



Trust Board Report-

Meeting Date:	1 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

Paediatrics:

All outstanding actions relating to this service transfer were completed ahead of the move and the service transferred on 18 May 2015 with no issues.

The department has welcomed two consultants, a middle grade doctor and three nurses to the team. The transferred staff are actively undertaking the induction and orientation processes.

The Directorate held an open day on 9 May 2015 to enable parents and GP's to view RWT's facilities. The directorate reported a very successful afternoon session with parents who were extremely happy with the facilities/services offered by RWT. All patients/parents and GP's have received a detailed pack giving service information and access details.

1.2

Elective Orthopaedics:

RWT continues to work closely with UHNM to facilitate the TUPE process and expect this to be completed by 1 August 2015. RWT is leading on the process and this will be launched on 26 May 2015 with a meeting with the affected consultants and secretarial staff. It is expected that the consultation process will end on 27 June 2015.

1.3

Clinical Haematology and Oncology:

Following further discussions between UHNM and RWT a transfer date of 10 August 2015 has been agreed for the Haematology and Oncology inpatient, outpatient and daycase services. The week by week plan is currently being updated to accommodate the new transfer date.

1.3.1

Haematology:

The Haematology service will be split by changing the referral pathways for new outpatients, daycase and elective inpatients from 10 August 2015.

As many existing follow up patients have established relationships with their consultants and have become used to attending County hospital for their appointments, RWT/UHNM have agreed that the transfer of these patients would be a matter of patient choice.

For clinical reasons it has been agreed that patients undergoing a chemotherapy or other daycase treatment regime will not be transferred.

In addition to a vacant consultant post, a middle grade doctor will transfer to RWT. Although recruitment has commenced the consultant appointment is unlikely to take up post before October 2015. It is, therefore, intended that a locum consultant will cover this post until that time.

The directorate has confirmed that nurse recruitment has commenced and it is anticipated that interviews for these posts will take place week commencing 8 June

1.3.2	<p>2015 and that the nurses will be in post by 1 August 2015.</p> <p><u>Oncology:</u></p> <p>The referral pathways of all cancer sites, excluding respiratory were changed in February 2015 in line with the General Surgery transfer, some Oncology activity has, therefore, already transferred to RWT.</p> <p>As from 10 August 2015, RWT will commence outpatient clinics at CCH.</p> <p>It is not anticipated that any staff will transfer under the Oncology service transfer.</p>
1.4	<p><u>Urology:</u></p> <p>This service has historically been delivered at CCH by UHNM under the Urology Alliance. Arrangements have been agreed to relocate the existing Consultant clinics to County Hospital which will allow RWT Consultants to commence services at Cannock. The date for this new service has yet to be agreed.</p>
1.5	<p><u>ENT:</u></p> <p>With the disaggregation 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 and plans are 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 continue allowing management leads at RWT/UHNM to monitor ongoing progress.</p> <p>Plans for staff recruitment are in place and the recruitment process will commence early June 2015 to ensure that staff are in place by 1 November 2015.</p>
1.6	<p><u>Respiratory:</u></p> <p>Discussions have commenced with UHNM and both Trusts are working together towards facilitating RWT commencing outpatient clinics at CCH by 31 August 2015.</p>
1.7	<p><u>Diabetes:</u></p> <p>Accommodation, staffing and resources have all been identified to enable RWT to commence diabetes outpatient clinics week commencing 3 August 2015. The Directorate is currently preparing patient pathways which will be forwarded to GP's to ensure that they are aware of how to access this service.</p>
2.0	<p><u>BENEFITS REALISATION:</u></p> <p>The LTB has ceased. Therefore, the Benefits Realisation Project has been handed over to the Commissioners who will continue to monitor the following:</p> <p>Improved Patient Experience:</p> <ul style="list-style-type: none"> • Improved patient experience • Better standards of Care <p>Staff Experience:</p> <ul style="list-style-type: none"> • Improvement in retention of key staff

	<ul style="list-style-type: none"> • Maintaining the skills of the professionals delivering care • Improvement in staff satisfaction and performance management <p>Responsiveness:</p> <ul style="list-style-type: none"> • Continuity of care is managed once patients are discharged <p>Culture:</p> <ul style="list-style-type: none"> • Competence to detect and act on systemic failings at provider level • Transparent and clear process for dealing with complaints <p>Safety and Effectiveness:</p> <ul style="list-style-type: none"> • A safe and effective hospital <p>Many of the above measures are embedded into the NHS contract.</p>
2.1	<p>The Trust Board should note that the Local Transition Board (LTB) chaired by Sir Neil McKay on behalf of the NTDA Board ceased on 14 May 2015. The LTB's function was to co-ordinate the delivery of the TSA model, ensuring smooth transition of service transfers. The on-going benefits realisation monitoring will be undertaken Cannock and Stafford CCGs through normal NHS contract management routes.</p>
2.2	<p>NHS England and Stafford/Cannock CCG have agreed the terms of reference for the Staffordshire Transformation Programme to look into sustainable solutions for one of the most challenged Health Economies in the country. A key function of this board will be to design NHS commissioned services in Staffordshire beyond the 29 months of funding received RWT and UHNM.</p>
4.0	<p><u>COMMUNICATIONS AND ENGAGEMENT:</u></p> <p>The Trust has appointed Anita Hallbrook as Head of GP and Community Partnerships for Cannock Chase Hospital. Anita joined the Trust on 18th May and she will support the Integration Programme Director in building sustainable partnerships with the Cannock GP colleagues, CCGs, other providers and the local authority.</p>
4.1	<p><u>IM&T/PATIENT ACCESS:</u></p>
4.2	<p><u>PAS Transition</u></p> <p>Ophthalmology and Orthoptic services at CCH and Stafford Hospital have been transitioned to PAS. Ophthalmology at CCH went live on 1st April and Orthoptics at Stafford went live on 27th April 2015. IT support of this service on PAS at Stafford is difficult due to the service remaining on the County Hospital network.</p>
4.3	<p><u>Theatre system</u></p> <p>The theatre system migrated from the UHNM Ormis system to the RWT Galaxy system on 20th April. There are some process follow up actions to be resolved.</p>

