

Meeting Title	Mid and South Essex Acute Trusts Joint Working Board		
Meeting Date	September 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 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. 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? None identified.</p> <p>Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts? 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	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. 		
Appendices	<p>Change Portfolio Update.</p> <p><i>Individual programme dashboards are available upon request.</i></p>		

June 2019 - Portfolio Report

Programme status

Clinical Redesign & Reconfiguration	Clinical Support	Corporate Support
<u>AMBER</u>	<u>AMBER</u>	<u>AMBER</u>
SRO: Ronan Fenton	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

- Secretary of State decision on Southend and Thurrock council referrals received on 30th July 2019, supporting the original CCG decision, giving greater confidence to proceed with phase 1 implementation.
- Phase 1 implementation currently underway for vascular emergency and interventional radiology out of hours centralisation alongside the first orthopaedics changes. Currently on track although risk remains with delivery of capital works to support planned October / November 2019 go live dates.
- Decision by Executive Team to bring forward Cardiology pathway changes from Broomfield to Basildon hospital for both NSTEMI and Heart Failure patients to support winter bed pressures. Presentation to Essex Overview and Scrutiny (HOSC) on 4th September 2019 on the acceleration of this pathway and the broadened scope to cover heart failure patients between November 2019 and April 2020.
- Urology service changes delayed as a result of additional capacity and demand work being undertaken to reflect the increased volume of cancer activity to ensure any future model appropriately resources the Southend Cancer demand.
- Group Clinical Directors now in post and working to establish individual programmes of work on both reconfiguration and pathway standardisation.

Key activities for September and October:

- Complete consultations with affected staff on service changes and new working locations.
- Refine supporting capital projects timelines to ensure ability to implement by November.
- Undertake internal go-live readiness reviews for presentation to Executive Team.
- Complete commissioner approval process to go-live.

Clinical support

- Initiated the provision of radiology equipment management project to develop a SOC and OBC on preferred option.
- Commenced initial procurement activity on securing a single Radiology Information System across the group to support joint working.
- Approved pharmacy outpatient dispensing at clinical support board meeting. Implemented pharmacy medicines information and progressed home care implementation.
- Completed consultation on administrative functions for private patient services. Drafted PID with a new group structure for private patient services.
- Handover of the MSE joint single access policy and outpatient transformation to the new STP-wide outpatients programme.

Key activities for September and October

- Mobilise radiology project team to support above activities and ratify AI 2nd phase implementation.
- Agree project scope and support arrangements for pathology services.
- Approve the MSE Group private patient service PID
- Finalise anticoagulation system business case
- Begin wind down process of Clinical Support Programme with a view to absorb within the Clinical and Corporate programmes.

Corporate support

- The Capital team has moved to their new team structure in June 2019.
- Workforce consultations have completed for Digital Services and Healthcare Analytics.
- Transition of finance and HR teams to Britannia Park has commenced.
- Future service models have been endorsed at the Programme Board for the POD team, Estates & Facilities Operations team, Communications team and remaining Clinical Governance teams.
- The MEHT Bank Partners service transitioned into the single bank and agency service at Britannia Park on 1st July. Preparation work is underway and on track to transition the MEHT Medacs and BTUH NHSP services in September.

- Procurement exercises were completed for both Direct Engagement and the Medical Bank App and implementation is underway. We expect to see these changes within August and September.
- Britannia House Phase 2 refurbishment work completed in June and Phase 3 will complete end July. Finance and HR teams will start to transition into the new areas from beginning of August.

Key activities for September and October

- Complete transition of teams into Britannia House.
- Commence implementation of new communications, people and organisational development structures.

Principle issues

- 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.
- Risk of delay to capital projects which may delay implementation of clinical reconfiguration phase 1.

