NHS

Meeting Title	Mid and South Essex Acute Trusts Joint Working Board		
Meeting Date	7th February 2018	Agenda No	9
Report Title	Change Portfolio Update		
Lead Executive Director	Tom Abell, Deputy Chief Executive / Chief Transformation Officer		
Report Author	Deputy Chief Executive / Group Directors / Programme Directors / Change Management Office		
Action Required	Decision □ Discussion □ Monitoring X		
Background / Context	The purpose of this paper is to provide the Joint Working Board (JWB) with an update on the transformation and change activities across the three Trusts since the last JWB meeting. The detailed check point and status reports for the portfolio of change activities and the programmes more generally is included as an annex to this report. As requested at previous meetings this report is intended to expand further on the current change activities ongoing across the three trusts; focused in the following areas: -Public consultation update and clinical model -Clinical reconfiguration and redesign -Corporate support -Clinical support -Individual trust programmes -Innovation, strategic projects, integration and partnerships -People and organisational development The dashboards provided for each programme are intended to show the current status of each programme and project, and will increasingly show the interdependencies between the projects as the refocused programme and project delivery governance and assurance systems embed – this in turn will assist in moving to a more clearly understood roadmap of change. Within the clinical reconfiguration and redesign section an update is provided on the current status of the pre-consultation business case.		
Assessment of Implications			
Financial	Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? None identified.		

The Joint Working Board comprises a committee (known as the Success Regime Committee) of Basildon & Thurrock University Hospitals NHS Foundation Trust, the Success Regime Committee of Mid Essex Hospital Services NHS Trust and the Success Regime committee of Southend University Hospitals NHS Foundation Trust which meet in common.

	Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts? None identified. If yes, can these implications be <u>fully</u> covered by existing budgets? N/A
Risk	Direct link to BAF risks 7.0A and B (Failure to delivery the external and internal elements of the PCBC and wider transformation plan).
Equality and Diversity	No specific E&D issues noted.
Freedom of Information	No exemptions identified.
Other *Implications Identified (including patient safety and quality, legal and regulatory compliance)*	None identified at this time.
Recommendation	The Success Regime Committees which comprise the Joint Working Board are invited to: - Note the report.
Appendices	Transformation paper A -Clinical Redesign/Reconfiguration Programme Dashboard B -Clinical Support Programme Dashboard C -Southend Programme Dashboard D -Basildon Programme Dashboard E -Apprenticeship Levy Dashboard

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Change portfolio update – February 2018

Purpose

1.   The purpose of this paper is to provide the Joint Working Board (JWB) with an update on the transformation and change activities across the three Trusts since the last JWB meeting. The dashboards for the portfolio of change activities and the programmes more generally is included as an annex to this report.

Public consultation update and PCBC model

2.   Public consultation activities continue in month with more than 350 people having booked places across the various Public Discussion Events being held across mid and south Essex. Typically more people attend these events than have been booked and discussions have been positive and constructive.

3.   This work is being complemented by a significant programme of smaller group meetings and workshops. These include resident forums, LGBT events and workshops aimed at people with a learning disability, as well as events aimed specifically at younger people.

4.   Public meetings in February and March are shown below:

7th February 2018 / Braintree Town Hall / 18:30-20:30

8th February 2018 / Cliffs Pavilion, Westcliff-on-Sea / 18:30-20:30

20th February 2018 / Oysterfleet Hotel, Canvey Island / 14:30-16:30

21st February 2018 / Brentwood Community Hospital / 18:30-20:30

27th February 2018 / Towngate Theatre, Basildon / 13:30-15:30

28th February 2018 / Plume Academy School, Maldon / 18:30-20:30

6th March 2018 / Civic Hall, Grays / 13:30-15:30

7th March 2018 / Audley Mills Centre, Rayleigh / 14:30-16:30

8th March 2018 / South Woodham Ferrers / 18:30-20:30

4.   Staff briefings continue regularly across all sites and will continue to be undertaken during the consultation period.

Clinical Strategy

5.   As part of the assurance process prior to implementation of the STP's proposals for the future of acute hospital services, the plans will return to the East of England Clinical Senate for a stage 2 review. This includes a visit to the site and a 2-day panel. The Senate will examine proposed plans for the future clinical models in more detail,

looking at a number of domains including: further information about patient management and segmentation/selection, clinical workforce capacity, skills and training to support the service changes, quantification of patient benefits, how we will ensure quality and safety, outline implementation plans, information exchange and IT planning, business continuity & resilience proposals and communications approaches.

6. To prepare for the senate submission, the Group team and Clinical Programme Board is working with service Clinical Leads, the msb Institute team and operational and corporate colleagues to populate standardised service design templates. These templates describe the proposed clinical model across all hospitals and the community in more detail, and draw out greater specificity in terms of workforce and skills requirements, critical co-dependencies and how we will identify patient and service benefits and mitigate possible risks. We have chosen two specialties – Urology for the surgical pathways, and Respiratory for medicine, to pilot this approach immediately, with roll-out more broadly from next week. We aim to complete the data capture within 6 weeks. Written evidence must be submitted by the end of March 2018. There is an added benefit of obtaining this level of detail in that it will help to inform the clinical benefits analysis required as part of deciding the trusts' future organisational form.

7. Additional details around engagement, infrastructure and implementation planning is being supported by commissioners and our own planners, and builds upon the detail from the Pre-Consultation Business Case approved last year. We have regular calls with the Clinical Senate office to agree the approach, and have shared and agreed outline programmes for the site visit and panel. The one-day site visit will be to Basildon Hospital and will be held in the week of 16th April 2018, and the 2-day panel will run 25-26 April 2018 off-site. This timeline will see the final report being shared mid-May 2018, well timed to feed into commissioner decision-making on service proposals during June/July 2018. We are also considering how to obtain external clinical "critical friend" feedback and build in patient perspectives prior to the Senate panel. Some additional consultancy support has begun to support the senate preparation – as discussed at JWB in December 2017.

Clinical reconfiguration and redesign

8. The overall RAG rating for the clinical programme board is Amber, with good clinical engagement across the three sites in developing the future vision for services, there is, however, significant detailed work to be undertaken in a range of areas to ensure that projects move through the correct governance channels, and into operational implementation phase. As shown on the dashboard there were 8 projects Red RAG rated in December. Projects with ongoing delays are detailed below

- **Vascular:** This project remains RAG rated Red, as the business case was not complete for approval at clinical programme board. Work on the vascular business case is ongoing with detailed financial analysis being undertaken, on the revised business case template.
- **Interventional Radiology:** The project is RAG rated Red due to limited progress in December, specifically around a decision around the rotating hub versus fixed hub. A decision on this is expected to be made in January, which will enable a clear forward plan to be developed.

- **Renal:** This project has been Red RAG rated in December due to the project proposal form not being sufficiently developed to be signed off by the SRO and Clinical programme Board. Further work is being undertaken to expand the draft of the current renal project to ensure that there it focused on the end to end pathway.
- **OMFS:** This project remains RAG rated, due to ongoing operational resource issues. The full implementation of this is now likely to be delayed until April.
- **AMU and Frailty:** project progressed slowed down in January due to operational focus on winter pressures.
- **Cancer:** Focus continues on local operational performance.

9.   Clinical Programme Board approved the mandate documents for the Neurology Projects and the Trauma and Orthopaedics (T&O) projects to go live. The T&O project will be fast tracked as a high priority project, driven by the priority of splitting elective and emergency work as an enabler to supporting recovery RTT performance across the Group.

10.   A key area of risk highlighted at the clinical programme board in December was concerns as an increasing number of projects progress to business case stage that there is insufficient resource at an appropriate skill level within the analytics and finance work to support the business development. This risk has been escalated through to the Joint Executive team, who are working on resourcing plans to ensure that this risk is mitigated.

11.   A gap analysis has been under taken, to measure progress of projects against the 18 domains of clinical senate requirements.   A template is now being developed to support the progress to achieve the clinical senate requirements by mid-March. Weekly review meetings are now in place to check and challenge progress. Linkage to the Future organisational form programme are also being developed to avoid duplication.

Corporate support

12.   The corporate support programme update is being presented as a separate item elsewhere on the agenda today.

Clinical support

Sterile Services
13.   Analysis of packing processes for Sterile Services has shown there are opportunities for potential efficiencies as the process of using containers requires 2/3 of wash machines capacity and additional man power.

Pharmacy
14.   The review of the wholly subsidiary outpatient dispensing savings has significantly improved with the new proposal payment for NHSE drugs of £40 per unit for 2 years and £30 per unit thereafter.

Radiology

15. Radiology out of hours reporting went live across msb group with the estimated savings of £25k to date. Image sharing has gone live in Basildon and Southend. There is a plan to replace the Mid Essex firewall which has delayed its go-live, and this will enable Mid Essex to start sharing images with other MSB sites by the end of March 2018. The estimated monthly average savings for not using Inter Exchange Portal to share images within and beyond msb group e.g. Colchester for breast service with Mid Essex is between £3k-£4k. Standardised MRI MSK protocol has gone live across MSB.

Microbiology

16. The business case to support the rebranding of Microbiology to become the MSB Infection Service is progressing. Mid Essex has been selected for the STP training programme in microbiology (1 of 3 sites in the UK) and also in Biochemistry. Engaged with procurement team to start the procurement process for digital pathology.

Outpatient Access and Appointment (OPAA)

17. The OPAA project has the full backing of key stakeholders with the more emphasis on achieving 100% electronic referral services (eRS) paper switch off (PSO) by June 2018. MSB group communications on eRS PSO initiative went out on 3rd January 2018 and the first highlight progress report sent to NHS England.

Programme issues

18. The process of securing business case approval across the three sites remains a challenge as each site's finances are the focus of the site management team and this is certainly affecting the pace of implementation, complicated by the inability to move budget around even within an area where there is an existing single msb management structure is affecting implementation pace. For examples, implementation of msb pharmacy medicine information, msb medical physics, and msb sterile service. Failure to achieve 100% eRS by June 2018 will impact the msb income of first outpatient activity of consultant led clinics. For example, achieving average eRS of 50% across msb could impact >£15m income. These issues are live discussions across the trusts on the best options to resolve these difficulties.

