

Meeting Title	Mid and South Essex Acute Trust Board Meeting in Common		
Meeting Date	9 th May 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 <input type="checkbox"/> Discussion <input type="checkbox"/> Monitoring/Assurance <input checked="" type="checkbox"/>		
Background / Context	<p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> -Public consultation update and clinical strategy -Clinical reconfiguration and redesign -Corporate support -Clinical support -Individual trust programmes -People and organisational development -Strategy and joint working <p>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.</p>		
Assessment of Implications			
Financial	<p>Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts?</p> <p>None identified.</p> <p>Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts?</p> <p>None identified.</p>		

	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 Trust Boards of BTUH, MEHT and SUHT are invited to: - Note the report.
Appendices	Change Portfolio Update Programme Dashboards _____

Change portfolio update – May 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 clinical strategy

2. Following the closure of the *Your Care in the Best Place* STP public consultation on 23 March 2018, and the period of Purdah prior to local elections, the initial feedback from responses received during consultation is due to be published on 8th May 2018. This will be central to understanding the extent of local support for proposals, and in taking forward commissioner decision-making. We understand that over 2,700 responses were received from local people across the various communications channels.
3. The East of England Clinical Senate stage 2 review panel visited Basildon Hospital on Thursday 12th April. The Clinical Senate stage 2 review is an important assurance milestone in taking forward our intended changes to clinical care. The site visit team agreed that the msb team had a clear vision for the three clinical areas covered on the site visit (urgent and emergency care, cardiology and vascular services). The staff from those areas came across as enthusiastic and ambitious to develop the services to high standards for their population. In addition from hearing from clinical teams and touring the departments, the site team spoke to passing members of staff within the Basildon Hospital restaurant. They noted from conversations with staff that there was little distinction for many of them between the formal merger of the three Trusts and the proposals for service change, this was a factor for which the panel was prepared, and they also noted general support from staff for improving services, but more could be done in terms of communication.
3. Following the site visit, around 30 members of staff from the local trusts attended the review panel offsite meeting on 25th April, and supporting teleconferences on 26th April. The Senate panel members examined proposed plans for the future clinical models in detail including workforce and delivery, patient benefits and how much impact these will have, how we will ensure quality and safety, outline implementation plans, clinical leadership and engagement. Each team presented their case as well as the full panel hearing an overview presentation introduced by Dr Anita Donley, chair of the STP, and delivered by Dr Donald McGeachy, Medical Director for the Joint Commissioning Team of CCGs, and Dr Ronan Fenton and Dr Celia Skinner from msb. This included further detail about clinical transport arrangements proposed for the model – an area where the panel was likely to have key questions.
4. The report of the Senate is expected on 17th May 2018, when it will then be reviewed by the STP Clinical Cabinet on 24 May 2018 to form overall recommendations to commissioners as part of their decision-making business case. I would like to extend my thanks to all our colleagues from across msb who have contributed to the Clinical Senate assurance, and we are pleased with how the processes is progressing so far.

Change Management Office (CMO) update

5. Team now fully resourced for the Basildon CMO roles, with new starter commenced on 23/04/18. Interviews for other roles at Southend and Mid Essex are being arranged. We are also pleased that we have confirmed start dates for 2 apprenticeship roles on 29th May. Interim resource currently in place at SUHFT to support CIPs at local level.
6. The Southend Transformation Board is now fully established although there is a need to re-assess the programmes/projects within the portfolio to ensure focus is aligned with the Trust and MSB requirements taking into account capacity of local site team to deliver. The team are a working with the recently appointed Programme Director, Katie Rawlings to complete this. With regards to Mid Essex, initial meetings have held with the site team but there is much to do and the aim is to provide more support in the next few weeks to support establishment of CMO at Mid Essex in line with the broader improvement plan at the Trust.
7. Basildon has undertaken an end of year review and the 2018/19 programme is currently being scoped.
8. The Clinical Redesign and Reconfiguration Programme has been focussed on the preparation for the clinical senate, with this work will be used to further inform plans going forward.
9. CMO team have also been working closely with both the Clinical Support programme team and the newly established Corporate Support project team, to review and ensure that the appropriate governance and assurance is put in place.
10. The team are also working on alignment of dashboard reporting across all programmes to ensure that the same standards are used throughout.

Clinical reconfiguration and redesign**Programme snapshot (movement from previous month)**

Progress RAG	No	Project(s)
Improvement from previous month		
Moved from red to amber	2	Vascular, Surgical Ambulatory
Moved from amber to green	0	
Moved from red to green	0	
No change from previous month		
Stayed at red	2	OMFS, Ophthalmology
Stayed at amber	8	Interventional Radiology, Renal, Urology, Stroke, Neurology, Frailty, Treat & Transfer, Trauma & Orthopaedics
Stayed at green	0	

Progress RAG	No	Project(s)
Worsening from previous month		
Moved from amber to red	1	Medical Ambulatory
Moved from green to amber	0	
Stayed at red	0	

11. The overall RAG rating for the clinical programme board is Amber, with projects continuing to progress well.
12. In March, there are three projects that are red rated for overall delivery, the details of which are outlined below.

OMFS: This project remains RAG rated, due to ongoing operational resource issues. The recommendation from clinical programme board, was for this project to be closed and returned to the pipeline, with a renewed operational focus to resolve the ongoing issues.

Ophthalmology: The business case remains on hold due to the change in the view of commissioners, and a now lack of clarity on the way forward for the programme. Further engagement and discussions are ongoing with clinicians, managers and commissioners to find a way forward.

Medical Ambulatory: the project is red rated due to limited progress in month. Decisions have been undertaken to refocus and re-energise the programme, with standardised KPI's being established. This project will also be governed going forward from May onwards as part of the Emergency and Urgent Care programme board, to ensure oversight and pace of delivery.

13. Both Vascular and surgical ambulatory projects have moved from Red to Amber in the month, as a result of significant progress being made. Vascular business case is expected to progress through the approval gateways in June/July, for sign off and implementation. Urology business case is due to be presented at three sites, and through the gateway process in May for financial sign off.

Corporate support

14. Katie Rawlings, the new Programme Director for SUHFT, has replaced James Fisher as the Programme Director for Corporate Support.
15. The current focus is on assessing the resource requirement to support the development and approval of the Business Case(s) for each service area within scope of the Corporate Support programme. This is being addressed by the Joint Executive Group.
14. The Project Team have also been meeting with the relevant SROs and have been reviewing existing plans to help to identify potential 'pinch points' that includes identifying where the programme has interdependencies with other MSB and site programmes.

15. Existing programme and project documentation is being moved into the standard msb templates and the team are working with the CMO to build the dashboard for reporting purposes.

Clinical support

16. **Sterile services**

Positive engagement with the Mid Essex senior management team to review and establish an implementation plan to improve productivity by approximately 30% and achieve the same average output per head as Southend and Basildon, which was the final set of agreements required prior to formal approval of the business case for the future of these services..

