



South Central Branch Annual Conference
13th September 2018

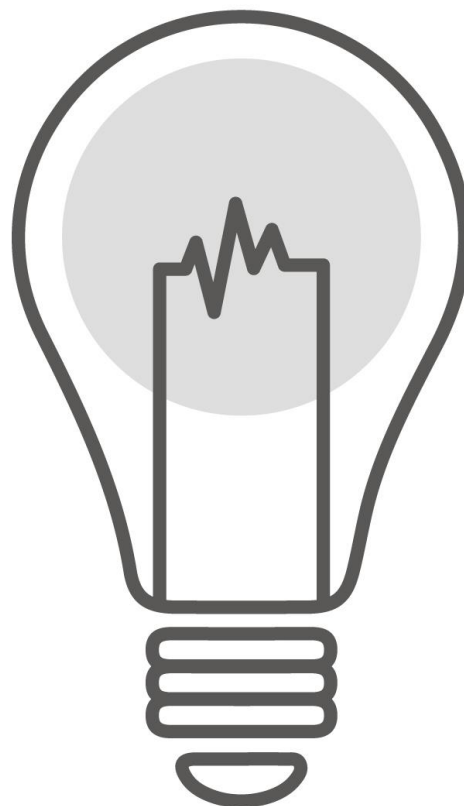
Alex Gild, CFO Berkshire Healthcare NHS FT
HFMA President





Our NHS, your HFMA

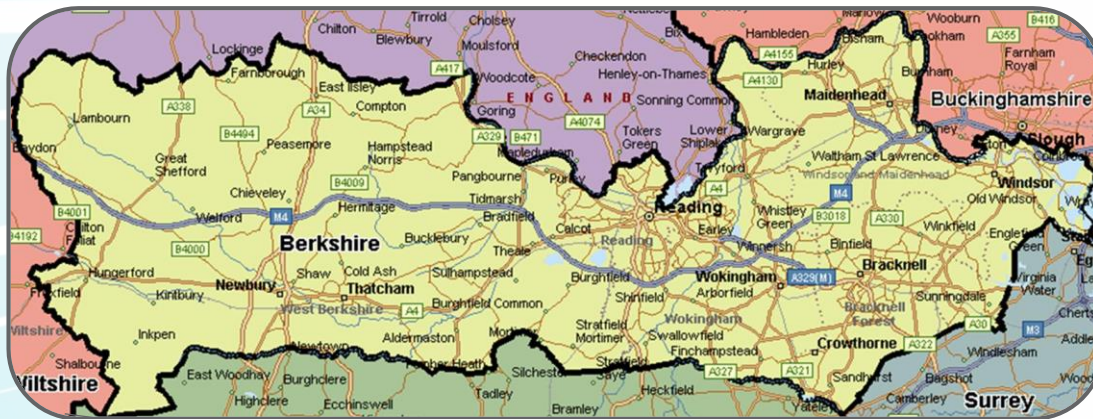
**Brighter
Together**



I love the M4...and I also enjoy working with two ICSs (and an STP)



- Berkshire Healthcare FT £250m / 5,000 staff, combined mental health and community services provider to Berkshire population (900k)
- System partner to two **Integrated Care Systems: Berkshire West** (part of BOB STP) and **Frimley** (East Berkshire, Surrey Heath & NE Hants & Farnham)





Reflections on our ICSs so far..

- Relationships and trust a given
- ICS vision and priorities critical to alignment
- Planning at system level
- Delivery at system level
- ICS orgs facing exactly the same pressures as non ICS orgs
- Subsidiarity vs. risk share
- Regulator behaviours changing
- New contract forms / payment mechanisms: need to move from fee for service
- Integrated care focus, building on vanguards / new models of care
- System control totals, but what about the wider system
- We all need capital and transformation funding