Individual trust programmes

Basildon (Stepping Up Programme)

19. This report covers the stepping up improvement projects only, and does not cover governance of the operational rapid action recovery plans.

20. The overall improvement portfolio has been rated AMBER for December performance with four projects RAG rated Red.

21. The Appendix of this report shows the overarching dashboard which was reported to Stepping up Board outlining the progress of each programme within the portfolio for December 2017. Four projects are Red rated, which is an improvement from the five projects rated Red in November. There continue to be 5 projects Amber rated, and

there has been an improvement in the Green rated projects from zero to one compared with November.

22.   The **E-Referrals** project continues to be Red rated in December due to the current risks and issues within the project and slippage in the completion of milestones. There continued to be delays in the opening up of slots on the E Referrals Service system for identified clinics, due to capacity issues within the Electronic Patient Records team to be able to process these changes. The EPR team have now prioritised the ERS system work and are currently progressing making surgery clinics that need to be available in ERS. Dates have been set now to meet with other Divisions to validate clinics and open slots on ERS. This delay also impacts upon the achievement of a reduction in Appointment Slot Issues (ASIs) to 4% target at Q3. Currently the Trust was at 34% for December. CQUIN failures in 2017/18 are not creating a financial pressure due to the agreement of a block contract, however, there remains concern that the trust could be at risk of significant financial losses (£5.7m-11m) if systems are not in place for the Paper switch off. The project is dependent on demand and capacity analysis being undertaken in a number of specialities.

23.   The **Radiology Utilisation** project remains Red rated in December due to lack of progress and issues with resourcing the project both operationally and divisionally. The project continues to be impacted by a lack of informatics support to undertake demand and capacity analysis within the service. This has been escalated to Martin Callingham, as it is key to patient flow and planned care programmes to understand radiology delays.

24.   **Cost Improvement Programmes** remains Red rated in December due to limited progress in December and limited assurance of delivery of the overall £16.322m target. There was a significant focus for all departments in December in developing the financial recovery plan to end of year. As at 17/01 the pipeline is at £17.1m. 9 schemes were signed off at Quality Assurance Group meeting in December with value of £116k. Total profiled value of approved schemes is £13.1m in year.

25.   The methodology for setting the CIP plan for 18/19 has been completed and communicated to divisions. Plans are being developed with a deadline for submission to NHS Improvement in mid-February the target. The largest gaps in identified CIP remain in General Medicine (£289k) and Surgical Services (£641k). Limited identified CIP against group target of £1m target.

26.   **Pressure Tissue Damage** remains Red rated in December due to major slippage against delivery due to lack of capacity within the Tissue Viability Nursing team. The project has been focusing on finalising the template for the development of E-Observations package and this was delivered in December. The Tissue Viability Nurse role was appointed to in December with the new team member due to start shortly.

27.   The Portfolio Risk Register was reviewed at Stepping Up Board. The highest risk affecting delivery of the portfolio projects and achievement of the identified outcome measures is in relation to the impact of the projects upon achieving the key

performance standards and a lack of capacity within the informatics team to support projects within the Stepping Up Portfolio.

Mid Essex (Transformation Steering Group)

28. The MEHT 2017/18 Transformation Programme has predominantly centred on developing a firm foundation for the improvement team in terms of promotion of working methods in addition to assuring delivery of local cost improvement programme commitments.

29. In-line with the above, the MEHT Programme Director is now in post and further establishing the Trust's improvement and programme support function in terms of capacity and capability.

30. The Transformation Steering Group was held 26th January and expectations set accordingly with operational and senior leadership teams. This forum was used to approve forthcoming projects and schemes recommended to the group through the QIA process.

31. Local governance, in line with CMO processes is being established to support central working methods.

Southend

32. SUHFT have established a monthly transformation programme board to align with Basildon's stepping up board which gives Site Leadership Team oversight of projects from across the Trust. The scope includes projects and improvement work in: programme management office; IT; estates; POD; and operational improvement / transformation work.

33. The Appendix of this report shows the overarching dashboard which was reported to the SUHFT transformation programme board outlining the progress of each programme within the portfolio for December 2017.

34. Cost Improvement Programmes remains high risk due to the scale of the challenge (£12m) with limited progress in December and limited assurance of delivery. The methodology for setting the CIP plan for 18/19 has been completed and communicated to divisions. Additional resourced are being brought in to support the directorates to bring the programme back on track.

35. The Programme / Change Management Office are still recruiting for 4 staff which is limiting the team's capacity. PMO Budget is yet to be clarified for the revised structure.

36. In December, additional winter beds were opened and the Discharge Lounge was relocated. In the next reporting period we expect to roll-out Electronic Whiteboards; and Text Reminders for in-patient bookings. The Noteless Clinic project is due to complete by year end.

37. Other on-going Projects include: e-RS (Paper Switch Off); 2018/19 Cost Improvement Programme (CIPS); and Job Planning. Many of the other projects listed in the Appendix also require the team's support.

People and organisational development

38. **Group Leadership & Talent Team (L&T).** The L&T Team continue to provide a transition service including offering of OD and Leadership support and interventions in response to requests received across the Group as a whole. Consultation and engagement with the 3 Trusts is underway at multiple levels.

39. **People Strategy**. Leadership & Talent Team consultants are using an Appreciative Inquiry approach to gather information and theme staffs contribution to developing the Group People Strategy.

40. **Apprenticeship Levy:** Contracts have been awarded to Training Providers to deliver the first of the Apprenticeship training programmes. Additional tenders are either in the standstill phase or evaluation phase (please see apprenticeship dashboard included in the annexes).

41. **Professional & Commissioned Education:** HEE Non-medical tariff and Learning Beyond Registration monies have been utilised to provide development for nurses, midwives, AHPs & HCSs from all three sites. Simulation resources have provided in-situ and wet lab (surgical skills) training for members of the multi-professional team

42. **Culture and Engagement:** A review of the Corporate Induction Programmes for all three sites has taken place. Work has commenced to design and develop an MSB Corporate Induction Programme with a planned timeframe for commencement as April 2018. An exercise has commenced to understand and assess the organisational culture of the three Trusts.

43. **Technology Enhanced Learning:** Harmonisation of the review process for e-learning is underway. E-learning module development continues with the team adhering to a request process to manage demand and capacity

44. **Workforce Planning** – Work has commenced with the stroke service to understand the future workforce requirements and changes that will need to be undertaken to support the proposed clinical changes. A meeting to discuss workforce requirements for paediatrics is scheduled for 20th February and will include acute hospital, primary care and local authority colleagues. .

45. Members of MSB institute are supporting the Local Workforce Advisory Board (LWAB) with a workforce event scheduled for end of February to develop a range of initiatives and actions that need to be taken forward that will improve on current workforce challenges within Mid and South Essex. This includes looking at new models of care, new roles, leadership development and recruitment and retention across different professional groups.

Strategy and joint working

46. Following discussion at JEG and favourable feedback from STP partners and the NHS Clinical Entrepreneurs Programme, the msb group will launch the msb Innovation Fellowship w/c 5th February 2018. The proposed fellowship would allow NHS staff with interesting and useful ideas or novel products to apply to work with the group to test these. The Fellowship in its first year would just invite applications from our own msb group staff and entrepreneurs on the NHS Clinical Entrepreneurs

Programme (in which msb group and the wider STP is a partner). Supporting a Fellowship programme provides a transparent way to engage individuals and organisations associated with them, allows clear definition of permissions and scope of expectations on both sides. In 2018/9 we intend to focus on supporting around 10 innovators looking to improve patient safety through their ideas, or to help our staff through innovation in workforce.

47. Those whose application is successful will be given an honorary contract across all three trusts, access to a local coordinator and a local mentor/champion within the STP, advice on getting staff/patient input and on measuring impact d making cases in the NHS. We may also (depending on local checks and consideration of investment needed) offer an environment in which innovators can trial/test their products and ideas in the NHS real-world. We may have an opportunity here to consider additional added intellectual property in some cases. At present we already have a small number of innovations being used in the trusts and the approach is proving successful both in releasing benefits for our quality and processes, but also raising our profile for innovation.

48. The Fellowship is an initial step to developing an innovation programme across the group, and further development of this will be informed by some expert insight into how we can create a culture within the group that is supportive of adoption of existing innovation for patient and staff benefit, and how to make best use of local innovation resources such as the Academic Health Science Networks, Health Enterprise East and local universities. The programme will be informed by an msb innovation Advisory Group chaired by Prof Tony Young, who is also NHS England's National Clinical Director for Innovation and will be a good opportunity to engage community providers, councils and businesses, etc. in this agenda constructively.

49. We also wanted to take the opportunity to mention that Rebecca Tranter and Maternity Direct has been shortlisted for a national award by British Journal of Midwifery, we are working with the maternity teams across the trusts to develop a new version of Maternity Direct which can be rolled out across all our services.

50. We have also been selected as one of three national host organisations by the leadership Academy's HOPE European Exchange programme, with three overseas colleagues joining us May/June 2018.

STP team

51. There have been a number of changes in the STP function since the last report, these have included Jo Cripps being seconded to the role of STP Programme Director and Claire Hankey being seconded to the role of STP Director of Communications whilst discussions on our longer term system architecture continue with CCG colleagues.

52. Not withstanding the discussions on longer term system architecture, CCG Joint Commissioning Team colleagues are now members of the Clinical Redesign and Reconfiguration Programme Board and we are working towards inviting CCG colleagues to both our Gateway Review Meetings and Portfolio Group to eliminate unnecessary governance duplication and overlap between the trusts and commissioners.

Summary and conclusions

53.   The Joint Working Board are invited to:

- Note the report.

