

Meeting Title	MSE Trust Boards in Common		
Meeting Date	11 th March 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 Boards in Common with an update on the transformation and change activities across the three Trusts since the last Board 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 Boards are invited to:</p> <ul style="list-style-type: none"> - Receive assurance on the progress of implementation of our change portfolio. 		
Appendices	<p>Change Portfolio Update.</p> <p>Detailed phase 1 reconfiguration update.</p> <p><i>Individual programme dashboards are available upon request.</i></p>		

February 2020 - 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, further detail on these phase 1 changes is included as an Appendix to this paper, with some early metrics as requested by Board members. Planning activities have now commenced for phase 2 and 3 reconfiguration (considered in more detail in a paper elsewhere on the agenda).

Interventional radiology

- Following consolidation of weekend cover on 2nd December 2019 the hub became fully operational on **20th January providing 24 hour, 7 days a week cover.**

Cardiology

- The Cardiology Phase 1 reconfiguration pilot with the consolidation of emergency cardiology patients from Broomfield to Basildon Hospital continues with 60 patients having been transferred to Basildon by mid-February.
- Early measures for this service are indicating a 2 day reduction in length of stay for patients who have been transferred. This is in line with the estimated improvement within the business case and with that included within our patient benefit case.

Orthopaedics

- As at the end of January 2020 12 Basildon patients had received their spinal surgery at Southend Hospital. Currently theatre utilisation is disappointing for this service and it is aimed that changes made as part of phases 2 and 3 reconfiguration will rectify this.
- As at the end of January 2022 45 mid and south Essex patients have had their joint replacement at Braintree Hospital, with a length of stay of under 3 days in line with the business case and that included within our patient benefit case.

Vascular

- Go live of the Vascular reconfiguration is now scheduled for go-live on 2nd March 2020, a verbal update on implementation will be provided at the Board meeting..

PTIP plans

- PTIP plans for deep dive and priority integration areas are now integrated into a monthly governance process for review and tracking. NHSI assurance meetings around clinical integration and patient benefits are now complete, with good feedback being received from the assurance team.

Other clinical services progress

- A single pharmacy home care service has gone live which will allow patients who've previously had to travel to hospital to pick up their prescription being able to have this delivered to their home or a local collection point.
- Investment Committee has approved both the implementation of a new anticoagulation system to support community INR monitoring and warfarin prescribing and the implementation of a single Radiology Information System across the group.

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 Estates and Facilities Operations consultation continues.
- The Financial Services Transaction teams have closed their consultation processes.
- The Corporate PA, Board Secretary, Legal Services and Finance Leadership team service models were approved by the Group Investment Committee in January.
- Work has continued to confirm Improvement priorities which will form the scope of the Corporate Programme from April 2020. Key themes include service responsiveness, system integration, automation 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.
- A team of 18 corporate leaders and managers undertook a coaching development programme to support the ongoing development of the Corporate Services Hub culture.

Key activities for February and March

- Consultations to commence for the Volunteering, Finance Leadership, Board Secretary, Corporate PA, Legal Services and Clinical Coding teams.
- Following a CEO led launch event in January, full staff briefing sessions (as delivered in all main acute locations) will follow monthly thereafter.

- 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. Executive level approval required to allow for the onboarding of additional resources ahead of April 2020.
- Work to clarify anticipated cost avoidance savings associated with an additional scheme to implement internal telephone numbers across the sites.
- Pilot the MSE wide approach to appraisal and talent management in 2020.