17. **Pharmacy**

Due to the failure to recruit a specialist Medicines Information (MI) pharmacist at Basildon, the implementation of the MI consolidation has commenced in part, in order to maintain a safe MI service at Basildon. The SLA will be set up once the business case with the proposed sharing of savings for each site is approved by each site finance director.

Pharmacy procurement - East of England pharmacy procurement project baseline report received with a feedback day planned for 18th May 2018 to discuss and agree the next steps for this project.

18. **Radiology**

The PACS system that allows patient scans to be viewed across the Group is now officially live. Progress on efficient use of CT continues as output has increased >8% in the first 3 months of 2018 compared to the previous year. The new Radiology integrated management arrangement proposal has been presented and approved by JEG.

Interventional Radiology (IR) out-of-hour rotating hub continues to provide a service that was previously unavailable to patients. Work has started to create the 24/7 IR out of hour hub service.

19. **Pathology**

Biochemistry: Laboratory standardised working previously limited to Southend and Basildon has now been extended to Broomfield.

Microbiology: The team has recruited a virologist into the microbiology vacant post in Southend and this should reduce costs by about £250k in the next financial year while ensuring that the Group has its own virologist expert to reduce the need to send away tests. Consultant-to-consultant out of hour referrals in place at Broomfield and Southend.

Digital pathology: Drafted digital pathology business case to improve reporting productivity between 10-15% is awaiting further data to quantify additional

opportunities. Paper to secure up to £400k investment for the system from the cancer fund has been submitted.

20. **Outpatient Access and Appointment (OPAA) electronic referral services (eRS) paper switch off (PSO)**

All trusts are on track to achieve 100% paper switch off in June 2018 meaning every paper referral received will no longer be accepted.

Individual trust programmes

Basildon (Stepping Up Programme)

21. **Background:** In order to review progress of the Stepping up Portfolio during 2017/18, an end of review Steering Group was organised on 17th April 2018 for the Senior Responsible Officers (SROs) to present how their programmes progressed during the year. The current programmes are:

- Patient Flow
- Planned Care
- Quality and Safety
- Smart Working
- Valued Staff

The review covered both the operational rapid recovery actions in the programmes and the longer term transformational projects.

22. **Patient Flow:** The SRO advised that the GP service in ED had been successful and that discussions were ongoing to decide if the service should continue. This project was RAG rated as green, with the project continuing as part of the 2018/19 programme.

The SRO advised that the roll out of CUR had been completed and that whilst this was RAG rated as Green from the perspective of the project having been delivered, there were challenges remaining including unsatisfactory engagement in the process. The SRO explained that the project had been signed over to Divisions to manage data quality. Moving forward, this would be considered in the context of the implementation of Teletracking and how the two systems would support and complement each other.

The discharge lounge project had been completed and was RAG Rated as Green. The number of patients using the facility had improved significantly. In contrast it was noted that the pilot of the therapy led unit had not been successful.

The Group was advised that the ambulatory projects had been a success and that the services were now working more closely together rather than as separate units. . A separate Steering Group (SG) had been established for the Emergency Care Hub development, focusing on ambulatory care across medicine, surgery, gynaecology and frailty pathways and also included a review of Katherine Monk Day Unit (KMDU). This will continue into 2018/19.

The delivery of the four hour transit time standard was RAG rated as Red.

23. **Planned Care:** The SRO advised that the Radiology projects were RAG rated as red, which was due to capacity issues within the service, informatics and the improvement team. It was noted that one of the challenges with this consolidation was that the Trust did not fully understand its own issues and that it was therefore difficult for the service to plan the mode for services across the MSB Group.

The SRO advised that the E-Referrals project related to the planned switch off of paper referrals from June 2018. She advised that the soft switch off was planned on 23 April and that there remained a challenge in terms of the support of Basildon and Brentwood CCG not being as strong as the relationship with Thurrock CCG. The project was RAG rated as green as at the end of March.

The SRO provided an update regarding the Four Eyes Insight supported projects. The first related to Endoscopy & Cath Labs Utilisation. The SRO advised that the movement of cystoscopy to Katherine Monk ward was planned for May 2018. It was noted there was more work to do in relation to endoscopy, with a task and finish group being established.

The SRO advised that the Theatre Utilisation project had progressed and that it had signed off the change of order to the list process, to reduce on the day cancelled surgery due to over running. A six week forward plan had been developed and was being used as business as usual. Theatres were delivering on their trajectory against the project KPIs; however some short term issues remained in terms of delivery due vacancies.

The SRO advised that the outpatient utilisation project was also progressing well, with phase 1 and the introduction of text messaging. DNA rates had reduced and were now at the national level. Baseline performance was 11% and this had now reduced to 8.4% in Feb 2018.

The Rapid Recovery Plan, developed in Quarter 4, focussed on key actions to address performance by tumour site with breach tolerances and sustainable backlog numbers. The aim was to achieve trajectory to 85% for the 62 day standard by July 2018. This plan had been presented to and agreed at the Cancer Board.

The SRO advised that in December, performance against the 62 day waiting time standard was 77.7%. The trajectory had not been achieved in January or February 2018. No figures were available for March; however the unvalidated position was 66.7%. It was noted that the number of long waiters had increased and that additional grip and control had been introduced in relation to managing the patient tracking list.

It was noted that improvements had been made in relation to the delivery of the two week waiting time standard and that the introduction of one stop clinics had supported the Trust in maintaining this improved performance.

The SRO advised that the Rapid Recovery Action Plan for RTT focused on improving the Trusts current performance against the National quality standards for elective care. 92% of patients should wait no longer than 18 weeks from referral to first definitive treatment. It was noted that whilst the Trust had

previously agreed a trajectory to achieve 93% for the 18 week standard, the NHS Operational Plan had been refreshed and there was no requirement to deliver this standard in 2018/19. Instead the Trust was required to ensure its waiting list was no greater at the start of the year. The Group noted that the RTT programme was RAG rated as Amber.

24. **Quality and Safety:** The Director of Nursing advised that the number of injurious falls had reduced from 21 in 2016/17 to 16 in 2017/18 and that the Trust's performance remained below the national average. Falls is RAG rated green.

The SRO advised that the catheter passport had been rolled out as part of the infection prevention project and that progress had been made in relation to the introduction of an electronic infection prevention E-obs package, which was presently in the test phase, with the planned roll out in May 2018. Infection Prevention is RAG rated Amber, with the carry forward of MRSA and E-Obs.

