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| Meeting Title | Mid and South Essex Acute Trusts Joint Working Board | | |
| Meeting Date | 3 rd October 2018 | Agenda No | 10 |
| 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 <input checked="" type="checkbox"/> <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. The report provides a summary of the following:</p> <ul style="list-style-type: none"> • A high level summary of key developments across group programmes of work. • A summary by programme of the key risks, issues and decisions made within each programme. • A pipeline analysis of the status of all group change projects within each programme. <p>In addition, the report provides a summary on the update of the capital strategic outline case and a recommendation to delegate the decision to approve the case for submission to NHS Improvement to the forthcoming Finance and Resources Committee in Common on 12th October 2018 as it was not available in time for this 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 | See BAF risks: MSB2018/01,03,07,08 | | |
| Equality and | No specific E&D issues noted. | | |

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| Diversity | |
| Freedom of Information | No exemptions identified. |
| Other Implications Identified (including patient safety and quality, legal and regulatory compliance) | None identified at this time. |
| 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. - Delegate approval to submit the redrafted capital strategic case to NHS Improvement to the Finance and Resources Committee in Common on the 12th October 2018. |
| Appendices | <p>Change Portfolio Update.</p> <p><i>Individual programme dashboards are available upon request.</i></p> |

September 2018 - Portfolio Report

Programme status

| Clinical Redesign & Reconfiguration | Clinical Support | Corporate Support |
|-------------------------------------|---------------------|---------------------|
| <u>AMBER</u> | <u>AMBER</u> | <u>AMBER</u> |
| SRO: Celia Skinner | SRO: Tom Abell | SRO: Jonathan Dunk |

Key developments since last report

Following the last report to the boards, there have been a number of developments in regard to the implementation of service change across the trust. These include:

Clinical redesign and reconfiguration

- Detailed engagement sessions are underway with all specialities across the three trusts, as part of the clinical integration process for merger.
- The Urology and Ophthalmology business cases are due for consideration at the Joint Finance and Resources Committee on 12th October 2018.
- Appointment of Dr Jon Davies, as clinical lead for cardiology. Recruitment for General Surgical and Gynaecology leads is underway.
- The following projects will be undergoing gateway review at the Group Portfolio meeting on 2nd October 2018:
 - Ophthalmology single service structure – approval to proceed to implementation (gateway 3).

Clinical support

- Following the departure of Peter Fry, Tom Abell is now the Senior Responsible Officer for the Clinical Support Programme.
- A prioritisation process for the programme has commenced with the expectation that a number of projects will be closed following implementation and those in active development and implementation at any given time is reduced to secure greater chance of successful delivery.
- The following projects will be undergoing gateway review at the Group Portfolio meeting on 2nd October 2018:
 - ISAS (Imaging Services Accreditation Scheme) Accreditation – approval to proceed to implementation (gateway 3).
 - Care Cars Expansion to mid and south west Essex – approval to proceed to implementation (gateway 3).
 - Joint Access Policy – approval to proceed to implementation (gateway 3).
 - Transportation Service – approval to proceed to implementation (gateway 3).

Corporate support

- In principle decision on transaction hub location, subject to satisfying outstanding requirements on various HR matters.
- The following projects will be undergoing gateway review at the Group Portfolio meeting on 2nd October 2018:
 - Finance phase 2 – approval to proceed to implementation (gateway 3).
 - HR band 8a – approval to proceed to implementation (gateway 3).

Capital Strategic Outline Case

- As previously reported to the trust boards, NHS Improvement requested additional work on the Strategic Outline Case (SOC) for the wave 2 STP capital allocated to mid and south Essex.
- The extent of work required to the case has been significant with much greater levels of detail being required than had been anticipated.
- As such, it has not been logistically possible to complete the redraft of the SOC in time for this meeting of the Joint Working Board, however we would like to submit it as soon as possible in order to commence the review timeline with NHS Improvement.
- Therefore it is **recommended that the Joint Working Board delegate approval to submit the redrafted capital strategic case to NHS Improvement to the Finance and Resources Committee in Common on the 12th October 2018**, this is in order to commence the review process with NHS Improvement in as timely a way as possible.

