outcomes over the longer-term.

Serving a population of 2.1 million; North West London (NWL) represents the fourth largest STP footprint, with a combined CCG annual budget of roughly £2.7 billion in 2015/16, expected to rise to over £3billion by 2020/21. THH have informed the planning process through active engagement to define local priorities.

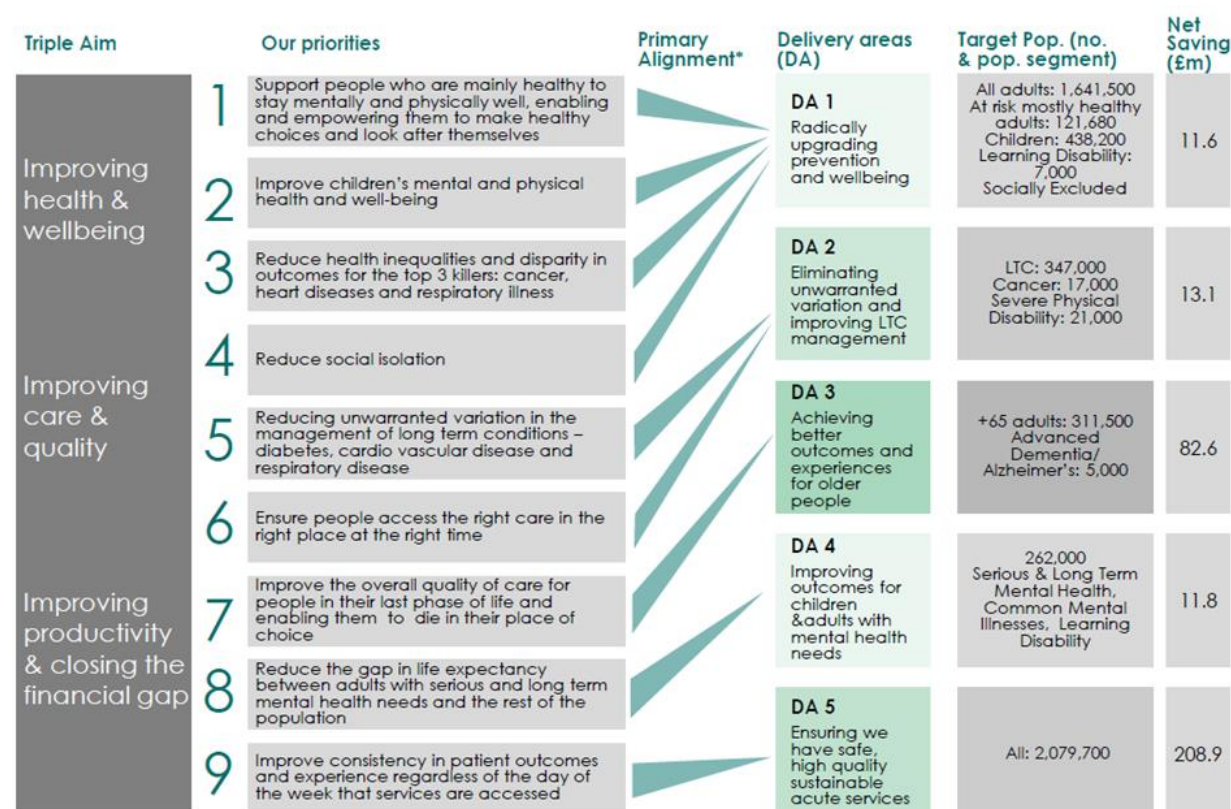
The diagram below illustrates where the STP sits in relation to this strategy and to the Trust-specific operational plans submitted to NHS Improvement.



The STPs are designed to address the 3 gaps identified in the 5 year forward view, health and wellbeing, care and quality and finance and efficiency. From the NWL submission, 9 emerging priorities have been identified, with work to meet these priorities split into key

delivery areas. Each delivery area has its own assigned target population, in terms of numbers within NWL and the key groups affect by the delivery area.

The diagram is from the Executive Summary of the North West London Sustainability and Transformation Plan. It shows how each delivery area and relates to the overall priorities:



The same source document provides more detailed plans to deliver outcome targets in each delivery area. These are reproduced below:

Delivery Area	Plans
Radically upgrading prevention and wellbeing	a. Enabling and supporting healthier living for the population of NW London b. Keeping people mentally well and avoiding social isolation c. Helping children to get the best start in life
Eliminating unwarranted variation and improving LTC management	a. Delivering the Strategic Commissioning Framework and Five Year Forward View for primary care b. Improve cancer screening to increase early diagnosis and faster treatment c. Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions d. Reducing variation by focusing on Right Care priority areas e. Improve self-management and 'patient activation'

Achieving better outcomes and experiences for older people	<ul style="list-style-type: none"> <li>a. Improve market management and take a whole systems approach to commissioning</li> <li>b. Implement accountable care partnerships</li> <li>c. Upgraded rapid response and intermediate care services</li> <li>d. Create an integrated and consistent transfer of care approach across NW London</li> <li>e. Improve care in the last phase of life</li> </ul>
Improving outcomes for children & adults with mental health needs	<ul style="list-style-type: none"> <li>a. Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy</li> <li>b. Focussed interventions for target populations</li> <li>c. Crisis support services, including delivering the 'Crisis Care Concordat'</li> <li>d. Implementing 'Future in Mind' to improve children's mental health and wellbeing</li> </ul>
Ensuring we have safe, high quality sustainable acute services	<ul style="list-style-type: none"> <li>a. Specialised commissioning to improve pathways from primary care &amp; support consolidation of specialised services</li> <li>b. Deliver the 7 day services standards</li> <li>c. Reconfiguring acute services</li> <li>d. NW London Productivity Programme</li> </ul>

A copy of the STP for Northwest London is presented in Appendix 3.1; and the Hillingdon local STP Chapter is presented in Appendix 3.2

### 3.3. Accountable Care Partnership

To meet the care needs of an ageing population, and to manage the health of people with long term conditions, there is a compelling need to adopt a partnership model of delivering integrated care through a networked approach. The rationale for setting up an accountable care organisation in Hillingdon is summarised below.



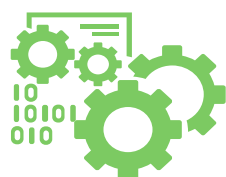
According to the most credible growth assumptions for the next five years, Hillingdon will see approximately **21% more activity creating a system-wide funding gap of around £100m**. Our do nothing position is therefore untenable.



Approximately **one in six people with a long term condition over the age of 65 years is admitted to hospital each year**. Activities that improve anticipatory care, reduce the need for crisis management and support joined up care for vulnerable groups are key to affecting rising non elective activity and in providing a better standard of care closer to home, with **providers working together to improve care**.



Contracts and organisational forms as they exist currently hinder rather than help the integration of services and the development of innovative approaches to service redesign. Perverse incentives exist that reward providers for doing more activity rather than doing **the right activity and achieving the outcomes that matter** to patients and citizens.



Changes in care models will therefore be combined with a **new commissioning approach** where provider organisations are required to collaborate to manage the common resources available to them, based on a set of design principles. This will require changes to the current **contractual forms, development of outcomes based commissioning, reallocation of risks within the health care system and sustainable financial payment system** based on a capitation payment model.

Named Hillingdon Health and Care Partners, the ACP comprises GP networks, Hillingdon 4 all (representing the third sector), THHFT, CNWL and with input from the CCG. Although the London Borough of Hillingdon is not an incorporated member, their social care department supports the ACP at an operational level by sharing data and co-ordinating service provision.

From April 2017, the ACP will operate in shadow form to test its new arrangements under an alliance contract by providing a range of services to care for people aged 65 and over. In this first phase, the ACP will deliver services with a combined budget of about £35 million.

Developing the model of care included piloting a Care Connection Team in primary care; and designing a frailty pathway to improve care for frail and elderly with complex and acute problems. The aim is to enable patients to avoid admission where appropriate and return home with support, or to reduce the length of time spent in hospital by providing safe, supported, discharge.

From April 2018, having proven the model, it is expected that the ACP will assume responsibility for a full capitated budget to provide all care for over 65s in Hillingdon. In this second phase, the ACP will deliver services with a total budget of some £90 million.



A road map detailing next steps has been developed. These include ongoing negotiations over the contract value, due diligence processes and finalising the organisational structure.

In Hillingdon we are initially looking to deliver our ACP through an alliance model. This is a form of contractual joint venture. It does not create a new legal entity. It generally involves bi-lateral “pillar contracts” based on the NHS Standard Contract, with a separate multi-lateral alliance agreement, the scope of which is flexible.

When entering into alliance arrangements, the separate sovereign organisations remain, and appropriate delegations need to be made to those interacting between organisations at the governance forum created by the alliance contract.

An illustrative diagram, showing Hillingdon’s core model of integrated care, is in appendix 4.

### 3.4. The Financial Context

The NHS budget will increase by an average of 2.1% pa to 2021 (12.5% over the 5 term). CCGs will receive funds from two separate budgets to deliver STP objectives. NHS England has published Indicative allocations for both, up to FY 2020/21<sup>v</sup>.

Place-based funding comprises the lion’s share, with a commitment of £92.34bn. to the current financial year,. This sum will rise to £107.7bn. in FY 2020/21. The budget includes CCG allocations, primary care medical allocations and specialised services allocations.

In addition, a separate additional budget has been created - the Sustainability and Transformation Fund (STF). This is much smaller, at £3.8bn. over 5 years. Initially, it is being held at a national level, while STP priorities are defined.

	2020/21
	£m
2020/21 STP place-based allocation	103,909
S&T funds for indicative allocation	3,800
2020/21 indicative STP allocation including S&T funds	107,709

An indicative place-based allocation of £3.64 billion is budgeted for North West London in FY 2016/17. This place-based allocation will grow to £4.09 billion in FY 2020/21, which represents 12.44% budget increase over 5 years.

Even so, if business continues as usual, it is anticipated that health and social care in Northwest London will have an overall deficit of £1.4billion by FY 2020/1. A transformational approach to service delivery is required to achieve financial sustainability over the planning period.

This is why a transformation budget of £148 million has been earmarked for North West London over the term of the STP<sup>vi</sup>. The money will only be made available if a coherent plan is in place to deliver transformational changes.

