Meeting Title	Mid and South Essex Acute Trusts Boards in Common		
Meeting Date	13th November 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 □ Discussion □ Monitoring X *(please tick)*		
Background / Context	The purpose of this paper is to provide the Trust Boards in Common with an update on the transformation and change activities across the three Trusts since the last meeting. The report provides a summary of the following: • 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	Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? None identified. Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts? None identified. If yes, can these implications be <u>fully</u> covered by existing budgets? N/A		
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	The Trust Boards of MEHT, SUHT and BTUH are invited to: - Note the report.		
Appendices	Change Portfolio Update. *Individual programme dashboards are available upon request.*		

October 2019 - Portfolio Report

Programme status

Clinical Redesign, Reconfiguration and Clinical Support	Corporate Support	STP Outpatients Transformation
AMBER	**AMBER**	**INITIATION**
SRO: David Walker	SRO: Jonathan Dunk	SRO: Tom Abell

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.

From a portfolio governance perspective the Clinical Redesign and Reconfiguration Programme and the Clinical Support Programme has now been merged into a single Programme to reflect the interdependencies of these areas of work. Governance arrangements have been harmonised between the two programmes.

Material updates since the last meeting of the Board by programme are outlined below.

Clinical redesign, reconfiguration and clinical support

Focus has been principally on supporting the implementation of phase 1 reconfiguration (considered in more detail in a paper elsewhere on the agenda). Key activities have included:

- Concluding workforce consultations for Vascular, Orthopaedics and Interventional Radiology. Recruitment to key vacancies is on track, alongside mitigations for any gaps upon go live. Rotas are now in the process of being finalised for go live in December.

- Estates work is ongoing for the vascular ward, minor works at Braintree, and amendments to theatres at Broomfield, are all on track to support phase 1 go live in December. Interventional Radiology suite, is now delayed for completion until late December, and therefore will not commence operationally until mid-January following a period of training for the clinicians. Interventional Radiology plans are in place to support the vascular go live from early December.

- Ongoing work to finalise the Cardiology model for winter, following HOSC approval in September. Provisional pathways have been agreed, and the cardiology operational teams are working together to ensure robust procedures are in place. Workforce consultation, is due to commence early November.

- Key activities during November to support phase 1 reconfiguration include:

  o Completion of the commissioner go-live assurance processes through the Implementation Oversight Group, scheduled for 8th November 2019.
  o Movement of ophthalmology surgery from Braintree to Broomfield to release theatre 2 for hip and knee operations.

      o   Transfer of elective spinal surgery from Basildon to Southend.

Other areas of work for the programme are:

- Post Transaction Implementation Plans (PTIP) for merger are in now fully developed for deep dive merger specialities, and their review is being incorporated into the monthly governance process for the divisions and sites.

- Procurement of a single Radiology Information System (RIS) is on track and moving to the evaluation stage.

- Completed the implementation of a single medicines information service across the trusts.

- Continued support for standardisation of ambulatory care pathways across the trusts, with specific focus on surgical ambulatory care.

Corporate support

- Following the decision of the Boards on the future service model for the Finance Transactions Service, implementation planning is now underway to transition to this new model.

- The Bank & Agency single internal service now includes the previously outsourced BTUH NHSP service and MEH Medacs service. A task and finish group which was set up to manage issues experienced through the BTUH transition has now concluded. A post implementation review of this service is now being organised to identify lessons learnt which will be followed by an Internal Audit review.

- The single Direct Engagement platform is in place for MEH and SUH. Work is now underway to realise the savings associated with this project.

- The Estates & Facilities Specialist team moved to their single team structure in October.

- The Digital and Healthcare Analytics consultation appointment processes are coming to a close and the teams are working to transition teams into single services.

- The workforce consultation process has started for Clinical Governance teams in October 19.

- The Britannia Park refurbishment work continues and Phase 1-4 is now complete. The final Phase 5 work has started.

- Work is underway to confirm the areas of improvement planned for those services that have consolidated teams. The resources required to deliver this next phase of work is being established which will be reflected within a business case for resources during 2020/21.

Key activities for November and December include:

- The Digital, Healthcare Analytics and Communication teams transition to their single team structure

- Workforce consultation starts for Estates & Facilities Operations team

- Service models are reviewed at the Programme Board for the Board Secretary, Corporate Secretary, Legal, Clinical Coding ad Volunteering services with the aim of starting consultations before Christmas or in January.