Key risks to the portfolio

The key risks identified at this time to the delivery of service change are as follows:

- Judicial Review or Secretary of State Referral of the commissioner's decision on the DMBC recommendations, which is then likely to delay capital case approvals and service implementation.
- Delay in capital approval timescale will impact on implementation and therefore realisation of benefits of transformation projects.
- Current lack of 'headroom' within current bed modelling to enable reconfiguration change.
- Analytics and finance support to be able to finalise business cases and undertaken implementation planning.

Tom Abell

Deputy CEO/CTO

September 2018

Dashboard – portfolio

| Clinical redesign and reconfiguration programme | | | |
|---|---|---|---|
| Traffic light | Risks | Issues | Commentary |
| <p>Overall traffic lights:</p> <div style="text-align: center;">  <p>AMBER</p> </div> <p>Summary of traffic lights: The programme is Amber rated with 14 programmes amber rated and Vascular and Medical Ambulatory being the only red rated programmes</p> | <ul style="list-style-type: none"> Secretary of State referral or Judicial Review of the commissioners decision on the DMBC, could delay implementation of Vascular, Urology, T&O, Cardiology Constraints around beds and theatres throughout winter could delay implementation of Vascular, Urology, T&O, Cardiology | <ul style="list-style-type: none"> Limited capacity in informatics, workforce and finance, to support the clinical merger case, and requirements for clinical reconfiguration. Resignation of two project team members means that there is reduced resource in the improvement team to support development of some specialities. Recruitment for these posts is underway. | <ul style="list-style-type: none"> Clinical Integration workshops for all specialities are underway to scope the current state and potential future structure of divisions in a merged organisation. These sessions will support informing the LTFM and patient benefits case for merger. Work on the vascular business case is ongoing, with validation of finance and estates issues as key next steps As shown in the project and programme pipeline, the majority of projects are currently in the define stage, with detailed business cases being developed. |

| Clinical support programme | | | |
|---|--|--|------------|
| Traffic light | Risks | Issues | Commentary |
| <p>Overall traffic lights:</p>  <p>Summary of traffic lights Amber rating being driven by delays identified within the 'issues' section.</p> | <ul style="list-style-type: none"> Constrained procurement team resources could impact on timescales for the procurement process and delay the implementation of transformation works such as digital pathology, pharmacy outpatient dispensing and a single RIS Capital constraint will impact the ability to implement a more advanced and robust solution to maximise the benefits within pharmacy procurement and inventory management and aseptic consolidation | <ul style="list-style-type: none"> Inability to move budget across MSB has delayed the implementation of medicine information and medical physics projects. HR processes have currently hindered the ability to work cross site e.g. radiologists and sonographers to deliver benefits within the radiology service. Inability to establish the current Orsett to Basildon transportation route cost is delaying business case for cross trust transportation solution. | |

| Corporate support programme | | | |
|--|---|--|------------|
| Traffic light | Risks | Issues | Commentary |
| <p>Overall traffic light:</p>  <p>Summary of traffic lights Amber rating driven by need to agree corporate services</p> | <ul style="list-style-type: none"> Higher than usual staff attrition due to uncertainty of future service models which may affect business as usual activities. Changes in base location as | <ul style="list-style-type: none"> None currently identified. | |



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| transaction centre which has been delayed, therefore delaying workforce consultations. | a result of the transaction centre may result in loss of institutional memory in corporate services. | | |
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Programme and project pipeline

| Project phase > | Pre-mandate | Identify | Deliver | Transition and Close |
|---|--|---|--|--|
| Clinical Redesign and Reconfiguration Programme | 2 <i>(no change from previous report)</i> | 9 <i>(no change from previous report)</i> | 2 <i>(no change from previous report)</i> | 0 <i>(no change from previous report)</i> |
| Clinical Support Programme | 9 <i>(increase of 7 from previous report)</i> | 3 <i>(reduction of 4 from previous report)</i> | 5 <i>(reduction of 10 from previous report)</i> | 5 <i>(increase of 2 from previous report)</i> |
| Corporate Support Programme | 5 <i>(no change from previous report)</i> | 9 <i>(no change from previous report)</i> | 1 <i>(no change from previous report)</i> | 0 <i>(no change from previous report)</i> |
| Total | 16 | 22 | 8 | 5 |