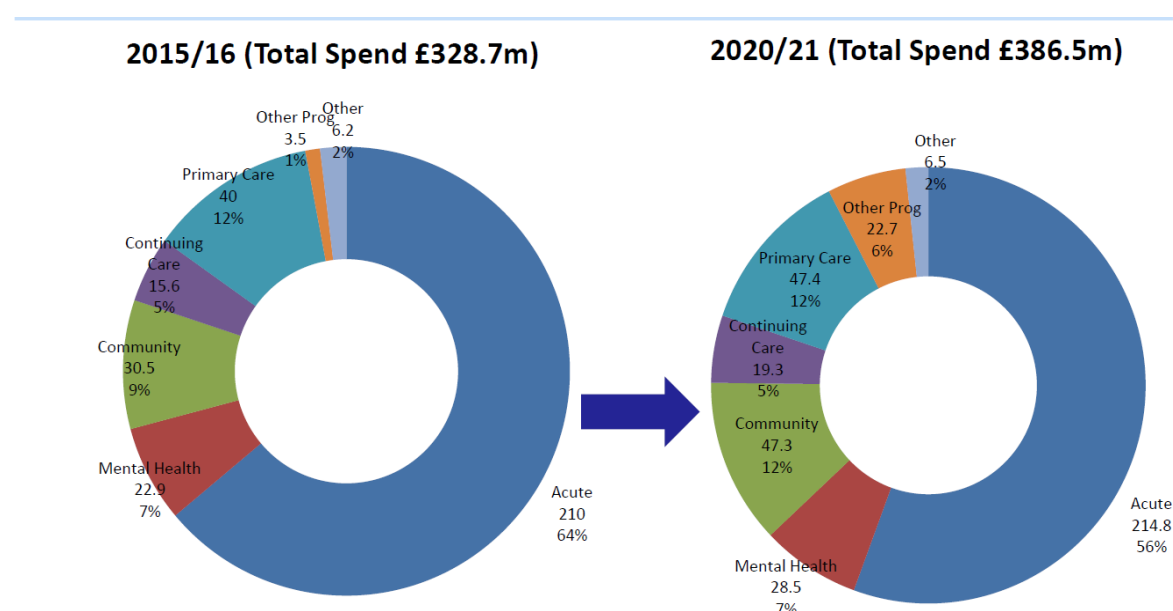
Consequently, NHS England is candid in stating that provisional allocations are not set in stone. Core allocations for 2020/21 are indicative, and the additional funding will actually be distributed based on progress and the strength of STPs or using other targeted approaches.

### 3.4.1. The financial context in Hillingdon:

Hillingdon CCG has received a comparatively good place-based settlement. Their budget will increase by 17.6% over the planning period. This is considerably higher than the London average of 14.2%.<sup>vii</sup>

Even so, this is insufficient to meet the anticipated demand for care services in Hillingdon, unless radically different models of provision are adopted. This involves supporting people to stay well and delivering more services out of hospital in order to avoid an annual funding gap of £30m by FY 2020/21, which is foreseen by Hillingdon CCG<sup>viii</sup>.

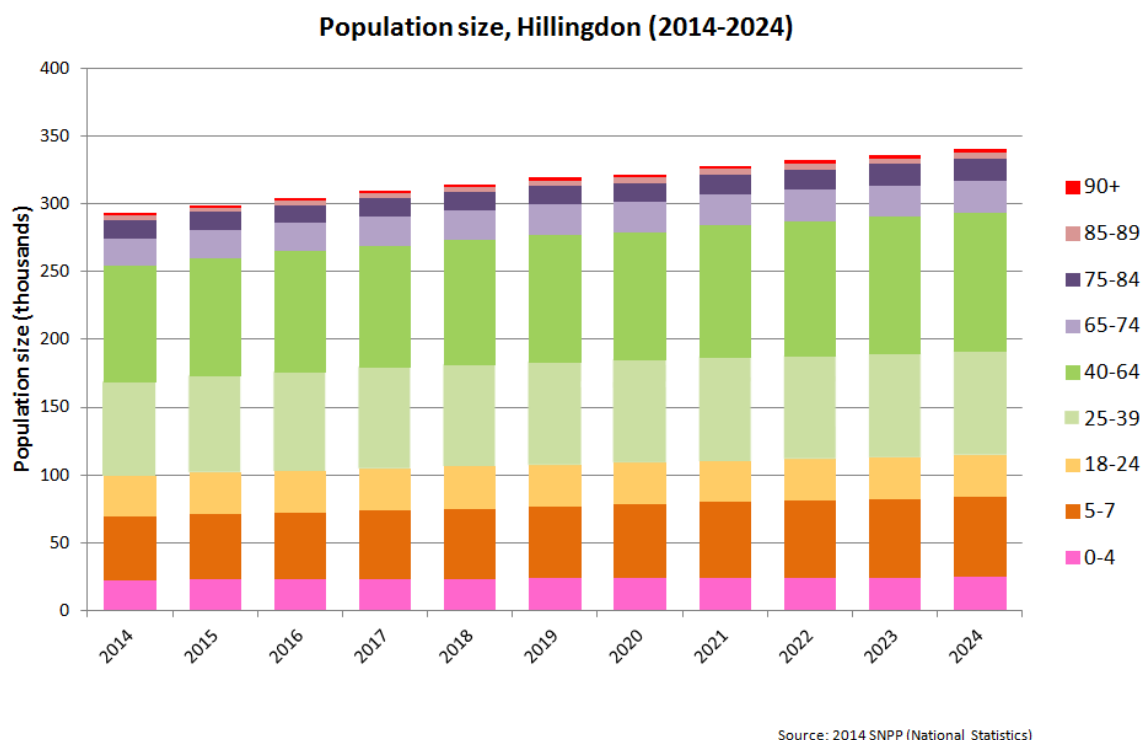
Within this context, the acute sector will experience revenue growth over the planning period, even though their share of total budget will decline from 64% to 56%. As principal provider in Hillingdon, THH can expect to deliver about 70% of the commissioned acute services over the period.



The diagram shows how the landscape, within which the Trust operates, will change over the medium term. It illustrates how budgets will be reallocated to meet the changing requirements for health services. Implicit is the assumption that the population served by Hillingdon CCG will increase from 304,533 in 2015/16 to 327,121 by 2020/21<sup>ix</sup>.

## 4. Demand

About 310,000 people live in Hillingdon, currently; and the population is expected to increase to approximately 325,000 in 2021<sup>x</sup>. This represents a growth rate of 4.8% over the period of this strategic plan.



Comparatively, the population growth in Hillingdon is projected to be higher than any other CCG in North West London CCG, exceeding the average for both London and England.

A close analysis of the demographic projections reveals that the fastest segments of population growth are adults aged 65-74, and children aged 5-14 years<sup>xi</sup>. Both are appraised in further detail below, before the implications for health and care services are considered.

#### **4.1. Providing care for an ageing population**

38,300 people living in Hillingdon are over 65 years old. This figure is projected to grow by 7.5% to 41,200 by 2020. This is twice the rate of overall population growth. Social isolation is an increasing driver of poor health because 50% of people over 65 live alone<sup>xii</sup>.

Within this population segment, fastest growth is in the number of people who are older than 85. This cohort will grow by 10% to 5,400 over the life of this plan. There are estimated to be over 5000 frail elderly households living in the borough and over a quarter of these are thought to be living in unsuitable housing.

Elderly people have complex care needs, which are poorly served by current models of provision. It is estimated that over 30% of patients in our hospitals do not need to be in an acute setting and should be cared for in more appropriate places<sup>xiii</sup>.

Over the next 5 years, more intermediate-level care will be provided out of hospitals to meet the needs of elderly residents. This includes more specialist support to frail elderly people in nursing homes and care homes. It also means providing tailored health and care packages which can be stepped-up in response to escalating needs; and stepped-down care as patients are rehabilitated.

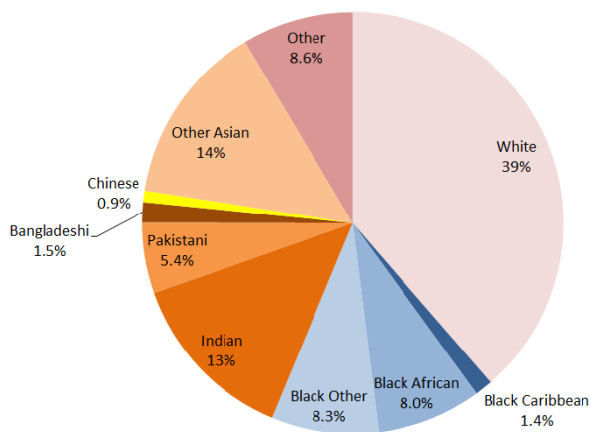
## 4.2. Meeting the needs of a youthful, diverse, community

Hillingdon is an ethnically diverse borough with 46.9% of residents from black and minority ethnic (BAME) groups. Population projections for Hillingdon suggest that BAME groups are increasing as a proportion of the population, with 50.4% of residents from BAME groups by 2021.

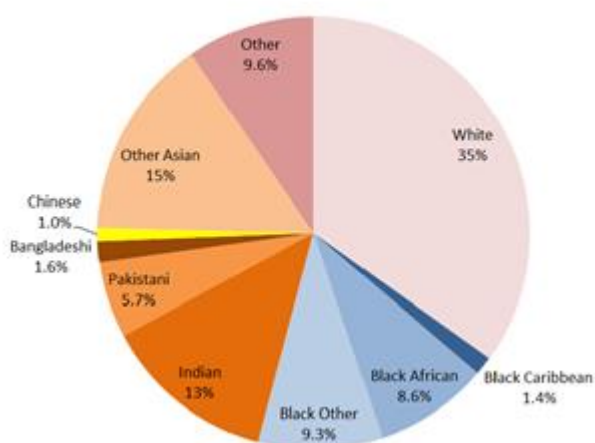
Internal migration fuels the growth of this multicultural community, which is principally of working age. Consequently, Hillingdon has a higher proportion of residents aged 20-39 compared to the rest of England.

This demographic transition is reflected in a comparatively high birth rate; and a significant change in the ethnicity of children in Hillingdon over the coming years. This is illustrated in the following pie charts<sup>xiv</sup>.