- Completion of the Britannia Park refurbishment work

STP Outpatients Transformation Programme (background provided in dashboard below)

- The first three specialities (Gastroenterology, Respiratory and Colorectal Cancer) are currently in progress. Initial engagement has been made with key stakeholders across the STP for those specialities, current state mapping is due to commence and future state design sessions have been scheduled.

- The Programme has spent time with the Outpatients Booking teams at Southend to map current state – time has been scheduled with the teams at Basildon and Mid Essex

- NHS Digital hosted an eRS demo for the programme team to understand full capabilities and to discuss some of the issues that have been identified to date

- On the NHSE work stream current state mapping for Rheumatology has been completed, meetings with industry patterns have been scheduled to consider potential for partnership working (Bristol Myers Squibb, Pfizer and Olympus) and a number of digital demos have been undertaken. The clinical lead has designed the future state 'virtual polyclinic' approach for Urology and discussions are being scheduled with key technology providers to take forward.

Key activities for November and December include:

- Following discussion at Finance and Performance Committees in Common a presentation on the Programme will be provided at a forthcoming meeting.

- Future State Design sessions for Dermatology, Respiratory, Gastroenterology and Colorectal Cancer to be completed.

- Schedule Future State Design session for Rheumatology

- eRS Project to be established – this is to undertake configuration changes to enable the adoption of Referral Assessment Service and cleanse of Directory of Services

- Future state design work for a proposed Centralised Booking Team to commence

- Healthcare Analytics to articulate roadmap to adoption of MSE wide Outpatients Performance Dashboard

![NHS](NHS logo)

Principle issues across the portfolio

- Analytics and finance support to be able to finalise business cases for service change, although this is improving.

- Number of transformation programmes being run in parallel has led to concerns being raised around stakeholder availability and capacity

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

November 2019

NHS

Dashboard – portfolio

Clinical redesign and reconfiguration programme			
Traffic light	*Top Risks*	*Issues*	*Commentary*
Overall traffic lights: **AMBER** *Summary of traffic lights:* The programme is Amber rated with 14 programmes amber rated and Vascular being the only red rated programmes	• Insufficient operational resources available to oversee the running and sustainability of reconfiguration changes. • Clinical engagement during implementation may result in challenges to successfully transition to new operating model for clinical services. • Risk that external political changes impact of the ability to implement phase 1 reconfiguration, including Brexit and General Election.	• Finance support for reconfiguration is limited and therefore is a risk with the development of future business cases • Corporate restructuring and Clinical reconfiguration have led to increased pressure on corporate services, including procurement and HR, which could result in delays to reconfiguration. • Lack of analytics resource to model demand and capacity requirements, outcome measures and benefits.	• Implementation oversight group is due to meet in early November to approve the phase 1 reconfiguration specialities. • Ophthalmology Service changes will be presented to HOSC in early November, to move the services from Braintree to Broomfield. • Urgent Care Board continues to work on the standardisation of pathways and procedures across the three sites for ED and SDEC. This is to support improved flow through winter. • Treat and Transfer pilot has now been extended to include spinal cord compression patients and ENT patients. • Phase 2 clinical reconfiguration requirements have begun to be modelled to understand priorities, dependencies and capacity constraints.

Mid Essex Hospital Services NHS Trust
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Basildon and Thurrock University Hospitals NHS Foundation Trust

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Clinical support programme			
Traffic light	Risks	Issues	Commentary
Overall traffic lights: **AMBER** The programme is AMBER rated with 3 projects on green, 10 on amber and 5 on red (Homecare, Aseptic Production, Sterile service, Transport and PPU age-debt)	• Multiple IT system configurations without a single data warehouse solution may means repetition of the integration works across the MSE. • Lack of visibility of the formerly known clinical support service division budget could impact funding available to support the new MSB 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	• Lack of clarity regarding pharmacy licence at Southend could delay the implementation of the Aseptic consolidation • High vacancy rate in SSD at Orsett could impact the availability of cleaned surgical instruments at the right quality and time • Lack of transportation system for the prescriptions means that go-live with the Group homecare service being suspended.	• Radiology – RIS procurement tender closed. Compiled list of radiology equipment library; AI contract negotiation ongoing. • Sterile service - Ongoing work to consolidate sterile service onto Southend and Broomfield site. • Pharmacy outpatient dispensing outsource PIN re-opened; Chemocare implementation is progressing without the need for additional funding • Pathology - Drafted digital pathology business case • Anticoagulation system procurement exercise closed .