The SRO advised that under the auspices of the Medicines Management project, training had been delivered in relation to the East of England Drug Chart and in relation to Critical Medications. Improvement initiatives had been rolled out on the wards, in order to reduce use of IV antibiotics and encourage their review. It was noted that the e-Prescribing Business Case had not however been signed off. It was to be confirmed the future capital programme contained the system. Medicines Management is RAG rated Green

The SRO referred to the pressure tissue damage project, advising that an improvement plan had been developed for both Bulphan and Linford wards. She advised that Linford ward's performance was presented the greatest concern to the organisation. Work also continued on the development and implementation of an E-obs package for recording a patient's waterlow score, which would be introduced in July. It was noted that there had been delays in this project due to issues relating to capacity within the Tissue Viability Nurse team. The team had prioritised its work on Bulphan and Linford wards.

It was noted that the Trust would be participating in an MSB Group wide piece of work, in association with NHSI, to review pressure ulcer performance across the three MSB sites and develop a single protocol. Pressure Tissue Damage is RAG rated Red

The Director of Nursing advised that VTE performance had been above 95% since October 2017 and that this level of performance had been sustained. Mid Essex had requested support in this area. Highlights relating to this project included the establishment of the Thrombosis Committee, the implementation of improvement plans on Horndon and SRU and subsequent improved compliance. Cohorting Rules had also been implemented. VTE is RAG rated Green

Under the auspices of the Deteriorating Patient project, work had commenced on the implementation of the Deteriorating Patient (DP) Bundle, although this would be carried forward as a matter for the 2018/19 programme. Similarly, a Paediatric DP work stream had been established which would be carried forward to 2018/19 alongside a bigger piece of work in relation to sepsis.

The Group received an update regarding the Avoidable Mortality project, noting that the Trust's Cardiac arrest performance was less than 1:1000 in March 2018

which compared favourably to the position of 2.5:1000 two years previously. The Medical Examiner role had been developed over the course of the year and Medical Examiners had been recruited and trained. DP is RAG rated Amber

Mortality Reviews were being undertaken and action plans implemented. The Group noted that the implementation of Acadian System had been delayed due to delays in roll out across the MSB group. This would be carried forward into 2018/19 along with the implementation of real time reviews. Avoidable Mortality is RAG rated Amber.

The Group noted that the fractured neck of femur project had reviewed its data and that a standard operating procedure had been signed off. An improvement plan was being monitored with the CCG. Fractured Neck of Femur (#NOF) is RAG rated Amber

The Director of Nursing provided an update in relation to the 7 Days Service project advising that the National audit demonstrated that the Trust was making progress in this area. Plans had been developed and implemented in all areas ahead of the next national audit in April 2018. 7 Days Service, Standards 2 & 8 is RAG rated Amber.

25. **Smart Working:** The SRO advised that the Cost Improvement Programmes (CIPs) project focused on deliver £16.322m of Cost Improvement Programmes by 31st March 2018. An additional aim was to create a structure which supported year round CIP identification and robust governance to ensure that schemes met the tests of improving or at the least not reducing the quality of services provided. £16.513m, an overachievement of £191k was achieved and the new governance structure was working well with all schemes being signed off. There was more work to do in 18/19 in fully embedding the monthly monitoring returns. CIP is RAG rated Green.

The Rapid Recovery Action Plan, developed to support Quarter 4 recovery and delivery of the Trust's revised year end forecast position of £29.7m. The plan was structured to deliver under the following key sub work streams:

- Business Governance;
- Grip and Control;
- Financial Recovery plan;
- CIP pipeline and delivery 2017/18
- CIP Programme 2018/19

The position had improved slightly to £29.4m deficit, which was a significant achievement.

26. **Valued Staff:** The SRO advised that the Rapid Action Recovery Plan (RRAP) for Valued Staff focused on delivering against the trusts agency spend trajectory. This was to be achieved by increasing the fill rate from bank, recruiting more registered nurses, reviewing the grip and control over pay expenditure, reducing turnover by improving retention. The plan was structured to deliver under the following key sub work streams: -

- Recruitment
- Retention
- Grip and Control

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In terms of recruitment, the Trust had recruited 216 Registered Nurses (year to Feb 2018). The Trust had not however delivered its plan to recruit 100 overseas nurses, having recruited 35 in the year. The SRO advised that the Trust had attended ARU and Essex University Recruitment Fairs and held Specialist Open Days to recruit newly qualified and experienced nurses.

The successful 'More Than Just A Uniform' Facebook recruitment campaign reached 163k people with engagement figures of 6,500 clicks and 1,250 reactions. The SRO advised that NHS England had approached the Trust regarding its possible of this advertising campaign. The Trust had also been successful with its 'keeping in touch' schemes from offer to 1st day, which had increased the number of new starters.

The SRO also provided an update regarding the Retention projects, advising that turnover had improved. The position for the year to March 2018 was 14.10% compared to 14.75% for the previous year. Nursing career pathways had been developed and career development drop in, itchy feet and swop shop processes had been established to prompt discussions to reduce leavers. Informal breakfast/coffee meetings had been held with the Director of Nursing for new, overseas and established nurses.

The Grip and Control programme was reviewed, noting that regular divisional review of agency spend at weekly Nursing Assurance Group had been introduced. The NHSP fill increased from 38% to 67% and Agency fill reduced from 49% to 17% (Jan 2017 – Jan 2018). The Job Planning Committee had been established to oversee Doctor Job Planning implementation for 2018/19.

Reference was made to the introduction of the Right Staff App and the positive feedback that had been provided to the App developers in relation to how useful the tool was in terms of improving communication and engagement with staff.

27. The SROs have been developing their programmes for 2018/19 which will be presented at a meeting to be set up in the week commencing 30th April 2018.

Mid Essex (Transformation Steering Group)

28. The MEHT 2017/18 Transformation Programme continues to develop with the focus on establishing 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. The improvement team at MEHT now has 2 Band 8 Improvement and Change Management Specialists in post.
30. The local site team are linking in the CMO team and the site management to establish the portfolio.
31. Development of the 2018/19 CIP programme continues with the team working in conjunction with the current interim turnaround team.

32. The improvement team led a week long 'fresh start' exercise to address the use of Lorenzo within Outpatients in April which had a high level of support from both clinical and operational staff and resulted in a number of short term issues being flagged, escalated and resolved quickly.

Southend

Programme snapshot

Progress RAG	No	Project(s)
Improvement from previous month		
Moved from red to amber	0	
Moved from amber to green	2	E Whiteboards, Teletracking @ SUHFT
Moved from red to green	0	
No change from previous month		
Stayed at red	1	CIPs
Stayed at amber	17	Safer R2G, Ambulatory Care & CDU, Primary Care Streaming, PAU/PED, Discharge Workstream, Medical HDU, Hot Referrals, 7 Day Services, Cancer Plan, Consolidated Booking Teams, Digital dictation and Offsite Transcription, Job Planning, Text Reminders, Offsite Printing and E-Comms, Nervecentre, Doctors E-Rostering, ERS (Paper Switch off)
Stayed at green	2	Capacity and Demand Medicine, Noteless Clinics
Worsening from previous month		
Moved from amber to red		
Moved from green to amber	1	TAU
Moved from green to red	1	TTA Improvement Work

33. SUHFT has a monthly transformation programme board 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.
34. 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 March 2018.
35. The 2018/19 Cost Improvement Programme remains since publication of the site dashboard the level of CIPS identified has risen to £11.5 of the £12m, however this remains at high risk due to the scale of the challenge. Additional resources continue to working with Directorate and Corporate leads to fully develop their schemes. There has also been continued improvement in moving potential schemes from the idea stage to scoping, QIA sign-off and implementation.