**Hillingdon population age 0-4 years by ethnicity: 2015**



**Hillingdon population age 0-4 years by ethnicity: 2020**



In Hillingdon, maternity and paediatric services are being further developed to serve the needs of this youthful BAME community. This is a central component of the Shaping a Healthier Future programme of acute service reconfiguration across North West London.

### **4.3. Managing the health of people who live with long term conditions<sup>xv</sup>**

In Hillingdon, 20% of people are living with a long-term condition. Over the planning period, the disease burden is expected to increase further. In part, this is because people are living longer (the incidence of long term conditions correlates positively with longevity); but it is also results from unhealthy lifestyles.

23% of adult population is estimated to be obese, and in Hillingdon rates of physical activity are worse than those of England, London, and Northwest London. Only half of the population eat 5 or more portions of fruit and vegetables each day.

A major challenge for health service is improving the prevention, early detection, and better management of long term conditions. An overview of the headline statistics is given below:

Diabetes prevalence in GP registered adults (6.7%) is higher than London (6.1%) and England (6.4%). There are an estimated 15,803 people over 17 years of age with a diagnosis of diabetes in Hillingdon. There are an estimated further 3,539 people who remain undiagnosed. If current trends in population change and obesity persist the total prevalence of diabetes is expected to rise to 8.4% by 2020.

Coronary heart disease (CHD) prevalence in GP registered adults (2.3%) is higher than London (2.1%) but lower than England (3.2%). There are an estimated 6,878 people with a diagnosis of CHD in Hillingdon. However, the modelled prevalence estimate of underlying CHD in Hillingdon is higher (3.7%) suggesting approximately a further 4,096 people with CHD in Hillingdon are undiagnosed. The admission rate for CHD in Hillingdon is 632.8 for every 100,000 people in the population (1,347 admissions). CHD admission rates have been relatively unchanged over the last 10 years.

COPD prevalence in GP registered adults (1.2%) is higher than London (1.1%) but lower than England (1.8%), with a slight increase trend over the last decade. The modelled prevalence estimate of underlying COPD in Hillingdon is higher (2.8%) suggesting under-diagnosis. The COPD admission rate in Hillingdon is 1.7 per 1,000 people (482 admissions) with a mean length of hospital stay of 4.1 days. COPD admission rates have remained relatively unchanged over the last 10 years but there is a gradually decreasing trend in length of hospital stay.

Dementia prevalence in people aged 65 and over (4.2%) is similar to the national average (4.3%) but lower than London (4.5%).

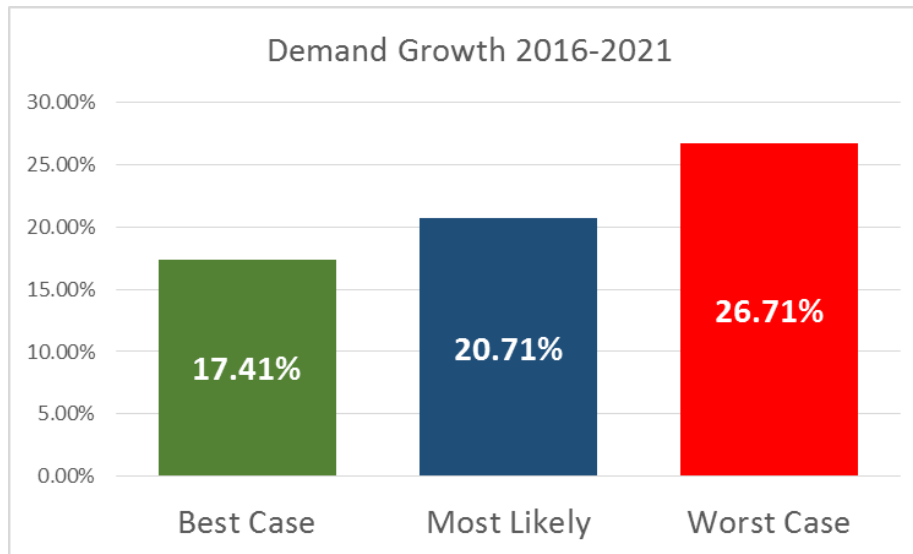
Cancer screening rates for breast (70.9%), cervical (66.9%) and bowel (52.1%) are lower than national averages. The number of patients diagnosed with cancer via an emergency presentation is 82 per 100,000 which is not significantly different to the England average (90 per 100,000).

Caring for people with long term conditions absorbs about 75% of the current health budget. Emergency hospital admissions for people with specific long-term conditions, who should not normally require hospitalisation, are 10% higher than the national average (889 per 100,000 instead of 809 per 100,000).

There is a need to support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves.

#### 4.4. Responding to a significant increase in demand for care

The demand for health and care services is expected to grow by 21% 2016 -21.



Although, 9% of this anticipated growth is attributable to demographic change<sup>xvi</sup>; the larger part (13%) is a consequence of people living longer, and more people living with long term conditions.

Over the next five years, the growth in volume and complexity of activity will out-strip funding increases. Both the NHS and the local authority need to find ways of providing care more efficiently and managing demand effectively.

Transformational change in service delivery requires new models of integrated health and social care to serve an increasingly co-morbid and elderly population.

## 5. Clinical Strategy

### 5.1. Non-elective services

Longer term developments in A&E are informed by the Shaping a Healthier Future (SaHF) programme to reconfigure acute services across North West London. The proposal, which is now incorporated within the Sustainability and Transformation Plan (STP), is to upgrade A&E services, substantially. Although two potential timelines are envisaged, approval for upgraded A&E facilities will not be available under either scenario before April 2021.

So, to provide shorter term mitigation of A&E activity, the following will take place:

- Increase deployment of highly skilled, experienced, nurses
- Ensure that roles within the emergency department are clearly defined
- Strengthen community service to avoid unnecessary A&E attendance
- Develop an Emergency Department overseen by a new Deputy Divisional Director for Emergency Care.

Even with these mitigations the Trust will not have sufficient capacity to meet the 95% A&E standard given expected non-elective demand. This is recognised by Hillingdon CCG and the following plans are in place:

- Develop a strategy with the CCG to prevent A&E attendance by providing more clinical support for nursing homes and more community based services. Develop frailty models of care to minimise and admissions the length of time people spend in hospital.
- Implement the recommendations of the A&E delivery board, which is jointly chaired by the CCG and Trust, to ensure a system-wide response to managing demand.
- Work with the NHS Emergency Care Improvement Programme (ECIP) team, which supports acute providers across NW London to resolve capacity and flow challenges.
- Continue to participate in the North West London patient flow steering group, with a view to reducing length of stay and implementing a 'discharge to assess' model.
- Reduce capacity by 35 beds, by implementing recommendations of the discharge task force. This includes:
  - Ensuring the timely discharge of patients who are medically fit
  - Reconfiguring the bed base to be more aligned to focus on short stay patients with rapid assessment and discharge
  - Employing patient flow coordinators to manage progress through the pathway
  - Implementing the Red to Green patient flow improvement methodology
  - Implementing great therapies support at weekends
  - Improving documentation to support patient flow
  - Increasing training for therapists and specialist nurses so their skills are better used.

The Trust will also work with healthcare partners to attendance / admission avoidance schemes, which will be primarily (but not exclusively) delivered through the ACP (section 3).

These mitigations will improve performance against the four hour standard however without additional physical capacity the Trust will continue to struggle to meet 95%. Therefore the Trust will continue to press SaHF to release capital to expand the department in advance of the final approval of the full business case.

## **5.2. Elective services**

Up to 2016/17, there has been capacity in the Trust's elective services to meet demands. However, this is being compromised by increasing bed pressures and higher than expected GP referrals. To help to manage demand on hospital elective services, the Trust will:

- Strengthen community-based integrated service delivery, including the ACP (section 4)
- Develop ambulatory care services, providing one-stop treatments for various conditions
- Make better use of the space, which is available at the Mount Vernon hospital site
- Undertake a demand and capacity analysis and respond accordingly.
- Implement an efficiency programme to maximise throughput and reduce delays for Outpatient appointments and Theatre bookings.
- Adopt technology, effectively, to improve clinical and financial performance, section 7.2

The Trust strategy is aligned to that of the Northwest London STP, which has the following aims, relevant to the Trust, as objectives for reconfiguring acute care services by 2020/21:

- Reduce demand for acute services through investment in the proactive out of hospital care model, enabled by investment in community hubs.
- Revolutionise the outpatient model by using technology to reduce the number of face to face outpatient consultations and integrating primary care with access to specialists.

Overall, Trust efforts to increase elective work in the community and make better use of technology and the Mount Vernon site may lead to the hospital requiring a smaller footprint on the Hillingdon site, a potentially important step as new hospital builds are considered for the future, section 7.1.



## 6. Clinical Plans

### 6.1. Medicine

The high level priorities for the medicine division over the planning period are to:

- Develop non-elective services to meet increasing demand (section 5.1)
- Deliver services under the Accountable Care Partnership (ACP, section 3.3)
- Develop End of Life services
- Provide enhanced GP advice services to support primary care

The 5 year priorities for the division of medicine match those of commissioners and other local providers, as the Trust seeks to reduce pressure on urgent care services, ensure growth in those areas which are financially sustainable and provide integrated care services for patients.

#### *Reducing Pressure on Urgent Care Services (DA1, DA 5)*

The Trust will continue to work with commissioners and other providers to reduce pressure on urgent and emergency care services, managing patient flows, providing ambulatory care pathways, as well as working with other providers, including primary care, community, social care and the voluntary sector, to ensure that alternative services are available in the community, both to see patients before they attend A&E or to provide safe and appropriate discharge (section 5.1).

#### *Integrated Care Services (DA 2, DA 3)*

The primary vehicle for integration in Hillingdon is the Accountable Care Partnership (see section 5.2). Services up to the end of 2016/17 which have been integrated are cardiology, respiratory, diabetes and care of the elderly, undertaken in conjunction with local partners, delivered in the community. These services allow for better coordination of care, as well as relieving pressure on challenged Trust estate.

As the ACP continues to develop, so too will the number of services provided through it. The medicine division will continue to work with commissioners and other providers to ensure the transfer towards integrated care is done safely and ensures the optimal use of resources to deliver the highest quality care possible for patients.

#### *End of life care*

The Trust is developing an end of life care strategy, which informs quality plans in this area over the next 2 years. This strategy will inform the next phase of work and development to improve End of Life services within the Trust.

