

Meeting Title	Mid and South Essex Acute Trusts Joint Working Board		
Meeting Date	3 rd April 2019	Agenda No	12
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 Trust Boards of MEHT, SUHT and BTUH are invited to: - Note the report.
Appendices	Change Portfolio Update. <i>Individual programme dashboards are available upon request.</i>

March 2019 - 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

- Clinical Integration Planning templates are now being finalised for the 41 specialities at all three sites, by Divisional management teams.
- Treat and Transfer Pilot for Interventional Radiology patients out of hours, has been signed off by the Executive Team, and is now in the implementation phase.
- Ophthalmology transitional management structure has now been appointed to across MEHT and SUHFT. The Minor Eye Condition service (MECs), is to be implemented at Southend in March, and then roll out to MEHT by Q2 2019/20
- Wave 1 implementation of Urology, Orthopaedics, Vascular and Interventional Radiology plans continue to be developed in detail working alongside SLT to ensure that sites have appropriate capacity.

Clinical support

- Radiology – Shortlisted for the HSJ Value Awards and started the final quantification of radiology efficiency work benefit based on month 11.
- Sterile service with the aim to consolidate sterile services to two centres (Broomfield and Southend) 1st phase successfully completed and 2nd phase consultation for all staff at Orsett started.
- Drafted Group pathology structure paper allows the service to be decoupled from the previous clinical support services.
- Resolution to the inter-hospital transport system to support the delivery of various transformation programmes and consolidation of functions remains an issue due to lack of establishing the current cost with the appropriate budget, however a piloting paper using a renting multi-purpose buses proposal will be presented at JEG IC in March 2019.

Corporate support

- Finance Phase 1, Procurement Team, Research & Development Team and Safeguarding Team workforce consultation has closed and outcomes published. Appointment process now underway.
- Britannia Park refurbishment work started on 25th February and the first phase will be ready in April. The single procurement team will come together in April.
- Capital Team, HR Teams, Infection Control are preparing for the launch of their workforce consultations in March and April.
- Monthly staff briefing sessions continue with affected staff.
- Digital Services, Healthcare Analytics, Estates and Facilities Specialist Teams have completed their service design work and will not be presented at the Joint Investment Committee and approve affordability.

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

Principle risks to the portfolio

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

- Location of Corporate Service Hub could lead to loss of staff and affect corporate service resilience.

Tom Abell

Deputy CEO/CTO

March 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 14 programmes amber rated and Vascular being the only red rated programmes</p>	<ul style="list-style-type: none"> • Constraints around beds and theatres could delay implementation of Vascular, Urology, T&O, and Interventional Radiology. Specific concern is the Urology bed requirement of 17 additional beds at MEHT. • Risk of CMA deeming elective changes to Urology and Vascular are significant and not acceptable pre-merger, meaning phase 1 implementation October 2019 is not achievable. • Corporate consultations for finance staff risk an impact on the overall business case timelines, due to high vacancies, and recruitment delays. • Access to capital monies for the development of the IR suite and vascular ward at Basildon, present a key risk to phase one implementation. 	<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, and focus of available resource to support Teletracking implementation during November and December 2018. 	<ul style="list-style-type: none"> • Work on the vascular business case is ongoing, with validation of finance and estates issues as key next steps. The vascular business case is due to present in April 2019 at CPB. • Treat and Transfer pilot for interventional radiology patients out of hours, is on track to commence in April. • Urology ambulatory service is now in place on all three sites. Work to refine and standardise the operating model is ongoing. This is a key enabler to wave 1 Implementation in October 2019. • Ophthalmology transitional management structure is now in place across the two sites, and the Minor Eye Conditions service on track to go live in March at SUHFT.

Clinical support programme			
Traffic light	Risks	Issues	Commentary
<p><i>Overall traffic lights:</i></p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 30px; background-color: yellow; margin: 0 auto 10px auto;"> AMBER </div> <p><i>Summary of traffic lights:</i> The programme is AMBER rated with 5 projects closed, 5 projects on green, 13 on amber and 5 on red (IR, RIS, Joint access policy, hot referral form and other INR - Star).</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"> • Inability to get COO and Ops Directors to describe the outpatient access and appointment booking is hindering project progress • 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. • Difficulty developing business cases in a timely fashion due to lack of information / support is delaying project progress 	<ul style="list-style-type: none"> • Radiology – RIS business case finalised, AI first pilot completed and data analysed, standardisation of next protocols underway. • Arranged a meeting with DEC/CTO, COO and Ops Directors to describe outpatient access and booking vision • On-going work to quantify the opportunity for improving the current outpatient booking process across 3 sites • Commenced sterile service consultation phase 2 and drafted MSB Group communication. • Pharmacy draft business cases reviewed at steering group and progressing through governance process • Anticoagulation – business case close to completion following resolution of contracting issues. Project will not deliver prior to April however as procurement is required

Corporate support programme			
Traffic light	Risks	Issues	Commentary
<p><i>Overall traffic light:</i></p> <div style="text-align: center;">  <p>AMBER</p> </div> <p><i>Summary of traffic lights</i> The extent of change planned across the next 3-4 months in relation to workforce consultations and Britannia Park 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. 		<ul style="list-style-type: none"> This month has seen significant progress with the Britannia Park refurbishment work and the first set of teams will move in from April. The HR Change Team are working with a large volume of workforce consultations at present at the consultation process continues. The team has expanded in size to manage this demand. Staff communications are now routine and with dedicated communications and OD support to the programme, this is expected to improve even further.



Programme and project pipeline

Project phase >	Pre-mandate	Identify	Deliver	Transition and Close
Clinical Redesign and Reconfiguration Programme	3 <i>(increase of 1 from previous report)</i>	7 <i>(reduction of 1 from previous report)</i>	4 <i>(increase of 1 from previous report)</i>	0 <i>(no change from previous report)</i>
Clinical Support Programme	2 <i>(reduction of 2 from previous report)</i>	13 <i>(reduction of 2 from previous report)</i>	8 <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	10	29	13	6