

Meeting Title	Mid and South Essex Acute Trusts Boards in Common (meeting in public)		
Meeting Date	12 th June 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 MEHT, SUHT and BTUH are invited to: - Note the report.
Appendices	Change Portfolio Update. <i>Individual programme dashboards are available upon request.</i>

May 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

- Treat and Transfer Pilot for Interventional Radiology, commenced on the 6th April and transferred 4 patients in the month. Three out of four of the patients were repatriated back to their base hospital on the day of procedure. A full evaluation is being undertaken of the pilot.
- Vascular business case has been through rigorous check and challenge sessions, both operationally as well as peer reviews by Professor Richard Bohmer, Clinical Lead Colchester and HQIP.
- Braintree Elective orthopaedic case has progressed significantly in April and is anticipated to be ready for sign off in May.
- A paper detailing wave 1 implementation options is due for presentation to the executive team in May.

Clinical support

- Radiology – The radiology efficiency work estimated to have resulted in a cost avoidance of >£2m in 2018/19 finished as ‘highly commended’ at the HSJ Value Awards.
- Sterile services – The consolidation of the services to two centres (Broomfield and Southend) is progressing with the Cardiac consolidation at Southend delivered.
- Consolidation of pharmacy home care and medicine information at Broomfield has now been approved and is under implementation.
- The procurement of inter-hospital transport system to support the delivery of various transformation programmes and consolidation of functions whilst fulfilling the public consultation undertaking is progressing.

Corporate support

- Procurement, safeguarding and the Southend bank and agency teams have all concluded their consultations and new structures have been implemented.

- The appointment process is underway for Finance Phase 1 team, Capital Team and the Infection Control team.
- The HR team consultation has closed and feedback is being reviewed.
- The Digital Services, Healthcare Analytics and Estates & Facilities Specialist teams have had their service models approved and will start consultation in June and July 2019.
- Notice has been served to the Mid Essex bank and agency providers (Bank Partners and Medacs) and Basildon bank and agency nursing provider (NHSP). Each will follow a TUPE process and services to transition into the single Bank & Agency service between July and October 2019.
- Britannia House Phase 1 refurbishment work is complete and the single procurement team moved in May 2019. Phase 2 works have started and the Finance and HR teams will start to move in late July 2019.
- When teams move to their new team structures, wider communication channels of 1 weekly staff bulletin and all staff briefings are being used to update service users.

Principle issues

- Referral by Southend Council of CCG decision making on clinical service change, which will delay capital case approvals.
- Analytics and finance support to be able to finalise business cases for service change.

Principle risks to the portfolio

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

- Extent of change within Corporate Services may lead to higher levels of staff turnover and could affect corporate service resilience during this time.

Tom Abell

Deputy CEO/CTO

June 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. 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 and Thurrock Councils on CCG decision making on clinical service change, remains unresolved. A delayed decision on the referral could prevent a phase one go live in October 2019. Finance support at MEHT and SUHFT for reconfiguration has not been appointed to, and is resulting in a delay of financial information for vascular business case Lack of analytics resource to model demand and capacity requirements, outcome measures and benefits. Vacancies within improvement and change functions across all sites. Recruitment to 3 posts has now happened with new starters commencing from April 2019. 	<ul style="list-style-type: none"> Vascular business case continues to be delayed in being signed off, due to financial information missing for MEHT and SUHFT. The operational model for vascular has been through a series of peer challenge sessions in April resulting in further refinement. Treat and Transfer pilot for interventional radiology patients is ongoing. Wave 1 Implementation plan to be presented to Executive team in May for go / no go decision Clinical Integration sessions were undertaken with the SLT during April. These sessions have resulting a speciality prioritisation work with each of the sites.

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, 7 projects on green, 9 on amber and 5 on red (IR, Joint access policy, outpatient services, histopathology and INR star).</p>	<ul style="list-style-type: none"> • Staff consultation requirements may delay the implementation of the 24/7 interventional radiology hub service. • Lack of clarity regarding pharmacy licence at Southend could delay the implementation of the Aseptic consolidation. • Lack of visibility of the formerly known clinical support service division budget could impact funding available to support the new pathology structure. • 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 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 • 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 • High vacancy rate in SSD at Orsett could impact the availability of cleaned surgical instruments at the right quality and time 	<ul style="list-style-type: none"> • Radiology – RIS procurement process is progressing; AI next step negotiation ongoing; outlined options for the diagnostic community requirement and standardisation of next protocols underway. • MSB joint access policy draft is progressing; overall outpatient services transformation scopes outlined • Ongoing work to consolidate sterile service onto Southend and Broomfield site. • Outlined pharmacy procurement and store management consolidation benefit • Start procurement process for anticoagulation 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 workforce change underway is driving the Amber rating due to the risk in staff attrition</p>	<ul style="list-style-type: none"> Higher than usual staff attrition due to changes in service models may affect business as usual activities. Mitigation in place with Flexible Working Policy, Retention Incentives given flexibility with travel time. Changes in base location as a result of the transaction centre may result an impact to BAU activity in corporate services. Mitigation in place with full refurbishment of the corporate hub, a potential shuttle bus service to support staff getting to work and more. For staff not able or willing to move, the 3 trusts have agreed to ring fence Admin & Clerical roles in the recruitment pipeline to maximise opportunities for suitable alternative employment. Areas are considering pre-emptive recruitment to address known future gaps. 		<ul style="list-style-type: none"> This month continues to see significant progress with workforce consultations and teams starting to move to their new structures Supporting HR policies around Flexible Working, Retention incentives and ring fencing of Admin & Clerical roles all supporting staff through this period of change. Britannia House Phase 1 refurbishment work complete and the first set of teams moved in. Building works on track to be complete by August 2019 Informatics and Estates and Facilities Specialist teams service models approved and these areas start to prepare for workforce consultation in June and July. Staff briefing sessions continue and increased use of 1 weekly to publicise changes to wider organisation.



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>	11 <i>(no change from previous report)</i>	2 <i>(no change from previous report)</i>	2 <i>(no change from previous report)</i>
Clinical Support Programme	1 <i>(no change from previous report)</i>	9 <i>(reduction of 1 from previous report)</i>	5 <i>(reduction of 3 from previous report)</i>	6 <i>(reduction of 3 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	8	29	8	8