#### *GP advice service supporting primary care*

To support primary care with specialist advice from consultants, the use of the e-referrals system has been piloted for paediatrics and obstetrics & gynaecology. This system is designed to ease the burden on outpatient referrals and to support earlier prevention and management in the community. This pilot will be rolled out across all specialties in the Trust.

### 6.2. Surgery

The high level priorities for the surgery division over the planning period are to:

- Develop space-challenged services by increasing presence at Mount Vernon for: Trauma and Orthopaedics, Ophthalmology, and Pain services.
- Make better use of theatres, to improve performance against Referral to Treatment Targets (RTT) (Section 5.2)

#### *Increased Presence at Mount Vernon (DA2, DA3)*

In ophthalmology there is expected to be a sustained and increased demand for medical retina services, due to a growth in older populations and those with diabetes. In order to meet this requirement and provide a high quality service, the Trust is already considering the delivery of additional clinics at Mount Vernon hospital whilst also investigating opportunities to redevelop floor space within the ophthalmology department at Hillingdon.

This will address some of the issues of space constraint at the Hillingdon Hospital site and allow the Trust to meet demands. Developing additional services in the North of Hillingdon will repatriate referrals which are currently displaced to Northwick Park and Moorfields. Extra capacity will improve the experience of patients requiring treatment and support a high contribution Trust service.

The demand for Pain services and treatment has grown significantly over the last 3 years and this trajectory is expected to continue. As a consequence the division is undertaking a review of its current available infrastructure, which will require expansion in order to meet future demand and capacity requirements.

#### *Theatre Utilisation*

In order to meet demand and Referral to Treatment (RTT) targets, the Trust will work hard to maximise the use of theatre lists to treat patients. Cancelled procedures lead to worse quality care for patients and inefficient use of resources by the Trust. Further information is provided in section 5.2.

### **6.3. Women and Children**

The high level priorities for the women's and children's division over the planning period are:

- Embedding activity transferred from the Shaping a Healthier Future programme
- Implementing key actions for the Better Births Review
- Increased working with GP clinics

#### *Continued embedding of SaHF work (DA5)*

Related to the ongoing SaHF developments, the Trust will continue focus on services for the population of Ealing. This will include increasing our service provision and better utilising facilities on the Ealing site for ante-natal pathways. The transfer of maternity and paediatric services from Ealing were both successful and the Trust will continue to ensure that these services are embedded and of high quality.

#### *Better Births Review (DA5)*

The Trust will implement key recommendations from the better births review by working, in partnership, with the London Maternity Strategic Clinical Network (SCN) and Hillingdon

CCG. Through this collaboration the Trust will work to implement all recommendations and the use of the maternity best practice tool kit.

#### *Increased working with GP clinics (DA1, DA2, DA5)*

The Trust will work in partnership with primary care to provide integrated GP specialist paediatric clinics. These clinics will provide an opportunity to provide paediatric services in the community, as well as to upskill primary care clinicians and ensure that patients can be seen closer to home for many interventions and earlier for services required in a hospital setting.

This will have a variety of benefits: it will improve experience for patients who would have been seen in outpatient clinic and reduce pressure on hospital services and paediatric waiting lists. There will also be a wider benefit to patients who are seen in primary care outside of these clinics, as the GPs will gain confidence and skills to manage similar cases in their practices. The initiative will encourage shared learning and development, a whole person approach to caring for families and professional confidence in child health services in primary care. It will also encourage families to have more confidence in GP management and assessment of their children's health needs.

### **6.4. Cancer and Clinical Support Services**

The high level priorities for the cancer and clinical support services division over the planning period are:

- Improving diagnostic capacity at the Trust
- Improving the management of cancer treatment
- Development of tertiary skin centre services at the Mount Vernon site
- Medicines optimisation and hospital pharmacy transformation programme
- Ensure the safe transition of pathology service to North West London Pathology

#### *Diagnostic Capacity (DA3, DA5)*

Analysis identifies a widening gap between demand and capacity for diagnostics, which threatens cancer waiting times. Although demand for diagnostic tests rose by 30% from 2010 to 2016, capacity has remained constrained by old equipment, unsuitable accommodation and limited staffing.

The Trust will continue to undertake robust modelling of demand and capacity and to explore all opportunities to increase diagnostic capacity. We will monitor what investment is already approved and what additional investment is required to meet projected demand. This work feeds into local STP, alongside commissioners and other providers.

#### *Improving the Management of Cancer Treatment*

The Trust has a dedicated cancer strategy board, which feeds into a North West London wide cancer vanguard programme, coordinated by the Royal Marsden NHS Foundation Trust. Area-wide projects and improvements are coordinated through the vanguard and the NWL Sustainability and Transformation Plan.

This work compliments other initiatives which will improve cancer outcomes in the borough:

- Collaborating with Royal Marsden Partners Accountable Cancer Network to improve pathways by sharing best-practice multi-disciplinary plans across organisations.
- Working to move the urgent suspected cancer referrals into the first 7 days to ensure that outcomes are improved by a timely response.
- Strengthening the survivorship work through the Macmillan information Centre.

#### *Tertiary Skin Centre Mount Vernon Hospital (DA2)*

To meet demand for dermatology, a tertiary skin centre is proposed for the Mount Vernon site. The service has recently undergone significant expansion, with high levels of out of area demand and is increasingly the preferred tertiary service provider for consultants from other Trusts. However the Trust's ability to capitalise on this opportunity are restricted as the department has insufficient space to undertake any further additional out of area work, without compromising services to Hillingdon residents.

Following an appraisal of options, the Board recommended a new build development at the Mount Vernon site. As with all significant capital projects, this proposed development remains dependent upon the strength of the detailed business case, together with relevant planning approvals.

#### *Medicines optimisation and hospital pharmacy transformation programme*

Following a national review of medicines optimisation in hospitals by Lord Carter, all Trusts must have a board-approved and monitored action plan from April 2017 to April 2020.

The purpose of this initiative is to:

- Reduce variation in the delivery of efficiencies with medicines
- Ensure that pharmacy systems and processes are optimised to ensure that workforce resources are maximised to deliver care to patients
- Extend the roles of pharmacy staff into multidisciplinary teams.

The actions required have already been included in the Trust's medicines optimisation strategy. The varied nature of the numerous initiatives associated with the transformation programme will require a number of work streams, some investment and project management support.

#### *Pathology Transfer*

Work close with our partner organisations to develop robust models of care that will ensure accurate and timely test recording and reporting. A Transitional Committee will be set up to oversee all aspects of the transfer and will also reconfigure the services that remain on the Hillingdon Site (Hot Lab and Point of Care Testing).

## 7. Enablers

### 7.1. Estates

#### 7.1.1. Estate Master Planning

The Trust has been undertaking a planning exercise to develop an estate master plan for the Hillingdon hospital and Mount Vernon sites. This exercise started in October 2015.

Stage 1 master planning was completed in June 2016. This involved creating various options, for both sites. It involved presenting the Trust board with key information on the costs and benefits of each option. Developing a new build hospital on land at Brunel University London was the preferred option, which progressed to stage 2, the development of a strategic outline case.

This will allow the Trust to develop an Academic Health Campus, critical to delivering our shared vision, with our partners, Brunel University London (Brunel) and Central and North West London NHS Foundation Trust (CNWL).

This will in turn improve the health and social care service offering to the residents of Hillingdon, integrate front line healthcare delivery with education and research and act as a catalyst for economic growth for the borough. This option is also preferential from a cost and speed of delivery aspect, relative to other options.

The centre will be unique in Northwest London and will complement the expertise at Imperial College London in medical education and research, strengthen the education portfolio offered by the Health Sciences Academy (a partnership between Brunel University London, Bucks New University and Imperial College London) and foster the collaborative aims of Imperial College Health Partners.

There is the opportunity to be bold in our strategic thinking to optimise benefits of collaboration. The ambition for education can be summarised as:

- This collaboration could form a unique Academic Centre for Health Sciences (ACHS)
- An ambitious co-located portfolio of education, training, research and opportunities for health related employment
- A tailored approach to the future of the health related services and workforce as envisaged in the Five Year Forward View (5YFV)

Though this option is preferable from both a quality and financial viewpoint, there are the following potential risks and challenges:

- Land identified is green belt and as such there is a risk that the land cannot be developed on
- Abortive works could be undertaken if stage 2 of the masterplan developed this option in detail and the option does not progress
- The Trust delivery timetable would be reliant on the local planning authority and their decision as to whether the land can be re-designated for development
- If the option does not progress and it was developed in stage 2, the Trust would be left with no deliverable plan

For Mount Vernon, a preferred option for the Trust was found. Stage 2 of the Mount Vernon Hospital master planning requires working with East and North Hertfordshire NHS Trust, who are key tenants at the Mount Vernon site.

Stage 2 of the master plan includes the development of a strategic outline case (SOC) for estates development, followed by the development of an outline business case (OBC) and full business case (FBC).

### **7.1.2. Shaping a Healthier Future (SaHF)**

Hospitals in North West London are being reconfigured through the SaHF programme so that acute care is delivered more efficiently. Within this context, Hillingdon Hospital has been designated as a 'major site' and earmarked for service development together with capital investment.

Longer term developments in A&E are informed by the Shaping a Healthier Future programme to reconfigure acute services across North West London. The proposal, which is incorporated within the Sustainability and Transformation Plan (STP), is to upgrade A&E services, substantially. Two potential timelines are envisaged, both on the assumption that the Implementation Business Case is approved by NHS England and the Department of Health by the end of 2016/17:

1. Traditional – Outline Business Case (OBC) approved September 2018, Full Business Case (FBC) approved June 2021, with a delay to coincide with build completion of work at Northwick Park Hospital (NPH) in 2023
2. Accelerated – OBC approved September 2017, FBC approved August 2018, with building to start in June 2019 and be completed in March 2021. This assumes that Northwick Park Hospital completion does not cause a delay to Hillingdon Hospital build.

Although development of both scenarios is within the frame of this strategy it's clear that upgraded A&E facilities will not be available under either scenario before March 2021, which would put the operation of these works outside the timeframe for this strategy.

There also remains the possibility that little or no funding will become available. In summer 2015, maternity services were successfully transferred from Ealing hospital but no capital investment accompanied this service re-configuration.