36. As referenced in the previous report, the site team has improved the governance of the Patient Flow board although the level of engagement with directorates and clinicians across all projects has been constrained due to operational pressures.
37. Katie Rawlings, the new Programme Director for the Trust, is leading on a review of the programmes currently on the site's portfolio to ensure the priorities of the organisations are resourced appropriately.

Progress on local digitisation (eTCI cards, digital transcribing, off site printing, electronic patient letters/portal) is still a concern and is being addressed with the Digital Programme team.

People and organisational development

40. In response to national staff survey results a series of listening events with staff across the group have commenced. Staff views will help to shape the future actions and priorities in response to these survey results.
41. A culture audit is due to commence to assess the baseline position of the three organisations and understand similarities and differences. This will help shape the conditions and behaviours for the new organisations.
42. Work has commenced on commissioning a senior leadership programme and development centre approach for senior leaders.
43. Nursing to up Degree apprenticeship – (29 staff commenced in April).
44. First inter-professional simulation training between student nurses and medical students.

Strategy – Innovation and Joint Working

msb Innovation Fellowship

45. msb group launched the msb Innovation Fellowship on 8th February 2018, this allows our own staff and entrepreneurs on the NHS Clinical Entrepreneurs Programme (for which we are a partner) with interesting and useful ideas or novel products to apply to work with the group to test these. In 2018/9 we intend to focus on supporting innovators looking to improve patient safety through their ideas, or to help our staff through innovation in workforce.
46. Following an open application process and interviews with key staff as well as review by the msb Innovation Advisory Group, we have now accepted 16 msb Innovation Fellows onto the programme in its first year. 8 of these are in-house staff and 8 are Clinical Entrepreneurs from the national programme. We will begin in May 2018 with identifying goals and finding suitable mentors, as well as further developmental opportunities. We have exciting opportunities such as the chance to attend development events alongside fellows from the NHS Innovation Accelerator, and a series of "pit-stop" learning retreats. If any JWB members is interesting in providing mentorship to a Fellow, do get in touch with Charlotte Williams, or

email msbinnovation@btuh.nhs.uk A Launch event is being planned and do look out for further information about the Fellowship soon.

msb Innovation Capability

47. In February 2018 we began a small piece of diagnostic work with the Innovation Unit to help us understand how we can develop our innovation capability within the trusts. Following 20 interviews with colleagues, Innovation Unit will be running a workshop on their thoughts and learning from elsewhere on 3rd May 2018 to formulate recommendations and next steps. These findings and recommendations will accompany other work such as the development of the quality strategy and improvement faculty in taking forward our msb institute programme supporting transformation in the group and future organisational form.

msb institute Test Bed proposal

48. Following our successful expression of interest to NHS England and the Office of Life Sciences to be a wave 2 NHS Test Bed, Martin Callingham, Charlotte Williams and Michelle Stapleton attended the next stage bidder event in Manchester on 23rd April 2018. There is £6m available nationally for these sites, which aim to test innovative combinations of technology and pathway development, with a view to improving patient outcomes and experience at the same or lower cost than current practice. The theme of our proposed test bed is digital solutions helping to unblock emergency flow: enabling discharge and care at home, and facilitating the model of emergency hubs at each acute site. We are in the process of identifying industry partners whose products address this theme, before considering if we will submit a bid at the next stage. We also intend to work with patients, voluntary and community partners to review the hypothesis we are currently using to support the bid.

Partnership working

49. Due to the high profile of our innovation work within msb, Charlotte Williams, Group Director of Strategy & New Care Models, was invited to attend a roundtable on 17th April 2016 at the House of Lords. This was hosted by Lord O'Shaughnessy, Parliamentary Under Secretary of State at the Department of Health, and was to hear some early thoughts at the start of a joint programme of work between the Office for Life Sciences in the Department of Health and Social Care; the Department of Business, Energy and Industrial Strategy and NHS England designed to provide a comprehensive and joined up system of support so that innovators with clinically and cost-effective therapies that meet NHS priorities can rapidly introduce and scale their products within the health service. We expect the work to continue over summer and it is expected the group will reconvene later in the year to review findings.
50. On 8th May 2018, three colleagues from Estonia, Switzerland and The Netherlands will join the msb for three weeks as part of the HOPE exchange programme. HOPE is the European Hospital and Healthcare Federation, an international non-profit organisation created in 1966. The NHS Leadership Academy supports the programme on behalf of the UK. The HOPE European Exchange programme offers the opportunity for healthcare managers, or clinicians with a managerial role, to visit another country and to exchange ideas and experiences with healthcare professionals and to experience a different culture and healthcare system. This year the theme for the exchange is: "Improving the quality of healthcare using the experiences and competencies of patients: Are we ready?" The visitors will be accommodated at

Basildon Hospital, but are reaching across the msb for their learning. Any JWB members wishing to do so would be very welcome to meet these colleagues, please do contact Emily.frain@btuhh.nhs.uk who is supporting their visit programme.

Association of Health & Care Provider Groups

51. We continue to work in partnership with Guy's and St Thomas' FT, The Royal Free London FT, and Salford Royal FT on the development of this Association, supported by national regulators. The Association aims to share learning amongst its members and help national decision-makers understand and better support what groups aim to achieve.
52. The four group Chief Executives met on 16th April in Salford to share progress and learning across the various organisational approaches. Following a helpful presentation from the Northern Care Alliance to their approach to Standard Operating models, it was agreed that in 2018 that the members of the Association would look to undertake a benchmarking exercise for existing group-wide models and share how each partner was approaching this. There will be useful learning from others for msb in this, especially as we approach merger. In addition to this, the Association will continue to progress a site leadership-focused talent management proposal with NHS Improvement, and discussions with Health Education England about funding for nonmedical education. Discussions are planned this month about resourcing the Association by a small sum and with whom we intend to partner for this, and the msb will need to review our contribution to, and value obtained from, the group as part of this process. The next meeting of the Chief Executives will be here in Essex in July 2018.

Summary and conclusions

53. The Joint Working Board are invited to:

Note the report.