Annexes

Transformation paper

A -Clinical Redesign/Reconfiguration Programme Dashboard

B -Clinical Support Programme Dashboard
C -Southend Programme Dashboard

D -Basildon Programme Dashboard

E -Apprenticeship Levy Dashboard

February 2018

Clinical Reconfiguration Redesign - Monthly Dashboard

CMO ref.	Priority Programme Areas	Project Name	Current Project Gateway	Date to next Gateway	This Month's Project Progress RAG Rating	Project Plan Progress (reflecting December 2017)			This month's progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting January 2018)			Last Month's Project Progress RAG Rating	Commentary to explain any variance from planned performance or highlight risks and mitigations or issues and resolutions
	Change Management Office Report on Project Progress Updated: 15/01/18					Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
1.1	Clinical Reconfiguration and Redesign	Vascular	2	Dec-17	Red	3	2	1	Amber	1	1	0	1	0	1	Red	Red rating reflects slippage in approval of business case and which presents significant risks to the project go live. Business Case was due to be presented to Clinical Programme Board in January for approval but is still not completed.\n\nSignificant risks remain in the project with a lack of operational support and the risks of delivery of the project to go live on 1st March if there is any slippage plan identified as the most significant risks.
1.2		Interventional Radiology	2	Dec-17	Red	1	1	0	Green	1	1	0	0	0	0	Amber	Red rating as there has been no progress regarding the lack of defined forward plan.\n\nThe plan had been in December to define the implementation plan. However, an alternative proposal around the implementation of a rotating hub is now being proposed by the Interventional Radiology consultants. This does not appear to fit with model set out in the project proposal form for the hub to be at Basildon site. The Group Medical Director is to discuss how this proposal would impact upon other work to potentially centralise services such as Vascular and Renal at Basildon and the proposed location of the Hyper Acute Stroke Unit at Basildon as is outlined in the public consultation.
1.3		Renal	1	Jan-18	Red	0	0	0		0	0	0	0	0	0	Red	Red rating continues in December due to continued lack of pace in the development of the project. The Project Proposal Form is due to be included in the papers, however the business case has not been completed. Demand and capacity modelling has not been started and the business case may be at risk for next month's Clinical Programme Board.
1.4		Urology	2	Feb-18	Amber	3	2	1	Amber	6	5	1	7	5	2	Amber	Amber rating reflects risks within the project and slippage in milestone delivery and forecast slippage of milestones into January. Cross site Urology joint audit meetings have commenced, commissioner approval of the finance paper have been completed and approval given for the waiting list initiative for Percutaneous NephroLithotomies (PCNLs) and nephrectomy elective surgery from BTUH to MEHT. One theatre list a month has currently been identified. This was due to start from 5th January but has slipped due to lack of availability from Interventional Radiology and is now starting 2nd February.\n\nWorkforce options for the business case for consolidation of emergency and elective complex benign surgery have slipped into January, and the establishment of Trial Without Catheter (TWOC) clinics at BTUH is not going to start in January as originally planned, citing lack of capacity. The CNS-led TWOC clinics cannot start until andrology clinics are decommissioned in March/April. Ambulatory hot slots clinics have also not been identified at BTUH due to lack of capacity in consultants clinics.\n\nThe business case continues be developed to be approved in February 2018 with Demand and Capacity and Workforce modelling due to be returned by 12th January along with workforce options to discuss at 16th January steering group. Current issues include establishing ambulatory hot slots in consultant clinics and TWOC clinics at Basildon'. Delivery of the business case by end of January continues to be a risk.\n\nRisks and issues remain in the project with most significant being risks to destabilising of General Surgery rotas at Basildon and Southend if juniors are moved across sites and currently unidentified additional beds, identified ward location, theatre capacity at
1.5		OMFS	3	Apr-18	Red	-	-	-		-	-	-	-	-	-	Red	Red rating reflects slippage in project go live. Operational go live at MEHT was due in November. Due to loss of operational interim lead appointed by MEHT to take over and concerns expressed by commissioners, go live is being paused until April 2018.
1.6		AMU	2	Jan-18	Red	3	0	3	Red	12	9	3	3	0	3	Amber	Red rating reflects continued slippage in milestones in November. It has not been possible for the group to meet even with the use of teleconferencing to agree key HRGs to focus on to improve Length of Stay, to agree joint pathways and to agree joint SLA. Implementation of joint pathways at all sites and implementation of joint SLA now unlikely to commence from mid-January as originally planned.
1.7		SACU	2	Jan-18	Amber	2	2	0	Green	3	3	0	2	2	0	Amber	Amber rating reflects risks in the project. Discussions about the draft pathways and specific issues relating to Basildon's surgical ambulatory service and location was discussed by the 3 SAU working group in December and a common identity for the service was agreed. Basildon issues and lack of location for ambulatory surgical care at MEHT needs local site discussion.\n\nCommon streaming pathways from ED into an ambulatory surgical service are presented for sign off through Clinical Programme Board in January for implementation in February, alongside standardised naming and KPIs for the three units.\n\nRisks remain around consultant-led services not currently being in place on the three sites and location of the units and clinical engagement
1.8		Ophthalmology	2	Feb-18	Amber	1	0	1	Red	2	1	1	3	3	0	Amber	Amber rating reflects current risks and issues within the project and slippage in milestone. The delivery of demand and capacity modelling to support the business case. This is now anticipated by 12th January 18.\n\nWork is being taken forward for the business case for the service to be approved at the February Clinical Programme Board. Risks still remain around delivery of the business case as it is dependent on the demand and capacity modelling and financial modelling being completed as well as robust audit information from both hospitals and private providers..\n\nMost significant issues are the complexity of the project due to the range of stakeholders involved in whole system service transformation, lack of clinical engagement, and lack of improvement support. Most significant risks relate to IT systems to support services across acute and community, and financial and clinical risks of delivering the service

CMO ref.	Priority Programme Areas	Project Name	Current Project Gateway	Date to next Gateway	This Month's Project Progress RAG Rating	Project Plan Progress (reflecting December 2017)			This month's progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting January 2018)			Last Month's Project Progress RAG Rating	Commentary to explain any variance from planned performance or highlight risks and mitigations or issues and resolutions
						Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
1.9		Stroke	1	TBC	(Amber)	4	3	1	(Amber)	14	13	1	5	5	0	(Red)	Amber rating in December reflects slippage in milestones. Although there was progress in completion approval of the sign off of the project proposal form and mapping of current acute pathways for all 3 sites and establishment of the Acute pathway design group, there has been slippage in other milestones in the project. Bed modelling for the planned acute model is not completed. The information department have completed the original modelling, however this still needs to be amended based on Sentinel Stroke National Audit Programme (SSNAP) data.

Work has commenced on implementing a joint rota across the 3 sites with the intention to implement by April 2018. A dependency on telemedicine has been identified for the joint rota and work to understand current equipment and discussions with regional stroke telemedicine network have commenced. |
1.10		Cancer	0	TBC	(Red)											(Amber)	Red rated due to concerns in lack of pace in developing plan. Initial pathways identified are urology, skin, lung and lower GI. Mapping sessions have taken place with teams to identify and map the current state of the pathway. Suggestions around the improvement work as opposed to the business as usual actions have been made however this has not yet been formulated into a project plan for the CMO to review.
1.11		Neurology	0	Dec-17												(Red)	Amber rated as although the project mandate did not get presented as planned in December, progress is being made in January. Meetings held with stakeholders to discuss project start up commenced have commenced and a project mandate based on this is on the agenda for approval.
1.12		Frailty	1	Nov-17	(Red)											(Red)	Red rated as concerns over project pace. A meeting held with the overall lead to discuss improvement support for the project. Plans to be developed for implementation of model on each of the sites. This has not yet been formulated into a project plan for the CMO to review.
2.1		Treat & Transfer	1	Jan-18	(Amber)												Amber rated as the project is still in development. The project mandate was approved in December. The project proposal form is planned to come to Clinical Programme Board in December.
2.2		Trauma & Orthopaedics	0	Jan-18													A Trauma & Orthopaedics project start up meeting was held on 4th January. The Project mandate is on the agenda for approval.
2.3		Gynaecological Surgery	0														Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed.
2.4	Public Consultation Business Case	Respiratory	0														Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed.
2.5		Cardiology	0														Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed.
2.6		Complex Gastroenterology	0														Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed.
2.7		Complex General Surgery	0														Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed.
2.8		Upper & Lower GI	0														Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed.

Change Management Office Report on Project Progress
Updated: 15/01/18

Rag rating	Explanation - to delivery of the main aim of the project
(Red)	Successful delivery of the project is in doubt due to one or more of the following:
* delivery of key milestone is behind the current plan and is likely to be delivered late. Milestone is likely to require re-planning
* major risks or issues, urgent action is needed to ensure these are addressed, and whether resolution is feasible
* unlikely to deliver benefits as forecast
* forecast KPI's cannot be realised and will require re-baselining
(Amber)	Likely to deliver, however some uncertainty due to one or more of the following:
* key milestone is behind current plan but has realistic plans to recover
* risks have limited mitigation and require attention so as not to materialise into issues threatening delivery
* some uncertainty regarding delivery of benefits but has plans to recover
* some uncertainty regarding delivery of KPI's but has plans in place
(Green)	High likelihood to delivery due to one or more of the following:
* delivery of milestones is on or ahead of current schedule
* no major issues and risks are mitigated with no impact on project delivery
* project is confident of realising benefits as forecast
* KPIs are performing in line with the planned trajectory