Capacity at THH has been expanded within the existing infrastructure to accommodate an additional 800 births per year. Within the Trust estate following transfer, births at Hillingdon Hospital are capped at 5000 per year.

## 7.2. Digital

### 7.2.1. Local Digital Roadmap

Harnessing ICT is fundamental to achieving our strategic priority (section 2). This is because the 5 delivery areas of the STP will not be addressed without digital transformation of services.

The NWL care community is moving towards greater digital maturity in delivering clinical services – creating digitally connected citizens and care professionals. The Trust's ICT strategy is aligned to this broader direction of travel, which is set out in the 'Local Digital Roadmap for NWL'; the key elements of which are:

- Automating clinical workflows and records, particularly in secondary care settings (primary care is already largely paper-light) to remove the reliance on paper within care settings and support transfers of care through interoperability, replacing paper correspondence between care settings
- Building a shared care record across all care settings, again through interoperability, to deliver the integration of health and care records required to support emerging and new models of care, including the transition away from hospital care to new settings in the community and at home.
- Extending patient records to patients and carers, to help them to become more digitally empowered and take an active role in their own care, and supporting the shift to new channels of care
- Providing people with tools for self-management and self-care, further supporting digital empowerment and the shift away from traditional care to new channels.
- Using dynamic data analytics to inform care decisions and support integrated health and social care through whole systems intelligence.

Implementing the digital roadmap requires THH to build the ten universal capabilities identified by NHS England, to fully exploit NHS-wide IT investments; and local capabilities identified to meet NW London's specific strategic goals, particularly for integrated care. This is documented in the STP as well as the Local Services Strategy.

There are dependencies which add complexity to implementing the roadmap. For example, universal and local capabilities require the support of the pan-London initiatives to be implemented by the London Digital Programme within NHSE's Healthy London Partnership. Within this context, the following work streams constitute important enablers:

- IT Infrastructure requirements of new models of care, such as mobile data and wireless networking, overcoming capacity limitations of the NHS N3 network used in primary care, and extending the reach of clinical systems to new locations such as care homes.
- Completion of the Information Governance mechanisms required to underpin shared care records, building on the existing NW London Information Sharing Protocol and Information Sharing Agreements which support direct care, enable new care models and govern patient access, as well as pioneering the secondary use of data.
- Continuing to build a Digital Community across the citizens and care professionals of NW London, requiring communication and education.

Attention has focused on identifying “quick wins” to benefit patients and clinicians, swiftly. These could be achieved through fuller exploitation of existing investments in healthcare IT by NHSE England or locally within NW London. These objectives formed the basis of the Digital CQUIN (Commissioning for Quality and Innovation) targets agreed between CCGs and Trusts at the start of 2016/17, or were enshrined in the standard NHS Contract for 2016/17. There was a very strong correlation between these “quick wins” and the Universal Capabilities identified by NHSE:

- Trust access to GP-held information on medications, allergies and adverse reactions: through full exploitation of the Summary Care Record in 2016/17
- Access in Urgent and Emergency Care Settings to GP-held patient records: already under way in some Trusts, with others to go live in 2016/17
- Electronic referrals to comply with the standard contract, with greater adoption to be driven in 2016/17
- Electronic discharge summaries: already achieved in most Trusts, planning for the next stage of digital maturity in 2016/17
- Electronic notices to social care of admissions and discharges in acute care: already under way in local Trusts
- Access to Child Protection information: already under way in local Councils in 2016/17, with adoption by Trusts to follow
- Access to End of Life care plans: adoption by Trusts in 2016/17

The Trust has achieved most of these Universal Capabilities and the emphasis now is in enhancing the Trust’s integrated care record by removing paper case notes and in introducing electronic prescribing and medicines administration to improve patient safety and enable more effective medicines reconciliation along the patient care pathways.

Although the Trust continues to use a paper-based system; it is comparatively mature from a digital perspective<sup>xvii</sup>. A copy of the Local Digital Roadmap is presented in Appendix 3.3

#### *Trust funding bids*

The Trust will not be able to deliver key aspects of the ICT strategy without additional funding. As such, bids have been submitted to try and secure funding for:

- Electronic document management, including the scanning of existing case notes
- Electronic Prescribing and Medicines Administration

The timing of work on the above areas is very important. While the Trust will prepare as much as possible for 2017/18 funding being made available, implementation before confirmation of external funding would be unwise, given the Trust’s challenged capital budget.

A priority of the Hillingdon Digital roadmap is to support emerging and new models of care and build a shared care record across all care settings by:

- Utilising existing NHS-wide investments like the Summary Care Record and e-Referrals platform.



- Completing local programmes such as the NWL Diagnostic Cloud, allowing for shared diagnostic reports across provider boundaries
- Developing a Care Information Exchange for the NW London footprint, which will be populated with data from all care settings – primary, community, mental health, social care and the third sector – to be shared with citizens.
- Ensuring ubiquity of electronic referrals and paper free at the point of care
- Electronic inter-acute transfers of care
- New capabilities such as integration of health and social care.

The IT digital road map will allow Hillingdon services to be paper-free at the point of care: by implementing digital clinical workflows and records within each care setting; and supporting transfers of care through interoperability, eliminating paper correspondence.

It is also envisaged that the health economy will be able to use real-time data analytics to inform care decisions and deliver whole systems intelligence. This will lead to better patient outcomes and more appropriate treatment, through the use of technology.

#### *Patient Empowerment through technology*

When implemented, the Roadmap will support delivery of Hillingdon's involvement and equality patient strategy. It is recognised that technology will play a vital role in empowering patients and facilitate self-management of care needs, including long term conditions.

The projects in the digital roadmap will ensure digitally enabled self-care: extending records to patients and carers, allowing patients to gain appropriate access to their record and providing them with digital tools for self-management, through:

- Patient Online functionality of GP clinical systems (which the Trust must ensure interface with
- PKB (Patients Knows Best ) Programme
- The previously mentioned Care Information Exchange
- Citizen empowerment through London Digital Programme
- Supporting end of life care planning

### **7.3. Workforce**

The Five Year Forward View has provided the national vision for healthcare or the future. The Trust workforce plans are informed by this vision, the integrated care system agenda, seven day services and Shaping a Healthier Future, which present workforce development implications for the trust. Locally, this will require a section of the workforce working differently, much of this work is undertaken at a sector wide level, as a part of the Northwest London Sustainability and Transformation Plan (STP) (Section 3.2). This will include:

- Supporting the development of both highly skilled clinical specialist and generalist roles to resource the movement to care out of hospitals, where appropriate
- Developing roles to fit with the Accountable Care Partnership (ACP) (section 3.3)

- The development of new roles (such as Advanced Practitioner roles) which will be instrumental to implementing the standards necessary to deliver care seven days
- Creating peripatetic medical and nursing roles that will enable clinicians to work flexibly in highly performing teams for the benefit of patients, such as perioperative practitioner and occupational therapy assistant practitioner roles for theatres. This will potentially include roles working across multiple local providers.
- Continuing to implement consultant-led services, particularly in Emergency Care.
- Expanding research excellence and strengthen the academic and education partnership, working with local partners like Brunel University London, to build on an education and learning hub, attracting clinical fellows and graduate trainees
- Creating apprenticeship roles, extending current provision in clinical roles to provide long lasting careers through apprenticeships in areas such as estates, facilities and corporate
- Implementing the healthier staffing strategy to improve the lives of our staff
- Increasing use of learning technologies and digital learning, improving access to opportunities and communication of practice

The Trust will continue to invest in developing strong clinical leadership and management so that staff are actively involved in workforce planning and to lead services and develop highly-performing multidisciplinary teams.

Working in partnership with GP and community partners, the Trust will continue to promote opportunities that support shared learning through initiatives such as the paired learning programme and experiential learning.

### **7.3.1. Workforce Transformation**

The Recruitment and Retention Strategy, to 2018/19, focuses on the following areas:

- Streamlining Transactional Processes

This involves maximising the effectiveness of our recruitment methods and processes, extending our reach and ensuring the best customer experience provided by people and development business partners to the Trust operational divisions and corporate teams.

This work stream will also design and deliver targeted recruitment initiatives to fill Trust establishment.

- Delivering Workforce Transformation

The Trust will manage our talent and develop our 'brand' so that we attract, grow and retain the brightest and best and ensure leadership into the future.

Additionally the Trust will support learning and development to build a highly skilled, engaged and empowered workforce

- Developing New Collaborations

The Trust will expand new roles and ensure workforce innovation to deliver new models of care aligned with the ACP outcomes. The Trust will also work with partners in the Northwest London STP, to deliver the workforce element of the STP productivity programme, working across the sector to deliver the right workforce to deliver STP objectives.

We are currently in the process of developing a 5 year People Strategy. The draft core objectives of the People Strategy are:

- *HR Business Partnering*: to become valued members of the Divisional Teams enabling tailored expert solutions which ensure that we have the right people with the right skills in the right place to deliver our objectives
- *Learning and Development and Organisational Development*: to provide high quality, safe and compassionate care by continuously developing a capable, engaged, valued and skilled workforce to deliver transformational change in a tightening financial environment
- *Workforce Information*: to drive best managerial practice and decision making by providing the highest quality, centralised workforce information
- *Resourcing* (medical staffing, recruitment and temporary staffing): to work across Hillingdon and North West London to transform the way we attract and recruit quality people, so that we can provide high quality, safe and compassionate care
- *Education*: to provide high quality education for intelligent, compassionate care by establishing The Hillingdon Clinical School, working closely with our local Higher Education Institutions
- *Health and Wellbeing* (Occupational Health): to support best patient care by providing a happy, healthy and safe environment for our staff and embedding health and wellbeing into everything we do.

### **7.3.2. Oversight of Workforce Transformation**

Delivery of the strategy is overseen by the Workforce Transformation Steering Board (WTSB), reporting to the Board via the Transformation Committee. The day to day work of strategy implementation will be led by the working groups that reports to the WTSB.