STP Outpatients Transformation Programme (background provided in dashboard below)

- The design of the future state pathways for Gastroenterology and Colorectal Cancer are currently in progress.
- Respiratory has been handed over to the STP Respiratory Redesign programme which is considering the design of end to end integrated pathway. The programme will incorporate the work to optimise the outpatient pathway for Respiratory
- Endoscopy has been added to the programme noting links to Gastroenterology and Colorectal Cancer – current state mapping in progress
- 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 worked through with three digital health providers, the business case for 20/21 funding is currently in progress with the intention to go to investment committee in March. The Rheumatology follow up session was due to be held in January – this will be incorporated into an offsite team meeting (still to be scheduled). Working with each of the clinical teams in the meantime to understand their future state ambitions
- Interim reporting platform (Hospital Insights) is due to go live for group level Outpatients reporting on 1st April, the programme is currently planning the user testing approach
- eRS Project established to undertake configuration changes to enable the adoption of Referral Assessment Service and cleanse of Directory of Services
- Work continues on the short term interventions, these include rationalisation and improvement of the patient letter suite on Medway, standardisation of wording and timing of outpatient appointment reminders, 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 February and March include:

- Commence data collation to support the admin and clerical project.
- Implementation of TeleDerm Pilot.
- Implementation of TeleAudiology Pilot (2 x PCNs).
- Submission of business case for virtual polyclinic.
- Completing future state sessions for Gastroenterology, Rheumatology and Endoscopy.

Our work on outpatients has been receiving positive attention, both regionally and nationally with the team presenting at the EAHSN Digital Outpatients Innovation Exchange event and the NHSE/I National Transforming Outpatients Event.

Principle issues across the portfolio

- 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.

Tom Abell

Deputy CEO/CTO

March 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. 	<ul style="list-style-type: none"> Clinical reconfiguration have two wte vacancies within the team, which have now been recruited to but are yet to commence in post. 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 vascular changes delayed until March. Ongoing process review and monitoring of metrics around orthopaedic, IR and cardiology changes are ongoing, to ensure benefits are realised, and implementation is sustainable. Urgent and Emergency Care Board is now a number of milestones behind due to the winter operational pressures. A recovery plan is to be developed. Phase 2 clinical reconfiguration requirements continue to be modelled. Specific work has been undertaken to understand timelines with external stakeholders. PTIP plans are now well developed in deep dive and priority areas with monthly governance in place. Work to develop integration plans for shallow dive areas is due to commence in March.

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 4 projects on green, 8 on amber and 3 on red (Radiology Community Hub – MES, 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 	<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 	<ul style="list-style-type: none"> • Radiology – drafted various FBCs including RIS and other equipment to be replaced; 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 ongoing negotiation with Boots for extension whilst the team is exploring alternative retailer third party solution; start drafting pharmacy procurement and inventory management system business case; Chemocare implementation is progressing without the need for additional funding; a single home care service has gone live • Pathology - digital pathology business case approved

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 have been carried out across all services that have, or are about to, consolidate to ensure sufficient risks are mitigated and communicated effectively. NHSP transition issues resulted in a delay to Medical Bank app Go Live at SUH and BTUH and the BTUH Medacs & Holt implementation. However, Medical Bank App has now been implemented in BTUH and an in house Bank and Agency team is now operational for all sites. 	<ul style="list-style-type: none"> Implementation planning with suppliers for single Finance service completed. 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. Estates and Facilities Operations workforce consultation ongoing. Approval provided through Group Investment Committee to launch Volunteering, Finance (Leadership Team), Corporate PAs, Board Secretaries and Legal Services consultations in Mid February. Remaining HR Bank and Agency deliveries implemented successfully. Resource planning completed for 20/21. Requirement paper to be submitted for approval in February.



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"> • Continued engagement issues with Rheumatology. 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 and Endoscopy • 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 • Work has commenced on mapping current state for admin and clerical processes related to Outpatients <p>NHSE Workstream</p> <ul style="list-style-type: none"> • Urology future state model has been designed (by Tony Young) – have established proposal and business case is being prepared • 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

Project phase >	Pre-mandate	Identify	Deliver	Transition and Close
Clinical Redesign and Reconfiguration Programme	2 <i>(no change from previous report)</i>	9 <i>(no change from previous report)</i>	4 <i>(no change from previous report)</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

- No change from previous report
- NB – STP Outpatients Transformation Programme not included as projects still being established.