Annexes

Programme Dashboards

May 2018

Change Management Office Report on Project Progress - April 2018							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
PMO ref.	Programme	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective			
1.1	Patient Flow Board	SAFER/Red2Green	Caroline Baker	Tanya Woolard/John Day	Denise Townsend	Achieve and sustain the ED 4 hour standard by delivering sustainable improvement across the urgent care pathway. SAFER/R2G Workstream now up and running - working initially on two medical wards to test improvements ready for Trustwide rollout	A	A	Achieved: Revised CCD paperwork awaiting publication; Knowing How we are Doing Boards on 4 wards ; teaching sessions for R2G carried out with ward staff - positive impact Delayed: Unable to set up consistent Gastro round to trial as planned Next Steps: Roll out Knowing How we are Doing across all wards; roll out plan for Best Practice work; secure ward access to dashboard ; establish Stranded Patient challenge rounds/meetings Escalation: n/a
1.2	Patient Flow Board	Capacity and Demand (Medicine)	Caroline Baker	Zoe Gregori	June Leitch	Identify the capacity within Medicine Directorate to deliver all key operational standards; SAFER, Red to Green, RTT, KPI's and Cancer standards and deliver all planned and unplanned care Identify the demand across Medicine Directorate for all planned and unplanned care to be delivered	G	G	Achieved: Meeting to agree consultant working model i.e. Consultant of the week, SAFER, support for ED and AMU, on call; Demand and Capacity model complete for Diabetes and Endocrinology Delayed: Meeting with Diabetes and Endocrine clinical leads delayed due to diary availability Next Steps: Diabetes Clinical Pathways; Map Job Plans through Zircadian; Handover process Escalation: The Board are asked to note that the Project is going to be handed over to Medicine Directorate
1.3	Patient Flow Board	Ambulatory Care and CDU	Caroline Baker	Giselle Carter-Sandy	June Leitch	Launch additional Ambulatory Pathways Review protocols for CDU	A	A	Achieved: Clinical audits commenced in AECU and CDU; CDU T&F Group meeting; HotPhone trial extended; agreed the realignment of CDU to Emergency Care Delayed: Finalisation of SOP; GP Feedback on HotPhone trial Next Steps: Follow up with GPs (involvement in pathways); consider alternative sites to support expansion of service; AECU data audit Escalation: The Board are asked to note that the AECU service will need additional space in order to develop
1.4	Patient Flow Board	Redirection from ED/Primary Care Streaming	Caroline Baker	Jenny Frost/Sam James	June Leitch	Redesign of the front door service in Minors Seek new supplier to work alongside to improve the PCS service Address data issues	A	A	Achieved: Team have met with Director of Ops and agreed way forward Delayed: n/a Next Steps: Prepare a paper detailing service spec to find a new PCS supplier Escalation: The Board are asked to note that the level of service from current supplier has been escalated to Dir of Ops
1.5	Patient Flow Board	Trauma Ambulatory Unit	Caroline Baker	Julie Lander	June Leitch	To deliver a full Ambulatory model for Trauma by March 2019	A	G	Achieved: Clinical Team have met to review patient flow and agree clinical requirements of the design; Quotes received for install of Clarity in OPD Delayed: Awaiting approval of capital budgets for next year - decision has gone back to 30th April 2018 Next Steps: Project Documentation to be signed off by Service; review benefits of installing Clarity Escalation: The Board are asked to note that the agreement is required for Orthotics to move into existing TAC area as there are competing priorities; project is rated as Amber for timescale (currently Feb 2019)
1.6	Patient Flow Board	PAU/PED	Caroline Baker	Wendy Pearson	Denise Townsend	Scope PAU service Commence PED service 24/7 4 days per week from April 2018	A	A	Achieved: Decision made not to co-locate PAU in ED; ED commenced running PED 24/7 4 days per week from April. Agreed to extend to 7/7 Delayed: n/a Next Steps: Roster for 7/7 working in PED; Work with group to design pathways for the service on Neptune Escalation: n/a
1.7	Patient Flow Board	Discharge Workstream	Caroline Baker	Phil Read	June Leitch	To pull together the various strands of discharge work across the system and combine with the recommendation of the external review	A	A	Achieved: Direction agreed at Discharge Forum; Plan in development; workstream meetings taking place Delayed: n/a Next Steps: Refine workbook; commence subgroup meetings; link in to SAFER workstream Escalation: n/a
1.8	Patient Flow Board	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).	G	A	Achieved: MSK and Surgical Whiteboards built in Nervecentre. Met with W&C for Eastwood Ward requirements Steering group meeting held, approval to proceed with roll-out, to use Medway Real Time Bed Management and Business Continuity Plan discussed. Meetings arranged with Medicine and D&T to discuss whiteboard requirements. Touchscreens and Mini PC's arrived on site. External contractor approved to install Touchscreens and 'make good' the walls. Delayed: None Next Steps: Sign off Medicine and D&T requirements. IT to build PC's to Trust Spec. Commence installation from 1st May, over 3 week period. Escalation: The Board are asked to note that the equipment needs to be in place to facilitate Teletracking roll out as Teletracking cannot phase in at switch on date

Change Management Office Report on Project Progress - April 2018							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
PMO ref.	Programme	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective			
6	Winter Planning/Urgent Care Recovery	TTA Improvement work		Simon Worrall	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	R	G	Review at TPB 17/4/18
7		Medical HDU (8 Bed)	Jane Reeve	Karen Kinnear	Denise Townsend	To deliver an 8 bedded Medical HDU for the Southend site	A	A	Achieved: BC finalised for sponsor review; build coming to an end ready to handover to service. Delayed: There has been slippage on the build. Revised opening date 9/5 . Nurse staffing is an issue - team will flex beds across HDU/ITU according to acuity Next Steps: Review BC ready for presentation to SLT; arrange opening event Escalation: The Board are asked to note that decision from CCG is still awaited
9		2018/19 Cost Improvement Programme (CIPS)	James Fisher/David Robinson	n/a	Clare Burns	To achieve a saving of £8.8m in 2017/18 and to identify and define programme for 2018/19	R	R	Achieved: Approx. £9.8m of ideas in development to meet £12m target. Presentations to NEDs were held (follow up required at next FRC) Delayed: Next Steps: Continue to take existing schemes through sign-off process, focus interim resources on supporting directorates requiring support to bridge gaps to target and prepare for FRC. Escalation: The Board are asked to note that achievement of £12m is at risk and the concerns raised by NEDS (discussed at SLT)
10	Clinical Support & Strategic Projects	Hot Referrals	George Watson	Mike 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.	A	A	Achieved: TIA extraction tool is now being utilised. Capsticks collecting witness statements for legal challenge. Governance process for V3 development underway. Delayed: Roll out of TIA V2 to MEHT due to concerns from GPs, this is being managed by both the Trust and Mid Essex CCG. Next Steps: Roll out of TIA V2 to MEHT. Validation study is continuing with Royal Stoke outcome expected 06/18 and Hot-Foot roll out to Southend. Escalation: n/a
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.	A	A	Achieved: QI project now in place to address recording of Standard 2. Understanding of MEHT methodology Delayed: Next Steps: Collecting data for April 2018 audit - submit June. Review existing pathways Escalation: n/a
12		Cancer Plan	Rosie Martin	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: Planning for a Head and Neck one-stop service from May; Southend only target achieved for last two months Delayed: Gynae next steps pilot Next Steps: Extended operating times in Urology pilot is being audited; Cancer Manager leading review of the plan; Focused piece of work in Urology Escalation: The Board are asked to note that late tertiary referrals are continuing to impact target delivery. Longer term two Urology Consultants are leaving the Trust in June. Governance arrangements to be agreed.
13		Consolidated Booking Teams (Outpatients)	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. Out of scope: Inpatients ESR PMO looking at wider consolidation.	A	A	Achieved: No local site team involvement currently Delayed: n/a Next Steps: Clarify MSB project with MSB lead Escalation: The Board are asked to note that any progress at site level is dependent on clarification of MSB approach which is being clarified with the Programme Director for Clinical Support (Solomon Oliniyo)
14	EPR & Clinical Admin	Digital Dictation and Off-site Transcription (Clinical Admin)	n/a	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: Rollout to Medicine and Surgery on-going as IT BAU activity, no firm dates known. In addition to this a meeting held with supplier and Clare Burns to discuss process, quality of letters, letter templates, reporting and workflow. Delayed: n/a Next Steps: Supplier to provide Clare Burns with operational reports agreed in above.Review of PMO on-going support. Escalation: n/a