### **7.3.3. Engaging other Organisations in Workforce Transformation**

The strategy sets out the process of engagement with other organisations, in order to achieve the required outcomes. These include:

- Brunel University London with whom the Trust is developing an Academic Centre for Healthcare Sciences (ACHS).
- New Buckinghamshire University, with whom the Trust engaging healthcare trainees, including student nurses and allied health professionals
- Other providers, in order to work better together, sharing job roles and clinical pathways, to make the best use of available staff
- The local community, ensuring our workforce represents them and meets their needs
- Local job centres, to support recruitment from the local job market
- Research and development, in order to make posts at the Trust more appealing to potential employees

## **8. Achieving Financial Sustainability**

### **8.1. Finance**

The finances of NHS Foundation Trusts for the foreseeable future are dependent on meeting Control Totals, agreed with NHS Improvement. Meeting these totals will allow the Trust to access the Sustainability and Transformation Fund (STF). These funds are purely there for additional liquidity and do not provide the Trust with additional resource to spend.

In FY 2016/17, the Trust met Control Totals, even though activity levels were significantly above the planned level for. In reality, the Control Totals were met because the Trust benefitted from a substantial amount of non-recurrent (and largely non-cash) accounting items. These masked a significant deterioration in the Trust's underlying recurrent financial position.

In FY 2017/18, a deficit of £15.3m is planned, even though the Trust intends to deliver savings target of £9.57m (4% of turnover). This is in line with the other trusts in North West London – all of which are targeting a minimum saving of 4% from collaborative working opportunities.

Even with these ambitious improvements in productivity, the Trust will not meet the financial control totals in FY 2017/18 or FY 2018/19. This is because there is significant variation between the planned position and the Control Total.

Prior to the deterioration in the financial position during 2016/17, the Trust was forecasting a deficit in each year through to 2020/21 and was anticipating transitional funding would be provided by the commissioners. This reflected the Shaping a Healthier Future (SaHF) strategy that would allow the Trust to get back to financial balance once the final acute reconfigurations across North West London were implemented.

Given that SaHF has been delayed; that NHSI have set Control Totals that are more stretching than the financial position assumed in SaHF, and that the commissioners underlying financial position has also deteriorated, the Trust will need to update its medium term financial strategy.

Recognising that the Trust will not be eligible for STF funding, a multi-year financial recovery plan is being developed with PA Consulting in partnership with NHS Improvement.

## **8.2. QIPP (Quality, Innovation, Productivity & Prevention)**

The Trust has QIPP efficiency savings targets and identified opportunities for years up to the year 2021. These plans are aligned to those in the North West London sector and are required for the Trust to ensure financial sustainability.

The delivery plans are informed by coordinated work across North West London and reflect the Trust's activity plan. They incorporate the QIPP schemes of previous years, NHS Improvement regulation, Lord Carter opportunity identification and further benchmarking information.

Pay schemes include controls on use of agency, including a reduction in nursing agency expenditure. The plans also take into account the calculated effect of the agency cap on pay spend across all groups. Pay savings are also predicated on the reduction of expenditure associated with reducing the Trust total bed base.

Non-pay schemes include procurement schemes, in particular relation to theatre equipment, drugs, and business practice efficiencies.

The Trust has established a number of Transformational change programmes, both internally focussed and working with local partners. The Trust is actively participating in a number of sector wide transformation programmes which will also contribute savings to the overall requirements. These include the NWL Productivity Programme.

In addition, further cost improvement schemes are in the process of development to close the gap between the requirement and value identified. To provide greater assurance on the delivery of future QIPP savings, the Trust has been rigorous in implementing the findings of CQC Root Cause Analysis.

QIPP schemes and necessary totals will continue to be reviewed and implemented throughout the 5 year period.

## 9. Governance

### 9.1. Performance Management

Performance monitoring occurs throughout the year at board and divisional level.

Monthly, the board receives an integrated quality and performance report, setting out detailed metrics demonstrating quality performance and workforce data. This is reported alongside the monthly finance report, to give a full overview of monthly performance.

Quarterly, a board report highlights performance against the outlined year's strategic objectives, which provides a narrative on the priority information in each of these areas.

Performance against these KPIs of clinical divisions is reviewed by executives and the senior management team, throughout the year. For clinical divisions, this happens quarterly. For supporting departments, reviews are held bi-annually.

The structure of each divisional team is designed to provide the most coherent possible leadership. Clinical oversight is provided by a triumvirate, which comprises a Divisional Director, a senior operational manager (Assistant Director of Operations (ADO)) and a senior nurse (Assistant Director, Nursing (ADN)). This divisional team is supported by operational management, business development, nursing, financial management and HR.

Each divisional review involves the divisional team, with all executive directors present, and provides a comprehensive review of quality, workforce and financial performance, identifying issues and risks and actions to address.

Indicators in monthly integrated quality and performance report reflect the core principles of the five Domains set out in the Care Quality Commission's Intelligent Monitoring System (i.e. Caring, Well-led, Effective, Safe and Responsive).

Relevant indicators are also reflected in a balanced scorecard produced by each clinical division. The principal, cross-cutting indicators include:

- Workforce: vacancy rate, use of agency staff, STAM compliance, sickness rate, turnover rate, and staff expenditure.
- Care quality: The quality indicators for the Trust vary from division to division and are reported as part of a balanced scorecard.
- Financial: Income and expenditure compared to plan; balance sheet and cash – flow; as well as the Trust's overall financial sustainability risk rating, which includes liquidity, debt service. The board also receives more detailed financial appendices.

Triangulated indicators are used at a board level to assess progress against strategy and highlight areas of risk or non-compliance. At the divisional level, they inform action points and focus attention on immediate priorities. Where particular challenges are highlighted, the board arranges follow-up meetings and working groups to address areas of concern. The outcomes from this process informs the Trust risk register, which is updated regularly.

### 9.2. Clinical Governance

The Executive Director of the Patient Experience and Nursing (DPEN) is the executive lead for Integrated Governance and is accountable for ensuring the delivery of a robust clinical

governance system throughout the Trust, which itself then ensures that the Trust delivers against its quality priorities and improvement strategy. In this the DPEN is supported by the Medical Director who in turn appoints a Clinical Director of Quality and Safety.

Clinical divisions review their quality data in relation to patient safety, patient experience and clinical effectiveness on a monthly basis at their divisional governance boards; a divisional exception report is received by the Patient Safety Committee and any concerns on quality are escalated via this committee to the Quality and Safety Committee.

The Trust's Quality and Safety Improvement Strategy 2016-2021 (presented in appendix 2) provides a structure for high quality clinical governance, to ensure on-going improvement in the quality and safety of patient care. The strategy supports our purpose "To provide high quality, safe and compassionate care, enhancing the health and wellbeing of the people that we serve", by defining our aims and is informed by the Trust Quality and Safety Committee's own review of effectiveness, national and local priorities and CQC recommendations. It sets out how we create a culture of continuous improvement to increase and sustain the quality of our services for our patients, people and stakeholders. It also takes into account lessons learnt from within the Trust and from others, emerging best practice and national quality improvement initiatives, in particular The Health Foundation guidance on measuring and monitoring safety and work being taken forward by Imperial College Health Partners on patient safety and quality improvement, regulatory and other inspections, as well as the national and local priorities.

The strategy includes in year priorities which sit underneath each of the overall aims:

Our 7 Quality Aims:

1. Developing a safety culture in which safety is everyone's business
2. Safer staffing
3. Working towards no preventable deaths
4. Proactively improving systems to reduce harm
5. Improving patient experience as defined by our patients
6. Achieving the best possible outcomes for patients
7. Ensuring people receive care in the right place

In May 2015, CQC issued a requirement notice against regulation 12; 'safe care and treatment', which remains outstanding in September 2016. It is focused, specifically, on infection and prevention and control. The Trust will continue to strengthen its governance arrangements and its compliance with the Health and Social Care Act regulations through a programme of internal peer review and mock inspection ensuring there is evidence of progress of improvement against refreshed CQC action plans, with the aim of achieving a minimum of a 'good' rating in future inspections.

The Trust Board declared compliance against Monitor's 'Well-Led Framework' in January 2017 and is committed to continuing compliance with the governance requirements outlined in this framework and as part of its annual self-assessment on quality governance and the 'well-led' domain in the CQC standards.

Full details on how the exact governance structures of the Trust and how they work together to ensure high quality clinical governance can be found in appendix 2.

### **9.3. Financial Governance**

The most important area of monitoring, from a financial viewpoint, is the control total for each division and supporting corporate team. This control total is a sub division of the Trust overall control total, required to obtain sustainability and transformation funding (STF), as described in section 8.1. It is a function of spend on pay and non-pay, income and QIPP (savings programme) performance.

While performance against all of the areas contributing to control total are important and duly monitored, control total performance itself remains the key Trust priority, since this is the end position and the receipt of STF, and consequently the Trust performance against financial plan and the delivery of a surplus, is dependent on this.

Due to the pressures on budgets, caused by increased demand, operational divisions have monthly finance reporting meetings with the exec, to discuss performance against control totals; QIPP performance, alongside other metrics, including quality, HR performance and business planning.

Trust finances are a monthly, standing agenda item at the Trust board and the finance director there presents the key figures and information, in order to provide the board with assurance and oversight.

### **9.4. Engaging our patients, public, governors and stakeholders.**

The Executive Director of the Patient Experience and Nursing (DPEN) is the executive lead for Patient engagement. The Trust has established a Lay Strategic Forum made up of patients and carers who use our services providing them with an opportunity to improve the health and wellbeing of the local population, the quality and safety of care and the efficiency and productivity of Trust services. Representatives from this group have joined committees and other groups providing a public viewpoint to discussions. The Trust also has an established Equality and Diversity steering group.

The Trust has a Carers Strategy which defines the roles and responsibilities of the Trust towards carers of our patients and the role of staff to understand patient and carer experience in the delivery of our services.

The Trust has continued to engage with patients and the public on the patient safety and quality agenda and required improvements as part of its Quality and Safety Improvement Strategy. This work continues with the recruitment of patients to our Patient Safety Champion network.

Patient engagement will continue to represent the patient voice in future developments throughout the Trust such as the Mount Vernon tertiary skin centre (section 6.4), A&E (section 5.1), embedding SaHF (section 6.3), ACP (section 6.3).

People in Partnership (PIP) events will continue to provide opportunity to patients and the local community decision-making on services we offer.

As a Foundation Trust, Public Governors represent the local community through the Council of Governors. The Governors play an active role in recruiting new Members. Regularly, they attend meetings, which are held in the borough, to promote membership. This recruitment activity comprises an important component of the strategy detailed below.



The Trust's 'Membership Development and Engagement Strategy (2016-19)' is used by all Governors of the Trust serving on the Council of Governors, Board of Directors, staff and public members.