Clinical Support Services Programme - DRAFT
Dashboard date: 03/01/2018

PMO ref.	Priority Programme Areas	Project Name/Aim	Stage Gate	This Month's Project Progress RAG Rating	Project Plan Progress (reflecting December 2017)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting January 2018)			Last Month's Project Progress RAG Rating	Commentary to explain any variance from planned performance or highlight risks and mitigations or issues and resolutions
					Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
CS01.1	Radiology	OoH Reporting - A standardised cost effective regional out of hours reporting from a single provider	Gate 4: Deliver Change	Red	0	0	0	0	16	15	-1	0	0	0	Amber	RED RAG status: 1 Milestone outstanding this month in relation to obtaining a 'Single Supplier'. Gone live as planned at SUHT & BTUH, but unable to go-live at MEHT due to technical issues "Firewall" and team is working on implementing an interim solution to enable us go-live in January 18. Project was due to go live in November 2017. Joint On-call Model anticipated in March 2018. The detail in relation to achieving this model is not currently set out in the project plan. Programme Overview is being developed for February 2018.
CS01.2		Single PACS - A standardised regional PACS system that can be locally or remotely access by the regional radiologists to promote image sharing	Gate 4: Deliver Change	Red	0	0	0	0	2	1	-1	0	0	0	Amber	RED RAG Status: One Milestone outstanding due to complete in November regarding 'Communicate image sharing go live with other clinicians'. Gone live as planned at SUHT & BTUH, but unable to go-live at MEHT due to technical issues "Firewall" needs replacing at about £15-20k. Order has been raise with the delivery date planned for January 2018 and the implementation to be completed by end of February 2018.
CS01.3		Radiology centralised booking - A regional standardised working single point of contact to call and agree appointment while aligning outpatient & diagnostic appointment	Gate 1: Pre-Mandate	Amber											Red	AMBER RAG Status: The team agreed to put this **project on hold** as a single Radiology information system (RIS) is needed to share patient details and booking template but aspect of the project for example call patients to agree appointment, align clinic & diagnostic appointment and e-reminder has started. Consider for closure at Group Gateway Meeting, as cannot continue without RIS system.
CS01.4		US workforce - Standardised efficient working practice based on protocol & technology	Gate 4: Deliver Change	Amber	0	0	0	0	3	3	0	2	0	0	Red	AMBER RAG Status: Detail Project Plan to be developed from high level milestones in order to understand the critical path of the Project. Agreed to use BTUH spare voice recognition licence at SUHT to carry out a pilot with the view to improductivity by circa 10%. Data collection to formalise the standardised template circulated Project Proposal Form to be completed Feb 18
CS01.5		Medical physics - An MSB medical physics that ensures compliance with IRMER & achieve ISAS	Gate 3: Define	Amber	0	0	0	0	1	1	0	1	0	0	Amber	AMBER RAG Status: Confirmed that MEHT specification requirement can be achieved. Recruitment process is the only outstanding action to achieve the project objective and this has started. Programme Overview is being developed for January 2018. Project proposal form to be prepared by Feb 2018.
CS01.6		Diagnostics Imaging Strategy - Create an efficient and cost effective standardised working diagnostic imaging service that promotes cross site working, demand sharing and ensures future alignment of capacity with demand	Gate 4: Deliver Change	Amber	0	0	0	0	2	2	0	2	0	0	Amber	AMBER RAG Status: Project Plan to be developed from the high level milestones in order to understand the critical path. Overarching Radiology Programme Review also currently underway to be presented in January 2018. Work is progressing on recruitment, standardisation and efficiencies. Complete a PPF by Mar 2018 unless the outcome of the programme evaluation is sufficient.
CS02	OPAA	Outpatient Access & Appointments (OPAA) - An innovated standardised & centralised extended hours 7 days single point of contact & booking centre to call and agree appointment with patients, align outpatient & diagnostic appointment while promoting 24/7 appointment management and communication with the trust.	Gate 1: Pre-Mandate	Amber	0	0	0	0	3	3	0	1	0	0	Amber	Amber RAG Status - Outpatients Programme currently focusing on the eRS paper switch off (PSO). Site Nov 17 performance (M = 43%, S = 57%, B = 40%). eRS Project Plans in place for MSB. Drafted Group communication. Project proposal for each OPAA project to be developed for Feb 18
CS03.1		Home care - Robust standardised and joined up process of delivering & managing home care service & governance	Gate 2: Identify	Amber	1	0	-1	-1	2	2	0	1	0	-1	Amber	Amber RAG Status: Project Plan to be developed from high level milestones. Project Proposal form to be developed in Mar 18
CS03.2		Outpatient dispensing - A joint venture (wholly owned subsidiary) outsourced outpatient dispensing	Gate 2: Identify	Amber	1	0	-1	-1	4	4	0	0	0	0	Red	Amber RAG Status: Project Plan to be developed from high level milestones. Project Proposal form to be developed by Feb 18 Identified opportunity to improve potential savings.

Clinical Support Services Programme - DRAFT
Dashboard date: 03/01/2018

PMO ref.	Priority Programme Areas	Project Name/Aim	Stage Gate	This Month's Project Progress RAG Rating	Project Plan Progress (reflecting December 2017)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting January 2018)			Last Month's Project Progress RAG Rating	Commentary to explain any variance from planned performance or highlight risks and mitigations or issues and resolutions
					Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
CS03.3	Pharmacy	Aseptic Production - A cost effective consolidated and standardised aseptic production services	Gate 4: Deliver Change	Green	0	0	0	0	3	3	0	0	0	0	Amber	Green RAG Status - Detail Project Plan to be developed after the approval of the business case. Obtained benchmarking data from 22 Trusts and the consolidation proposal was well received at clinical reference group. Business case to be presented in Feb 2018
CS03.4		Medicine information -A single point of contact to obtain medicine information	Gate 4: Deliver Change	Green	0	0	0	0	3	3	0	0	0	0	Amber	Green RAG Status - Drafted Project Implementation Plan, but capability to move budget across MSB easily is required to speed up the implementation
CS03.5		Pharmacy procurement and inventory management system - An ESR centralised and consolidated pharmacy procurement team with a joined up inventory management system that links with EoE team	Gate 3: Define	Amber	0	0	0	0	2	2	0	1	0	-1	Green	Amber RAG status: Agreed the proposal of working with the East of England project team at GPSM 29.11.2017. Awaiting East of England baseline analysis Business case and Project Plan to be developed after East of England proposal.
CS04	CSSD (HSDU)	Consolidate ESR CSSD at SUTH & MEHT - A regional cost effective standardised sterile service process that promotes timely availability of cleaned instruments at the point of need	Gate 4: Deliver Change	Green	0	0	0	0	8	8	0	0	0	0	Amber	Green RAG Status - Standardisation process in progress as the packing process is mapped. Project Proposal form to be developed for sign off.
CS05	Transportation	ESR Transportation system - Create a cost effective ESR transportation system to promote timely availability of clinical support services at the point of needs	Gate 1: Pre-Mandate	Red	1	0	-1	-1	2	2	0	0	0	0	Red	Red RAG Status - PPF presented to Group Gateway in November 2018 with a request to include Fleet Transport in the scope. Started establishing the baseline and obtained a quote for the new transportation requirement. It is anticipated that the revised PPF will be available to GGRM in February 2018.
CS06.1	Pathology	Market testing (MEHT pathology lab) - A joint partnership cost effective laboratory pathology service	Gate 3: Define	Amber	0	0	0	0	0	0	0	0	0	0	Red	Amber RAG status: Agreed to transfer this to the site to comply with procurement process. Confirmed in January 2018 that this is now included on MEHT Site Dashboard. Therefore this item will be removed from the Clinical Support Programme Dashboard.
CS06.2		Microbiology - A standardised working robust and cost effective rebranding regional infection service with the appropriate infrastructure and skilled staff with focus on training to support resilience in system	Gate 4: Deliver Change	Amber	4	0	-4	-1	6	2	-4	0	0	0	Amber	Amber RAG Status: PPF approved at GPSG 29.11.2017. Drafted business case and project plan needs to be developed from high level milestones. On-going evaluation of standardised process including consultant to consultant out of hour on call.
CS06.3		Biochemistry - Standardised ESR biochemistry working practice & process that promotes a joint on-call	Gate 4: Deliver Change	Amber	3	3	0	0	9	8	-1	1	0	-1	Amber	Amber RAG Status: PPF and project plan to be developed Mar 18. On-going progress on standardisation between SUHT/BTUH Drafted MSB joint SLA for immunology & virology, and waiting SUHT and BTUH approval.
CS06.4		Histopathology - A robust digital pathology service with on & off-site access to scanned samples to promote timely reporting to support evidence based clinical intervention	Gate 2: Identify	Amber	2	2	0	0	3	3	0	0	0	0	Amber	Amber RAG Status: PPF and project plan to be developed in Mar 18. Finalised the Digital Pathology specification for procurement to obtain quotation. Business case to be developed for March 2018.

RAG Rating	Explanation - to delivery of the main aim of the project	RAG Rating	Explanation - to delivery of the main aim of the project	RAG Rating	Explanation - to delivery of the main aim of the project
R	Successful delivery of the projects is in doubt due to one or more of the following	A	Likely to deliver, however some uncertainty due to one or more of the following:	G	High likelihood to delivery due to one or more of the following:
	Delivery of key milestone is behind the current plan and is likely to be delivered late. Milestone is likely to require replanning		Key milestone is behind current plan but has realistic plans to recover		Delivery milestone is on or ahead of current schedule
	Major risks or issues, urgent action is needed to ensure these are addressed, and whether resolution is feasible		Risks have limited mitigation and require attention so as not to materialise into issues threatening delivery		No major issues and risks are mitigated with no impact on project delivery
	Unlikely to deliver benefits as forecast		Some uncertainty regarding delivery of benefits but has plans to recover		Project is confident of realising benefits as forecast
	Forecast KPI's cannot be realised and will require re-baselining		Some uncertainty regarding delivery of KPI's but has plans in place		KPIs are performing in line with the planned trajectory

PMO ref.	Priority Programme Areas	Project Name	Current Project Gateway	Date to next Gateway	Risk to overall delivery RAG Rating	Project Plan Progress (reflecting December 2017)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting January 2018)			Last Month's Project Progress RAG Rating (based on milestones)	Commentary to explain any variance from planned performance or highlight risks and mitigations or issues and resolutions
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1.1	Planned Care	E-Referrals	3	Apr-18		4	1	3		13	9	3	5	5	0		Red RAG status reflects continued risks and issues in the project and slippage in milestones.