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PMO ref.	Programme	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective			
15	EPR & Clinical Admin	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	A	<p>Achieved: OP - IVM (Interactive voice messages) is live for all OP and DNA rates are improving as a result. SOP that defines who is responsible for all aspects has been defined but awaiting sign-off by call centre team. From an IP perspective the testing has been completed by IT so pgo live planning can commence.</p> <p>Delayed: Whilst preparation and implementation of texting for in-patient appointments is back underway this is still behind original schedule to go live in March, therefore project is still rated as amber.</p> <p>Next Steps: Plan and agree new go-live date for IP</p> <p>Escalation: The Board are asked to note the delays referenced above but that planning to go live for IP is underway</p>
16	EPR & Clinical Admin	Offsite Printing and E-Communications (Clinical Admin)	tbc	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-cursor to wider back office process review.	A	A	<p>Achieved: Meeting was held with CCG regarding ED Discharges and they have agreed to work on a plan to go live with 20 sites in 1 go and then rollout 10 a month after that.</p> <p>Delayed: n/a</p> <p>Next Steps: Confirm plan dates with CCG (Eddie Aldridge following this up)</p> <p>Escalation: The Board are asked to note that there are no current plans to extend beyond ED Discharge.</p>
17	EPR & Clinical Admin	Nervecentre (EPR)	Jane Reeve	Karen Kinnear	Denise Townsend	Implement an electronic patient observations, escalation, handover and Hospital at Night system	A	A	<p>Update to follow</p>
18	EPR & Clinical Admin	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	<p>Achieved: 91% of outpatient clinics have gone live as 12/04/2018</p> <p>Delayed: n/a</p> <p>Next Steps: Expect to achieve 92% in May. Work is underway on the remaining 8% to put in place processes to enable them to go noteless.</p> <p>Escalation: n/a</p>
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	A	<p>Achieved: ED Gone live</p> <p>Delayed: n/a</p> <p>Next Steps: Go live with Surgery</p> <p>Escalation: Due to the resource required to set up the newly implemented weekly payroll there will possibly be a delay with Surgery which is due to go live at the end of this month.</p>
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	<p>Achieved: March e-RS Utilisation 66 % (to be verified)</p> <ul style="list-style-type: none"> Paediatric Trauma and Ambulatory Service, Paediatric Audiology, Paediatric Orthotics, Gynaecology, General Medicine, Urology & Oral Surgery Go Live – full paper switch off date agreed Paper returns process approved Exclusions list updated and shared with CCG Updated CCG's 'readiness checklist' <p>Delayed: Slippage of 3 services due to Go Live in March, re-planned for April. Project rated as Amber due to this slippage.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> Go Live for Paediatrics and 2WW Gastro/Colorectal - 09/04 Go Live for Cardiology 16/04 Risk that Urology may not go Live in April. Further discussions are being held with Specialty Monitor utilisation following full paper switch off <p>Escalation: Board are asked to note that we are unable to identify all 1st outpatient referrals from GP's that are consultant led due to Medway does not contain whether consultant led, therefore, further clinics may be highlighted by directorates/specialties post full paper swithch off.</p> <p>Further work maybe required for Management Information/Data Extracts to exclude the 'Exclusion clinics'. We may need a new report that will exclude certain Medway codes. The current report is based on GP Paper and e-RS referrals registered to speciality not clinics.</p>

Change Management Office Report on Project Progress - April 2018							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
PMO ref.	Programme	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective			
23	Digital	Teletracking @ SUHFT	Eddie Aldridge/ Natasha Ball	Yvonne Blucher	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.	G	A	<p>Southend Site Report (as per Teletracking Report Format)</p> <ul style="list-style-type: none"> * Current NerveCentre BCP options sufficient * Awaiting ADT dictionary to be run to update ADT bed master in data workbook * Continuation of data capture for House keeper process for comparison to original data * Data analysis started for bed cleaning/house keeper service and initial trends to be taken to Programme Board. * Porter audit in progress * Design week communication from Yvonne sent to required attendees * Comms completed for 'The Look' * Centralised and real-time management of opening and closing beds on Medway kicked off * Delivery of electronic whiteboards scheduled
24		Job Planning	Claire Harris/Jo Nicholls	Jo Howard	Sue Bridge	Improve the quality and consistency of Consultant job planning across the Trust. Ensure consistent standards for job planning are applied throughout the Trust to deliver a full set of capacity plans to assist with resource planning, measure effective service delivery and review in line with pay by March 2018.	A	A	<p>Achieved: As of 4th April 2018, we have 44.5% of signed off consultant job plans (this is up from 0% in February 2018)</p> <p>Delayed: No movement with majority of Medicine excluding Cardiology. Other non-engaged area is A&E. Original plan was to have all job plans signed off by end of March therefore the project is still rated as amber.</p> <p>Next Steps: Focus on completion of sign-off with revised target date of 30th April. NR/JH planning to meet with CD's to hold them to account with formation of a job planning committee to be established.</p> <p>Escalation: The Board is asked to note that Engagement/Accountability from Clinical Directors with Job Planning is an on-going issue but steps are in place to resolve.</p>

Change Management Office Report on Project Progress - April 2018							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
PMO ref.	Programme	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective			

Rag rating	Explanation - to delivery of the main aim of the project
Red	<p>Successful delivery of the project is in doubt due to one or more of the following:</p> <ul style="list-style-type: none"> * 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
Yellow	<p>Likely to deliver, however some uncertainty due to one or more of the following:</p> <ul style="list-style-type: none"> * 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	<p>High likelihood to delivery due to one or more of the following:</p> <ul style="list-style-type: none"> * 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 Reconfiguration Redesign - Monthly Dashboard