The strategy explains Trust objectives for the membership and the approach used to ensure that membership is developed and engaged with in a manner which is representative of Hillingdon. It outlines plans for raising awareness about membership and for the recruitment, retention and involvement of members. It also defines how the Trust will measure the success of the strategy.

The Trust membership objectives can be summarised as:

- To be fully inclusive and ensure that our membership is representative of those eligible to be members
- To provide an effective process for member recruitment
- To provide opportunities for members to be involved to a level that meets their interest and commitment
- To keep members updated about developments at the Trust
- To advise members about how the Trust has responded to their feedback
- To introduce and maintain a dialogue between members and public Governors
- To maintain an accurate database of members that meets regulatory requirements and provides a mechanism for supporting membership development
- To provide opportunities for Governors to attend local consultation and involvement forums e.g. Healthwatch Hillingdon and the Overview and Scrutiny Committee

## 10. Service Transformation and Organisational Change

### 10.1. Case for Change

Transformation is ongoing in the health service. In order to meet rising demands on the system, organisations, such as the Trust, must change the way they work in a systematic way. This includes ensuring a diligent management of the process, developing skills within our hospital teams, working with external stakeholders and providing the best possible use of our project management function to identify areas of maximum benefit.

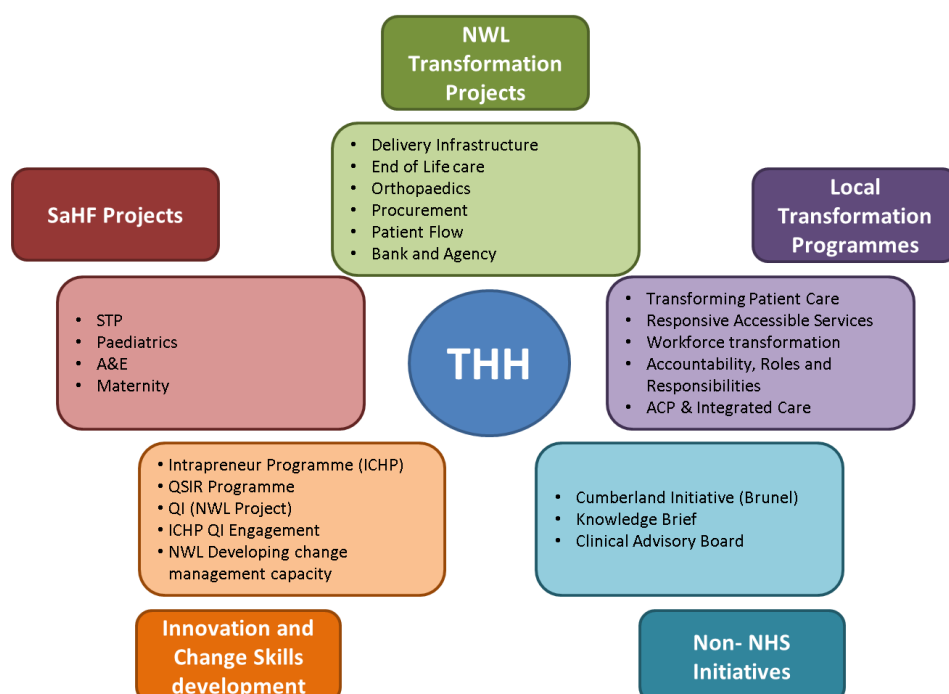
### 10.2. Managing Transformation

Governance is provided by the transformation sub-committee of the Trust Board, which is chaired by a non-executive director. The trust's strategic approach to transformation is based on five main transformation programmes.

In addition to these local programmes, the trust is working collaboratively with external organisations in an extensive transformation programme, linked into NWL wide programmes and Non NHS Initiatives. There are five main groups of work; SaHF projects, NWL Transformation projects, Local transformation projects, Non-NHS Initiatives and Transformation / Change Capability projects. These groups are closely linked, and there is some overlap between them.

Figure 1 illustrates various transformational work-strands with which the trust is engaged.

Figure 1:



The strategic approach to transformation agreed by the Transformation committee is to utilise the five main transformation programmes as the principal structures to drive service changes across the organisation. In this way, the

Transformation Committee can be assured that all programmes of work are aligned with the Trust's strategic direction

The trust engagement with all transformation projects can be mapped as shown in figure 2. This representation shows the inter-relationships between the projects and the five transformation programmes.

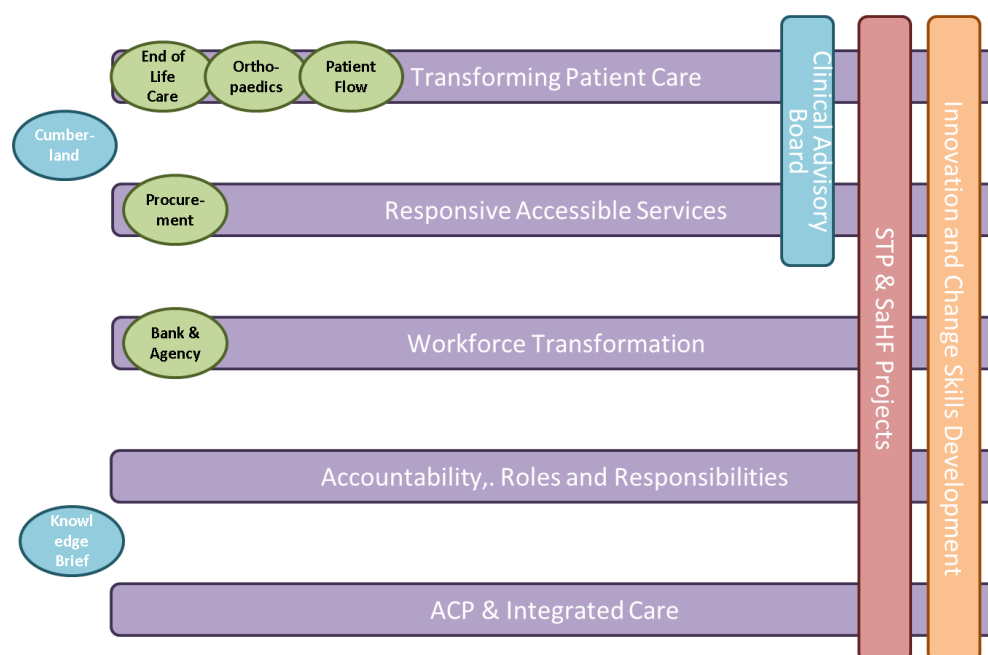


Figure 2

There are currently a number of strategic drivers which may result in the requirement for additional programmes. In particular, the Sustainability and Transformation Plan (STP), the out-workings of the Lord Carter review, and the trust's master planning programme are likely to require transformational elements to achieve the aims of the initiatives. As further programmes are developed or required, ratification will be sought through the transformation committee, which will also consider the appropriate resource for the organisation to apply to achieving the necessary change. The Transformation committee will maintain the mapping to ensure the coherence of the overall programme is maintained.

### 10.3. Managing Organisational Change

The "Innovation and Change Skills Management" work strand shows the work that will be undertaken in the organisation to improve staff skills when it comes to implementing change. This will enable staff working in operational and corporate areas to identify areas for innovation and to develop improvements for them. Empowering staff to be able to make change in their area of work, even when those changes are small, provides a sustainable and functional model, which complements the more top down innovations and facilitates the right culture to meet increasing demands on our services.

Much of the work to improve skills from 2017-21 will involve working with local partners, such as the Academic Health Science Network (AHSN) Imperial College Health Partners and the Northwest London STP team. As different training packages become available, staff from across the organisation will be put forward for these. The Trust Programme Management Office (PMO) will provide a link for these staff to share their learning with colleagues from

other departments, including those who have been on other training courses, to ensure the optimal use of skills and experience by all the staff at the Trust.

As a relatively small organisation, communication and networking across the Hillingdon Hospitals NHS Foundation Trust is made easier, meaning that learning can readily be shared from one team with the next.

#### **10.4. Collaboration with External Partners**

As well as working with the AHSN and the STP on providing learning for staff to enable change, the Trust will also work with partners such Brunel University London to improve the way we look at our processes and better see how they might be improved.

While the AHSN provides insight on improving clinical quality, Brunel provide a high level expertise on what is known as “process engineering”, looking at our process with a more analytical and engineering mind set and being able to see how they might be undertaken more efficiently.

#### **10.5. Project Management Function**

The PMO will provide flexible support the clinical and corporate teams of the Trust, in order to facilitate both large scale and small scale change. In order to ensure that this change happens, ownership of each of the projects and work streams will be taken by the teams themselves, with the PMO providing a support function, facilitating change.

By providing a support function, rather than full project ownership, the PMO will be most efficiently placed to facilitate the number of work streams required by the Trust to meet future demands, providing high quality care, within available resources.

#### **10.6. Implementing the Recommendations of Lord Carter’s Review**

The PMO will support the Trust with opportunity identification, utilising skills and experience to benchmark our services against others and to highlight areas which will have the maximum benefit in eliminating unwarranted variation in patient care and efficiency.

Implementing Lord Carter review recommendations, along with other improvement opportunities, will include the use of the model hospital portal to look at areas where Trust performance is below average, work with the relevant teams to identify why that is the case and to provide a relevant plan to improve Trust performance in that area.

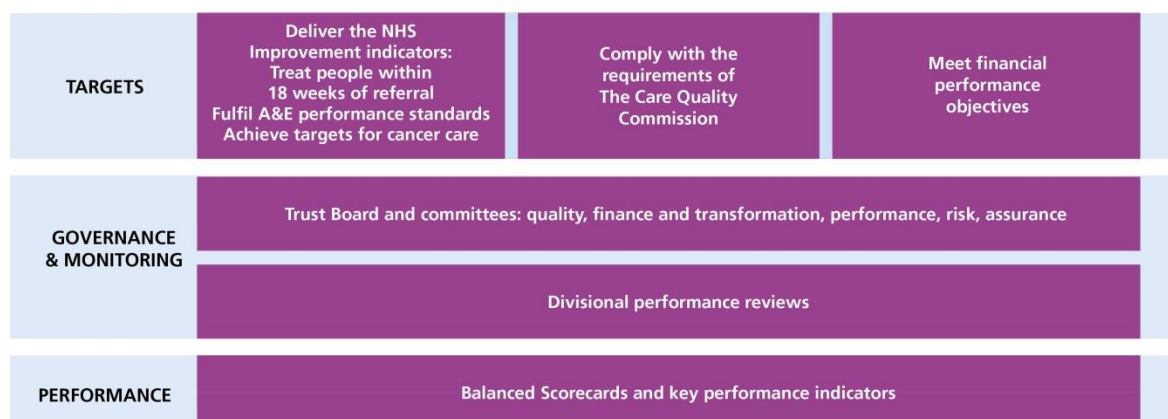
## 11. Communicating the Strategy

We will engage our stakeholders (both internal and external), with the following images to communicate our strategy.