Outstanding milestone relates to delays in opening up slots on the E Referrals Service (ERS) system for clinics identified. Electronic Patient Records team resource issues are now resolved in January with 2 people recruited into the team and one has already started. Team have prioritised the ERS system work and are currently progressing making surgery clinics that need to be available in ERS. Dates have been set now to meet with other Divisions to validate clinics and open slots on ERS.

This delay also impacts upon the achievement of a reduction in Appointment Slot Issues (ASIs) to 4% target at Q3. Currently the Trust was at 34% for December. The achievement of this element of the E-Referrals CQUIN was not delivered in Q3 and is at risk for Q4 as well as this issue, the divisions are unable to release additional capacity.

The project is dependent on demand and capacity analysis being undertaken in a number of specialities. With capacity in the informatics to team to be identified, data has been reviewed to identify specialities that are consistent with capacity, have low manual bookings and no ASIs. Prioritisation of roll out of paper switch off in there areas is being discussed with SRO Additionally, referral routes have been mapped to understand where paper referrals currently arrive into the Trust.

Clinical Champions identified for the advice and guidance work and communication cascade through GMs and CDs and a communication to GPs is also completed but awaiting sending. The CCG have confirmed that the Trust can charge a virtual tariff for Advice & Guidance episodes. The process for billing is to be developed.

For both Paper Switch Off and Advice & Guidance, 2 leads at the Royal Surrey have been contacted to identify how this rolled out, the messaging used and how problems were identified. |
| 1.2 | | Radiology Utilisation | 3 | Jan-18 | | – | – | – | | 5 | 5 | 0 | – | – | – | | Red RAG status remains due to lack of progress in delivery and issues in resourcing the project both operationally and with informatics support for the project. |
| 2.1 | Smart Working | CIP Programme | 3 | Apr-18 | | 4 | 1 | 3 | | 21 | 18 | 3 | 4 | 4 | 0 | | Red RAG status remains due to limited progress in December and limited assurance of delivery of the overall £16.322m target. There was a significant focus for all departments in December in developing the financial recovery plan to end of year.

As at 17/01 the pipeline is at £17.1m. 9 schemes were signed off at Quality Assurance Group meeting in December with value of £116k. Total profiled value of approved schemes is £13.1m in year. As at 17/01 M9 reporting £8.497m of CIP delivery against planned £11.977m.

The methodology for setting the CIP plan for 1819 has been completed and communicated to divisions. Plans are being developed with a deadline for submission to NHS Improvement in mid February the target.

Largest gaps in identified CIP remain in General Medicine (£289k) and Surgical Services (£641k). Four Eyes Insight Plans are still yet to be signed off and financially validated.

Meetings with directors to discuss corporate CIPs have continued. Recurrent CIP still to be identified with HR. Full recurrent CIPs are still not signed off for IT and Informatics. Limited identified CIP against Essex Success Regime £1m target. |
| 3.1 | | Deteriorating Patient | 3 | Jan-18 | | 0 | 0 | 0 | | 3 | 3 | 0 | 2 | 2 | 0 | | Amber RAG status reflects some areas of the plan that still need further development, particularly establishment of the paediatric group and the aim of this element of the project.

Work has continued on the rollout of the paper version of the DP bundle with this anticipated to be completed in January at which point the Sepsis bundle can be removed from the intranet.

There has been an update to the National Early Warning Score (NEWS2) with a potential national CQUIN to support implementation next year. The impact of these changes has been tested, showing an increased score in some cases which would increase the number of alerts. |

PMO ref.	Priority Programme Areas	Project Name	Current Project Gateway	Date to next Gateway	Risk to overall delivery RAG Rating	Project Plan Progress (reflecting December 2017)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting January 2018)			Last Month's Project Progress RAG Rating (based on milestones)	Commentary to explain any variance from planned performance or highlight risks and mitigations or issues and resolutions
						Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
3.2	Quality and Safety	Avoidable Mortality	3	Jan-18	(Amber)	1	1	0	(Green)	23	23	0	6	6	0	(Amber)	Amber RAG status reflects risks and issues within the project. Issues remain with not all reviews being captured on the MARS system and delay in the implementation of the Arcadian system.

The review of mortality in the Fractured Neck of Femur pathway has been completed and an action plan completed for submission to the CCG. The findings have been used to help inform the future direction of the quality improvement plan for the Fractured Neck of Femur project. The majority of the themes identified continue to be operational issues such as a rota for the bleep holder.

Medical Examiner posts have been recruited to and are commenced working on 8th of January with commencement of real time reviews planned for early February. A procedure will be developed with timescales for completion of review of case notes for the launch of real time reviews.

The timelines for implementation of the Arcadian system across the 3 sites has slipped with Southend now commencing in January 2018 and Basildon in February 2018.

The next identified areas for review have been identified as Cancer of Stomach and Deaths after surgery – Laparotomy which commenced in December and are due to complete by the end of January. |
| 3.3 | | Pressure Tissue Damage | 3 | Apr-18 | (Red) | 8 | 0 | 8 | (Red) | 10 | 2 | 8 | 8 | 0 | 8 | (Red) | Continued Red RAG status reflects major slippage against delivery due to lack of capacity within the TVN team.

The project has been focusing on finalising the template for the development of EObs package and this was delivered in December.

The Tissue Viability Nurse role was appointed to in December with the new team member due to start shortly. |
| 3.4 | | VTE | 3 | Jan-18 | (Amber) | 4 | 0 | 4 | (Red) | 19 | 15 | 4 | 6 | 6 | 0 | (Red) | Amber RAG status reflects delay in completion milestones in December, but assurance of completion in January. Issues with completing the data cohorting remained in December. Although the work is being done to remove the cohorted patients this is not feeding into the weekly divisional report, which impacts upon the monitoring of performance at ward level. A milestone relating to the new process for VTE cohort groups being communicated is also delayed until this is completed. Plans are in place to resolve this by 24th January. Trust level data with cohorting shows performance of 91% for November and 94% for December.

There are also delays to approval of the Trust VTE policy which will go through the Medicines Management Committee on 29th January. The milestone for the chair of the VTE Committee at divisional governance groups is still not complete as attendance at Surgery division is still not complete. This is scheduled for 22nd January.

The project would potentially move to Green in January if the data cohorting issues are resolved and the national standard of 95% is achieved as currently anticipated. |
| 3.5 | | Medicines Management | 3 | Jan-18 | (Amber) | 1 | 0 | 1 | (Red) | 31 | 30 | 1 | 1 | 0 | 1 | (Amber) | Amber RAG status reflects slippage in progress on developing a plan for a pilot on AMU for 72 hour review of antibiotics. One junior doctor has been recruited to support tracking patients and auditing notes. The Pharmacy team, Associate Medical Director for QI and clinical lead for Acute Medicine are meeting to develop the plan. The outstanding milestone for a draft E-prescribing business case. The SRO has been in contact with the Pharmacy team to confirm progress and the business case is due to go to Capital Investment Group at the end of January.

Work continues for improvement in Controlled Drugs and awareness of Critical Medicines. Critical Medicines stickers have been created and were released in December. |
| 3.6 | | Infection Control | 3 | Mar-17 | (Green) | 2 | 2 | 0 | (Green) | 12 | 12 | 0 | 0 | 0 | 0 | (Amber) | Green RAG status reflects completed milestones in December and assurances around the capacity within Patienttrack, the supplier, for implementation of the EObs package to meet the deadline of March 2018.

The EObs template was sent to Patienttrack in December. Planned rollout is due to commence in February.

The review of further MRSA cases that have occurred did not identify additional work to be included in the scope of the project or to translate into Rapid Recovery Action Plans. |

	Programme Management Office Report on Project Progress Dashboard date: 22/01/2018				Risk to overall delivery RAG Rating	Project Plan Progress (reflecting December 2017)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting January 2018)			Last Month's Project Progress RAG Rating (based on milestones)	Commentary to explain any variance from planned performance or highlight risks and mitigations or issues and resolutions
PMO ref.	Priority Programme Areas	Project Name	Current Project Gateway	Date to next Gateway		Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
3.7		7 Day Services: Standards 2 & 8	3	Feb-18	(Amber)	1	1	0	(Green)	3	3	0	0	0	0	(Amber)	Amber RAG status reflects progress in agreement of refreshed project priorities with SRO, with detailed plans to be worked up. The priorities have also been shaped by BTUH being identified by NHS Improvement for additional support to achieve two of the standards, standard 2: 14 hour review and patient and Standard 8 Daily Senior Review. The areas agreed for improvement are weekend cover for Echo Cardiology, Trauma and Orthopaedics 14 hour review, Obstetrics and Gynaecology 4 hour review,, Stroke and extending medical consultant on call cover. Additionally, work is planned to make changes to the clerking proforma to ensure recording of patient involvement is improved.

