

Meeting Title	Trust Boards in Common (Public Session)		
Meeting Date	4 th July 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 X <i>(please tick)</i>		
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>The report provides the normal overview of the portfolio of activities but the first page sets out a draft format of changing the way in which we report performance against our strategic objectives in a simpler way and following discussion at the joint Finance and Resources Committee as discussed at the last Joint Working Board meeting.</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> <p>If yes, can these implications be <u>fully</u> covered by existing budgets? N/A</p>		
Risk	Links to BAF risks: MSB2018/01,03,07,08		
Equality and Diversity	No specific E&D issues noted.		
Freedom of Information	No exemptions identified.		
Other Implications Identified	None identified at this time.		

<i>(including patient safety and quality, legal and regulatory compliance)</i>	
Recommendation	<p>The Success Regime Committees which comprise the Joint Working Board are invited to:</p> <ul style="list-style-type: none"> - Note the report.
Appendices	<p>Draft one pager.</p> <p>Change Portfolio Update.</p> <p>Programme Dashboards.</p> <hr/>

Our performance against strategic objectives (draft one pager for discussion)

Strategic objective	What are we trying to achieve?	How are we performing?		Key upcoming milestones	BAF reference(s)
Lead the reform of clinical services based on standardised processes informed by the best available evidence, patient co-design and removal of variation.	<ul style="list-style-type: none"> Reduction in clinical variation. Improved patient outcomes and experience. Delivery of financial benefits. 	Financial benefit totaliser	Clinical benefit totaliser (?length of stay)	<ul style="list-style-type: none"> Final approval to reconfiguration from CCG Joint Committee following public consultation and clinical senate 2 review. Review and approval of Ophthalmology, Urology, Treat and Transfer, Vascular, Trauma and Orthopaedics business cases. 	MSB2018/01 MSB2018/01 MSB2018/03
Radically rethink and redesign our corporate and clinical support services to maximise their effectiveness and contribution.	<ul style="list-style-type: none"> Reduction in variation. Improved user experience. Delivery of financial benefits. 	Financial benefit totaliser	User satisfaction with corporate and clinical support graph.	<ul style="list-style-type: none"> Re-launch of corporate support programme board and confirmation of programme scope. Approval of Sterile Services, Pharmacy and Transportation business cases 	MSB2018/03
Addressing current workforce gaps through new approaches to training, recruitment, retention and the development of new roles.	<ul style="list-style-type: none"> Reduction in vacancy rates. Utilisation of apprenticeship levy funding. 	Vacancy rate graph	Apprenticeship levy graph	<ul style="list-style-type: none"> Commencement of Senior Leadership Programme. 30 AP apprentices and 14 MBA apprentices to start in September. Recruitment to RN top up apprenticeship programme for October start. 	MSB2018/08
Establish a culture of high performance, improvement, measurement and innovation through a highly engaged workforce.	<ul style="list-style-type: none"> Reduction in clinical variation. Improved patient outcomes and experience. Improved staff engagement. 	Harm free care graph	Staff engagement graph	<ul style="list-style-type: none"> Completion of the QI strategy and plan. Ongoing cohorts of QSIR improvement training to be delivered. 	MSB2018/08
Reform our physical and technological assets to deliver value across the group and facilitate the timely flow of patient information.	<ul style="list-style-type: none"> The steps required to enable the above 4 areas. 	TBC	TBC	<ul style="list-style-type: none"> Approval of the Strategic Outline Case and development of the Outline Business Case. CED and teletracking deployment. 	MSB2018/03
Become a commercially astute, partnership focused organisation by developing new income and investment streams and entering relevant new markets.	<ul style="list-style-type: none"> Increased revenues derived from non-traditional service lines and commissioners. 	Financial benefit totaliser		<ul style="list-style-type: none"> Approval of Hospital at Home service with commissioners. Engagement with local authorities to identify opportunities for new service delivery. 	MSB2018/07

JWB – Change Portfolio Update – 4th July 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

2. We are currently awaiting the decision of the CCG Joint Committee on the recommendations that will be set out within the final Decision Making Business Case document, once this outcome is known we will then bring forward the full business cases for the wave 1 reconfigured pathways.

Change Management Office (CMO) update (David Robinson)

3. The focus for June from a resourcing perspective has been on filling the band 6 roles at the sites, finding cover for maternity leave in the group team and completing the band 8a recruitment for SUHFT. A number of potential candidates have been selected for the band 6 roles and work is on-going to finalise allocation of these, with one of these also being identified to cover the group role. Whilst recruitment for the SUHFT role was not successful, alternative options are being assessed. The 2 apprentices are now in place and supporting work at MEHT and group level.
4. A lot of focus has been given to providing support for the establishment of the Corporate Support programme team and ensuring that appropriate governance and assurance is in place for the Clinical Support programme. Whilst support for Clinical Re-design and Programme is already established this remains a key priority and a significant challenge for the CMO team involved.
5. With regards to the site teams, work is on-going with MEHT, to establish their programme and the appropriate level of governance and assurance. Re-assessment of the programmes/projects at SUHFT is on-going and although this wasn't completed as planned it is expected to in July. At BTUH Project Proposal Forms were approved for projects coming onto the portfolio following the refresh.

Clinical Reconfiguration and redesign programme snapshot (movement from previous month): (Jenny Davis & Jon Delves)

Progress RAG	Number	Project(s)
Improvement from previous month		
Moved from red to amber	1	Medical Ambulatory
Moved from amber to green	0	
Moved from red to green	0	
Stayed at red	1	Ophthalmology
Stayed at amber	11	Vascular, Interventional Radiology, Renal, Urology, Stroke, Neurology, Frailty, Surgical Ambulatory, Treat & Transfer, Trauma & Orthopaedics, Cardiology
Stayed at green	0	
Moved from green to amber	0	
Moved from amber to red	0	
Moved from green to red	0	

6. The overall RAG rating for the clinical programme board is Amber, with projects continuing to progress well.
7. In May 2018, there is 1 project that is red related for overall delivery, the details of which are outlined below:
 - a. Ophthalmology: the project is red rated for delivery in May due to slippage in milestones in relation to approval of business cases for the joint service and IT solution. An options paper is being created for the clinical leads to discuss with their teams before the decision to proceed with a way forward.
8. A project proposal form for the renal project was signed off, with focus on three key work streams for the whole pathway transformation over the next six to nine months.
9. Terms of Reference for the group were updated to incorporate the governance of the Patient Benefits Case and Integration plan for the Future Organisational Form Programme.

Corporate Support (Katie Rawlings)

10. The Programme Executive SRO, Jonathan Dunk (Chief Commercial Officer) started in May 2018.
11. A Visioning workshop was held in June to clarify the end state model, building upon the design work completed earlier in the year.
12. The Programme Board is being re-launched and the first meeting is 26th June 2018.
13. Agreement is in place to fund a programme team to deliver the workstreams and work has started to appoint this team.
14. Work is underway to confirm the scope of the programme and milestone plans taking into consideration cross cutting interdependencies i.e. estates, workforce consultation and communication.

Clinical Support (Solomon Oloniyo)

15. Summary of Projects

Progress RAG	Number	Project(s)
Improvement from previous month		
Moved from red to amber	0	-
Moved from amber to green	1	Homecare
Moved from red to green	0	-
No change from previous month		
Stayed at red	0	-
Stayed at amber	4	eRS, Transportation, Biochemistry, Hot Triage form
Stayed at green	1	Medicine Information
Worsening from previous month		
Moved from green to amber	2	Diagnostic imaging, Histopathology
Moved from amber to red	4	Ultrasound, Aseptic production, Sterile service, Microbiology
Moved from green to red	0	-

16. Sterile Services

- a. Completed the sterile service time observation and MEHT team agreed to adopt a standardised packing process from August 2018 should the team unable to achieve 36% efficiency with the current containerisation packing.
- b. Appointed a single msb Decontamination and Sterile Service Lead, and he is now working on implementing a new management structure.

17. Pharmacy

- a. Mapped the current and future homecare service and started the benefit analysis.

18. Radiology

- a. Progress on efficient use of CT continues as output increased >10% in the first 5 months of 2018 compared to the previous year. The new Radiology integrated management arrangement proposal was approved by JEG.
- b. Interventional Radiology (IR) out-of-hour rotating hub continues to provide a service that was previously unavailable to patients. The team has commenced working on process and consumable standardisation to support an effective 24/7 IR out of hour hub service.
- c. Radiology information system (RIS) project proposal created.

19. Pathology

- a. Biochemistry: Laboratory standardised working is progressing across msb sites including MEHT that is a separate laboratory. The team is exploring of bidding to become the regional Immunology centre to repatriate Essex patients from London.
- b. Microbiology: Business case that allows the integration of hospital at home with OPAT has been supported across the msb including the Commissioner.
- c. Digital pathology: The data to finalise digital pathology business case to improve reporting productivity between 10-15% has been analysed and awaited clinical team approval. Cancer fund to support the digital morphology implementation has been approved but awaiting confirmation of the value to be allocated.

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

- a. Both Southend and Basildon are now nationally PSO, and MEHT is on track to achieve 100% paper switch off in June 2018 meaning every paper referral received from GPs to the 1st outpatient appointment to a consultant led clinics will no longer be accepted. Received a paper version for minimum referral data set for vascular.

Basildon Local Trust Programme (Stepping Up Programme) (Jenny Davies & Jon Delves)

Programme Snapshot:

Progress RAG	Number	Project(s)
Improvement from previous month		
Moved from red to amber	2	Radiology Demand and Capacity, Pressure Tissue Damage
Moved from amber to green	0	
Moved from red to green	0	
No change from previous month		
Stayed at red	4	Teletracking – Programme, Teletracking - Coordination Centre, Teletracking – SAFER, Teletracking – Portering
Stayed at amber	19	Emergency Hub Programme, Medical Ambulatory, Surgical Ambulatory, Frailty, GEU, Model Hospital Review – Cardiology, Model Hospital Review - Length of Stay, E-Referrals, Model Hospital Review - Trauma & Orthopaedics, Endoscopy, Activity App Rollout, Paperless Invoice Authorisation, Health Roster Implementation, Job Planning, Cost Per Care Hour, Deteriorating Patient - DP Bundle, AKI, Antibiotics, Hospital at Night, Avoidable Mortality, Sepsis - Adult, Paediatric & Neutropenic, Medicines Management, 7 Day Services: Standards 2 & 8,
Stayed at green	5	CTC Clinical Utilisation Review, VTE, Infection Control, Diabetic Foot, Alcohol & Tobacco Prevention CQUIN
Worsening from previous month		
Moved from green to amber	0	
Moved from amber to red	0	
Moved from green to red	0	

21. The Stepping up portfolio has been rated amber for May performance. The dashboard has been updated with the projects that have been agreed for the 2018/19 stepping up Transformation Portfolio.

