

Meeting Title	Mid and South Essex Acute Trust Boards in Common		
Meeting Date	15 th January 2020	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? 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 Trust Boards of MEHT, SUHT and BTUH 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>		

December 2019 - Portfolio Report

Programme status

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

Key developments since last report

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

Clinical redesign, reconfiguration and clinical support

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

- Commissioner assurance processes for phase 1 reconfiguration were undertaken with a review of changes by the CCG Implementation Oversight Group (IOG), and final approval by the Joint Committee.

Orthopaedics and ophthalmology

- **18th November** - Ophthalmology services were relocated from Braintree Community Hospital to Broomfield Day unit in order to accommodate orthopaedic changes for the usage of theatre 2.
- **2nd December** - Go-live of spinal surgery for Basildon patients at Southend commenced.
- **9th December** - Go-live of Hip and Knee replacement ASA 1 and 2 patients from Basildon at Braintree Community Hospital commenced.

Interventional radiology

- **2nd December** - Interventional Radiology rotational hub out of hour's weekend rota has been consolidated at the Basildon Hospital site.

Cardiology

- **6th January** - Cardiology Phase 1 reconfiguration pilot, consolidating Broomfield Cardiology patients to Basildon commenced. Since the last update, staff have been Consultants and Middle Grades have been consulted with and an outcome published. Business case for the pilot has been approved by the executive team.

Vascular

- Go live of the Vascular reconfiguration has been delayed until January, due to some gaps in the rota, equipment delays, and work to ensure that elective impact of changes have been fully mitigated.

Other clinical services progress

- Implementation of a single medicines information service has been completed.
- Commenced the procurement evaluation for a single Radiology Information System (RIS).

Corporate support

- The programme continues to consolidate three teams into one. A number of team structures are now in place and workforce consultations continue.
- The Digital, Healthcare Analytics and Communication teams have transitioned to their single team structure.
- The Charities, Estates and Facilities Operations and Financial Services Transaction teams have commenced their consultation processes.
- The remaining Clinical Governance Teams published their consultation outcomes.
- The Volunteering team service model was approved in December.
- The Britannia Park refurbishment work completed at the end of November with final teams from Digital, Finance and Healthcare Analytics moving in during December 2019.
- Improvement priorities were identified for the first tranche of single services. Key themes include service responsiveness, system integration and recruitment and development.
- The single Direct Engagement platform is in place for MEH and SUH. Discussions continue with Doctors to realise the high level of savings associated with this Direct Engagement change.

Key activities for January and February

- Services remaining are anticipated to have their service models confirmed by end January 2020 with any necessary consultations to follow thereafter.
- Service models are planned to be reviewed at the Programme Board for the Board Secretary, Corporate PA, Legal Services and Clinical Coding teams with the aim of starting consultations in February.

- The consultation for Phase 2 of the Communications Team consolidation is due to commence in January.
- The Charities, Estates and Facilities Operations and Financial Services Transaction team consultation processes will close in January and February.
- Following a CEO led launch event taking place in January, full staff briefing sessions (as delivered in all main acute locations) will follow monthly thereafter.
- A team of 16-20 corporate leaders and managers will undertake a coaching development programme and subsequent to that, pilot the MSE wide approach to appraisal and talent management in 2020.
- Establishment of a Performance and Assurance Framework for Corporate Services to ensure delivery of KPIs and standards through the use of MOUs (Memorandum of Understanding) between service and sites.
- Continued planning of the resources and benefits that are likely to be associated with full delivery of programme objectives and service stability in 20/21.
- Work to clarify anticipated cost avoidance savings associated with an additional scheme to implement internal telephone numbers across the sites.

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 well underway and future state design sessions have been scheduled.
- For the NHSE work streams, the Dermatology approach has been agreed and we have joined efforts with the Cancer Transformation Programme to ensure we are aligned and not duplicating efforts. The Urology virtual polyclinic concept has been devised (by Tony Young) and the programme is currently working with three digital providers to understand potential for integration in order to create a single platform and the Rheumatology follow up session was due to be held in January – this will be incorporated into an offsite team meeting. Working with each of the clinical teams in the meantime to understand their future state ambitions
- Healthcare Analytics have undertaken their current state review on Outpatients Reporting including recommendations on where standardisation is required going forward
- eRS Project established to undertake configuration changes to enable the adoption of Referral Assessment Service and cleanse of Directory of Services. NHS Digital delivering a train the trainer session to the programme team in January
- Through current state mapping and industry research a number of opportunities have been identified for improvements that could be delivered in the short term, these include

rationalisation and improvement of the patient letter suite on Medway, standardisation of wording and timing of outpatient appointment reminders, implementation of dermatology remote consultation pilot, splitting out the MSK referrals on eRS into specialities to save time when undertaking clinical triage and standardising internal clinic outcome forms (as a pre-cursor to creating electronic forms)

Key activities for January and February include:

- Creation of the project mandate to take forward the review for the admin and clerical processes and teams that support Outpatients – workstream lead to be identified
- Follow up sessions for Dermatology, and Colorectal Cancer to be completed.
- Undertake future state session for Gastroenterology
- Schedule Future State Design session for Rheumatology and Respiratory
- Progress plans for identified ‘short-term’ deliverables – those which can be implemented in the next three months

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

January 2020

Dashboard – portfolio

Clinical redesign and reconfiguration programme			
Traffic light	Top 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"> • 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 ongoing capacity pressures at each of the sites, prevent the completion of the implementation of phase 1 service reconfiguration in January 2020. 	<ul style="list-style-type: none"> • Clinical reconfiguration have two wte vacancies within the team, which are currently out to recruitment. All resource is focused on phase one implementation, slowing the development of pipeline projects for phase 2 and 3. • 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. 	<ul style="list-style-type: none"> • Phase 1 implementation is ongoing with Cardiology and Vascular changes due to go live in January. • Ongoing process review and monitoring of metrics around orthopaedic and Interventional Radiology Changes are ongoing, to ensure benefits are realised, and implementation is sustainable. • 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. • Phase 2 clinical reconfiguration requirements have begun to be modelled to understand priorities, dependencies and capacity constraints. • Two members of staff have been recruited into the PTIP posts to provide additional resource on the monitoring and development of integration plans.

Clinical support programme			
Traffic light	Risks	Issues	Commentary
<p>Overall traffic lights:</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 30px; background-color: #FFD700; margin: 0 auto 10px auto;"> <p style="margin: 0; font-weight: bold; color: black;">AMBER</p> </div> <p>The programme is AMBER rated with 4 projects on green, 9 on amber and 2 on red (Aseptic Production & Pharmacy Outpatient Dispensing)</p>	<ul style="list-style-type: none"> • Multiple IT system configurations without a single data warehouse solution may mean 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 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Radiology – RIS procurement tender evaluation started. Compiled list of radiology equipment library; AI project implementation approach and timescales to be agreed • Sterile service - Ongoing work to consolidate sterile service onto Southend and Broomfield site. • Pharmacy outpatient dispensing outsource PIN re-opened; start drafting pharmacy procurement and inventory management system business case; Chemocare implementation is progressing without the need for additional funding; commence home care implementation • Pathology - digital pathology business case reviewed with CFO & DoFs • Anticoagulation system business case drafted and reviewed with CFO & DoFs

Corporate support programme			
Traffic light	Risks	Issues	Commentary
<p>Traffic light</p> <p>Overall traffic light:</p> <div style="text-align: center;"> <p>AMBER</p> </div> <p>The programme is rated as AMBER due to the level of change experienced at present across the services and the impact to staff</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. NHSP transition issues have resulted in a proposed delay to Medical Bank app Go Live at SUH and BTUH and the BTUH Medacs & Holt implementation. BTUH Medacs confirmed as delayed until February. January delivery of Medical Bank App in Southend now targeted. 	<ul style="list-style-type: none"> Implementation planning with suppliers for single Finance service underway. High-level milestone plan provided and governance structure confirmed for HR and Procurement elements. Work to increase DE compliance in all sites continues. Targeted plan for conversion in place. Proposed approach to increase compliance shared with Exec team in December. Digital and Healthcare Analytics workforce consultation appointment processes completed. Estates and Facilities Operations workforce consultation launched. Britannia Park refurbishment work completed. Revised timeline for remaining HR Bank and Agency deliveries confirmed and API to join Locums Nest and Holt processes implemented successfully

STP Outpatients Transformation Programme			
Traffic light	Risks	Issues	Commentary
<p style="text-align: center;">  INITIATION </p> <p>Overall traffic light: n/a – still in early mobilisation stage</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 and awaiting GCD to schedule a team meeting at which the programme will have a session • 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 	<ul style="list-style-type: none"> • 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 and a number of these have been highlighted for delivery in the short term • Future state design is on-going with each of the specialities utilising industry best practice, innovative ideas and ensuring aligned to national guidelines <p>NHSE Workstream</p> <ul style="list-style-type: none"> • Urology future state model has been designed (by Tony Young) – discussions have been had with potential digital providers to review viability of concept • Dermatology we are well aligned with the Cancer Transformation programme and have joined efforts in order to deliver a pilot for remote consultation platform – we expect this to go live by end of March



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>	9 <i>(cardiology pilot business case approved)</i>	4 <i>(Cardiology into implementation)</i>	2 <i>(no change from previous report)</i>
Clinical Support Programme	2 <i>(no change from previous report)</i>	8 <i>(no change from previous report)</i>	7 <i>(no change from previous report)</i>	1 <i>(no change 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	9	26	12	3

- Identify – increase of one, Cardiology pilot business case approved
- Deliver – increase of one, Cardiology into implementation
- NB – STP Outpatients Transformation Programme not included as projects still being established.