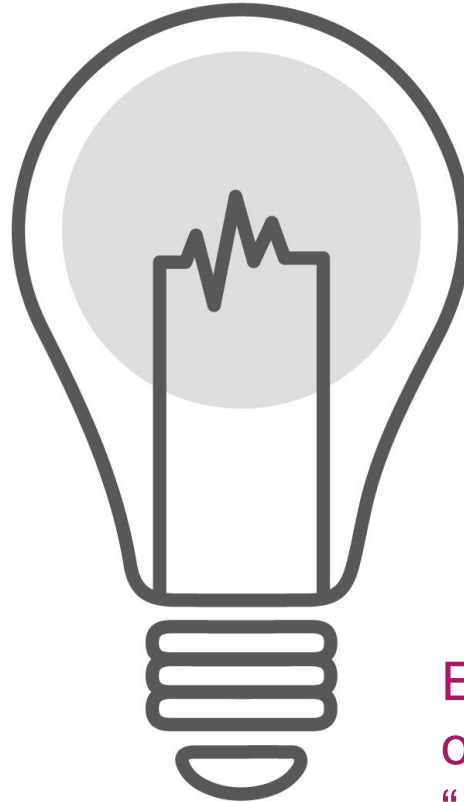


18/19 and forward planning

- This year's plan... **doesn't balance by up to £1bn** (risk according to NHS Providers, or £0.5bn gap per NHSI)
- Underlying **NHS deficit of £4.3bn** (after stripping out £2.45bn of PSF)
- **Ten year NHS plan** to be developed in very short order for autumn budget
- Ok, but fortunately the five year "settlement" is as easy as:
 - **A+B+C = a fit for the future NHS..**
 - **A = 3.4% p.a. average real growth**
 - **B = productivity/efficiency (% TBC)**
 - **C = release existing service costs and reinvest into new care models**
- ABC sum looks very challenging – we know the 3.4% fell short of what was hoped for.
- 5% was minimum to recover and transform...4% to recover performance...
- Priorities: many competing
- Capital needed
- Transformation funding needed
- Short term nature of financial rules – PSF/CTs holding back longer term efficiency planning
- Workforce risk is growing
- Demand surging
- Pay award included in 3.4%
- Prevention muscle withering under public health reductions
- Tariff moves to "blended" payment mechanism – what's best?
- Capital and revenue funding flows need resolving (please read HFMA/PWC June 2018 discussion paper)

What can we be doing day to day?

Look around, learn and collaborate to influence change. Build trust across teams and system partners because we go into the future together.

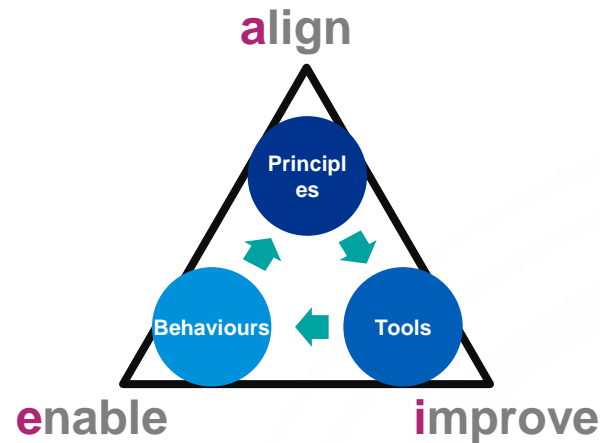


NHSI, NHSE and others are reshaping to help and support us. Draw on their resources alongside your skills and expertise, and drive benefit locally

Emerging national focus on Quality Improvement “science” to sustain improvement gains for patients, increasing value by reducing waste