Change Management Office Report on Project Progress Updated: 06/04/18					Project Plan Progress (reflecting March 2018)				This month's progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting April 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
CMO ref.	Priority Programme Areas	Project Name	Current Project Gateway	Date to next Gateway	Overall Project Progress RAG Rating	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	Amber	2	1	1	3	2	1	3	2	1	Amber rating reflects continued slippage in approval of the business case although the has been progress in moving the project forward. Space for the unit has now been confirmed and a meeting for clinicians. The proposal to the clinical senate has set out a three-phased approach to centralisation of services with the initial phase focussing on centralisation of emergency activity. Significant risks remain in the project with a lack of operational support. The go live has been moved back to commence from Quarter 3 of 2018/19 and be completed by end of Quarter 4 2018/19.		
1.2		Interventional Radiology	2	Dec-17	Amber	0	0	0	1	1	0	0	0	0	Amber rating reflects confirmation that the rotating hub commenced in March 2018 with 9-5 cover on weekends implemented. However this is not supported by a detailed project plan for implementation of the fixed hub with 24/7 weekend cover in Autumn 2018.		
1.3		Renal	1	Jan-18	Amber	2	1	1	3	2	1	2	2	0	Amber Rating reflects that although the Project Proposal Form has not been approved as it was requiring revision, there has been progress in clarifying the proposed model and improved engagement with clinicians. An updated PPF will be submitted based on the work undertaken for the clinical senate. The plan will be phased to look at opportunities to standardise practices along with work on the Acute Kidney Injury pathway commencing in the first phase, followed by development of a joint rota ahead of the implementation of an Acute Renal Unit in 2021. Areas for standardisation have been identified and are to be agreed with the project group.		
1.4		Urology	2	Feb-18	Amber	4	1	3	14	11	3	6	6	0	Amber rating reflects risks within the project and slippage in milestone delivery in March. The establishment of Trial Without Catheter (TWOC) clinics at BTUH is now aimed to commence in April. Ambulatory hot slots clinics are likely to be established at BTUH and SUHT into April. Hot slots cannot currently be established at MEHT. A Further iteration with more work on the finances has been completed. The draft business case continues to be shared at key site meetings in order to target sign off in April. There is a risk that full sign may slip into May 2018.		
1.5		OMFS	3	Apr-18	Red	-	-	-	-	-	-	-	-	-	It is proposed that the project is put back into the portfolio pipeline, until a way forward is proposed from NHS England.		
1.6		Medical Ambulatory	2	TBC	Red	3	0	3	15	12	3	4	4	0	Red rating reflects slippage in completion of milestones around agreement of Service Level Agreements (SLAs) on the different sites. The Emergency Hub project established at BTUH will be reviewing SLAs. Plans for progressing this on the other two sites will need to be developed. The overall pathway has been signed off and the Pulmonary Embolism pathway has been requested. Collection of Key Performance Indicators (KPIs) has continued for two of the KPIs agreed. There is some informatics support required to collect data for the other two agreed KPIs. A report summarising findings from site visits has yet to be finalised with recommendations. The group have been unable to meet to progress making recommendations. Understanding of site implementation process is not fully understood at present. Attendance of key stakeholders at both group and site meetings to make decisions has proved challenging in March.		
1.7		Surgical Ambulatory	2	TBC	Amber	5	0	5	8	3	5	4	0	4	Amber rating reflects risks in the project and non-delivery of milestones in March and risk to delivery of future milestones, although there has been some progress in month. Guidelines and protocols for clinicians for key presenting conditions in the Emergency Surgical Acute Care unit for local implementation have not been agreed and the process for handover to local sites. Local implementation at the 3 sites is not currently possible due to varying issues at the sites. The BTUH project has been commissioned and added to site programme. No space is still currently identified for a unit at MEHT. This has been escalated to the Senior Responsible Owner. Emergency Department (ED) staffing pathways have been shared and are being validated by ED, however discussion of the pathways has not been possible despite repeated attempts to set up a meeting, ED clinicians have been unable to attend. Metrics have been developed and a draft dashboard is planned to be circulated in April.		
1.8		Ophthalmology	2	Feb-18	Red	2	0	2	8	6	2	3	3	0	Red rating reflects that the business case has not been fully signed off following issues regarding MEHT's current backlog and concern from the commissioners about MEHT's business as usual. The ophthalmology transformation business case is likely to be rejected by the CCG joint committee on the 6th April. Solution planning is under way to look to see what the hospitals can do internally. Issues remain in 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.		

Clinical Reconfiguration Redesign - Monthly Dashboard

Change Management Office Report on Project Progress					Project Plan Progress (reflecting March 2018)				This month's progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting April 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
CMO ref.	Priority Programme Areas	Project Name	Current Project Gateway	Date to next Gateway	Overall Project Progress RAG Rating	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	2	Sep-18	Amber	2	2	0	19	19	0	1	1	0	Amber rating in March reflects, that although good progress continues, there is a planned change to the phasing of the project. In review of the project for the clinical senate it has been identified that with some standardisation work, particularly in formation of the team on all 3 sites and imaging, needs to be completed prior to the implementation of a joint rota across the 3 sites. An updated plan will be developed to reflect this.		
1.11		Neurology	1	Apr-18	Amber	2	0	2	3	1	2	3	2	1	Amber rating reflects the project is still in development. The next gate will be for the Project Proposal Form to be submitted to Clinical Programme Board. This was originally planned for April, but this will not be submitted this month. More work is required on identify variation between sites and beginning to model demand and capacity. There has been a focus in March on engaging with key clinicians at all three sites in March.		
1.12		Frailty	1	Nov-17	Amber	4	1	3	5	2	3	5	5	0	Amber rating as, although there has been a slight delay, the Frailty Assessment Unit opened at Basildon site on 5 April progress on development of plan on Basildon site. There has been slippage in other milestones, with the MSB project group unable to meet to agree metrics. The Standard Operating Procedure for the service at Basildon has been drafted but not signed off and there are likely to be delays in recruitment in staff as funding has not been agreed into 18/19. A justification is being written for the carry over of Better Care Fund monies into 18/19.		
2.1	Public Consultation Business Case	Treat & Transfer	2	May-18	Amber	2	2	0	3	3	0	3	3	0	Amber rating reflects the plan for Project required more development. The project has focussed on developing an explanation of the service model to support discussion of the proposal in the public consultation. A 24 hour audit has been undertaken and is being clinically validated. A 2 week audit with input from the ambulance service as well as the relevant specialities is then planned. The will inform the next steps which are identified as establishing ED Flow and developing the Standard Operating Model for the inter-hospital transport.		
2.2		Trauma & Orthopaedics	1	May-18	Amber	1	1	0	1	1	0	2	2	0	Amber rating reflects the project is still in development. The PPF is now being planned for submission to CPB in April. The appointment process for a clinical lead has continued in March with interviews planned in May. Risk identified that a failure to manage the operational pressures at all three sites may lead to a continued lack of operating on joints and a significant increase in backlog and waiting times for patients and may lead to disengagement of clinicians		
2.3		Gynaecological Surgery	0	May-18												Project identified from the Public Consultation Business Case. Resource allocated and project mandate to be developed.	
2.4		Respiratory	0	May-18												Project identified from the Public Consultation Business Case. Resource allocated and project mandate to be developed. Mandate planned for submission to May Clinical Programme Board.	
2.5		Cardiology	0	Apr-18												Project identified from the Public Consultation Business Case. Resource allocated and project mandate developed. Mandate submitted to April Clinical Programme Board.	
2.6		Complex Gastroenterology	0	TBC												Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed.	
2.7		Complex General Surgery	0	May-18												Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed. Mandate planned for submission to May Clinical Programme Board.	
2.8		Upper & Lower GI	0	TBC												Project identified from the Public Consultation Business Case. Resource to be allocated and project mandate to be developed.	