22. 4 Projects that are red rated for overall progress in May relate to the TeleTracking Programme, overall, Coordination Centre, SAFER, Portering. Localised plans for Basildon have not been developed and the group TeleTracking team are reporting that Basildon is behind. A critical path for

Basildon has now been defined and was presented at Stepping up Board. Local plans for the work streams are in development to bring the projects back on track.

23. Project closure forms were signed off for VTE, Medicines Management, Infection Prevention and Clinic Utilisation Review rollout in the CTC.
24. Project proposal forms for Health Roster rollout, Income and Activity Application rollout, Electronic Invoice Authorisation rollout and Diabetic Foot projects were signed off.
25. A Health Roster Project update was presented to Stepping up Board noting risks in the expiration of the current eRostering system licence on 31st August 2018 if rollout cannot be completed to this tight timescale. Mitigations have been looked at and the Trust has determined it should extend the current eRostering system licence for 3 months to provide a safeguard to ensure staff are paid after 31st August through current system, if the full rollout is incomplete. Additional resource to support rollout is also being identified from the new system supplier and the Trust to support rollout.

Mid Essex Local Trust Programme (Transformation Steering Group) (Bilal Wahid)

Programme Snapshot:

Progress RAG	Number	Project(s)
Improvement from previous month		
Moved from red to amber	0	-
Moved from amber to green	1	eRS/Paper Switch Off
Moved from red to green	0	-
No change from previous month		
Stayed at red	0	-
Stayed at amber	5	Patient Flow, Outpatients, Bed reconfiguration, Surgical Ambulatory Unit, Interventional Radiology
Stayed at green	1	Elective Orthopaedic Centre
Worsening from previous month		
Moved from green to amber	0	-
Moved from amber to red	0	-
Moved from green to red	0	-

26. The Improvement Portfolio at MEHT continues to take shape with initial remit of supporting the delivery of organisationally critical projects and programmes. MSB CMO compliant project methodologies and governance are being adopted, and adapted in the case of legacy projects. A training package is being developed at MEHT to induct improvement team and operational

colleagues collaborating on projects in these methods (half day, introduction to project management). A proposal is to follow.

27. The MEHT Improvement Team now has 3 Change Management Specialists in post with a 4th appointed and to follow in July/August. Recruitment to the Band 6 position is currently being finalised.

28. E-referrals and Paper Switch Off

The Paper Switch Off will go live on 25 June as planned. The information issues reported previously have been resolved. Current eRS usage levels are not as high as would be expected (just under 60%); however this risk is known and accepted by all parties, including NHS England and NHS Digital. The expectation is that the reality of Paper Switch Off will cause a rapid increase in the proportion of referrals made via eRS. There will be close monitoring of the impact during the week beginning 25 June, and the Trust and Mid Essex CCG will be in daily contact to act on any problems identified and to liaise with individual GP Practices as required. Once Paper Switch Off is complete, attention will turn to creating a new project plan to deliver an increase in the use of the Advice & Guidance function within eRS.

29. Patient Flow

Overall the programme is amber, as there remains a lot of work to be done to develop detailed delivery plans that provide confidence that the work-streams will be delivered. However, there has been an improvement in the 'stranded patients' position, which is key to patient flow. The KPI dashboard is developing, albeit more slowly than would be ideal. It has been agreed that the Emergency Care work-streams will be treated as a separate programme, with its own governance and plan; however, the Patient Flow Delivery Group will maintain an overview of the position due to the links to the rest of patient flow. Of the 17 current work-streams in the Patient Flow programme, 2 are RAG rated green, 9 are amber and 6 are red, the latter due to a lack of progress in delivery. Guide Ward has been removed as work-stream, as it is currently closed. Project paperwork is currently being created for this. There are also strong links in place to the separate Tele-tracking and Bed Reconfiguration projects.

30. Braintree Elective Orthopaedic Project

Braintree Community Hospital began its elective orthopaedic service on 4th June 2018 with 2 joints per day in week 1 and 3 joints per day in week 2, moving to 4 joints per day thereafter. It has been a smooth transition with only a few minor operational issues to resolve. The Improvement Team are beginning the process of hand-over into the business as usual environment. Phase 2 scoping

will begin in mid-late autumn 2018 – it is envisaged that this phase may require significant capital expenditure.

31. Outpatients/RTT:

The Outpatients programme is currently being specified (with support from PA Consulting), including potential CIP opportunities for 18/19. PA Consulting have run an analysis to develop an initial picture of in-clinic improvement opportunity alongside DNA's, cancellations, clinic utilisation and slot length, although data validation will be required with ADOs and specialities. This analysis has been pulled together to produce deep dive data packs across a number of Specialities and will be reviewed with the ADOs before engaging at a specialty level. The team continue to work closely with Informatics to scope requirements for an OP dashboard to facilitate bookings.

32. Bed Reconfiguration

The Bed Reconfiguration project is targeting a reallocation of capacity to better accommodate our patient base. This proposal has been scoped and the options presented being the result of number iterative cycles of development. A project proposal form has been submitted to the site senior leadership team for comment and approval. Improvement Team resource will be formally allocated upon approval.

33. Surgical Ambulatory Unit

This project shares interdependencies with the Bed Reconfiguration project, there is inadequate space for a Surgical Ambulatory Unit within the current location. Meetings across the MSB group have been held and data obtained from the Southend model. The staffing, equipment and estates requirements have been estimated.

34. Interventional Radiology

This is a standalone aspect of the bed reconfiguration that is not dependent upon any other bed / ward relocation. Space is available on John Ray ward following the implementation of the Braintree Orthopaedic service and there is a clinical and operational urgency to resolve the needs of Interventional Radiology patients. There is a meeting scheduled for 22nd June 2018 to determine demand and project scope.

Southend Local Trust Programme (Transformation Steering Group) (David Robinson)

Programme Snapshot:

Progress RAG	Number	Project(s)
Improvement from previous month		
Moved from red to amber	1	CIPS
Moved from amber to green	1	Doctors e-Rostering
Moved from red to green	0	-
No change from previous month		
Stayed at red	1	7 Day Services
Stayed at amber	9	Medical Ambulatory, Redirection from ED, Discharge Workstream, Medical HDU, Hot Referrals, Text Reminder, Nervecentre, Teletracking, Job Planning,
Stayed at green	4	Medicine Flow, Electronic Whiteboards, Noteless Clinics, e-RS
Worsening from previous month		
Moved from green to amber	1	SAFER/red2Green
Moved from amber to red	3	Trauma Ambulatory Unit, PAU/PED, Offsite Printing
Moved from green to red	0	-

35. SUHFT has a monthly transformation programme board that gives the 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.
36. The annex 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 May 2018.
37. A review of programmes currently on the sites portfolio is on-going to ensure the priorities of the organisations are resourced appropriately.
38. Key projects for focus in the next month will be those that are rated as Red, which includes Bed Re-configuration which is dependent on the Trauma Ambulatory Unit project which requires that decisions are made regarding location and budget. With regards to the 7 Day Service and PAU/PED projects dedicated site improvement resource has now been appointed to ensure progress can be made and for offsite printing follow up with the CCG is required to resolve the current delays.
39. The local 2018/19 CIP programme is now rated as amber (previously rated as Red) as in addition to the £10.1m identified to date to meet the £12m target

a further £2.8m of schemes are now being worked up with a further £0.3m in the ideas stage.

People and Organisational Development (Danny Hariram)

40. MSB Senior Leadership Programme will commence in September 2018. Invites for applications will be sent out during June.
41. The roll out of the alignment tool will commence within the next two weeks. The aim of the tool asks for individual views on a range of topics, and will assesses our readiness to be an organisation truly focused on patient outcomes, experience and value for us all – in its actions as well as its intentions– which is what we aspire to. The findings of the assessment will be shared with individuals and help us all develop the right plans, support, investment and education for the new, merged organisation we hope to be in future
42. The 4th Consultant Conference was held in June with an Education and Innovation theme. The evaluations were very positive. Next conference is planned for September. Members from JWB are very welcomed to attend these sessions.
43. Thirty staff have been recruited to ARU's Assistant Practitioner apprenticeship programme commencing September 2018 programme. Fourteen senior staff will commence the Executive MBA Apprenticeship programme with University of Hertfordshire (UoH) in September 2018. Recruitment has commenced to the October cohort of UoE's Registered Nurse 'top-up' Programme. Recruitment to other apprenticeship programmes continues.
44. Notification of the funding allocated for Learning beyond Registration (LBR) 2018/19 was received this month. The Professional and Commissioned Education team are working through the allocation of the funds with the directorates.
45. Work is underway on the Respect campaign (bullying & harassment) project in preparation for implementing from July.
46. The NHSI leadership and culture survey will commence from July, with results available in early September.

Clinical Strategy (Charlotte Williams)

47. Following receipt on 13 June of the final report from the East of England Clinical Senate stage 2 review of proposed changes to acute services, we are taking forward the next stage of work to articulate expected benefits from each of the recommended changes, as well as working to continue to refine details relating to emergency general surgery, and the clinical transfer service for patients. We are receiving advice and input from other regions of the

country that have conducted similar changes, and also those who have undertaken expert reviews for the Royal College of Surgeons. Our collaboration with UCL to help inform the evaluation of our proposed care model for stroke care is also continuing to develop, and we expect to be able to access support from the NIHR Knowledge Mobilisation Fellow who previously studied stroke changes in London and Manchester.