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Corporate support programme			
Traffic light	Risks	Issues	Commentary
Overall traffic light: **AMBER** *The programme is rated as AMBER due to the level of change experienced at present across the services and the impact to staff*	• Higher staff turnover during this period of change and managing the Business as Usual work requirements alongside the improvement work • Ensuring Suitable Alternative Employment for those staff entering the redeployment process during workforce consultation • Ensuring sufficient resource to support the level of improvement work set out to maximise the benefits of bringing 3 services into 1	• In places, there needs to be a period of stabilisation after consolidating 3 teams into 1 due to high turnover of staff and demands on the business as usual service i.e. Recruitment team. Risk assessments being carried out across all services that have, or about to, consolidate to ensure sufficient risks are mitigating or communicated effectively.	• High level of workforce consultation continues across the programme as teams move from 3 into 1. • Routine staff briefing sessions with corporate staff continue to ensure communication is optimal and staff concerns are addressed. • The Corporate Services Hub at Britannia Park will complete refurbishment work by end of November and the majority of staff will have moved into the building. • Development of improvement logs underway in order to clarify the next steps required to achieve consistent high performing corporate services.

STP Outpatients Transformation Programme

Background: The STP Outpatients Transformation Programme was mobilised in Summer 2019. The following key decisions were made at the initial steering group:

- The programme would take a Target Operating Model approach – this means taking time to map and understand the current ways of working, designing future state operating model and then looking at how we phase transition from current to future state
- Future state design would include adoption of Referral Assessment Service approach on eRS and clinical triage process would be mandated
- Centralised Booking Function to be established as part of future state
- Workstream 1) NHSE Workstream – three specialities were selected to adopt a fast track digital by default approach to Outpatients Transformation – these specialities are Dermatology and Rheumatology across the STP and Urology in the South East only.
- Workstream 2) the remainder of the specialities are being approach on a specialty by specialty basis. Focusing on the stages of an Outpatient Journey specifically Pre Appointment, Appointment Delivery and Appointment Follow up, the programme is working with the services to understand how they currently deliver their outpatients services and to identify improvement and transformation opportunities. The first three specialities are Respiratory, Colorectal Cancer and Gastroenterology
- The programme is currently in mobilisation / start-up phase

Traffic light	Risks	Issues	Commentary
INITIATION *Overall traffic light: n/a – still in early mobilisation stage*	• Risk that eRS performance issues could impact enthusiasm for RAS and adoption of paperless referral / triage process. Programme is working with NHS Digital on current issue list • Risk that the programme becomes too big – so many initiatives currently in discussion across the STP, imperative that the programme stays focused on delivering tangible benefits	• The future state design session with Rheumatology was cancelled due to lack of attendance. The programme is now meeting with each of the site teams individually to collate their ideas with a new session being scheduled for the New Year. • Programme is still new – we are regularly identifying pieces of work being undertaken across the STP which has the potential to duplicate effort – these are escalated to the Programme Lead as and when they are identified for quick assessment	• Work is on-going to map current state processes, issues and frustrations for Gastro, Respiratory and Colorectal Cancer. • Improvement opportunities are being identified as part of the current state mapping • Future state design sessions have been scheduled • Understanding eRS capabilities and processes has been a focus for the last few weeks NHSE Workstream • Urology future state model has been designed (by Tony Young) – discussions to be scheduled to progress viability review for pilot with relevant digital providers

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Programme and project pipeline

Project phase >	Pre-mandate	Identify	Deliver	Transition and Close
Clinical Redesign and Reconfiguration Programme	2 *(no change from previous report)*	10 *(no change from previous report)*	3 *(no change from previous report)*	2 *(no change from previous report)*
Clinical Support Programme	2 *(increase of 1 from previous report)*	8 *(reduction of 2 from previous report)*	7 *(reduction of 2 from previous report)*	1 *(reduction of 2 from previous report)*
Corporate Support Programme	5 *(no change from previous report)*	9 *(no change from previous report)*	1 *(no change from previous report)*	0 *(no change from previous report)*
Total	**9**	**27**	**11**	**3**

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

- Identify – increase of 1 from previous report to accommodate changes to the remit of the community hub and equipment management
- Deliver – reduction of 2 from previous report due transfer of outpatient and pre-assessment to STP outpatients.
- Transition and Close – Reduction of 2 to reflect actual work-stream on the dashboard moves to the phase as others have been long closed.

NB – STP Outpatients Transformation Programme not included as projects still being established.