Rag rating	Explanation - to delivery of the main aim of the project
(Red)	Successful delivery of the project is in doubt due to one or more of the following: * delivery of key milestone is behind the current plan and is likely to be delivered late. Milestone is likely to require re-planning * major risks or issues, urgent action is needed to ensure these are addressed, and whether resolution is feasible * unlikely to deliver benefits as forecast * forecast KPI's cannot be realised and will require re-baselining
(Amber)	Likely to deliver, however some uncertainty due to one or more of the following: * key milestone is behind current plan but has realistic plans to recover * risks have limited mitigation and require attention so as not to materialise into issues threatening delivery * some uncertainty regarding delivery of benefits but has plans to recover * some uncertainty regarding delivery of KPI's but has plans in place
(Green)	High likelihood to delivery due to one or more of the following: * delivery of milestones is on or ahead of current schedule * no major issues and risks are mitigated with no impact on project delivery * project is confident of realising benefits as forecast * KPIs are performing in line with the planned trajectory

Project RAG based on milestones

>=50% milestones missed in month	(Red)
>20% <50% milestones missed in month	(Amber)
<= 20% Milestones missed in the month	(Green)

Change Management Office Report on Project Progress - January 2018

PMO ref.	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective	Current RAG	Previous RAG	Commentary to explain a) what's been achieved in the month, b) any variance / delays from plan, c) what's planned for next period and d) highlight risks / issues for Exec awareness or action
#	[simple self-explanatory title]	XX	XX	XX	SMART objective which clearly set-out 'what good looks like'	RAG		**Achieved**: in the [XXX period] we have delivered X, Y, Z change. **Delayed**: The following items are delayed, however the 1, 2, 3 is being done to mitigate further delay **Next Steps**: A, B, C are scheduled for delivery next **Escalation**: Board are asked to note the risk/issue with i, & ii and asked to intervene regarding iii
1	Red2Green/Safer	Caroline Baker	Rebecca Boyes	Denise Townsend	Achieve and sustain the ED 4 hour standard by delivering sustainable improvement across the urgent care pathway. Programme Scope: Work extends across all emergency and acute areas to include discharge and flow management improvements (red2Green and SAFER); frailty pathway and introduction of CDU; GP Streaming; improvement across acute assessment and ambulatory areas; discharge improvements	R	R	**Achieved**: Nursing Leads are in pace for both SAFER and R2G and both are developing strategies to move forward **Delayed**: **Next Steps**: Stranded patients review 7/12; system wide MADe event 12/12 **Escalation**: New working group set up as of W/C 15/01 to progress this project.
3	Additional beds	Caroline Baker	Rebecca Boyes	Yvonne Blucher	Deliver 28 additional beds across the Trust - flip one surgical ward to medicine (to achieve and sustain the ED 4 hour standard by delivering sustainable improvement across the urgent care pathway).	A	A	**Achieved**: Task and Finish Group have met regularly and driven decisions; all but 4 beds have been rolled out as at 10/1. Princess Anne bed now delivered **Delayed**: MSK MDT room move to new location is still under discussion - MSK would like to keep these beds open **Next Steps**: Complete final set of moves and free up final 4 beds; **Escalation**: MSK MDT room: discussion needs to be had over what the long term plan for these will be. Staffing for beds is still an issue - cannot staff some of the opened beds
4	Electronic Whiteboards	Caroline Baker / Mark Hellenbrand	Rebecca Boyes	Denise Townsend	Deliver an electronic whiteboard solution prior to Teletracking being introduced (to achieve and sustain the ED 4 hour standard by delivering sustainable improvement across the urgent care pathway).	R	A	**Achieved**: Options appraisal completed ready to be presented for a stop/go decision a workable solution has been designed by the Nerve centre/PMO teams to move forward in advance of Teletracking. Improvements to initial nerve centre solution have been developed, Bed Inventory completed, to be signed off, pilot with CastlePoint Ward **Delayed**: Several meetings have been cancelled due to bed pressures **Next Steps**: Sign off from MSK team for revised whiteboard view. Draft Surgical whiteboard view. Draft roll-out plan if accepted. Move forward with work on Consultant name issue being referred to Hons. **Escalation**: Review of updated whiteboard view for stop/go decision.
5	Discharge Lounge relocation	Caroline Baker	Kellie-Jo Hill	Yvonne Blucher	Move the Discharge Lounge to a new larger location (to achieve and sustain the ED 4 hour standard by delivering sustainable improvement across the urgent care pathway).	A	G	**Achieved**: Service is now live in new location **Delayed**: Budget issues need to be resolved. Staffing issues have been flagged **Next Steps**: Resolve finances as part of budget setting and secure staffing. **Escalation**: Board asked to note that whilst the relocation is progressing usage has decreased.
6	TTA Improvement work	Caroline Baker	Julie Lander	Neil Rothnie	Achieve and sustain the ED 4 hour standard by delivering sustainable improvement across the urgent care pathway. Address the TTA delays issue which impacts timely discharge	A	R	**Achieved**: Scoping work has been started on target wards by PMO team; steering group set up to move forward improvement ideas and also scope technology improvements **Delayed**: TTA Perfect Week work due to lack of site team resource **Next Steps**: Review data to establish if this is a major source of delay. **Escalation**: None
7	Medical HDU	Caroline Baker	Karen Kinnear	Denise Townsend	To deliver an 8 bedded Medical HDU for the Southend site	G	A	**Achieved**: Estates work has commenced. Planning is well advanced. Business Case to be resubmitted to Execs for approval **Delayed**: Slippage on the build plan additional two weeks - now planning to open Mid March; waivers required for some equipment; potential issue with commissioning **Next Steps**: Business Case being prepared for submission in January 18 once commissioning agreed. Equipment to be ordered in time for 4 bedded unit to open; pursue nurse staffing to ensure numbers in place **Escalation**: Waivers will need to be expedited to ensure equipment is ordered on time for delivery by Go-Live
9	2018/19 Cost Improvement Programme (CIPS)	Warren Alden	N/A	Clare Burns	To achieve a saving of £8.8m in 2017/18 and to identify and define programme for 2018/19	A	A	**Achieved**: Interim resource started 2/1/18. SLT led governance group set up. Approach agreed and meetings with Directorates in calendar. **Delayed**: **Next Steps**: : Meet with Directorates, **Escalation**: Issues regarding need to adopt MSB approach to targets
10	Hot Referrals	George Watson	Mile Salter	Neil Rothnie	Hot-Referrals project is set up to develop a number of internet based referral systems that provide advice, guidance, decision support and triage at the point of referral. Hot-Referral Systems are specifically designed to support services with urgent or emergency patients where timely interventions are crucial to the patients treatment.	G	G	**Achieved**: the Hot-TIA service has been implemented at Southend, Mid and Harrow. The Hot-Foot system is now fully developed and has finished testing. **Delayed**: Roll out of TIA V2 to MEHT **Next Steps**: : Roll out of TIA V2 to MEHT and Hot – Foot to Southend. Validation study is continuing with Royal Stoke outcome expected 06/18 **Escalation**: none
11	7 - day services	Caroline Baker	Jo Howard	Neil Rothnie	Demonstrate the Trust's progress towards providing seven day services by 2020. Scope: Initial focus is on improving performance against the 4 clinical standards - a bi-annual audit is in place nationally.	R	R	**Achieved**: Audit complete improvements noted. **Delayed**: See Below **Next Steps**: Decision required on way forward. **Escalation**: SLT to decide on above.

Change Management Office Report on Project Progress - January 2018

PMO ref.	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective	Current RAG	Previous RAG	Commentary to explain a) what's been achieved in the month, b) any variance / delays from plan, c) what's planned for next period and d) highlight risks / issues for Exec awareness or action
12	Cancer Plan	Caroline Baker	Gina Quantrill	Clare Burns	Recover Cancer Performance Action Plan Scope: Focus on delivery of plan for Southend tumour sites - there is an ESR wide cancer project.	A	A	**Achieved:** Reviewed cancer plan with team and requested any other actions to drive improvement. SUHFT only results are now on target for the validated month of November. **Delayed:** This work is currently not supported by the central team, therefore the site team will support as much as is required **Next Steps:** More work needs to be done tp bring the late referrals into line and to ensure the Southend response is sufficiently timely to avoid shared breaches. **Escalation:** None
13	Consolidated Booking Teams	Jo Nicholls	Gina Quantrill	Gina Quantrill	Assess the feasibility and benefits of consolidating outpatient and diagnostic booking services (if beneficial then convert to formalised project). Scope: Outpatient and diagnostic booking services for SUHFT patients. ESR PMO looking at wider consolidation.	A	A	**Achieved:** Initial meetings held with local and MSB teams, assessment of current processes and future options started. **Delayed:** Completion of above due to other priorities. **Next Steps:** Clarify MSB project with MSB lead and complete assessment work. **Escalation:** Board are asked to note that any progress at site level is dependent on clarification of MSB approach.
14	Digital Dictation and Off-site Transcription (Clinical Admin)	Mark Hellenbrand	Gina Quantrill	Neil Rothnie	To improve process standards and enable cost savings by implementing a Digital Dictation System paired with an outsourced transcription option for all forms of correspondence with patients	A	A	**Achieved:** Implementation of Scribenet on-going in Medicine and Surgery. Initial assessment of financial benefits completed. **Delayed:** Implementation in these 2 directorates has taken longer than anticipated due to technical issues but these have been resolved. **Next Steps:** Surgery and Medicine are scheduled for completion in Q1 2018/19. James Fisher has also instigated review to assess if the expected efficiencies throug2h use of this technology have been realised and where further opportunities can be found. Continue with assessment of financial assessment with view to enabling CIPS. **Escalation: The Board are asked to note that this Project is under review as part of the overall IT re-structure. PMO meeting with Alan Tuckwood, Francesca Zicci (MSB lead on IT Capital Projects) Francesca Zicci and Neil Rothnie on 18/1/18.**
15	Text Reminder (Clinical Admin)	Jo Nicholls	Gina Quantrill	Neil Rothnie	To improve the DNA rate at the Trust by sending patients a SMS message to remind them of their hospital appointment. The adoption of such technology by the Trust provides an opportunity to increase income and reduce cost as well as provide an improved service for patients.	A	R	**Achieved:** PMO resource issue resolved, Project Manager and IT lead assigned **Delayed:** Whilst preparation and implementation of texting for in-patient appointments is back underway this is still behind original schedule therefore project is still rated as amber.. **Next Steps:** Complete Implentation planning and confirm go live date **Escalation: The Board are asked to note that this Project is under review as part of the overall IT re-structure. PMO meeting with Alan Tuckwood, Francesca Zicci (MSB lead on IT Capital Projects) Francesca Zicci and Neil Rothnie on 18/1/18.**
16	Offsite Printing and E-Communications (Clinical Admin)		Gina Quantrill	Neil Rothnie	The original objective was to undertake a trial to determine both the efficiency and quality benefits that this type of technology could achieve as an pre-curser to wider back office process review.	A	A	**Achieved:** To date the project has only focused on getting discharge summaries from ED to GP Summaries, work continues to resolve issues that mean the current approach is not fit for purpose **Delayed:** See above **Next Steps:** Continue resolution of issue for ED and from a wider perspective assess options for implementing a patient portal for SUHFT. **Escalation: The Board are asked to note that, with regards to the above, this Project is under review as part of the overall IT re-structure. PMO meeting with Alan Tuckwood, Francesca Zicci (MSB lead on IT Capital Projects) Francesca Zicci) and Neil Rothnie on 18/1/18**
17	Nervecentre (EPR)	Jane Reeve	Karen Kinnear	Denise Townsend	Implement an electronic patient observations, escalation, handover and Hospital at Night system	A	A	**Achieved:** Maternity model completed, DAU has gone live, Finding approved for ED e-obs, Planning for Task Management on-going, Funding request for SEPSIS added to IT Capital Bid (Assessments Module) End of Life preparation completed. **Delayed:** Surgical Dr handover and Trauma Board handover – delayed due to incorrect consultant fields in Medway system. **Next Steps:** Go live with Task Management (provisional go live date is 12/2/18), Undertake planning for ED e-obs, Confirm funding for the 0-3 months model for Paeds **Escalation: The TPB are asked to note that the key issue for escalation is the incorrect consultant, Clare Burns is leading on resolving this.**
18	Noteless Clinics (EPR)	Tracy Kelly	Michael Catling	Neil Rothnie	Implement Noteless Clinic's Trust wide for all Outpatient areas across the Trust (including satellite sites)	G	G	**Achieved:** As planned 86% of Outpatient Clinics are now Noteless (up from 84% last month) **Delayed:** n/a **Next Steps:** Expectation is that we will get to 87% by end of December 2017. **Escalation: The Board are asked to note that this Project is under review as part of the overall IT re-structure. PMO meeting with Alan Tuckwood, Francesca Zicci (MSB lead on IT Capital Projects) Francesca Zicci and Neil Rothnie on 18/1/18.**