48. The five Clinical Commissioning Groups across the STP have been working together over the last 6 months to develop a comprehensive Primary Care Strategy, published at the end of June. The strategy aims to expand and change the primary care workforce so that we move from a service that is GP delivered to one that is GP led, as well as addressing practice workload and to accelerate progress in practices coming together to form localities covering populations of roughly 40-60,000 people. We hope that this clarity in direction and priority will help build coherence and greater alignment across the different work streams of the STP, and provide more opportunity for us to work with colleagues outside the trust on the development of new care models.
49. The development of the msb Strategy Unit continues, with senior posts progressing to advertisement during July 2018. This will expand their capacity and capability of the trusts to respond to the integrated care and population health agendas by identifying the greatest prospects for local impact, as well as supporting trusts to understand variation and improvement opportunities within the group.
50. We have been fortunate to secure two MSc students from Anglia Ruskin who will conduct their major projects with the trust. One aims to look at how the STP supports major service redesign across the hospitals, and the other is concerned with the three trusts working together on clinical quality. They are due to develop project proposals and receive ethics approval in July.

Association of Health & Care Provider Groups (Charlotte Williams)

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. Work programmes for the Association include considering standard operating models we might share as groups, how groups can support talent management of very senior managers, and a possible evaluation of group models in the NHS. We have also been engaged by the NHS Improvement team considering the future provider landscape, who are hoping to better understand group models amongst health and care providers.

- 53.** On 28 June representatives of the trusts will attend a meeting with Martin Hancock, Head of Talent Management at the NHS Leadership Academy, Adam Sewell-Jones Executive Director of Improvement from NHS Improvement, and Michael McDonnell National director for Transforming Health Systems at NHS England. This session will discuss the role groups can play in supporting the NHS to develop talent and help grow Chief Executives of the future.
- 54.** On 2 July we will host the meeting of the Association at Broomfield Hospital where we will consider the role of the Association going forward, as well as hearing updates from each group on their progress.

Strategy – Innovation and Joint Working (Charlotte Williams)

- 55.** One of the key objectives in working together as the msb group is to maximise our opportunities to learn, improve critical mass for improvement, measurement and innovation, and enable cultural change. Efforts have focused on building a strong and sustainable programme of work that creates a culture of innovation, where needs are clearly identified and staff feel encouraged and empowered to seek out solutions.
- 56.** On 27 June 2018 the first intake of the msb Innovation Fellowship was launched. The fellowship aims to advance improvements in care for our patients, communities, and staff. It provides the opportunity to adopt new ideas, approaches and tools in local services, with comprehensive support and structure to mitigate risks. msb Innovation Fellows will be supported to test their innovations in relevant and appropriate services across the msb group, and the wider Mid & South Essex Sustainability and Transformation Partnership (STP). Through introductions, networking, mentoring, and challenge sessions, we will develop their knowledge and experience of innovation development, adoption and scaling and help to reduce barriers and improve the quality of care
- 57.** We have been successful in applying to present our work on innovation at the NHS Health & Care EXPO in Manchester in September. This will allow us to showcase local innovators, our work co-developing digital solutions with small enterprise Acadiant, and Prof Tony Young, local surgeon and National Clinical Lead for innovation at NHS England, will also take part in the session.
- 58.** Over recent months, the group has been working with the Innovation Unit to help understand how the msb group might develop innovation capability within the trusts. Using reflections from interviews with colleagues and learning from documentation and case studies, a final report summarising this work has just been received. Findings from the review were tested with senior medical staff at the msb Consultant Conference earlier this month and the recommendations of the review will be discussed by the Joint Executive

Group and shared with STP partners through the Innovation Advisory Group.

Summary and Conclusions (Tom Abell)

59. The boards are asked to note the report.

Annexes

60. SUHFT Dashboard

61. BTUH Dashboard

62. MEHT Dashboard

Clinical Reconfiguration Redesign - Monthly Dashboard

Change Management Office Report on Project Progress Updated: 08/06/18					Project Plan Progress (reflecting May 2018)				This month's progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting June 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	0	0	0	4	4	0	2	2	0	Amber	<p>This Month's Project Progress RAG Rating: No rating Milestones delivered: None Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: Financial baselining to be completed Business Case to be submitted in June. KPIs: N/A Risks and issues: Operational capacity to support the project. Tight timescale to deliver phase 1</p>		
1.2		Interventional Radiology	2	Dec-17	Amber	0	0	0	1	1	0	0	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: No rating Milestones delivered: None Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: None KPIs: N/A Risks and issues: No improvement resource currently allocated from the clinical redesign and reconfiguration team. Interdependency with other projects, particularly vascular. Rotating hubs for IR and Vascular not currently in line.</p>	
1.3		Renal	1	Jun-18	Amber	2	1	1	4	4	0	3	3	0	0	Green	<p>This Month's Project Progress RAG Rating: Red Milestones delivered: Engagement session held with Renal teams Milestones slipped and mitigation: EQIA sign off</p> <p>Risk to overall delivery RAG Rating: Amber (Project in development) Likelihood of delivery of future milestones: Project Proposal Form submitted in June. Work streams to be established. EQIA sign off KPIs: N/A Risks and issues: No issues for escalation</p>	
1.4		Urology	2	Feb-18	Amber	2	0	2	16	15	1	2	2	0	0	Green	<p>This Month's Project Progress RAG Rating: Red Milestones delivered: None Milestones slipped and mitigation: Business Case financials not completed. Business case submitted in May, clarifications to be provided to progress to final approval.</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: Business Case to receive clarifications, session scheduled with site Finance Directors. KPIs: N/A Risks and issues: The project currently has no operational management lead. Escalated to SRO.</p>	
1.5		Medical Ambulatory	2	TBC	Amber	0	0	0	15	15	0	0	0	0	0	0	Red	<p>This Month's Project Progress RAG Rating: No rating Milestones delivered: None Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: Forward plan developed with high level milestones, covering pathway redesign, Service Level Agreements, Staffing, Resources and Metrics with next milestones due in July Overarching Emergency Hub project board scheduled in June to provide oversight and to ensure interdependencies are understood. KPIs: N/A Risks and issues: No current issues or risks to be escalated</p>
1.6		Surgical Ambulatory	2	TBC	Amber	0	0	0	5	5	0	2	2	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: No rating Milestones delivered: None Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: Implement pathways at SUHT in June Overarching Emergency Hub project board to be established to provide oversight and to ensure interdependencies are understood. KPIs: N/A Risks and issues: Dates for implementation of pathways at MEHT and BTUH not confirmed, seeking further clinical buy in.</p>

Clinical Reconfiguration Redesign - Monthly Dashboard

Change Management Office Report on Project Progress Updated: 08/06/18					Project Plan Progress (reflecting May 2018)				This month's progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting June 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		
1.7		Ophthalmology	2	Feb-18		2	0	2	8	6	2	2	0	2		<p>This Month's Project Progress RAG Rating: Red Milestones delivered: None Milestones slipped and mitigation: Approval of Ophthalmology service business case. Approval of Ophthalmology IT business case.</p> <p>Risk to overall delivery RAG Rating: Red Likelihood of delivery of future milestones: Options paper to be created for clinical leads to discuss with their teams in June. KPIs: N/A Risks and issues: N/A</p>	
1.8		Stroke	2	Sep-18		1	1	0	23	23	0	1	1	0		<p>This Month's Project Progress RAG Rating: Green Milestones delivered: Agree on best practice and level of CNS to standardise across the three sites Milestones slipped and mitigation:</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: Group meeting to set MRI/scanning pathway KPIs: N/A Risks and issues: N/A</p>	
1.9		Neurology	1	Apr-18		1	0	1	2	1	1	1	0	1		<p>This Month's Project Progress RAG Rating: Red Milestones delivered: None Milestones slipped and mitigation: Project Mandate submitted for approval to Clinical Programme Board.</p> <p>Risk to overall delivery RAG Rating: Amber (Project in development) Likelihood of delivery of future milestones: Continued slippage in milestones likely to continue in June KPIs: N/A Risks and issues: No improvement resource currently allocated from the clinical redesign and reconfiguration team.</p>	
1.10		Frailty	1	Nov-17		0	0	0	3	3	0	0	0	0		<p>This Month's Project Progress RAG Rating: No rating Milestones delivered: None</p> <p>Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: None KPIs: N/A Risks and issues: No improvement resource currently allocated from the clinical redesign and reconfiguration team.</p>	
2.1		Treat & Transfer	2	Aug-18		1	0	1	6	5	1	3	3	0		<p>This Month's Project Progress RAG Rating: Red Milestones delivered: None Milestones slipped and mitigation: 2 week ED Audit revealed data quality issues</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: Overarching Emergency Hub project board to be established to provide oversight and to ensure interdependencies are understood. Service Specification to be signed off in June Standard Operating Procedure to be signed off in June KPIs: N/A Risks and issues: There is an issue around data quality between the three msb sites; data is inconsistent and not measured like for like leading to misinformation.</p>	
2.2		Trauma & Orthopaedics	1	TBC		1	1	0	4	4	0	0	0	0		<p>This Month's Project Progress RAG Rating: Green Milestones delivered: Project Proposal Form submitted for approval to Clinical Programme Board. Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating: Amber Likelihood of delivery of future milestones: None KPIs: N/A Risks and issues: 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.</p>	

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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		
2.3	Public Consultation Business Case	Gynaecology	0	May-18		1	1	0		3	3	0	0	0	0	<p>This Month's Project Progress RAG Rating: Green</p> <p>Milestones delivered: Project Mandate submitted for approval to Clinical Programme Board.</p> <p>Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating: Amber (Project in development)</p> <p>Likelihood of delivery of future milestones: None</p> <p>KPIs: N/A</p> <p>Risks and issues: N/A</p>	
2.4		Respiratory	0	TBC		0	0	0		2	2	0	0	0	0	<p>This Month's Project Progress RAG Rating: No rating</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (Project in development)</p> <p>Likelihood of delivery of future milestones: None</p> <p>KPIs: N/A</p> <p>Risks and issues: No improvement resource currently allocated from the clinical redesign and reconfiguration team.</p>	
2.5		Cardiology	1	May-18		1	1	0		5	5	0	0	0	0	<p>This Month's Project Progress RAG Rating: Green</p> <p>Milestones delivered: Project Proposal Form submitted for approval to Clinical Programme Board.</p> <p>Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating: Amber</p> <p>Likelihood of delivery of future milestones: None</p> <p>KPIs: N/A</p> <p>Risks and issues: N/A</p>	
2.6		Complex General Surgery	0	May-18		1	1	0		4	4	0	0	0	0	<p>This Month's Project Progress RAG Rating: Green</p> <p>Milestones delivered: Project Mandate submitted for approval to Clinical Programme Board.</p> <p>Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating: Amber (Project in development)</p> <p>Likelihood of delivery of future milestones: None</p> <p>KPIs: N/A</p> <p>Risks and issues: N/A</p>	