Rag rating	Explanation - to delivery of the main aim of the project
Red	<p>Successful delivery of the project is in doubt due to one or more of the following:</p> <ul style="list-style-type: none"> * 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	<p>Likely to deliver, however some uncertainty due to one or more of the following:</p> <ul style="list-style-type: none"> * 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	<p>High likelihood to delivery due to one or more of the following:</p> <ul style="list-style-type: none"> * 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 * KPI's are performing in line with the planned trajectory

Group Portfolio Risks Log

Version: RL0.1

Risk ID	Risk Title (Short title describing risk)	Risk Owner	Risk description (A failure to.....caused by.....may lead to.....)etc	Programme	Group Strategic Objective	Date risk identified/raised	Inherent Risk (Original Risk, no controls in place)			Date mitigating actions identified	Mitigating action (Controls)	Gaps in Control	Assurances (how do we know what we are doing is having an impact? Eg Programme Level KPIs)	Target Risk (with Mitigating actions in place)			Action owner	Target Date due	Status	Last Review Date
							Likelihood (1-5)	Consequence (1-5)	Risk Rating (Total 1-25)					Likelihood (1-5)	Consequence (1-5)	Risk Rating (Total 1-25)				
ESR R024	Pharmacy savings target	Solomon Oloniyo	There is a risk that Pharmacy under the current scope will not meet the financial savings target Financial savings for the programme may not be fully realised, therefore the overall portfolio savings may not be fully achieved	Clinical Support		09/08/2016	3	3	9	12/04/2018	12/4/18: Average £390k per annum could be achieved across the msb pharmacy transformation programme over 5 years 9/11/17: The outlined pharmacy programme will deliver the savings e.g. MI - potential saving circa £80k if consolidated at MEHT or if outsource £117k. Aseptic consolidation circa £200k etc with 2 potential high savings project to be worked out (pharmacy procurement and stock management and outpatient dispensing (wholly subsidiary or outsource) 3/5/17: The probability of achieving the financial target improved based on the current outlined projects	Nothing to report at this stage	Clinical Support Steering Group	1	3	3			Open	
ESR R028	Scale of CIP savings	Solomon Oloniyo	Scale of CIP savings (ESR R007) There is a risk that the target amounts are not achieved due to double counting of options (e.g. CIPs). There is also a risk that the Scale of CIP savings (within the Trusts) in compliance to Group Programme activity is unachievable This might cause financial reporting imbalance	Clinical Support		15/07/2016	4	3	12	15/07/2016	12/4/18: Ongoing review of each site CIP and msb programme 9/11/17: Ongoing meeting with the site team and also the creation of MSB institute could be an effective measure 4/5/17: Meet with individual CIP manager for each site to ensure no double counting	Nothing to report at this stage	Clinical Support Steering Group/Portfolio Steering group	2	2	4			Open	
ESR R029	Demand profile altering scope of projects	Solomon Oloniyo	There is a risk that the reconfiguration of clinical services affects the demand profile for Clinical Support Delay in the implementation of project delivery	Clinical Support		15/07/2016	5	2	10	15/07/2016	12/4/2018: Constant review of demand profile and this should not have a significant impact provide the demand remains the same, but slight changes in profile could require ad-hoc resources to cope. Close liaison between ESR programme managers so that impacts from the Clinical programme are fed into Clinical support 10/02/2017 Update: No Update to report 17/01/2017 Update: No Update to report Engage with wider SR leads. Weekly update meetings with lead COO arranged. Continually review capacity and demand model where appropriate. Monthly meetings with work stream team. Portfolio Steering Group overview and monthly meeting.	Once decided upon a joint clinical support and clinical group will be convened to ensure dependencies are managed appropriately.	This will be monitored through the clinical support steering group, in addition to through the appropriate communications and engagement plans	2	2	4			Open	
ESR R031	Clarity of five year end state	Programme Director	Clarity of 5 year end state (Risk R020): There is a risk that if there is not strong buy in from senior and executive trust personnel into the process the projects will not be delivered. Additionally There is a risk of lack of clarity over the desired end state in 5 years meaning that staff and key stakeholders are not bought into the transformation with a personal sense of purpose, are not connected and do not have investment in the desired outcome; and that communication to staff and key stakeholders is restricted by an inability to describe the benefits of the transformation 1) Reduction of staff engagement 2) Low staff morale 3) Organisation memory loss 4) Increased staff turnover.	Clinical Support		15/07/2016	4	3	12	15/7/16	12/4/2018: Ongoing regular site management and key staff meeting to gain their buy in and support e.g. pharmacy and sterile service consolidation. 10/03/2017 Update: The ESR programme is currently in a process of change due changes made after the JEG meeting on 15 Feb 2017. Roles and governance have changed within the ESR Portfolio and as such ESR Risks will be taken into account with the new governance design of the Portfolio moving into BAU. An update for this risk should be available as the new governance is in place by the end of March 2017, giving way to an update for this risk in April 2017 17/01/2017 Update: No Update to report	N/A	Increased engagement by staff in the transformation agenda Increased visibility of the shared ambition and outcomes in 'business as usual' planning and communications Staff actively proposing new ways of working and new solutions to help drive us further faster towards the end state Patients and citizens more engaged in the journey and supportive of the purpose Media engaged in the 'story' Partner organisations clearer about their role and contribution	2	3	6			Open	
ESR R043	Single budget	Solomon Oloniyo	Inability to move budget across MSB Delay the implementation of consolidating SSD, joint stock management and other services consolidations	Clinical Support		12/09/2017	5	3	15	12/09/2017	12/04/18: Merger proposal is progressing and where feasible an SLA could be introduced to overcome the delay 9/11/17: Create or pool a single budget for each service will be more effective Delay the implementation of consolidating SSD, joint stock management and other services consolidations Seeking approval for funding from each site management	Monitoring the implementation timing		2	3	6	James O'Sullivan/Juni Ahmed		Open	