

Trust Board Report-

Meeting Date:	29 June 2015
Title:	Integration Programme Update
Executive Summary:	<p>This report provides an update on the wider Integration Programme and will</p> <ul style="list-style-type: none"> • Highlight planned service changes and on-going progress • Provide a summary of progress against key milestones • Outline key risks and issues
Action Requested:	The Trust Board is asked to note the contents of this report.
Report of:	Sultan Mahmud Integration Programme Director Executive Lead for Transition
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Resource Implications:	None
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1.0

SERVICE CHANGES

1.1

Elective Orthopaedics:

RWT and UHNM are in advanced negotiations to ensure the smooth conclusion of the TUPE process. It is anticipated that the equitable disaggregation of clinical and administrative staff and current waiting list will be completed by the end of August 2015.

1.2

Haematology:

For the residents of Cannock and surrounds the new RWT Haematology service will be operational by the end of August 2015. This will reduce travel time for outpatients and daycase patients who currently have to travel to Stafford.

Day case facilities will be provided within the shared Rheumatology Day Case Unit.

1.3

Oncology:

RWT will commence outpatient clinics at CCH by the end of August 2015 in the new state of the art chemotherapy day unit. This will reduce travel time for Cannock and surrounds residents who currently have to travel to Stafford.

Day case facilities will be provided within the shared Rheumatology Day Case Unit.

1.4

Urology:

UHNM has now relocated all Urology clinics to County Hospital. This will allow RWT to commence clinics at Cannock Chase Hospital at the earliest opportunity with an anticipated start before the end of June.

1.5

ENT:

Following the disaggregation process in November, responsibility for this service transferred to UHNM. The TSA model end point indicated that activity at CCH should ultimately be undertaken by RWT. Plans are, therefore, in hand to reconfigure the service to reflect this commencing on 1 November 2015. RWT and UHNM continue to work closely to facilitate this transfer. The week by week plan is being closely monitored and monthly calls are in place allowing management leads at RWT/UHNM to monitor ongoing progress.

Recruitment to a Consultant post has commenced slightly ahead of schedule with interviews planned week commencing 10 August 2015.

1.6

Respiratory:

Discussions are ongoing between RWT and UHNM and both Trusts are working together towards facilitating RWT commencing outpatient clinics and taking responsibility for the Lung Function service at CCH from 1 September 2015

1.7

Diabetes:

RWT will commence Endocrine clinics at CCH from 6 August 2015. GP communications are currently being prepared by the Directorate to ensure GP's are aware of service changes and how to access these new clinics.

1.8

Rheumatology

The building work for the new Day Unit is progressing well and will be available for occupation in September 2015. The unit will also accommodate the Chemotherapy spaces to support the new Oncology and Haematology services

1.9

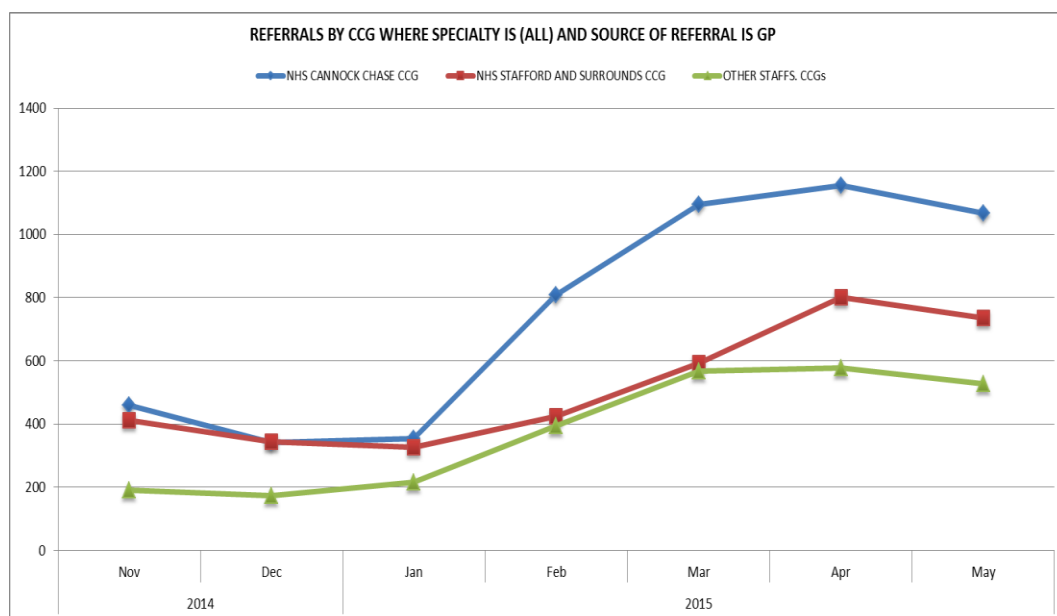
Bus Service

The new bus service which became operational in February 2015 is now being fully reviewed to ensure that the service reflects the patient and carer needs as our service changes become embedded.