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

Strategic, Transformation Project, Clinical Support Services Programme - DRAFT				Overall progress RAG Rating	Project Plan Forecast (reflecting April 2018)			This Month Project Progress RAG Rating	Overall Project Plan Progress			Project Plan Forecast (reflecting May 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/Aim	Stage Gate		Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
CS1.1		OOH Reporting - A standardised cost effective regional out of hours reporting from a single provider	Gate 4: Deliver Change	Green	0	0	0	16	16	0	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: Green RAG this month as the project has been implemented with savings of £128k since gone live. Project closure form to be submitted in July 18.</p> <p>Milestones delivered: 16/16</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: N/A</p> <p>Likelihood of delivery of future milestones: N/A</p> <p>KPIs: None -</p> <p>Risks and Issues:</p>	
CS1.2		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	Green	0	0	0	2	2	0	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: Green RAG this month as the project has been implemented with one off savings of >£800k since Single PACS has gone live, and estimated annual savings of £126k. Project closure form to be submitted in July 18.</p> <p>Milestones delivered: 2/2 Milestones delivered</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: N/A</p> <p>Likelihood of delivery of future milestones: N/A.</p> <p>KPIs: None -</p> <p>Risks and Issues:</p>	
CS1.3		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												No rating as this project has been on hold. However it is anticipated that the project will restart in July 2018.	
CS1.4	Radiology	US workforce - Standardised efficient working practice based on protocol & technology	Gate 4: Deliver Change	Red	0	0	0	1	1	0	1	1	0	Amber	<p>This Month's Project Progress RAG Rating: RED RAG as none of the outlined milestones could delivered the outcome (trial VR, review of templates shows no significant variations). Though a standardised bank rate improved the inhouse bank uptake but this is not a sustainable solution. Recruitment into the vacant posts is now the priority.</p> <p>Programme Overview of Radiology to be reviewed at the GGRM and GPSG in June 2018.</p> <p>Milestones delivered: None due in month</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: N/A</p> <p>Likelihood of delivery of future milestones: On track.</p> <p>KPIs: None -</p> <p>Risks and Issues: National skills shortage</p>	
CS1.5		Medical physics - An MSB medical physics that ensures compliance with IRMER & achieve ISAS	Gate 3: Define	Green	0	0	0	2	2	0	0	0	0	Green	<p>This Month's Project Progress RAG Rating: Process of recruiting into the post to start in October 18 to release circa £15k savings in this financial year has commenced.</p> <p>Programme Overview of Radiology to be reviewed at the GGRM and GPSG in June 2018.</p> <p>Milestones delivered: None due in month</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: Green - Milestones remain on track with no significant risk.</p> <p>Likelihood of delivery of future milestones: Low as the next step is to start the service</p> <p>KPIs: None -</p> <p>Risks and Issues:</p>	

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CMO ref.	Priority Programme Areas	Project Name/Aim	Stage Gate		Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
Dashboard date: 18/06/2018																
CS1.6		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	Amber	11	10	1	0	0	0	Green	<p>This Month's Project Progress RAG Rating: AMBER - Efficiency work showing signs of improvement as CT throughput has increased on average >10% in January to April 2018 comparing to the same period last year, while MRI throughput has slightly reduced by around 3% over the same period due to focus on improving cancer turnaround time and more complex scans.</p> <p>Overarching review of the Radiology Programme is to be presented in June 2018 and detail project plan to be developed.</p> <p>Milestones delivered: None due in month</p> <p>Milestones slipped and mitigation: Standardised protocol milestone slipped but this will be on-going</p> <p>Risk to overall delivery RAG Rating: Amber - The 1st phase of this workstream is nearly completion and a new plan to be developed for the 2nd phase.</p> <p>Likelihood of delivery of future milestones: Medium</p> <p>KPIs: None</p> <p>Risks and Issues: unable to carry out cross site working due to inconsistent contract terms and conditions</p>
CS.2.1	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, achieving 100% eRS paper switch off and communication with the trust.	Gate 1: Pre-Mandate	Amber	0	0	0	Amber	12	12	0	1	1	0	Amber	<p>This Month's Project Progress RAG Rating: N/A</p> <p>Milestones delivered: 12/12.</p> <p>Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating: Amber RAG - Initial focus agreed for Electronic Referrals (paper switch off) which will complete in June 2018 for the MSB Group. Soft PSO started in April 18 and the assessment of the MSB access policies carried out. Scope now extended to include process for Advice and Guidance across MSB and plan is in development.</p> <p>Project Proposals for Joint Access Policy and Centralised Booking to follow in July 2018.</p> <p>Likelihood of delivery of future milestones: Final milestone on track in relation to Hard Switch off across the group on track for end of June 2018. A&G plan in development.</p> <p>KPIs: KPIs to be monitored at a local site level for ERS & A&G.</p> <p>Risks and Issues:</p>
CS3.1		Home care - Robust standardised and joined up process of delivering & managing home care service & governance	Gate 2: Identify	Green				Green								<p>This Month's Project Progress RAG Rating: Green RAG - Finalise the scoping planned for July 18 was done to complete the the Project Proposal form that was approved in May 2018. Project plan to be developed.</p> <p>Milestones delivered: Finalise the scoping</p> <p>Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating:</p> <p>Likelihood of delivery of future milestones: High</p> <p>KPIs: consolidation homecare back office process.</p> <p>Risks and Issues:</p>
CS3.2		Outpatient dispensing - A joint venture or a third party outsourced outpatient dispensing	Gate 2: Identify	Green	0	0	0									<p>This Month's Project Progress RAG Rating: RAG - Project proposal presented to GPSM but requires amendment and confirmed no impact on the FOF (merger) based on advice from the solicitor (Alice Brunton - Associate for Addleshaw Goddard LLP). Project plan to be developed with the plan to bring forward the business case from 4/19 to around 10/18 with the view to include evidence of option appraisal based on the existing information.</p>
CS3.3	Pharmacy	Aseptic Production - A cost effective consolidated and standardised aseptic production services	Gate 3: Define	Amber	1	0	1	Red	1	0	1	1	0	1	Amber	<p>This Month's Project Progress RAG Rating: RED as we are unable to finalise the rota and financial figure to complete the business case ready for June 18 approval</p> <p>Milestones delivered:</p> <p>Milestones slipped and mitigation: Planned to meet each site lead to finalise the rota and the business case for July 18</p> <p>Risk to overall delivery RAG Rating: AMBER RAG Status - Aseptic rota developed to support the completion of the business case. Project Plan to be developed and the business case due to be completed in April 18 will be ready for June 18 and going to GPSM in July 2018 for approval. No impact on the benefit realisation timing.</p> <p>Likelihood of delivery of future milestones: On track</p> <p>Risks and Issues:</p>

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CMO ref.	Priority Programme Areas	Project Name/Aim	Stage Gate		Milestones due in month	Milestones Achieved	Variance		Cumulative milestones due	Cumulative milestones achieved	Variance	Milestones due next month	Forecast delivery of milestones	Variance		
CS3.4		Medicine information - A single point of contact to obtain medicine information	Gate 4: Deliver Change	Green	0	0	0	Green	1	1	0	0	0	0	Green	<p>This Month's Project Progress RAG Rating: The implementation planned for Sep 18 started in May 18.</p> <p>Milestones delivered:N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: Amber RAG Rated - Partly started MI implementation to overcome shortage of staff at BTUH and use SLA once the savings sharing across msb is approved.</p> <p>Likelihood of delivery of future milestones: None due in month. Project Plan to be developed.</p> <p>Risks and Issues:</p>
CS3.5		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	0	0	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: N/A</p> <p>Milestones delivered:N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: AMBER RAG status: Baseline report from East of England received and this to be reviewed by the project team to compile the business case. Project Plan to be developed after the review with East of England on the 18/5.</p> <p>Likelihood of delivery of future milestones: Project Plan to be developed in June 2018.</p> <p>Risks and Issues:</p>
CS4.1	CSSD (HSDU)	Consolidate MSB 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	Amber	0	0	0	Red	4	2	2	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: N/A - None due in month.</p> <p>Milestones delivered: N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: AMBER RAG Status - Business case presented at JEG Investment committee without approval but agreed to start the work on releasing efficiencies now. Failure to approve the business case in July 18 will impact the benefit realisation timing. Drafted management consultation paper and the new management structure aligned with the MSB Estates strategy. MEHT requested for 100 data samples for each packing process and this has started.</p> <p>Likelihood of delivery of future milestones: Project Plan to be updated.</p> <p>Risks and Issues:</p>
CS5.1	Transportation	MSB Transportation system - Create a cost effective MSB transportation system to promote timely availability of clinical support services at the point of needs	Gate 3: Define	Amber	0	0	0	Amber	0	0	0	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: AMBER RAG as we have obtained BTUH extra transportation contract with positive engagement with several stakeholders e.g. IPP, Global, finance team and operation team. Details requirement and time table developed.</p> <p>Milestones delivered: N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: AMBER RAG Status - No visibility of the Pathology First contract due to legal reasons, but a copy of the transportation agreement with the Global has been obtained with the view to evaluate the content.</p> <p>Likelihood of delivery of future milestones: Project Plan to be developed.</p> <p>Risks and Issues: Unable to accurately estimate potential cost due to lack of transparent cost of the current arrangement.</p>