						Current RAG	Previous RAG	
Change Management Office Report on Project Progress - January 2018								
PMO ref.	**Project Name**	**Project Manager**	**Ops Lead**	**Project Sponsor**	**Objective**			**Commentary to explain a) what's been achieved in the month, b) any variance / delays from plan, c) what's planned for next period and d) highlight risks / issues for Exec awareness or action**
19	Electronic Forms (EPR)	Lauren Osborne	N/A	Neil Rothnie	To replace paper clinical forms with electronic forms (as part of the Trust's development of an EPR)	A	A	**Achieved:** Work is on-going with Physio eForms, heart failure CNS inpatient referral eForms, midwifery safeguard eNote. eForms pathway has now been defined. **Delayed:** The following items are delayed: TCI cards, Assessment of Needs, the project is rated Amber because of this. **Next Steps:** Assess and agree next steps for TCI and AON Further Physio eForms, heart failure CNS inpatient referral eForms, midwifery safeguard eNote and electronic operation notes are scheduled for delivery next. **Escalation: The Board are asked to note that this Project is under review as part of the overall IT re-structure. PMO meeting with Alan Tuckwood, Francesca Zicci (MSB lead on IT Capital Projects) Francesca Zicci) and Neil Rothnie on 18/1/18.**
20	Doctors eRostering	Dean Russell	TBC	Sue Bridge	To alleviate issues, by introducing e-Rostering for doctors, i.e. high agency and locum spend, the lack of visibility of leave and sickness management.	A	G	**Achieved:** Re-configuration of system to account for 42 week changes started and nearing completion **Delayed:** Preparation for Medicine has been delayed due to requirement to include 42 weeks work undertaken by 4eyes in the configuration, project is rated Amber due to this **Next Steps:** Medicine was due to go live in early December but is now planned for 5/2/18. Preparation for Surgery will continue with go live now planned for March. **Escalation: The Board are asked to note that key risks are a) other commitments for operational leads results in delays and c) the potential delays resulting from the increased involvement for the project manager, Dean Russell, on the bank collaboration work across the SR. These risks are being managed at project level**
22	e-RS (Paper Switch Off)	Mark Hellenbrand	Lesley Emmett / Louise Ward	Clare Burns MSB Group - Dr Tayyab Haider	Improving patient experience by achieving 100% electronic referral service (e-RS) paper switch off (PSO) of first outpatient referrals from GPs to consultant led services across MSB hospitals by June 2018 while allowing GPs to access consultant for advice and guidance (A&G) prior to referring patients within 2 working days	A	A	**Achieved:** MDC Oncology & Sleep Studies went Live in December. Funds secured for 15 hrs. per week overtime for Medway Team to allow changes to be made to Medway clinic templates. **Delayed:** Slippage of 3 services due to Go Live in December, re-planned for Jan 18. Project rated as Amber due to this. **Unable to** identify all 1st outpatient referrals from GP's that are consultant led due to Medway does not contain whether consultant led, further manual work required to identify all clinics. **Next Steps:** e-RS Go Live with Respiratory Physiotherapy, Paediatric Audiology, Gynae, Breast, General Surgery & Oral Surgery **Escalation: None**
23	Teletracking @ SUHFT	Eddie Aldridge/ Natasha Ball	Yvonne Blucher (Clinical Lead)	Martin Callingham	To improve patient flow from admission to discharge by automating processes such as porter requests, housekeeping and discharge. To enable full visibility of hospital bed base and blockers.	A	A	**Achieved:** data collection for system configuration underway following discovery week, housekeeper trial process agreed **Delayed:** n/a (no set target dates see escalation below) **Next Steps:** - Baseline of current bed cleaning process following discharge underway and housekeeper trial to commence **Escalation: The board is asked to note that the project is rated as amber as without a programme plan there isn't a go live date scheduled. This issue is being addressed with the over-arching Programme Board (at SR level). Key issues requiring intervention at local level are; a) the incorrect consultant in PAS – Clare Burns taking to HoNs b) the need to implement Real Time Bed Management – NB arranging meeting to discuss issues for escalation c) Nervecentre whiteboard implementation – continuation of implementation approval required from DT to enable full switch on of TT. Risk to TT if this is not completed as TT cannot be phased and the swap over for nearly 40 manual to electronic boards could not be completed on one day.**
24	Job Planning	Claire Harris	N/A	Sue Bridge	?	A	A	**Achieved:** 4eyes resource (Brian Jones) contract extended. Working across 7 Specialties, 2 have been through the methodology. Dashboard set up to report weekly progress. **Delayed:** See Escalation **Next Steps:** Continue methodology process with directorates, publish dashboard, define SOPs. Define and deliver comms package to drive progress. **Escalation:** The Board is asked to note that due to operational pressures that un-availability of Trust staff is impacting on progress.

Change Management Office Report on Project Progress - January 2018								
PMO ref.	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective	Current RAG	Previous RAG	Commentary to explain a) what's been achieved in the month, b) any variance / delays from plan, c) what's planned for next period and d) highlight risks / issues for Exec awareness or action

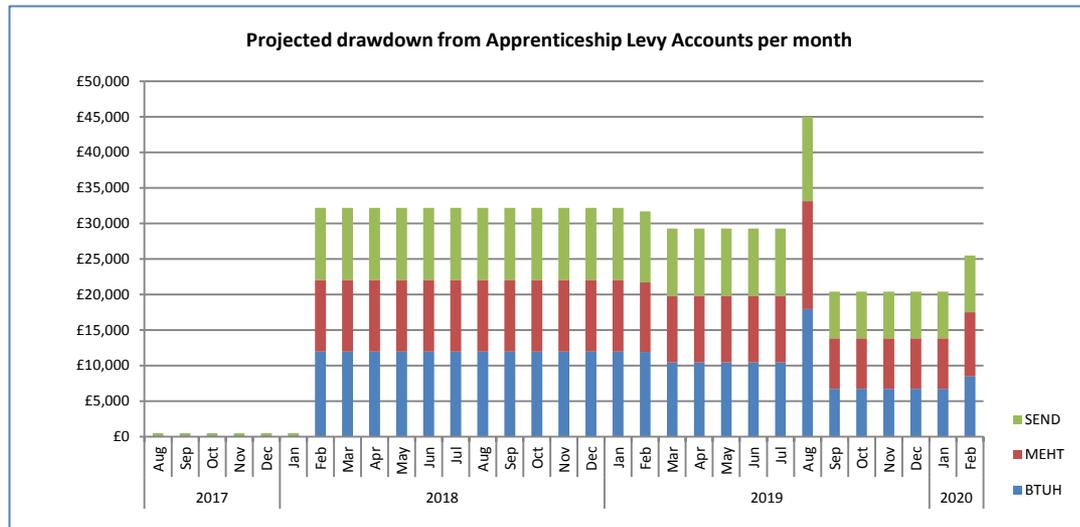| Rag rating	Explanation - to delivery of the main aim of the project
	Successful delivery of the project is in doubt due to one or more of the following: * delivery of key milestone is behind the current plan and is likely to be delivered late. Milestone is likely to require re-planning * major risks or issues, urgent action is needed to ensure these are addressed, and whether resolution is feasible * unlikely to deliver benefits as forecast * forecast KPI's cannot be realised and will require re-baselining
	Likely to deliver, however some uncertainty due to one or more of the following: * key milestone is behind current plan but has realistic plans to recover * risks have limited mitigation and require attention so as not to materialise into issues threatening delivery * some uncertainty regarding delivery of benefits but has plans to recover * some uncertainty regarding delivery of KPI's but has plans in place
	High likelihood to delivery due to one or more of the following: * delivery of milestones is on or ahead of current schedule * no major issues and risks are mitigated with no impact on project delivery * project is confident of realising benefits as forecast * KPIs are performing in line with the planned trajectory