Quality Improvement Philosophy

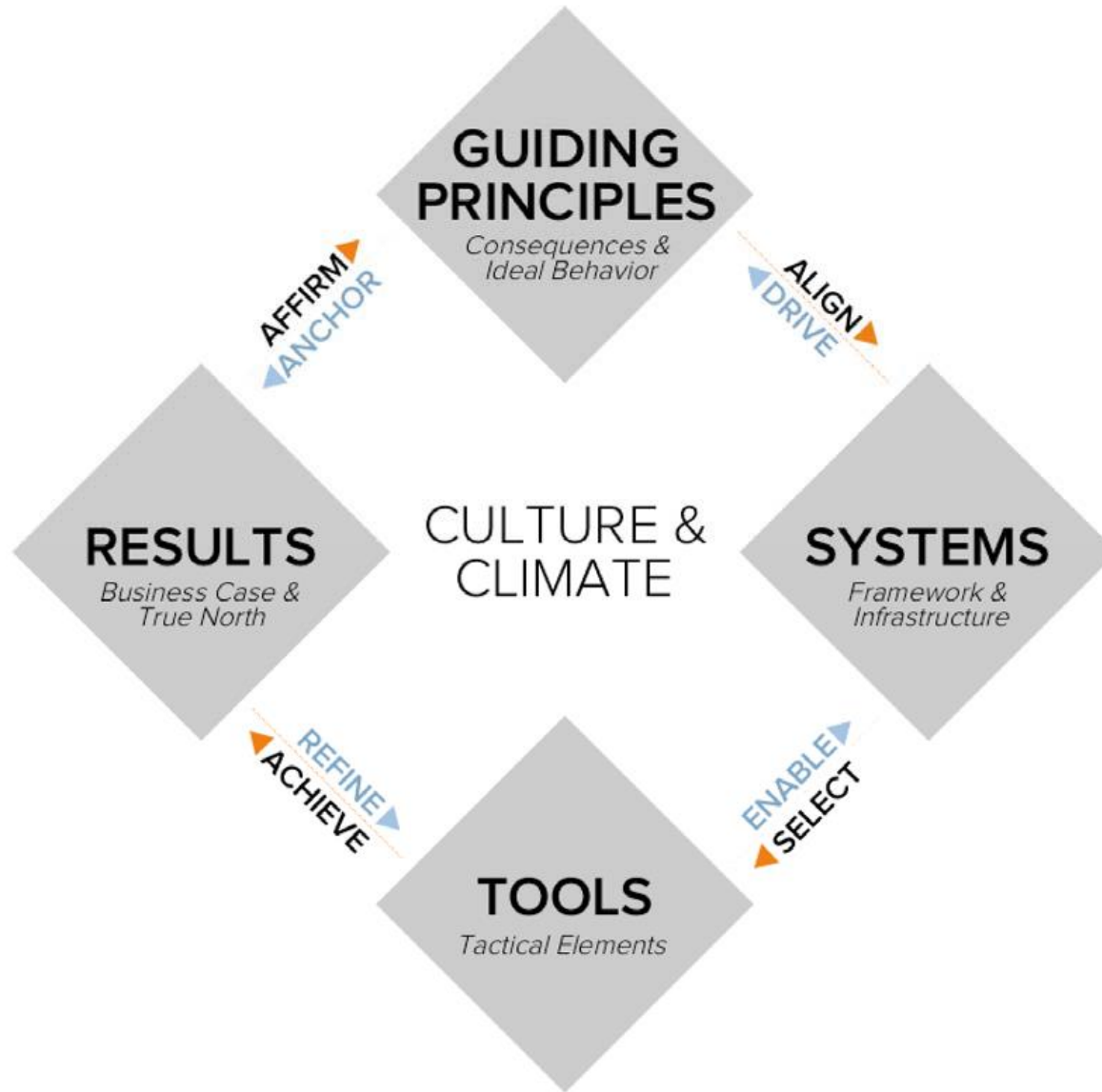
Everyone understands what the direction of the organisation is, what the key priorities are, and what their role is achieving these priorities
Through **Strategy Deployment**