Strategic, Transformation Project, Clinical Support Services Programme - DRAFT				Overall progress RAG Rating	Project Plan Forecast (reflecting April 2018)			This Month Project Progress RAG Rating	Overall Project Plan Progress			Project Plan Forecast (reflecting May 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
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CS6.1		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	Amber	<p>This Month's Project Progress RAG Rating: N/A .</p> <p>Milestones delivered: N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: AMBER RAG Status - Dedicated resource allocated for the procurement process.</p> <p>Likelihood of delivery of future milestones: Project Plan in place but this is MEHT</p> <p>Risks and Issues:</p>	
CS6.2		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	Red	0	0	0	Red	4	0	4	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: N/A .</p> <p>Milestones delivered: N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: RED RAG Status: Appointed a consultant to cover the gap in SUHT. Consultant to consultant out of hour referral in place at MEHT & SUHT, and Bart's agreed for a joint msb virology SLA. The H@H business case that supports OPAT service approach is progressing. Project plan needs to be developed from high level milestones.</p> <p>Likelihood of delivery of future milestones: Project Plan to be developed in June 2018. Escalated potential further delay of 2 milestones to BTUH CD & potential impact on joint on-call model.</p> <p>Risks and Issues: Joint on-call model could be a challenge due to the fact that on-call consultant has to continue reporting on the previous blood culture</p>
CS6.3	Pathology	Biochemistry - Standardised MSB biochemistry working practice & process that promotes a joint on-call	Gate 1: Pre-Mandate	Amber	0	0	0	Amber	4	4	0	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: Amber as the joint immunology SLA is completed. .</p> <p>Milestones delivered: N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: AMBER RAG Status due to lack of a joint on-call: Laboratory standardised working previously limited to SUHT/BTUH has now been extended to MEHT. Completed an msb immunology SLA and appointed a consultant clinical scientist for Immunology. PPF and project plan to be developed in June 18.</p> <p>Likelihood of delivery of future milestones:</p> <p>Risks and Issues: Unable to start joint on-call even though MEHT is currently 1:1</p>
CS6.4		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 1: Pre-Mandate	Green	0	0	0	Amber	1	1	0	0	0	0	Green	<p>This Month's Project Progress RAG Rating: Amber as the data to finalise the business case has been collated.</p> <p>Milestones delivered: N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: GREEN RAG Status: PPF approved at CSS steering group in April 2018. A bid paper to secure £400k towards the implementation fo a digital pathology system submitted to cancer fund. Drafted BC and compiled data to quantify potential benefit</p> <p>Likelihood of delivery of future milestones: Project Plan to be developed in June 2018.</p> <p>Risks and Issues:</p>

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Dashboard date: 18/06/2018																
CS7.1	Private Patient	Develop an msb standardised robust and cost effective private patient service	Gate 2: Identify	Amber	0	0	0	0	0	0	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: N/A .</p> <p>Milestones delivered: N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: AMBER RAG Status - The development of the business case is in progress.</p> <p>Likelihood of delivery of future milestones:</p> <p>Risks and Issues:</p>	
CS8.1	Hot Triage Form	Develop a standardised msb triage and referral form for urgent/emergency outpatient services	Gate 4: Deliver Change	Amber	0	0	0	Amber	0	0	0	0	0	Amber	<p>This Month's Project Progress RAG Rating: Amber as the TIA version 2 has been rolled out, diabetics foot also implemented and positive engagement from GPs .</p> <p>Milestones delivered: N/A</p> <p>Milestones slipped and mitigation: N/A</p> <p>Risk to overall delivery RAG Rating: AMBER RAG Status - Very positive clinician engagement for the project implementation and the IP challenge outlook seems positive. Development of the system version 3 is progressing</p> <p>Likelihood of delivery of future milestones: Project Plan to be developed.</p> <p>Risks and Issues:</p>	
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: Delivery of key milestone is behind the current plan and is likely to be delivered late. Milestone is likely to require replanning 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					A	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					G	High likelihood to delivery due to one or more of the following: Delivery milestone 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			

Stepping Up Portfolio - Monthly Dashboard

Programme Management Office Report on Project Progress Dashboard date: 15/06/2018					Risk to overall delivery RAG Rating	Project Plan Progress (reflecting May 2018)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting June 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		CTC Clinical Utilisation Review	3	Jun-18	Green	0	0	0		4	4	0	1	1	0	Green	<p>This Month's Project Progress RAG Rating: No rating</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Green</p> <p>Likelihood of delivery of future milestones: Project Closure Form on the agenda for June meeting.</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
1.2		Emergency Hub Programme	3	TBC	Yellow	3	2	1	Yellow	5	4	1	4	4	0	Amber	<p>This Month's Project Progress RAG Rating: Amber</p> <p>Milestones delivered: Surgcial Ambulatory Care Unit 'go live' on EPR Amended Service Level Agreement for diagnostics created.</p> <p>Milestones slipped and mitigation: Ambulatory hub dashboard go live delay, draft dashboard created, further review required.</p> <p>Risk to overall delivery RAG Rating: Amber</p> <p>Likelihood of delivery of future milestones: Ambulatory hub dashboard go live</p> <p>KPIs: N/A</p> <p>Risks and issues: Go live with Katherine Monk Day Unit patient cohort, timeline requires confirmation.</p>
1.3		Emergency Hub - Medical Ambulatory	3	TBC	Yellow	-	-	-		-	-	-	-	-	-	No rating (plan in development)	<p>This Month's Project Progress RAG Rating: No rating (plan in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (Plan in development)</p> <p>Likelihood of delivery of future milestones:</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
1.4		Emergency Hub - Surgical Ambulatory	3	TBC	Yellow	1	1	0	Green	1	1	0	0	0	0	Red	<p>This Month's Project Progress RAG Rating: Green</p> <p>Milestones delivered: Surgcial Ambulatory Care Unit 'go live' on EPR</p> <p>Milestones slipped and mitigation:</p> <p>Risk to overall delivery RAG Rating: Amber</p> <p>Likelihood of delivery of future milestones: Further development of future plan required</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
1.5		Emergency Hub - Frailty	3	TBC	Yellow	0	0	0		1	1	0	1	1	0	Green	<p>This Month's Project Progress RAG Rating: No Rating</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating: Amber</p> <p>Likelihood of delivery of future milestones: Sign off of Standard Operating Procedure planned for June 18.</p> <p>Forward plan to be defined for steps to closure and transition to business as usual</p> <p>KPIs: N/A</p> <p>Risks and issues: Operational lead currently away from the trust, working with the Service Unit Manager in the interim.</p>
1.6	Patient Flow	Emergency Hub - GEU	3	TBC	Yellow	-	-	-		-	-	-	-	-	-	No rating (plan in development)	<p>This Month's Project Progress RAG Rating: No rating (plan in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None.</p> <p>Risk to overall delivery RAG Rating: Amber (Plan in development)</p> <p>Likelihood of delivery of future milestones:</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
1.7		Teletracking - Programme	1		Red	-	-	-		-	-	-	-	-	-	No rating	<p>This Month's Project Progress RAG Rating: No rating</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Red</p> <p>Likelihood of delivery of future milestones: Basildon plan not clearly deifined, reporting at msb Teletracking Board that Basildon is behind. Local plans to be developed for key workstreams</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
1.8		Teletracking - Coordination Centre	1		Red	-	-	-		-	-	-	-	-	-	No rating (project in development)	<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Basildon plan not clearly deifined, reporting at msb Teletracking Board that Basildon is behind. Local plans to be developed.</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
1.9		Teletracking - SAFER	1		Red	-	-	-		-	-	-	-	-	-	No rating (project in development)	<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Basildon plan not clearly deifined, reporting at msb Teletracking Board that Basildon is behind. Local plans to be developed.</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>

Stepping Up Portfolio - Monthly Dashboard

Programme Management Office Report on Project Progress Dashboard date: 15/06/2018					Risk to overall delivery RAG Rating	Project Plan Progress (reflecting May 2018)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting June 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		
1.10		Teletracking - Portering	1			-	-	-	-	-	-	-	-	-		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Basildon plan not clearly defined, reporting at msb Teletracking Board that Basildon is behind. Local plans to be developed.</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
1.11		Model Hospital Review - Cardiology	1			-	-	-	-	-	-	-	-	-		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones:</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
1.12		Model Hospital Review - Length of Stay	1			-	-	-	-	-	-	-	-	-		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones:</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
2.1		E-Referrals	3	Apr-18		4	4	0	15	15	0	1	1	0		<p>This Month's Project Progress RAG Rating: Red</p> <p>Milestones delivered: CCG communication plan to member practices, Local Medical Committee, and where appropriate associate commissioners, to ensure GPs are sighted on the key milestones and benefits of paper switch off.</p> <p>Confirmation Trust and CCG have revised business processes (standard operating procedures) to support switch-off and these have been signed off by clinical leaders and Trust / CCG Executives. SOPs to include how paper referrals are managed, and what happens in the event of e-RS failure.</p> <p>Agree exclusions and processes with CCG</p> <p>Agreement of Soft Switch Off Date for both CCGs</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber</p> <p>Likelihood of delivery of future milestones: Hard Paper Switch off on target for June 2018</p> <p>KPIs: N/A</p> <p>Risks and issues:</p>	
2.2	Planned Care	Radiology Demand and Capacity	3			-	-	-	5	5	0	-	-	-		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project requiring rescope)</p> <p>Likelihood of delivery of future milestones:</p> <p>KPIs: N/A</p> <p>Risks and issues: Rescope will not commence until new improvement team member starts in June 2018.</p>	
2.3		Model Hospital Review - Trauma & Orthopaedics	1			-	-	-	-	-	-	-	-	-		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones:</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
2.4		Endoscopy	1			-	-	-	-	-	-	-	-	-		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: None</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
3.1	Smart Working	Activity App Rollout	1	Jun-18		0	0	0	0	0	0	2	2	0		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Project Proposal Form submitted in June. First training sessions to be held in June.</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
3.2		Paperless Invoice Authorisation	1	Jun-18		0	0	0	0	0	0	0	1	1	0		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Project Proposal Form submitted in June.</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>