### CREATING A BETTER FUTURE



### OPERATIONAL EXCELLENCE



### IMPROVING THE PRESENT

The image represents the two elements of our strategy: The forward facing perspective “Creating a Better Future”, is balanced by the day-to-day aspects of “improving the present”. In both cases the Trust’s activity is supported by the three key enablers of workforce, estates, and ICT, which are illustrated below:



## Appendices

### 1. Trust SWOT and PEST (March 2017)

<b>Strengths</b> <ul style="list-style-type: none"><li>• Identified as a Major hospital for Shaping a Healthier Future (SaHF) in Hillingdon</li><li>• Mount Vernon Hospital (MVH) Site - Treatment Centre</li><li>• Trust culture and values – CARES</li><li>• Partnership working Brunel University London and CNWL</li><li>• Staff leadership development and training</li></ul>	<b>Opportunities</b> <ul style="list-style-type: none"><li>• Accountable Care Partnership (ACP) and Sustainability and Transformation Plan (STP)</li><li>• SaHF</li><li>• Heathrow Expansion</li><li>• MVH site</li><li>• Partnerships and networks, stakeholder relationships</li><li>• Development of the skin centre</li><li>• Cross border marketing and repatriation</li><li>• IT infrastructure enablers eg Hillingdon Care Record.</li></ul>
<b>Weaknesses</b> <ul style="list-style-type: none"><li>• Over dependence on one customer (HCCG)</li><li>• Financial position &amp; small size</li><li>• Poor condition of estate assets (financial and service risk, not fit for purpose asset base)</li><li>• Recruitment and retention</li><li>• CQC rating</li><li>• Significant elements of clinical service delivered in an environment of outdated (substandard) design</li><li>• A&amp;E infrastructure and flow through the hospital</li><li>• Sustainability of small clinical services and cost of new quality standards</li></ul>	<b>Threats</b> <ul style="list-style-type: none"><li>• Pressure of increasing demand for service</li><li>• Impact of social care funding in view of demand for services</li><li>• Financial sustainability (in Hillingdon context)</li><li>• Regulatory action / intervention</li><li>• SaHF does not proceed</li><li>• Changing configuration of local services.</li><li>• Competitive local labour market</li></ul>

## PEST Analysis (March 2017)

### Political

- Ongoing cross party commitment to healthcare free at point of delivery
- Local MPs have influence in central government
- Local support for local hospitals
- Plurality of provision – public / private sector
- Complex relationships CQC/NHSI/NHSE
- Consequence of local elections in May 2017
- Brexit - local consequences for staff

### Social

- Increase in longevity and chronic conditions
- Increase in ethnic diversity
- Increasingly informed healthcare consumers
- High expectations of health care services despite austerity measures
- Public health including obesity and diabetes prevalence

### Economic

- National economic austerity for several years to come
- Health budget not keeping pace with demand
- Local health economy weak
- Move to capitated budgets
- Cost of social care and requirements of funding
- Costs of training nurses and health professionals

### Technological

- New medical treatments increasingly expensive
- Massive increase in power of IT(untapped potential for healthcare)
- Innovative models deliver improved care
- Self-care



## **2. Quality and Safety Improvement Strategy 2016-2021**

[https://www.thh.nhs.uk/documents/ Publications/Quality & Safety Improvement Strategy 2016-2021.pdf](https://www.thh.nhs.uk/documents/Publications/Quality%20&%20Safety%20Improvement%20Strategy%202016-2021.pdf)

## **3. Sustainability and Transformation Plan**

### **3.1. North West London STP**

[https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl\\_stp\\_october\\_submission\\_v01pub.pdf](https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl_stp_october_submission_v01pub.pdf)

Appendices Below

[https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl\\_stp\\_october\\_submission\\_appendices\\_v01pub.pdf](https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl_stp_october_submission_appendices_v01pub.pdf)

### **3.2. Hillingdon Local STP Chapter**

<http://www.hillingdonccg.nhs.uk/plans-and-priorities>

### **3.3. Local Digital Roadmap**

[https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl\\_local\\_digital\\_roadmap - nhs\\_england\\_submission -  
\\_jan\\_2017.pdf](https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl_local_digital_roadmap_-_nhs_england_submission_-_jan_2017.pdf)

**Integrated Care in Hillingdon Model of Care**

**“Nothing about me, without me”**  
- the patient and carer voice at the heart of all provision

**Live Risk Stratification** (Health & social factors)

**High**

**Medium**

**Low**

**Specialist Resources (Wider Care Team)**

**Advocate**

**GP**

**GP with Special Interest**

**Pharmacist**

**Senior Nurse**

**Consultant Geriatrician**

**Social Worker**

**Care Coordinator**

**Third Sector**

**Dedicated Core Care Team**

**GP Practice**

**Family Doctor**

**Nursing Services**

**Community Pharmacist**

**Third Sector**

**Wider MDT**

**Advocate**

**Proactive Review of Care Plan**

**Responsibility of care - Core Care Team**

**Responsibility of care - GP**

**My Care Plan**

**Key Worker**

**System Navigator / Care Coordinator**

**Trigger event / Exacerbation**

**Service Functions**

- Health Coach and Education
- Telehealth and Telecare
- Domiciliary and Home Care
- Home Safe and Reablement
- Community Nursing (inc. wound care)
- Community Phlebotomy
- Community Diagnostics
- Nutrition and Fluid Management
- I.V. Management
- Rapid Response
- Therapies (O/T, Physio)
- Equipment & Adaptations
- Non-clinical Advice & Support
- Community Mental Health
- Carer's Support
- Out of Hours
- Community Dietitian
- Befriending and other voluntary services
- Bereavement
- Night sitting
- Supported leisure activities / centres
- Memory service
- Allied services (optician, dentist, podiatry)
- Speech and Language therapy
- End of Life care pathway

**Key Enablers**

- Partnerships (organisational, team, individual)
- Clinical and Professional Leadership
- ICT and Information Sharing (shared electronic care plans)
- Technology (telehealth / healthcare without walls)
- Workforce (new models of workforce)
- Defined Standards (performance monitoring and follow up)
- Capitated Budgets

**Supporting Healthy Independence**

**Working Together for Better Care**

Central and North West London NHS Foundation Trust

The Hillingdon Hospitals NHS Foundation Trust

Care4U GP Network

MetroHealth GP Network

ageUK

North West Local Care

## 5. List of Abbreviations

Term	Meaning	Term	Meaning	Term	Meaning
A&E	Accident & Emergency	ACHS	Academic Centre for Health Sciences	ADN	Assistant Director of Nursing
ACP	Accountable Care Partnership	ADO	Assistant Director of Operations		
BAME	Black and Minority Ethnic				
CQUIN	Commissioning for Quality and Innovation	CCG	Clinical Commissioning Group	CQC	Care Quality Commission
COPD	Chronic Obstructive Pulmonary Disorder	CHD	Coronary Heart Disease	CNWL	Central & North West London NHS Foundation Trust
CIE	Care Information Exchange				
DA	Delivery Area	DPEN	Director of Nursing and the Patient Experience		
ECIP	Emergency Care Improvement Programme	ED	Emergency Department		
FBC	Full Business Case	FY	Financial Year		
GP	General Practitioner				
HCCG	Hillingdon CCG	H4all	Hillingdon for All		
ICT	Information and Communication Technology				

LTC	Long Term Condition				
MVH	Mount Vernon Hospital				
NWL	North West London	NPH	Northwick Park Hospital	NHSI	National Health Service Improvement
NHSE	NHS England				
OBC	Outline Business Case				
PKB	Patient Knows Best	PMO	Programme Management Office	PIP	People in Partnership
PEST	Political Economic Social Technological	PPE	Public & Patient Engagement		
QIPP	Quality, Innovation, Productivity & Prevention				
RTT	Referral To Treatment				
SaHF	Shaping a Healthier Future	STF	Sustainability and Transformation Fund	STP	Sustainability & Transformation Plan
SOC	Strategic Outline Case	SWOT	Strengths Weaknesses Opportunities Threats		
THHFT	The Hillingdon Hospital NHS Foundation Trust				
WTSB	Workforce Transformation Steering Board				
5YFV	5 Year Forward View				

## 6. References

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i NHS Providers (March 2017) "Mission Impossible: The NHS Can't Deliver in FY 2017/18".

ii *ibid*

iii NHS 2030 – Creating the future Board paper January 2017

iv Kings Fund (March 2015) "Acute Hospitals and Integrated Care"

v NHSE aide memoire 'Indicative 2020/21 STP funding including transformation'.

vi <https://www.england.nhs.uk/wp-content/uploads/2016/01/total-place-allocations.pdf>. These comprise three year firm allocations (subject to specified conditions) and two year indicative figures.

vii NHSE aide memoire 'Indicative 2020/21 STP funding including transformation'.

viii Developing a 5 year plan to sustain and transform health services, Hillingdon CCG, 18th May. Slides presented to participants at a stakeholder engagement Brunel University, London.

ix Appendix 2, agenda item 10, Hillingdon Health and Wellbeing Board Tuesday 28th June 2016.

x Hillingdon Joint Strategic Needs Assessment (2016 - 2021) available at <https://www.hillingdon.gov.uk/article/29581/Population-statistics>

xi *Ibid*

xii Northwest London Sustainability and Transformation Plan (October 2016). Executive Summary.

xiii *ibid*

xiv Hillingdon Joint Strategic Needs Assessment (2016 - 2021)

xv Data from Hillingdon CCG's Commissioning Intentions 2016-17, published October 2016.

xv The Hillingdon Hospitals NHS Foundation Trust Board Report agenda item 23, January 2016, 'Digital Maturity Index'