

Bridgewater Community Trust

Target Operating Model and Electronic Patient Records

Introduction

The Trust's participation in NHSI's Financial Improvement Programme was borne out of the necessity to rapidly develop a standalone CIP plan for FY17/18 following the decision by NHSI not to continue with the Trust as the preferred acquirer of Liverpool Community Health. Liverpool would have focused the Trusts' efforts on efficiencies across a larger footprint. With that opportunity gone the Trust has had to focus on its core business, placing itself at the centre of the health economy plans in each borough and playing a role as the leading community provider. The position left the Trust with an immediate financial challenge and a CIP of over £7m for 17/18 as previous plans were focused on that larger footprint. In April the Trust identified £3.3m of potentially viable CIPs against the FY17/18 £7m target. Following input from KPMG the Trust developed a robust CIP programme resulting in the identification of £7.6m in savings. This programme included a series of cross cutting schemes one of which was focused on designing a new operating model (potential opportunity to release £500k) and another on implementing electronic patient records.

Support Provided

Target Operating Model

The team built on the foundations laid by KPMG. It refreshed both the approach/timeline and the supporting project team to ensure that the working group had operational input from Finance and HR and that there was an appropriate Design Authority. Our support focused on the following stages:

Current State Assessment: Constructed and validated the baseline (structures, WTE & headcount) and undertook a structural analysis (spans and layers).

High Level Design: Worked with representation from the Design Authority to define overarching design principles. Liaised with operational management to gather back office requirements. Developed a high level operating model – clinical and back office validated by the Design Authority.

Design Future Model: Through a series of facilitated workshops developed the service structures that addressed the design principles and requirements. This included a review of structures and high level activities associated with roles.

Socialised the structures with key stakeholders to gain buy-in and support. Developed a plan for implementation, including change management considerations and risks. Identified potential savings of circa £1m with £270k of this re-invested into clinical services released as savings. Consolidated all outputs into a formal business case and presented to the Executive Management Team.

Electronic Patient Records - Following an initial review focused on potential savings a more in depth review was undertaken with key stakeholders. This explored the implementation journey and culminated in a position paper regarding the rollout of EPR highlighting what was working well, areas for improvement and concluding with options for maximising benefits to staff, patients and the Trust.

Value Delivered To Client

- Identification of achievable CIP savings that contributed to the £7m target
- A shared understanding across the Executive Management Team of current service structures and opportunities for efficiency
- A re-focus of the operating model to better align to the Trust's strategy of focusing on the individual boroughs that it serves where it works in partnership with other providers to move towards the delivery of place-based systems of accountable care
- A shared understanding of the EPR journey to date and realistic options to take it forward for consideration by the Trust
- Strengthened the Trusts understanding of the benefits of EPR and increased the likelihood of their delivery