

Meeting Title	Mid and South Essex Acute Trusts Boards in Common		
Meeting Date	6 th February 2019	Agenda No	11
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. 		
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: 2.2 / 2.3 / 4.4		
Equality and Diversity	No specific E&D issues noted.		
Freedom of Information	No exemptions identified.		
Other Implications Identified (including patient	None identified at this time.		

safety and quality, legal and regulatory compliance)	
Recommendation	The Boards of Directors of BTUH, SUHT and MEHT are invited to: - Note the report.
Appendices	Change Portfolio Update. <i>Individual programme dashboards are available upon request.</i>

November 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

- The referrals of the CCG Joint Committee decisions on reconfiguration by both Southend and Thurrock Councils have now been submitted to the Department of Health and Social Care (DHSC). Awaiting confirmation from DHSC on next steps and likely timeframe for a decision on these referrals by the Secretary of State.
- Detailed engagement sessions are ongoing with all specialities across the three trusts, as part of the clinical integration process for merger.
- Key focus of work has been the validation of baseline activity levels across all services included within the reconfiguration so that these can inform the health planning activities required for the outline business case for capital. This work will continue through February 2019 and ultimately support the business cases for each of these changes.
- Vascular business case work is ongoing, with finance validation and resolution of estates issues being the key next steps. Dedicated finance support has now been identified to assist in resolution.
- Exploratory discussions are underway to pilot the treat and transfer model to support the existing interventional radiology hub.

Clinical support

- Staff consultation for consolidation of sterile services across the trusts underway, phase 1 for management staff to shortly be completed with phase 2 for all other staff to commence February 2019.
- Group management teams for radiology and pathology now appointed to, consultation and engagement activity for remaining management and administrative staff affected by creation of group clinical support functions underway.
- Key issue is resolution of inter-hospital transport solution which will enable implementation of consolidation of functions between the hospital sites, such as sterile services and pharmacy. There has been significant issues with the identification of existing courier and transport solutions in place across the three sites and the location of

budgets which can be used to offset the cost of these services. This has now been escalated to the Executive with an aimed resolution during February 2019.

Corporate support

- Finance Phase 1 workforce consultation launched on 14 January 2019
- Procurement workforce consultation launched on 22 January 2019
- Britannia House investment case agreed at the JEG Investment Committee on 23 January and building works to start in February 2019.
- Capital Team, Safeguarding Team and Research & Development Team service models signed off and these services now move to preparation for workforce consultation
- Further staff briefing sessions completed w/c 17th December and the next set of sessions planned for w/c 28th January.

Principle issues

- Referral by Southend Council of CCG decision making on clinical service change, which will delay capital case approvals and service implementation.
- Analytics and finance support to be able to finalise business cases for service change.
- Vacancies within improvement and change functions across all sites, and focus of available resource to support Teletracking implementation during November and December 2018 which has delayed progress in a number of areas.

Principle risks to the portfolio

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

- Winter pressures will draw resource and clinical / management time to operational response activities.
- Location of Corporate Service Hub could lead to loss of staff and affect corporate service resilience.

Tom Abell

Deputy CEO/CTO

February 2019

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 15 programmes amber rated and only Vascular being red rated</p>	<ul style="list-style-type: none"> • Winter pressures will draw resource and clinical / management time to operational response activities. • Constraints around beds and theatres throughout winter could delay implementation of Vascular, Urology, T&O, Interventional Radiology • Identification of capital funding to enable the vascular changes, may put phase one delivery at risk for October 2019 • Corporate consultations for finance staff risk an impact on the overall business case timelines, due to high vacancies, and recruitment delays. 	<ul style="list-style-type: none"> • Referral by Southend Council of CCG decision making on clinical service change, which will delay capital case approvals and service implementation. • Analytics and finance support to be able to finalise business cases for service change. • Vacancies within improvement and change functions across all sites, recruitment is ongoing. 	<ul style="list-style-type: none"> • Key work this month has been on the validation of baseline activity for all reconfiguration specialities so that these can inform the health planners for the outline business case for capital. This work will be the key focus for the programme until mid February 2019, and will provide key information for business cases across all reconfiguration specialities. • Work on the vascular business case is ongoing, with validation of finance and estates issues as key next steps. Sites have now allocated dedicated finance resource to this project. • 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> <div style="text-align: center;">  <p>AMBER</p> </div> <p>The programme is AMBER rated with 5 projects closed, 5 projects on green, 16 on amber and 5 on red (Joint access policy & outpatient booking standardisation, sterile service, transportation and pathology market testing at MEHT).</p>	<ul style="list-style-type: none"> • Inability to agree a framework to share the benefit of Group transformation projects across the MSB could delay the approval of business case and prevent staff coming with a transformational solution. • 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 • Inability to establish a standardised approach to compensate for staff that have to travel long distance to the new working place and different pay rate for doing the same job could impact staff retention and morale 	<ul style="list-style-type: none"> • Challenging in recruiting into the interventional radiology (IR) nurse vacant posts coupled with inadequate IR staffing across the MSB impacts the development of a cost effective 24/7 IR hub business case • Additional capital will be needed to implement inter-sites transportation system as the yearly cost reduction of £66k for the current identified routes from iPP is not enough. 	<ul style="list-style-type: none"> • Radiology - AI, community hub & Training Academy PPFs and RIS strategic business case drafted, process mapping completed for all three sites booking teams. • COO and Ops Directors agreed to meet to describe outpatient access and booking vision • Start quantify the opportunity for improving the current outpatient booking process across 3 sites • Sterile service consultation outcome circulated without any major concern and the expression of interest commenced. • Pharmacy outpatient dispensing at SUHT and MEHT financial directors engagement was positive • Hot-Referrals – The final system development has moved into the testing and NHSI confirmed a gap in the market for the system.

Corporate support programme			
Traffic light	Risks	Issues	Commentary
<p>Overall traffic light:</p> <div style="text-align: center;">  <p>AMBER</p> </div> <p>Summary of traffic lights The extent of change planned for Q4 18/19 in relation to workforce consultations and Britannia House implementation and impact to staff is reflected in the amber rating.</p>	<ul style="list-style-type: none"> Higher than usual staff attrition due to changes to service models this may affect business as usual activities. Changes in base location as a result of the transaction centre may result in loss of institutional memory in corporate services. 		<p>This month has seen significant progress with the Britannia House investment case approval meaning that building works can start in February 2019. This will allow for the first set of teams to move into their new office location by April 19.</p> <p>The HR Change Team has increased in size in order to manage the large volume of consultations within the next 4-5 months</p> <p>Staff communications are not routine and with dedicated communications and OD support to the programme, this is expected to improve even further.</p>



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>	8 <i>(no change from previous report)</i>	3 <i>(no change from previous report)</i>	0 <i>(no change from previous report)</i>
Clinical Support Programme	4 <i>(reduction of 2 from previous report)</i>	15 <i>(increase of 1 from previous report)</i>	7 <i>(increase of 1 from previous report)</i>	6 <i>(no changed 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	11	32	11	6