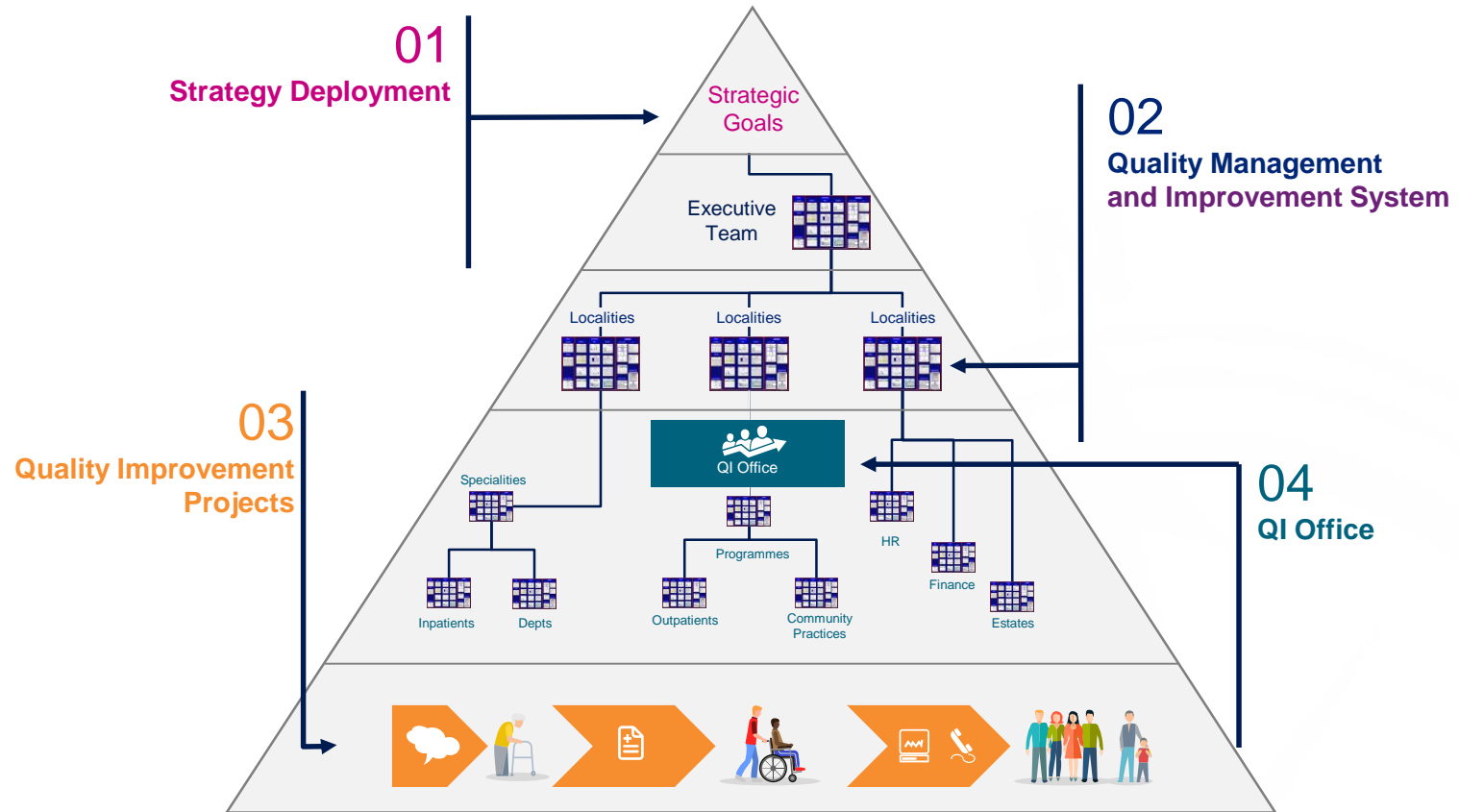
Leaders and managers shift from doing to enabling frontline staff through adopting a coaching style
Through **QMIS** and **improvement leadership behaviours**

QI is common way of working across the organisation – using the relevant tools and methods to solve problems and improve performance
Through **QMIS**, our **QI office** and **improvement projects**

Cultural Shift



QI in Berkshire



Lean Management Systems: Bridging the gap...

The majority of leadership time is spent firefighting

Day to day things that get in the way may not be dealt with or improvement sustained

Improvements are not initiated by the frontline team actually providing the service

Poor standardisation of frequently repeated processes and chaotic Leader diaries

Dedicated time for Proactive Planning & time for People Development

A system for team led Daily Continuous Improvement and ensuring sustainability

Team driven changes that align together to create larger scale impact for the Trust (True North)

Using the current best known standards across the team to improve practices and sustain improvements

Quality Management Improvement System

A board to ward management system that builds in daily continuous improvement, sustainability and an explicit connection to a set of focused Trust goals



HARM FREE CARE
PROVIDER EXPERIENCE
OUR PEOPLE
BETTER PATIENTS

STANDARD WORK

QUICK WINS

IMPLEMENTED

PICK

CHALLENGING

PDSA

ESCALATION

The number of patients

2	2
5	3
2	2
5	3
3	2



And finally..



Together, we are HFMA

- Your branch
- Support
- HFMA's focus