Appendix – detailed phase 1 reconfiguration update

February 2020

Executive summary

This paper provides an update to the phase 1 clinical service changes which were approved to proceed by the Board in November 2019. The clinical service changes are being implemented as part of the reconfiguration proposals set out within the Decision Making Business Case.

Service Changes approved to proceed in November 2019

Vascular -

- Consolidation of emergency vascular surgery at Basildon Hospital – was due to commence on 2nd December, has now been approved by the Executive team for go live on 2nd March 2020, having addressed issues raised.

Orthopaedics-

- Spinal surgery moving from Basildon Hospital to Southend Hospital – commenced from 25th November 2019 – 12 patients have received their surgery at Southend by the end of January.
- ASA 1 and 2 hip and knee patients at Basildon and Southend hospitals being offered treatment at Braintree Community Hospital – commenced 9th December – 45 MSE patients have had their joint replacement at Braintree, as at the end of January.

Ophthalmology-

- Relocation of ophthalmology day case surgery from Braintree Community Hospital to Broomfield Hospital – relocated 18th November.

Cardiology-

- Consolidation for cardiology patients from Broomfield Hospital to Basildon Hospital for a period of 5 months – commenced 6th January with 60 patients transferred to Basildon by mid February.

Interventional radiology-

- Emergency Interventional Radiology cover consolidated in a hub at Basildon Hospital, with 24 hour, 7 day a week cover. Weekend cover consolidated at Basildon from 2nd December as planned. The new pheno IR suite opened in January as planned, and 7 day out of hours cover commenced.

Treat and transfer-

Extension of existing treat and transfer service providing weekend cover for 6 months to enable Interventional Radiology and Cardiology transfers. Twelve cardiology patients have been transferred at weekends on the IHTT service up to mid-February.

Purpose

The purpose of this paper is to provide an update for clinical service changes approved as the first phase of clinical reconfiguration in November 2019. These service changes follow those set out within the Decision Making Business Case¹ approved by the mid and south Essex CCG Joint Committee in July 2018.

Vascular services go-live was originally planned for the week commencing 2nd December, however, due to concerns raised by the Consultants in late November, a decision was taken to delay go live, until 20th January 2020, and subsequently to 2nd March 2020 allowing time to address concerns raised. The key concerns raised were around:

- the Consultant and Middle Grade rotas
- recruitment and start dates of Consultant and Middle grades
- assurance that any elective impact as a result of the new rota was understood
- concerns were raised about theatre equipment required

Work has been undertaken across the three sites, to address these concerns.

i.) Update on actions taken

As a result of the concerns raised

- Further analysis of the elective impact on sites has been undertaken, and confirms that once all Consultant and Middle Grade posts are filled there will be no loss of elective capacity to any of the sites, providing theatre and outpatient capacity can be identified on each of the sites for new Consultants.
- Start dates of the new Consultants have been confirmed with one individual now in post, and a second individual due to start 27th February, and an additional locum cover a retiring Consultant due to commence in post on the 24th February meaning that a full contingent of staff will be in post by end of February.
- Consultant job plans have now all been amended to reflect the new hot week arrangements, and have been signed off by the Consultants. Further work has been agreed to be undertaken to discuss PA reductions with Consultants over the coming months.
- Consultant rota has been agreed to commence as a 1:10, from 2nd March 2020.
- Substantive middle grade doctors have been recruited from overseas, the first has now arrived in the UK, and is awaiting final sign off to start and commence induction. The second middle grade is anticipated to be in the UK in April. One locum middle grade locum started on 20th January and has been inducted on Basildon and Mid

¹ <http://v1.nhsmidandsouthessex.co.uk/decision-making-business-case/>

Essex sites. A second locum middle grade is being considered in March to allow for induction, as well as support a middle grade backfill who leaves MSE in April 2020.

- All consultants have undertaken an orientation at Basildon, to see main theatres, hybrid and Laindon ward, and enable them to meet the teams. IT and car parking access has been completed.
- Theatre equipment was fully reviewed as a result of the feedback from Consultants, and a revision to orders placed, new equipment requested at the review has now been delivered.