Stepping Up Portfolio - Monthly Dashboard

Programme Management Office Report on Project Progress Dashboard date: 15/06/2018					Risk to overall delivery RAG Rating	Project Plan Progress (reflecting May 2018)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting June 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		
4.1	Valued Staff	Health Roster Implementation	1	Jun-18	Amber	0	0	0	0	0	0	1	1	0	Green	<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: PPF Submitted to Stepping Up Board in June.</p> <p>KPIs: N/A</p> <p>Risks and issues: Issues with implementation of the project due to resource constraints. Paper on the agenda</p>	
4.2		Job Planning	3	TBC		1	1	0	1	1	0	1	1	0	Green	<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: Job Planning Committee Held</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Job Planning Committee Held</p> <p>KPIs: 36 of 225 job plans fully signed off. 16% against a plan to have 20% signed off in May.</p> <p>Risks and issues:</p>	
4.3		Cost Per Care Hour	1	Jun-18		-	-	-	-	-	-	-	-	-	-	Green	<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Report to be produced to go to Stepping Up Board in July</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
5.1	Quality and Safety	Deteriorating Patient - DP Bundle, AKI, Antibiotics, Hospital at Night	3	Jan-18	Amber	-	-	-	-	-	-	-	-	-	White	<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Deteriorating Patient Group held to discuss forward plan, scope agreed. Workbooks to be developed</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
5.2		Avoidable Mortality	3	Jan-18		1	1	0	32	32	0	0	0	0	0	Red	<p>This Month's Project Progress RAG Rating: Green</p> <p>Milestones delivered: Real time reviews will commence by Medical Examiners</p> <p>Milestones slipped and mitigation:</p> <p>Risk to overall delivery RAG Rating: Green</p> <p>Likelihood of delivery of future milestones: Define steps of project to project closure.</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
5.3		Sepsis - Adult, Paediatric & Neutropenic	1			-	-	-	-	-	-	-	-	-	-	White	<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Deteriorating Patient Group held to discuss forward plan for Sepsis project, scope agreed. Workbooks to be developed</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
5.4		Pressure Tissue Damage	3	Apr-18		8	0	8	10	2	8	8	0	8	8	Red	<p>This Month's Project Progress RAG Rating: Red</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project requiring a rescope)</p> <p>Likelihood of delivery of future milestones: Project rescope to be completed for July Stepping Up Board</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>
5.5		VTE	3	Jun-18		0	0	0	20	20	0	1	1	0	0	Green	<p>This Month's Project Progress RAG Rating: Green</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Green</p> <p>Likelihood of delivery of future milestones: Project Closure Form submitted in June</p> <p>KPIs: In April, the trust achieved 96.74% of adult hospital admissions, admitted within the month assessed for risk of VTE on admission.</p> <p>Risks and issues: None</p>
5.6	Medicines Management	3	Jun-18	1	0	1	31	30	1	1	0	1	1	Red	<p>This Month's Project Progress RAG Rating: Red</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: E-Prescribing Business Case</p> <p>Risk to overall delivery RAG Rating: Green</p> <p>Likelihood of delivery of future milestones: Project Closure Form submitted in June</p> <p>KPIs: N/A</p> <p>Risks and issues: It is not within the control of the project to deliver the E-prescribing business case and this was not included in the capital programme for 1819. Project to be closed</p>		

Programme Management Office Report on Project Progress Dashboard date: 15/06/2018					Risk to overall delivery RAG Rating	Project Plan Progress (reflecting May 2018)			This Month's Project Progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting June 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		
5.7		Infection Control	3	Jun-18		0	0	0	12	12	0	1	1	0		<p>This Month's Project Progress RAG Rating: No rating</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Green</p> <p>Likelihood of delivery of future milestones: Project Closure Form submitted in June</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
5.8		7 Day Services: Standards 2 & 8	3	May-18		0	0	0	4	4	0	0	0	0		<p>This Month's Project Progress RAG Rating: No rating</p> <p>Milestones delivered: New Obstetrics and Gynaecology rota commenced to help meet 7 day service standards.</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber</p> <p>Likelihood of delivery of future milestones: The focus will be on completing the audit in May. 7 Days Steering group to meet to agree next steps and review initial audit results.</p> <p>KPIs: N/A</p> <p>Risks and issues: Issues with Echo provision at weekends within the CTC, which has not commenced.</p>	
5.9		Diabetic Foot	1	TBC		0	0	0	0	0	0	1	1	0		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: Project Proposal Form on the agenda for June.</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	
5.10		Alcohol & Tobacco Prevention CQUIN	1	TBC		-	-	-	-	-	-	-	-	-		<p>This Month's Project Progress RAG Rating: No rating (project in development)</p> <p>Milestones delivered: None</p> <p>Milestones slipped and mitigation: None</p> <p>Risk to overall delivery RAG Rating: Amber (project in development)</p> <p>Likelihood of delivery of future milestones: None</p> <p>KPIs: N/A</p> <p>Risks and issues: None</p>	

Rag rating	Explanation - to delivery of the main aim of the project
	<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
	<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
	<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

Project RAG based on milestones

>=50% milestones missed in month	
>20% <50% milestones missed in month	
<= 20% Milestones missed in the month	

MEHT Site Dashboard

Programme Management Office Report on Project Progress Dashboard date: 15 June 2018					Risk to overall delivery RAG Rating	Project Plan Progress (reflecting May 2018)			This month's progress RAG Rating (based on milestones)	Overall Project Plan Progress			Project Plan Forecast (reflecting June 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			
1.1	Patient Flow	Emergency Village Flow	Deliver Change		A	-	-	-	N/A	Milestones not yet created	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: In delivery, but detailed plan with milestones in development Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: None Likelihood of delivery of future milestones: High, but likely to take much longer than initial optimistic timescales KPIs: KPI tracker in development Risks and issues: Staff time to deliver given day to day pressures of service management. 	
1.2		Data and Measurement	Define		A	-	-	-	N/A	Milestones not yet created	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Draft KPI dashboard created, still being refined Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: None Likelihood of delivery of future milestones: An alternative dashboard tabled 20/6, which may be easier to develop KPIs: N/A Risks and issues: Pressures on Informatics Team.
1.3		Red2Green	Deliver Change		A	-	-	-	N/A	Milestones not yet created	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: R2G is essentially in post project BAU stage, with continued reinforcement and training Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: Staff understanding of principles remains variable Likelihood of delivery of future milestones: Medium KPIs: KPI tracker in development. Risks and issues: Staff commitment given day to day service pressures.
1.4		Pre-10 and weekend discharges	Deliver Change		A	-	-	-	N/A	Milestones not yet created	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: In delivery, but detailed plan with milestones in development Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: Currently not working well, so risk of becoming 'Red' Likelihood of delivery of future milestones: Major factor will be medical staff buy-in and changes to current practice KPIs: KPI tracker in development. Pre-10 and Pre-12.30 discharges are monitored daily. Risks and issues: Staff time to deliver. Medical practice - need to free junior doctor time to work solely on discharges.
1.5		Criteria Led Discharge	Deliver Change		R	-	-	-	N/A	Milestones not yet created	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Has been live in hospital for some time, but not working. Pilot on Braxted ward. Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: Currently "Red" - needs new plan post pilot Likelihood of delivery of future milestones: Major factor will be medical staff buy-in and changes to current practice KPIs: KPI tracker in development. Risks and issues: Current medical practice; lack of engagement.
1.6		Home first and Discharge to Assess	Deliver Change		R	-	-	-	N/A	Milestones not yet created	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: In delivery, process is experiencing difficulties Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: It is expected that planned actions will enable this to succeed. Delivery Group awaiting presentation from Home First team. Likelihood of delivery of future milestones: Medium, but likely to take longer than initial plan timescales KPIs: KPI tracker in development Risks and issues: Complexity of cross-system working.
1.7		IMC Trusted Assessor	Deliver Change		R	-	-	-	N/A	Milestones not yet created	-	-	-	-	-	-	R	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: In delivery, but not working effectively as yet. Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: Needs new plan of action to improve likelihood of success Likelihood of delivery of future milestones: At risk KPIs: KPI tracker in development Risks and issues: Issues with getting the role of Trusted Assessors fully accepted within the system.
1.8		IDT Re-Structure	Deliver Change		A	-	-	-	N/A	Milestones not yet created	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: In delivery, but detailed plan not yet developed Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: Progress is being made - may become 'green' Likelihood of delivery of future milestones: High, but will take much longer than initial plan timescales KPIs: KPI tracker in development Risks and issues: Recruitment of additional staff - currently held up in Vacancy Control.

MEHT Site Dashboard

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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		
1.9		Discharge lounge	Identify		R	-	-	-	N/A	Milestones not yet created	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: In delivery, but detailed plan with milestones needed Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: Need plan to increase use of discharge lounge to move from 'red' Likelihood of delivery of future milestones: Medium KPIs: KPI tracker in development. Use of Lounge is measured. Risks and issues: Needs analysis work to ascertain reasons why discharge lounge use remains stuck at around 7%. 	
1.10		Transport	Identify		R	-	-	-	N/A	Milestones not yet created	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Needs a plan with milestones Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: Recognised as a problem area, but needs plan to address Likelihood of delivery of future milestones: Medium KPIs: KPI tracker in development. A log is being kept of transport issues, but difficult area to set metrics Risks and issues: No clear plan of action to address 	
1.11		Pharmacy	Deliver Change		A	-	-	-	N/A	Milestones not yet created	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: In delivery, but no detailed plan with milestones Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: Low - Good progress is being made with a number of developments by Pharmacy. Likelihood of delivery of future milestones: High KPIs: KPI tracker in development. Risks and issues: Need for change in medical behaviour around ensuring drugs are prescribed day before discharge date. 	
1.12		Stranded Patient	Deliver Change		A	-	-	-	N/A	Milestones not yet created	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: In delivery, but detailed plan with milestones in development Milestones delivered: N/A Milestones slipped and mitigation: N/A Risk to overall delivery RAG Rating: None Likelihood of delivery of future milestones: Stranded patient number is coming down, so appears to be working KPIs: KPI tracker in development. Stranded patients measured daily Risks and issues: Needs continuous ward engagement - being ensured by detailed senior management scrutiny. 	
2.1	Cancer Programme	IMAS Modelling	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Amber Milestones delivered: Final areas are updating their IMAS modelling, awaiting update data for review at next project group Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
2.2		Pathway Mapping	Identify		G	-	-	-	-	-	-	-	-	-	G	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Green Milestones delivered: All areas completed Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
2.3		New Ways of Working	Pre-mandate		G	-	-	-	-	-	-	-	-	-	G	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Green Milestones delivered: Outputs from the Pathway reviews are now developing new ways of working within specific areas. Each area that has had their pathway reviewed, are currently putting together the solutions to address these areas. E.g. Urology (Prostate) are developing plans to allow them to move from 10 days to 7 days (referral to first appointment). Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
2.4		Recovery Plan	Deliver Change		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Amber Milestones delivered: Milestones slipped and mitigation: <input type="checkbox"/> Completed: 37 actions <input type="checkbox"/> Outstanding: 14 actions (each has been reviewed and action/mitigation assigned, most actions are associated to recruitment e.g. Cancer Team and Clinical Lead) Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
3.1		Staff-Consultations/Recruitment/Rosters	Identify		G	-	-	-	-	-	-	-	-	-	G	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Green Milestones delivered: Staff consultations for Nursing, Therapies and Theatres have all been concluded. All vacancies have gone through vacancy control and all are in progress. Consultant Theatre timetables are prepared; necessary changes (e.g. clinical cancellations) are in-hand. Resident Medical Officer cover has been procured as a 6 month pilot with RMO International – the contract is signed and the PO / waiver raised. Ward staff are on Health Roster and rosters have been produced. Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: There are some concerns about gaps in the roster which will need to be covered with bank / agency. 	