2.0

BENEFITS REALISATION:

One of the key objectives for CCH is to ensure that it secures a solid referral base from the local GPs. From the point transaction on 1st November 2015 the Trust has worked hard to positively engage with local population in Cannock, the GPs and the CCG in the development of site's suite of services.



Source: RWT Information Department

The trend analysis shows that as services became operationally embedded post transaction in Q4 2014/15 referrals have increased.

Activity undertaken at CCH is being recorded to monitor delivery against the TSA model and the Acquisition Business Case (ABC). This will be reported in further detail in subsequent reports.

3.0

GP Engagement

The Trust's Head of GP Engagement and partnership is now established in post and is positively engaging with GPs. The Trust Divisional teams are systematically addressing referral and pathway issues faced by the local GP population in Cannock and surrounding areas to facilitate timely access to services for the local population.

4.0	<u>IM&T/PATIENT ACCESS:</u>
4.1	<p><u>Medway Data:</u></p> <p>Work to secure clinical correspondence from Medway has been delayed due to non-receipt of data from the supplier. The first cut of test data will be available 16 June 2015 and it is anticipated that live data will be available to RWT within two weeks to be uploaded to the Clinical Web Portal. As a result, Medway access will be required until middle of July which will be sought as a goodwill gesture given the delays. A second cut of data will be requested at the end of September, this will then provide historical data for the services transferring between July and end of September.</p>
4.2	<p><u>PAS Transition:</u></p> <p>The remaining Neurology CNS services will be transferred to PAS on 29th June. This has been delayed due to staff changes and reconfiguration of the service in conjunction with UHNM.</p>
4.3	<p><u>Winscribe:</u></p> <p>The rollout of the digital dictation system, Winscribe, to consultation areas was completed week ending 5th June. Digital dictation is now available for all RWT consultants and secretaries are currently undergoing training.</p>
4.4	<p><u>E-Requesting:</u></p> <p>Training will commence 25 June 2015 following preparation work being carried out to the TD-Web system.</p> <p>The department is preparing for handover to business as usual IT support. Preparation work for VitalPacs and Safehand's in the existing wards is underway. It is anticipated that VitalPacs will go live by the end of July pending an upgrade to system.</p>
4.5	<p><u>Rheumatology System Build:</u></p> <p>The planning of IT infrastructure is underway and will be complete to support the new Unit in September.</p>

5.0

PERFORMANCE AND DELIVERY AGAINST PROGRAMME/PLAN

The transition Phase is marked by a number of key milestones

Programme Area	Key Milestone/Indicator	Progress	Status
Programme Plan	Double Lock process 2 nd tranche service moves	Complete	
	Documented plans and risk register available for each 2nd tranche service move	In progress	
Acquisition Business Case	NTDA approval	Complete	
Budget	Service Income/Expenditure mapped to reflect adjusted transfer dates and appropriate monitoring in place	In progress for 2015/16	
	Programme Budget monitoring	On target	
Activity	Activity numbers understood, mapped and appropriate monitoring in place	In progress	
Estates	Maternity Phase2	Due for completion July 2015	
	Rheumatology Day Case	Due for completion 24.7.15	Expected date for completion 31.8.15
	CCH Theatres	Enabling works underway Due for completion 18.12.15	Expected date for completion 31.12.15
	Ward Refurbishment – Hilton Main	Completed	
	Ward Refurbishment – Fair Oak	Work commenced Due for completion 6.7.15	
	Existing Car Park Remodelling	Temporary car park complete – Planning application submitted	
	Acquisitioning and remodelling of existing Council Car Parks	Initial design completed – planning application submitted	

	Completed
	In Progress and on track
	In Progress but off planned trajectory
	Significantly off plan

6.0	<p><u>RISKS AND ISSUES:</u></p> <p>The PMO is currently working through the following issues/risks:</p>
6.1	<p><u>Open Referrals</u></p> <p>Mid Staffordshire NHS Foundation Trust used Medway Patient Administration System (PAS). With this system each time a patient needed to be seen by a different service (e.g. diagnostics) or clinician (e.g. nurse specialist); a new referral had to be generated even though the patient was being seen for the same GP referral. Each of these referrals should have been closed when the clinical activity had occurred.</p> <p>With the transfer of waiting lists. RWT faced a significant volume of open referrals. Work is on-going to validate the “open referrals”. The team carrying out this validation process has significantly reduced the number to 16000 and it is envisaged that this process will be completed by August 2015.</p>
6.2	<p><u>Health Records</u></p> <p>Access for clinicians to historical records remains an issue as records are not held in one place. The risk continues to be managed by measures put in place with RWT acting as a holding centre for key sets of UHNM patient notes and the transfer of electronic records from the Medway system to RWT PAS system.</p>
7.0	<p><u>CONCLUSIONS AND RECOMMENDATIONS</u></p> <p>The Trust Board is asked to note the contents of this report.</p>