A full status update of all key project areas are summarised in the table below:

ii.) Status update

Area	Status	Narrative
Pathways	✓	All pathways mapped and signed off by MSE Group Clinical Director for ED
Operational Process	✓	SOPs being finalised and agreed Governance model agreed Process for Teletracking agreed with Control Centre Information flows agreed relating to medical records and system requirements Harlow will leave the current rota from the 2 nd March as confirmed by NHSE
Capacity	✓	Bed, theatre and hybrid capacity is identified and on track for go live Elective capacity review has been undertaken for each of the sites, and full mitigation is in place, subject to sufficient identification of theatre and outpatient capacity for new Consultants. Ward and HDU capacity available
Estates and Equipment	✓	All build works complete and handed over HDU equipped and established All equipment delivered on site and is in the process of being commissioned.
IT	✓	Acute care portal usage signed off by Vascular team and access given to key stakeholders IT equipment for the ward awaiting delivery Logins being arranged and training to be completed via e-learning Orientation for all consultants has been completed.
Staffing	✓	Workforce Consultation completed Consultant Job plans and rota signed off to commence 2 nd March. Final two Consultant posts due to commence by end of Feb. Vascular co-ordinator in post Vascular CNS due to commence in April but is not crucial to go live. Locum Middle Grade inducted across Basildon and

		Broomfield sites, and one substantive Middle grade now arrived in the UK, and will be inducted to join later part of rota. Second locum Middle Grade has been recruited to ensure robust cover in the short term.
Orientation & Training	✓	Orientation for Consultants and Middle Grades has been completed. Meet and Greet arranged on same day with key members of ward, theatres, Anaesthetic, Admin and Operational teams
Communications	✓	Communications and stakeholder engagement is ongoing. Intranet work underway to upload information

iii.) Risks:

Operational – Theatre capacity for new Consultant being identified at MEHT, to ensure backfill of elective capacity – this may be flexible lists initially

Operational – failure to release bed capacity on Laindon ward to vascular patients - deep cleaning of any required areas of the ward to commence from 21st February

Staffing – non-BTUH Consultants commence on the rota from 9th March – BTUH Consultants have agreed to provide any support required.

Staffing – some minor gaps in the Middle Grade rota, due to delays in new starters from overseas, and one member of staff serving their notice – to be mitigated by locum arrangements.

iv.) Go live Decision

On the basis of the information provided above, the Executive Team have taken the decision to proceed with the go live of vascular reconfigured services from 2nd March 2020.

v.) Trauma and Orthopaedics

i.) Spinal Surgery

Spinal Surgery services went live on the 25th November as planned, initially with patients being operated on jointly between Basildon and Southend.

Work continues to be ongoing to refine pathways and processes, ensuring patient experience is optimised.

As at the end of January 2020 the following data has been collected:

	BTUHFT Spines
Total number of patients	12 patients
Length of stay (mean)	2 days
Theatre utilisation:	62.2%
Cancelled lists	1.5 Full Day lists (1 day due to operational pressure on ward. ½ day due to anaesthetic cover in theatre)

One incident has been reported in relation to anaesthetic cover in theatre, and is currently awaiting a 24 hour review.

Further development of the spinal service, to incorporate the relocation of spinal daycase surgery from Basildon to Southend, is planned to be developed as part of the phase 2 clinical reconfiguration.

ii.) **Hip and Knee**

Hip and Knee services reconfiguration to Braintree, went live for Basildon patients as planned from the 9th December.