Tom Abell

Deputy CEO/CTO

September 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"> • Risk of CMA deeming elective changes to Orthopaedics are significant and not acceptable pre-merger, meaning phase 1 implementation October 2019 is not achievable. • Ability to deliver capital works associated with phase 1 reconfiguration by November/December to ensure ability to go-live. • Constraints around beds and theatres could delay implementation of Vascular, T&O, and Interventional Radiology. Specific concern is around bed pressure at Mid Essex. • Risk of IT capital resources being constrained, and initial phase go-live requiring sharing of paper records. 	<ul style="list-style-type: none"> • Finance support for reconfiguration is limited and therefore is a risk with the development of future business cases • Change in the Chief Medical Officer role (SRO) for the clinical reconfiguration. 	<ul style="list-style-type: none"> • Treat and Transfer pilot for interventional radiology patients is ongoing. • Urgent Care Board is planned for a refresh in July with a view to looking at plans to make a more sustainable winter performance across MSE • Clinical Integration work to inform the PTIP for merger is ongoing. Engagement from the Group CD's has been strong • Capital work has commenced on the IR Suite and Vascular ward at Basildon. • Chief Medical Officer is being covered by Dr Ronan Fenton for Clinical Reconfiguration and Dr Rebecca Martin for Clinical Integration for Merger work

Clinical support programme			
Traffic light	Risks	Issues	Commentary
<p>Overall traffic lights:</p> <div style="text-align: center; border: 2px solid orange; border-radius: 50%; width: 150px; height: 40px; margin: 10px auto; background-color: yellow;"> <p style="margin: 0;">AMBER</p> </div> <p>The programme is AMBER rated with 5 projects closed, 4 projects on green, 10 on amber and 5 on red (Joint access policy, outpatient services, histopathology, chemocare and INR star).</p>	<ul style="list-style-type: none"> • Various estate transformation programmes could impact decision making on pharmacy outpatient dispensing resulting in renting expensive modular builds as interim solution • Lack of access to latest window licence version 12 coupled with lack of a single list of systems to integrate impacts the timing of procurement process • Multiple IT system configurations may mean repetition of the integration works across the MSE. • Capital constraint will impact the ability to implement programme successfully. 	<ul style="list-style-type: none"> • Lack of window 12 licence delay the implementation of chemocare and increase the annual revenue cost by about £40k. • Inadequate in-house IT resources to carry out the chemocare integration work increases the integration work cost by £20k • Lack of clarity regarding pharmacy licence at Southend could delay the implementation of the Aseptic consolidation • High vacancy rate in SSD at Orsett leading to service stability issues. 	<ul style="list-style-type: none"> • Radiology – Commence initial RIS procurement; finalising AI contract and initiated SOC process for radiology equipment project. • Transferred MSE joint access policy and outpatient services transformation to STP - wide outpatients programme • Ongoing work to consolidate sterile service onto Southend and Broomfield site. • Pharmacy outpatient dispensing outsource business case approved at clinical support service board. • Anticoagulation scoring completed and supplier presentation scheduled • Agreed for MSE pre-operative assessment to be an integral part of the STP - wide outpatients programme

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 giving 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 Britannia House Phase 2 refurbishment work complete and Phase 3 to complete in July. The large number of staff moves has now commenced. Minibus service to get staff from BTUH and MEHT to Britannia Park in the morning and evening commenced. Services models endorsed for POD, Estates & Facilities Operations team, Communications team and remaining Clinical Governance areas and these move forward for final approval at the Group Investment Committee Staff briefing sessions continue and increased use of 1 weekly to publicise changes to wider organisation.



Programme and project pipeline

<i>Project phase ></i>	Pre-mandate	Identify	Deliver	Transition and Close
Clinical Redesign and Reconfiguration Programme	2 <i>(no change from previous report)</i>	10 <i>(no change from previous report)</i>	3 <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>	10 <i>(increase of 1 from previous report)</i>	9 <i>(increase of 3 from previous report)</i>	3 <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	13	5

The changes detailed above for the Clinical Support Programme are as follows:

- Identify – increase of 1 from previous report. This is due to the PPU project being split out into an additional project; MSE PPU Structure & Service
- Deliver – increase of 3 from previous report. This is due to three projects which were believed to be ready to transition and close requiring some additional work – as such these projects have reverted back to a status of delivery (Home Care, Medicine Information and Consolidation of CSSD)
- Transition and Close – Reduction of 3. This reflects the movement of the abovementioned three projects from ‘transition and close’ back to a status of delivery.