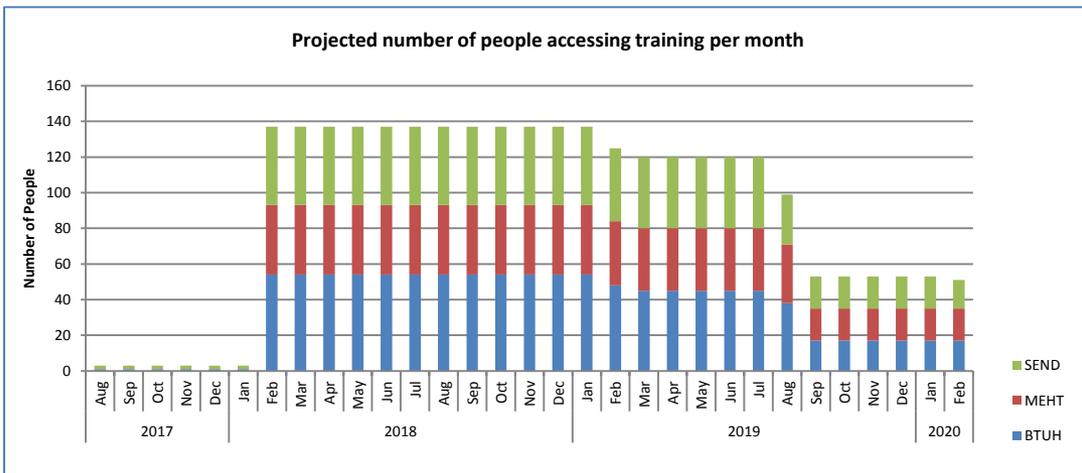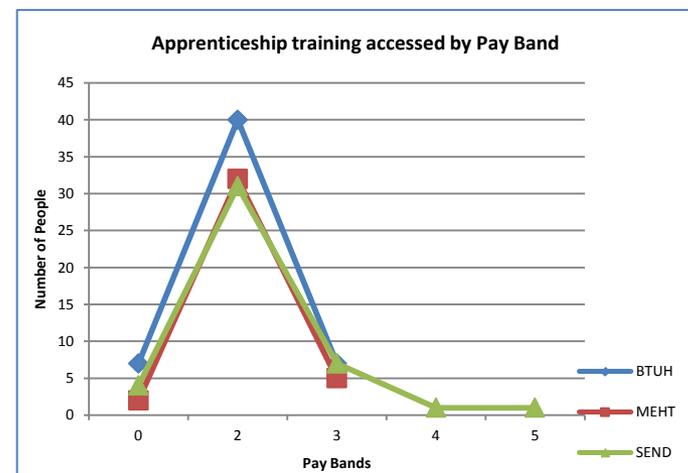# Apprenticeship Levy Performance Report
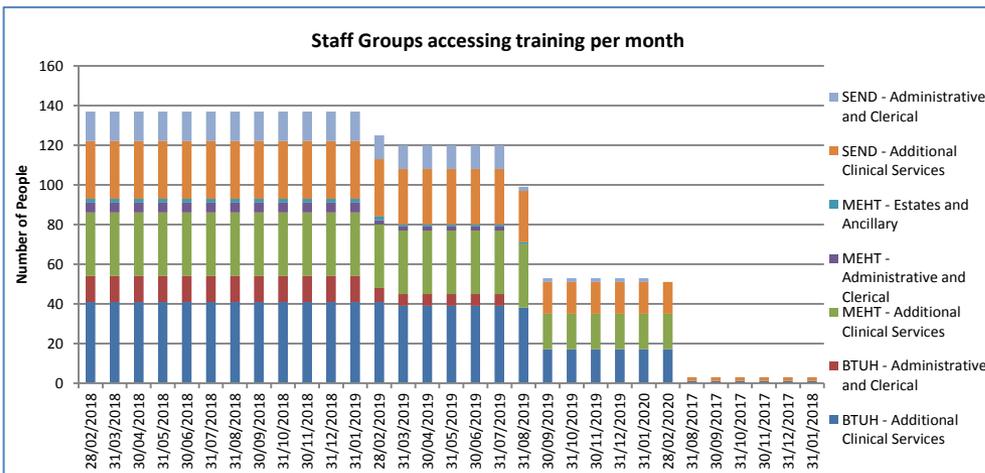
January 2018

Performance
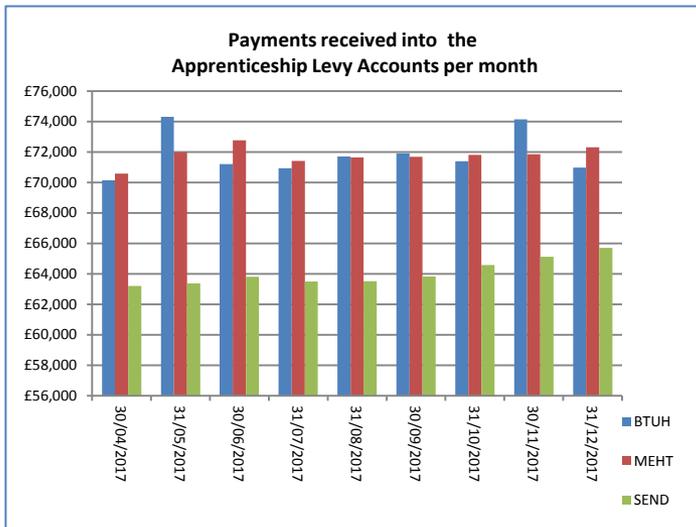
Graph 1

Graph 2

Graph 3

Graph 4

Staff Groups accessing training per month

Legend:
- SEND - Administrative and Clerical
- SEND - Additional Clinical Services
- MEHT - Estates and Ancillary
- MEHT - Administrative and Clerical
- MEHT - Additional Clinical Services
- BTUH - Administrative and Clerical
- BTUH - Additional Clinical Services

Graph 5

Apprenticeship qualifications accessed

Legend:
- BTUH
- MEHT
- SEND

Graph 6

Summary

Tenders have been awarded to Lifetime Training to provide the Health Care Support Worker, Business Administration and Customer Service & Anglia Ruskin University to provide the Assistant Practitioner. This has seen the sign-up of 137 staff to the training courses during January. Graph 2 shows the projected monthly drawdown from the Apprenticeship Account for the various programmes over their length of delivery, currently amounting to £737,072.78 of the levy. Graph 3 shows the number of staff per month accessing training. The numbers will increase/decrease dependant on signups and completions per month. Graphs 4 & 5 show the current staff groups and pay bands of those staff signed to an apprenticeship. Majority are in pay band 2, accessing the Health and Social Care Apprenticeships as data demonstrates in graph 6.

University of Essex have been notified they are the preferred provider for the delivery of the 'top-up' to Registered Nurse Apprenticeship. Recruitment is underway in all three organisations with a planned start date of April 2018.

Training providers have been asked to bid for the Executive MBA and HND Health Care Support (level 5). Bids are in the evaluation phase.

Process for 'spot' purchasing has been undertaken for a number of other training programmes

Recruitment to the vacant vocational advisors post at SUFT and MEHT will increase activity to utilise the levy. It should be noted recent intelligence shows there has been a 59.9% (May-June 2017) reduction in apprenticeship sign-ups attributed to courses not being certified and increased costs to companies e.g. backfill and travel costs
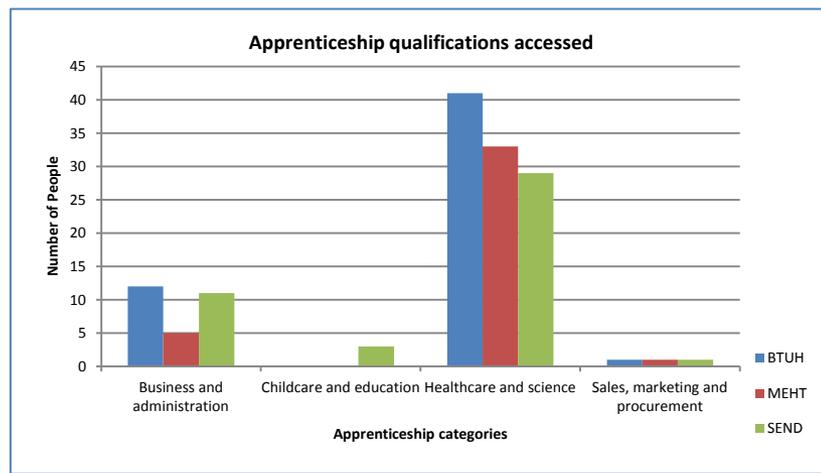
Site actions taken to increase utilisation

SUHFT	MEHT	BTUH
• 2 cohorts of the Healthcare Support Worker Level 3 apprenticeship qualification have commenced with 11 members of staff signed up to this programme • 11 member of staff have commenced a Business Administration apprenticeship • 1 member of staff has commenced a Customer Service apprenticeship • 3 members of staff have commenced a Childcare apprenticeship • 2 members of staff have commenced a Pharmacy Level 3 apprenticeship • 16 members of staff have commenced the Assistant Practitioner Level 5 apprenticeship as part of the Nursing Career Pathway	• 2 two cohorts of the Healthcare Support Worker Level 3 apprenticeship qualification have commenced with 15 members of staff signed up to this programme • 5 members of staff have commenced a Business Administration apprenticeship • 1 member of staff has commenced a Customer Service apprenticeship • 18 members of staff have commend the Assistant Practitioner Level 5 apprenticeship as part of the Nursing Career pathway	• 3 cohorts of the Healthcare Support Worker Level 3 apprenticeship qualification have commenced with 23 members of staff signed up to this programme • 12 members f staff have commenced a Business Administration apprenticeship • 1 member of staff has commenced a Customer Service apprenticeship • 1 member of staff has commenced a Pharmacy Level 3 apprenticeship • 17 members of staff have commenced the Assistant Practitioner Level 5 apprenticeship as part of the Nursing Career pathway