MEHT Site Dashboard

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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		
3.2		Finance/Procurement	Identify		G	-	-	-	-	-	-	-	-	-	G	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Green Milestones delivered:- A budget code has been assigned and this has been added to all relevant software systems. All equipment is ordered, with deliveries beginning 21st May 2018. Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
3.3	Braintree Elective Orthopaedic Project	Communication	Identify		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Amber Milestones delivered: Communication to internal staff, patients, CCG, Joint Commissioners users of BCH theatres is drafted and some have been issued. Patients have been booked into BCH and Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
3.4		Bed Reduction on John Ray (Risk Assessment)	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Milestones slipped and mitigation: Risk Assessment Pending for reducing bed numbers on John Ray Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
3.5		Business Case/Governance/Policies	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: A revised activity analysis has been completed and presented to JEG. Patient pathways and escalation policy sent for ratification Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
4.1		Estates	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Estates costings are almost complete, with the largest area of concern being the lack of piped air to the proposed Respiratory ward space Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
4.2	Bed Reconfiguration	Recruitment	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: None Milestones delivered: Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: Project lead not yet assigned 	
4.3		Project Lead Assignment	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: Project Lead Not Yet Assigned 	
4.4		Milestones from linked Projects	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
5.1		Bed Reconfiguration	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
5.2	Surgical Ambulatory	Estates	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Costs have been estimated Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
5.3		Staffing	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Costs have been estimated Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	

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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		
5.4		Equipment	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Costs have been estimated Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
6.1	E-Referral System	E-referral Paper Switch Off	Deliver Change		G	8	7	1	28	27	1	10	10	0	G	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Green Milestones delivered: Weekly analysis of paper referrals is being completed and shared with CCG; All governance milestones complete. Milestones slipped and mitigation: Internal comms milestone slipped from May to 1st week in June. Now complete. Risk to overall delivery RAG Rating - Nil. Will go live in line with plan. Likelihood of delivery of future milestones: 100% KPIs: As at week ending 18 June eRS utilisation rate 57%. Risks and issues: None to project delivery. Utilisation needs to reach 95% and 100% by October. 	
6.2		Advice and Guidance	Define		A	-	-	-	Milestones not yet created	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Amber Milestones delivered: Project planning will commence 25 June. Milestones slipped and mitigation: Nil Risk to overall delivery RAG Rating: No significant risks yet Likelihood of delivery of future milestones: High KPIs: Will measure no. of A&G queries and reply times (within 2 working days) Risks and issues: 'Plan for a plan' in place; expected to be low risk of non-delivery 	
8.1	Interventional Radiology	TBD	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
9.1	Workforce	Medical Workforce	Pre-Mandate		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: MEDACS performance against SLAs has been closely managed and their contract renegotiation is under way with right to terminate with notice pending MSB bank decision. Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: Little progress with Medical Staffing, particularly in relation to the support provided to the Trust by the Medical Staffing Team. MEDACS is working to increase the locum pool but there is resistance from the clinicians who like to source their own locums (particularly ED) at escalated cost. Authorisation processes to request a locum needs to be tightened as departments book locums too readily before checking. The Trust still needs to continue to review large amounts of shift requests and forward planning of resource, particularly annual leave and WLLIs 	
9.2		Nursing Workforce	Deliver Change		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Crude cost of shift reduced from £816 @ beginning of January to £360 @w/e 13th May. There has been continued scrutiny of agency usage and reviews of the rostering performance. Bank Partners performance against SLAs has been closely managed and their contract renegotiation is under way with right to terminate with notice pending MSB bank decision Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: The Trust still needs to continue to review large amounts of shift requests and forward planning of resource in accordance with acuity and skills mix, unused hours, restricted work patterns and forward planning of annual leave. 	
10.1	Outpatients/RTT	PA Consulting analysis of current performance against benchmark	Identify		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Data for 16/17 and 17/18 has been requested to provide a pre-Lorenzo baseline where necessary Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
10.2		Existing CIP reviews	Identify		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Data for 16/17 and 17/18 has been requested to provide a pre-Lorenzo baseline where necessary Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
10.3		Fresh Start Initiatives	Identify		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	
10.4		Backlog Clearance Plan	Deliver Change		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> This Month's Project Progress RAG Rating: Milestones delivered: Milestones slipped and mitigation: Risk to overall delivery RAG Rating Likelihood of delivery of future milestones: KPIs: N/A Risks and issues: 	

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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		
10.5		Lorenzo Training	Deliver Change		A	-	-	-	-	-	-	-	-	-	A	<ul style="list-style-type: none"> • This Month's Project Progress RAG Rating: • Milestones delivered: Just over a third of the team have had 1-2-1 training during the last Fresh Start week and further training is required. • Milestones slipped and mitigation: • Risk to overall delivery RAG Rating • Likelihood of delivery of future milestones: • KPIs: N/A • Risks and issues: 	

Change Management Office Report on Project Progress - June 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	G	Achieved: 'Knowing how we are doing Boards' now on all wards; engaged with Medicine on all aspects of SAFER as part of Medicine Flow improvements; working with Teletracking team to refine SAFER capture on TT boards Delayed: Engagement with the wider Trust is slow but being addressed; Stranded patient protocols to be agreed Next Steps: Daily focus on Golden Patient continues; CCDs are being worked on and presence on boards and TT under discussion; Review Internal Professional standards with teams Escalation: The Board are asked to note that further engagement from the directorates with regards to the SAFER bundle is crucial to effective delivery of flow
1.2	Patient Flow Board	Medicine Flow	Caroline Baker	Zoe Gregori	Clive Walsh	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 To action tasks required to improve Medicine Flow	G	G	Achieved: Review of ED referrals to acute areas has commenced; Acute Oncology referral process from ED in place in hours; Medical Admissions Procedure agreed with clinical leads Delayed: Review of Acute Job Plans; PTW and AMU reviews; pathways for direct referrals Next Steps: Commence direct referrals from ED once pathways developed; OOH rota for Oncology pathway Escalation: n/a
1.3	Patient Flow Board	Medical Ambulatory Care	Caroline Baker	Giselle Carter-Sandy	Clive Walsh	Launch additional Ambulatory Pathways	A	A	Achieved: Activity audit completed and reported Delayed: Meeting with GPs to discuss Ambulatory pathways now booked for 21/6 Next Steps: Drafting of AEC pathways; completion of business case for refurb of area Escalation: n/a
1.4	Patient Flow Board	Redirection from ED/Primary Care Streaming	Caroline Baker	Jenny Frost/Sam James	Clive Walsh	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 interim Director of Ops and agreed way forward re commissioning this F/Y; system GP D&C exercise is in train; plan to recommission service for 19/20 Delayed: n/a Next Steps: Prepare a paper detailing service spec to find a new PCS supplier Escalation: n/a
1.5	Patient Flow Board	Trauma Ambulatory Unit	Caroline Baker	Julie Lander	Clive Walsh	To deliver a full Ambulatory model for Trauma by March 2019	R	A	Achieved: Plans drawn up and circulated to deliver a workable unit prior to Winter; discussions at SLT regarding an alternative location remain to be agreed Delayed: Awaiting approval of capital budgets for this year; decision from SLT on future location of service Next Steps: Work with Estates to agree plan once location has been identified Escalation: The Board are asked to note that decision on budgets and location needs to be expedited
1.6	Patient Flow Board	PAU/PED	Caroline Baker/Debbie Maynard	Wendy Pearson	Denise Townsend	Scope PAU service Commence PED service 24/7 4 days per week from April 2018	R	A	Achieved: No progress - now part of the Neptune Reconfiguration workstream arising from CIPs Delayed: Progress on PAU pathway Next Steps: Team to meet and decide programme of work for Neptune - meeting set up for 15/6. Dedicated project resource now in place. This is now urgent Escalation: The Board are asked to note that MSB Institute Site Improvement Team have put dedicated resource in to drive this work forward
1.7	Patient Flow Board	Discharge Workstream	Caroline Baker	Phil Read	Clive Walsh	To pull together the various strands of discharge work across the system and combine with the recommendation of the external review	A	A	Achieved: Pilot of notifications on wards is taking place this week; Equipment meeting held - equipment pilot underway; discharge policies reviewed across sites Delayed: Notifications pilot delayed one week; Discharge leaflet did not go to DMG for approval but will now be worked on across sites Next Steps: Agree revised discharge leaflet and policy changes at DMG/MSB; review pilots for notifications and equipment; discuss potential changes to assessment of needs 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	G	Achieved: 19 out of 20 TV eWhiteboards have been installed across the Trust and are in operation. Medway views have also been provided to allow wards to see empty beds. Delayed: Shopland implementation date is still to be confirmed . They have two areas which are treated very separately as far as beds and care is concerned, only one view available on Nervecentre and Medway. MSK management team have agreed to split the ward and have two new ward codes to replace the current SH40 Shopland ward code. Next Steps: Complete Shopland implementation and agree Assessment areas (AECU, AMU , SAU) for requirements (out of scope for this phase). Escalation: n/a