4.4	<p><u>Radiology system</u></p> <p>This migrated to the RWT Phillips system on 22nd of April with no reported IT issues.</p>
4.5	<p><u>Main Cannock Out Patient department</u></p> <p>The main Cannock outpatient area migrated to RWT IT network on Monday 27th April. The migration went very well with onsite support provided within the department for one week. UHNM consultants working in the OPD at CCH have also been migrated.</p> <p>The CCH Clinical Trials team migrated to the RWT network on 11th May. The migration of this team represents the migration of the last large group of users on the site. There are currently some 36 PCs remaining to be migrated at CCH.</p>
4.6	<p><u>E-requesting</u></p> <p>Preparations for the rollout of e-requesting system that facilitates pathology requests at Cannock are underway. Printers are in place and the final changes to the pathology system were made on Friday 15th May. Users who already know how to use the system will be able to start e-requesting immediately and for other users training will take place in forthcoming weeks.</p>
4.7	<p><u>Winscribe</u></p> <p>The roll out of Winscribe, the digital dictation system used by consultants and their secretaries, will commence week commencing 25th May 2015.</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 10.8.15
	CCH Theatres	Enabling works underway Due for completion 18.12.15	
	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> 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. There is focussed working on-going to validate the “open referrals”. The team carrying out this validation process have significantly reduced the number of open referrals. The Trust’s patient records department envisage this process to 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 is being 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>
	<p><u>CONCLUSIONS AND RECOMMENDATIONS</u></p> <p>The Trust Board is asked to note the contents of this report.</p>

APPENDIX 1

BENEFITS REALISATION METRICS			
Area	Benefits identified in the TSA model / Francis Report	Identified Measure description	Metric to track
Patient Experience	Improved patient experience	Single sex provision	Number of mixed sex breaches
		FFT inpatient scores	Net Promoter Score to - <i>Would you recommend us to Family and Friends?</i>
			Net Promoter Score to - <i>% Recommending the service to Family and Friends?</i>
	FFT A&E	FFT Accident and Emergency	
Better standards of care	Plaudits and recommendations	Number of plaudits received	
Staff Experience	Improvement in retention of key clinical staff	% Spend on Agency /Locum staff compared to overall total pay (Stafford / Cannock / Community)	% Spend on Agency /Locum nurse staff compared to substantive pay costs
		Staff turnover	Staff turnover rate
		Turnover rate & Vacancy rate of nursing staff and consultants	Nurse vacancy levels
			Consultant Vacancy levels
	Sickness and absence rates	Total trust sickness rate	
	Skills of the professionals delivering care will be maintained	Total number of Junior doctor applications	Actual number of Deanery funded Junior Doctors in post across the Trust
		Total number of nursing and midwifery applications	Total number of nursing and midwifery applications
		Attrition rates of training staff (nursing , midwifery and Junior Doctors)	
		Staff Survey	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation (NHS staff survey)
		% staff that have had an appraisal	Trust appraisal rates
Nursing and midwifery access to education (hrs)		Total number of Nurse training days at Stafford for <u>Adult Levels</u> .	
Responsiveness	Continuity of care is managed once patients are discharged	Emergency readmission rates within 30 days	% of 28 Day readmissions
Culture	Competence to detect and act on systemic failings at provider level	Reporting number of serious incidents & never events	number of serious incidents
	A transparent and clear process for complaints	Number of complaints	number of complaints
		Response rate to complaints	number of days to respond to a complaint
Safe and Effectiveness	A reduction in infection rates	CDIFF	# CDIFF
		MRSA	# MRSA
	A safe and effective hospital	HSMR (DFI quarterly)	HSMR (DFI quarterly)
		Proportion of patients spending more than 4 hours in A&E	Proportion of patients spending more than 4 hours in A&E
		RTT waiting times for admitted pathways % within 18 wks.	RTT waiting times for admitted pathways % within 18 wks.
RTT waiting times for non-admitted pathways % within 18 wks.	RTT waiting times for non-admitted pathways % within 18 wks.		