As at the end of January 2020 the following data has been collected:

	BTUHFT	SUHFT	Total
Total number of patients	43 patients Hips: 18 Knees: 25	2 Hips: 0 Knees 2	45 Hips: 18 Knees 27
Length of stay (mean)	Hips: 2.93 days (15 patients) Knees: 2.91 days (23 patients)	Hips: N/A Knees: 3 days (2 patients)	Hips: 2.93 days (15 patients) Knees: 2.92 (25 patients)
Theatre utilisation:	85.83%	64%	84.8%
Cancelled lists	2 Full Days due to Anaesthetic cover	N/A	2 Full Day

Number of BTUHFT/SUHFT Pre-assessments at BCH	62 Booked	7 booked (11 listed)	69 Booked
Number Pre-assessments completed where patient not suitable for Braintree	10 unsuitable	N/A	10 unsuitable
Transfer to Broomfield	1 due to seizure	N/A	1

Work is ongoing to ensure Southend surgeons are also operating at the Braintree site, however, there are some ongoing issues to be addressed around travel, type of prosthesis, and impact on the Southend 52 week position. One Southend Surgeon has commenced regular operating at the Braintree site.

Whilst the service has commenced there is ongoing work to ensure that operations are optimally managed, and that the service is sustainable, these include:

- Relocation of community podiatry services
- Further revisions of the discharge letter process
- Preassessment criteria and process

Patient experience feedback is currently being analysed, however, initial review of comments from MSE patients in January has included “My stay was perfection” and “Disappointed that I don’t have a third knee so I can come and stay again”.

Further development of the Braintree Elective centre to include ASA3 patients, is underway, with a review of the business case proposal. This is planned to be developed and implemented as part of the phase 2 clinical reconfiguration.

vi.) Ophthalmology

Ophthalmology services were relocated from Braintree Community hospital to Broomfield Hospital on the 18th November 2019. This was a straightforward service relocation of site, and there have been no resulting operational issues. Local improvement work is being undertaken to ensure that productivity gains around the use of operating lists are realised.

vii.) Cardiology

Cardiology service reconfiguration for winter, went live on 6th January moving primary cardiology patients from Broomfield to Basildon, where there has now been a 7 day a week Consultant of the week model introduced.

The pilot is being closely evaluated by the Strategy team, in order to inform the future reconfiguration mode, at the end of the pilot period. Data validation is ongoing, however, a summary of the information from the evaluation so far is shown, below, this includes transfers up until mid-February.

<u>Statistics</u>	<u>Patient Impact</u>	<u>Length of Stay</u>
<p>60 patients transferred from Mid Essex to Basildon on the Cardiology pathway</p> <p>12 Patients transferred on the Weekend.</p> <p>2 patients transferred back to Terling Ward</p> <p><u>Journey Times</u></p> <p> IHTT were with the patient and departing within 36 minutes</p> <p> From point of ambulance request to arrival at the Basildon took on average 1hr and 20 mins</p>	<p>“All A&E Broomfield, and James MacKenzie Ward and team marvellous”</p> <p>“Not a problem in answering any questions and had time for all your needs”</p> <p>“Was very professional service”</p> <p>“(The transfer team) me feel as a person who needed help and kept me at ease and also got that here at this hospital (BTUH). Cannot fault it”</p> <p>“100% care for the patient. Excellent service from all staff continue maintaining this service”</p>	<p>Looking at all cardiology patients transferred to Basildon throughout the week there has been a 2 day reduction in length of stay. Initial findings suggest that cardiology patients transferred over the weekends could be saving up to 5 days in hospital, however, only 12 patients are currently included in this analysis and therefore more patients will need to be transferred on the weekend in order for this initial finding to be substantiated.</p>

Initial data analysis on the pilot has shown overall lower, levels of transfer than the anticipated 78 transfers per month. Work is ongoing to understand what has driven this variation, and informing further operational process changes.

viii.) **Interventional Radiology**

Interventional Radiology service reconfiguration went live as planned on the 2nd December, with a consolidation of the weekend out of hour's arrangements at the Basildon site. This has been followed by a successful implementation of 7day out of hours cover at the Basildon hub.

The new IR suite at Basildon has been completed and the new Pheno equipment is being utilised with good feedback from both staff and patients.

Anecdotally, staff have reported an increase in the number of patients treated as an emergency out of hours, since the new service, is introduced. Data regarding this will be included in future reports.