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PMO ref.	Programme	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective			
1.9	Patient Flow Board	Bed Reconfiguration	Caroline Baker	TBC	Clare Burns	To reconfigure Acute Beds in support of the Winter Plan	R	n/a	New Item Achieved: Paper has been to SLT and SLT awayday to agree the proposed moves Delayed: Decision making process has been delayed; Surgery CIP benefits have been delayed Next Steps: Once agreements are in place, mobilisation plan for the moves needs to be implemented Escalation: The Board are asked to note the impact of the TAU delay (item 1.5 above)
1.10	Patient Flow Board	Frailty Service Development	Caroline Baker	Leila Bafadhel	Clive Walsh		A	n/a	New Item - Currently being scoped
6	Patient Flow Board	TTA Improvement work	Caroline Baker	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	n/a	Refer to minutes/action tracker - Meeting has taken place with pharmacy. Need to understand how Teletracking will impact processes but expecting a new workstream
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: Official opening took place on 8/5/18 Delayed: Clinical case to support opening of the additional 4 beds (up to 8 beds) is in draft waiting to be authorised. Next Steps: Unit opened to patients on 29th May 2018, 12 ITU/HDU beds open across both units. i.e. 2 additional beds opened. Plan to increase to 14 beds in September when recruited staff in post. Escalation: The Board are advised that the Critical Care Service will not be able to support opening further beds until 2019 due to lead times for recruitment unless the business case for the additional beds progresses ASAP.
9		2018/19 Cost Improvement Programme (CIPS)	n/a	n/a	Clare Burns	To achieve a saving of £12m in 2018/19	A	R	Achieved: The Trust has identified £10.1m (85%) of the annual £12m target to date of which £7m of the schemes have been signed off (plans in plans, operational review & quality impact assessment) with a further £2.8m of schemes (28%) being worked up in detail and £0.3m (4%) in the 'ideas' stage. RAG rating changed to amber to reflect this Revised governance process in place to ensure focus maintained. Delayed: Identification of schemes to meet target. Next Steps: Continue to take existing schemes through sign-off process, continue to support directorates to bridge gaps to meet targets and prepare for FRC Escalation: The Board are asked to note that achievement of £12m is at risk.
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 V2 Implemented in MEHT and Hot-Foot Implemented as select GPs in Southend. Engagement with BTUH clinical team has begun. Delayed: Validation study progressing slowly due to clinical capacity at Rota Stoke. Meeting booked 13/06 to try and bring this up to speed. Next Steps: Roll out of TIA to BTUH and full roll out of Hot-Foot to all Southend GPs. Also need to review site PMO involvement as part of portfolio review. Escalation: n/a
11		7 - day services	Debbie Maynard	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: Nerve centre instruction posters issued to wards, QI Project presented at Grand Round, CDs have agreed to review failed audit cases prior to final submission in June Delayed: Review of pathways, Review of failed case notes Next Steps: Submission of audit in June, look into adding to induction days along with Nerve Centre training, review of improvement possibilities for CS2 (workforce implications) 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.	n/a	A	Achieved: tbc Delayed: n/a Next Steps: Clarify site project as part of Portfolio review Escalation: See above

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PMO ref.	Programme	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective			
13		Consolidated Booking Teams (Outpatients)	TBC	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.	n/a	n/a	Achieved: tbc Delayed: n/a Next Steps: Clarify site project as part of Portfolio review 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	n/a	n/a	Achieved: Rollout to Medicine and Surgery on-going as IT BAU activity, no firm dates known. Delayed: n/a Next Steps: Clarify site project as part of Portfolio review Escalation: See above
15	EPR & Clinical Admin	Text Reminder (Clinical Admin)	Lisa Bemister	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	Achieved: Proposed 'Go live' date for Inpatient reminders WC 09/06/2018. Delayed: Planning for implementation of texting for in-patient and radiology appointments due to resourcing issues, therefore project is still rated as amber. Resource now in place however potential delays due to agreement of IT resource Next Steps: Comms strategy to be agreed for roll out. Escalation: The Board are asked to note the delays referenced above but that planning now underway
16	EPR & Clinical Admin	Offsite Printing and E-Communications (Clinical Admin)	Lisa Bemister	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. To date the only work undertaken has been to implement electronic discharges for ED.	R	A	Achieved: n/a Delayed: Roll out to GP Surgeries has not started Next Steps: Follow up with CCG as per below and clarify site PMO support and scope of project. Escalation: The Board are asked to note that we are awaiting an update from the CCG to tell us when we can enable the first 20 GP surgeries (the CCG needs to do the training). RAG changed to red to reflect this.
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	Achieved: 1. Task management post pilot review meeting 10th May 2018 with Nerve Centre. A Few minor issues to resolve. 2. Rollout of Nerve Centre supported whiteboards - configured for each of the specialities and rolled out. few adjustments made after approval from Project Board. 3. Scope for Paediatric model has been signed off. Plan for implementation in Paediatrics TBA. Hardware in stock and staff training almost complete. 4. Scoping for eObs in ED. 1st scoping session carried out. Await write up from Nervecentre for 2nd pass. charts are assigned to Ward codes. Discussion at next scoping meeting & with Medway team. Delayed: 1. No change - Surgical Dr handover and Trauma Board handover, delayed due to incorrect consultant fields in Medway system. 2. Neuro Obs implementation delayed until next system upgrade. 3. Upgrade - Date to be confirmed due to Nervecentre Version 5 still not available. It was decided that we go with a bespoke version so that we can have the fix for the Comet server issue and enable us to move on with Neuro Obs (falls model), however Nervecentre have now advised us that we need the bed inventory in place (this was not communicated to us prior to this). Meeting on 1st June to discuss with Medway/Teletacking/Nervecentre on how we could possibly create an interface for the bed numbers through the systems. Plan for upgrade to be drawn up after bed number issue resolved. Next Steps: 1. Requirements for amendment to child Neuro Obs - national requirement with Nerve Centre for review - cost implications to be established. 2. Rollout of frailty score in Nerve Centre handover field - planned for Monday 11th June. 3. NEWS2 & current paperwork - Work required to investigate information provided by Nervecentre. Amendment to current obs chart via sticker potentially until the chars are used up then a new form could be designed to incorporate the NEWS2. Chargeable work as professional services would be required for Nervecentre to incorporate the NEWS2 into the system. Discussion would need to take place with Nervecentre & if required, funding approval would need to be sought via Denise Townsend. 4. Nervecentre Device Audit a) Full audit scheduled for 12th June. Results to be collated and distributed. b) IOS 9 devices in process of being updated. Mail bulk complete. Report requested on remaining devices that still required updates. Escalation: 1. Sepsis - Assessment module taken to the JEG meeting but Southend's requests were declined therefore no ability to set up Sepsis requirements. Meeting required to understand plan across the 3 trusts. 2. Incorrect consultant in Medway, this is applicable to Teletacking and will be supported by the Teletacking roll out. Once correct in Medway the surgical handover and trauma board profile can be implemented. 3. Future funding for New Modules/System improvements. Funding will be required to update the Nervecentre models oer time. Project Board agreed each request would have to be via an SBAR to Project Board and IAC.

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PMO ref.	Programme	Project Name	Project Manager	Ops Lead	Project Sponsor	Objective			
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: 92% of outpatient clinics have gone live as at 14/6/2018 as planned, expectation to achieve 93% by end of June</p> <p>Delayed: See Escalation</p> <p>Next Steps: Work is underway on the remaining 7% to put in place processes to enable them to go noteless.</p> <p>Escalation: The Board are asked to note that in order to progress the project, a decision are is required regarding pre-assessment clinics and the need for all ECG's to be easily accessible electronically by clinicians. Integrating the current pre-assessment SOLUS system to CED requires funding and IT resourcing and therefore there is a risk that confirming these will extend timescales. This has been escalated to the local Digital Steering Group. An interim option to manually scan ECG's has been proposed and is being agreed with Clinicians.</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.	G	A	<p>Achieved: No further areas have gone live (ED was the last area to go live in early April) however implementation for other directorates is on-going, configuration for Surgery is nearly complete and MSK and D&T is underway.</p> <p>Delayed: Currently on track as per the previous update</p> <p>Next Steps: Go live with Surgery, continue Configuration for MSK and D&T. Also to liaise with Anaesthetics to bring them live with MSK as they are currently linked in the way they roster certain clinics, doctors rollout should complete by September as per the original plan.</p> <p>Escalation:</p>
22		e-RS (Paper Switch Off)	Mark Hellenbrand	Gina Quantrill / Louise Ward & Maile Hatt	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	G	G	<p>Achieved: May e-RS Utilisation 95 % (with 'exclusions' excluded from the data)</p> <ul style="list-style-type: none"> Full paper switch off as at 14/05. Paper requests are being rejected as per the Returns process Data updated to exclude the out of scope exclusions from the reports. Commenced review of Advice & Guidance (A&G). Reports issued twice weekly. <p>Delayed: Information Team have yet to provide the Paper referrals patient list report. NHSE weekly report also needs correcting</p> <p>Next Steps:</p> <ul style="list-style-type: none"> Monitor weekly and monthly utilisation following full paper switch off Monitor A&G <p>Escalation:</p> <p>The Board are asked to note the following issues</p> <ul style="list-style-type: none"> Endocrinology still have 63 paper referrals waiting for appointments that came in before the current 98 slot issues on e-RS. For those that they are able to book they continue to take outside of eRS. Call Centre have been advised that they have no clinics running for 5 weeks (from 06/06) due to leave. This has been escalated to Directorate Management Teams A&G responses are slow within certain specialities and several are still outstanding from March and April. Trajectory set for the Average Response Time (ART). The ART needs to be 2 days from Jan 2019. This has been escalated to Directorate Management Teams
23	Digital	Teletracking @ SUHFT	Eddie Aldridge/ Natasha Ball	Rebecca Boyes	Yvonne Blucher	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	<p>Achieved:</p> <ul style="list-style-type: none"> eWhiteboards roll out complete on 21 wards RTLS equipment delivered Established cross site working groups, local groups and action plans <p>Delayed:</p> <ul style="list-style-type: none"> Signing of contract <p>Next Steps:</p> <ul style="list-style-type: none"> System validation eWhiteboard installation for 1 remaining ward, amendment to ward configuration was required. Training environment and room to be set up Awareness training on wards Train the Trainer <p>Escalation: n/a</p>
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 June 2018, we have 59% of signed off consultant job plans (this is up from 42.7% in April 2018) with a further 7% at the final stages of sign off.</p> <p>Delayed: Still no movement with majority of Medicine excluding Cardiology. Another 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 June. NR/JH planning to meet with CD's to hold them to account with formation of a job planning committee to be established. Dedicated action plans for areas of lack of movement and escalation process for Consultants who has yet to engage in the process.</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>

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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