Safety - Programme Update

➤ Complete On target
X At Risk Missed

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Sum	mary status					Key Milestone S	Status			
Comments	Sign up to Safet development. Ni to January 2015	⊣S Engla	nd deadline extended		Milest	one	Status	Target	Foi	ecast
	It was proposed progamme forms Safety Programr	s the bas	up to Safety is and structure for the	C	Clinical	Risk Strategy finalised		Dec 14	Jan 1	5
	Continuing to develop process for providing updates on the management of transformation clinical risks to Safety Programme. Confirmed that the responsibility for managing these risks remains with operations.			Transitic audit	ons inpatients/community		April 15	April	15	
				•••	ment & Observation ilot Commenced		Dec 14	Dec í	L4	
	comments on the be finalised later	mments on the Clinical Risk Strategy, due to finalised later in Jan. In ther work planned to progress analysis of ality and safety metrics as part of assurance inction of Safety Programme.				Sign up to Safety ment Plan		Dec 14	Jan 1	5
	quality and safet									
Linked projects	Principal Community Augmenting Service		;;		4	Key Risks and I	ssues			
2 Kev B	enefits & M	easur	es		Risk/Is	sue	Mitigatin	g Actions		Status
Key Benefits & Measures Image: Constraint of the state of the s					nation agenda not aligned ty themes	Safety themes to be built in to Transforming Services programme plans				
been approved	and safety metrics by commissioners analysis process in	and a ba				ing services assumptions e out by safety metrics	Develop e metrics an regularly	arly warning d monitor	J	

Principal Community Pathways - Programme Update

≻ Complete On target ↓ At Risk Missed

	nmary status		Kov Milostono St		1	
JUI	iiiiai y Status		Key Milestone Sta	alus	(
Comments	Sunderland and South Tyneside All teams are now live in Sunderland. So teams delayed due to accommodation of	lelays	Milestone	Status	Plan Target	Forecast
	 Palmers business case currently being Commercial Department Work on track for LD unit Work underway on Teleport House plate 		Tr 1 – Implementation complete		Nov 14	May 15 Accommodation complete
	 Work underway on releport house pa been approved Galleries is awaiting agreed relocatio 	C	Tr 2 - Complete team configuration (Northumberland)		Sep 14	Nov 14
	 Sunderland Recovery college now live Stocktake of tranche 1 underway inclu Northumberland / North Tyneside 		Tr 2 – North Tyneside team configuration completed		Sep 14	Jan 14
	 Approval to continue with implement Northumberland CCG, update to CC 28th Jan Due to present proposed model to N 	G board planned for	Start Newcastle/Gateshead design process		Sep/Oct 14	Dependent upon agreement of alliance
	 formal approval 14 Jan Team configuration developed and a Northumberland Team configuration developed for N 	pproved for	Northumberland and N Tyneside models signed off by CCG's		Dec 14	Jan 15
	Staff consultation process and timeli					
	 Newcastle / Gateshead Approval to proceed with service imp from Alliance MH programme board Operational group to be established 		Key Risks and Iss	sues	(
	of new team configuration and imple		Risk/Issue	Mitigatin	g Actions	Status
	CPP; Workforce; Leadership; CIS; Augr	nenting Services	PCP 05: Expected benefits of		n plan and	
	/ Benefits & Measure		implementing new care pathways are not realised	to ensu	mechanisr re regular and action	n
Benefit Analysis and	Key Measures	Baseline/Target	PCP15: Capacity of PCP and operational resource whilst working across six localities simultaneously	PCP res	ource plan	
			PCP18 : Lack of engagement from key stakeholders (Northumberland and South Tyneside CCG's)		gagement lan	

Care Pathways and Packages – Programme update

Complete On target ↓ At Risk Missed

Summary status		Key Milestone Status				
Comments	 pathway project group established and project mandate drafted. External CPP information sessions held with finance leads. Joint CPP Programme board with Commissioners on 4/12/14 to agree process to develop contracts for 15/16. Next joint meeting 5 February. Discussion at Sunderland MHPB re developing 	Milestone	Status	Target	Forecast	
		Treatment packages by cluster developed. Delay on timescales for e- pathway implementation. Manual solution using PCP format developed. Internal project group established.		May 14	CSE timescale TBC.	
		Internal financial modelling to support reporting mechanisms by cluster from April 2015.		Feb 15	Feb 15	
	 Internal clinical/operational plan with timescales to develop patient outcome measures to link in with contract discussions. 	Implementation plan to mainstream CPP into operational groups, and performance team.		Jan 15	Jan 15	
Linked projects	Principal Community Pathways; Workforce Augmenting Services	Engagement with internally and with Commissioners on development of measures to inform contracting 15/16		March 15	March 15	

X	Key	Benefits	& Measures
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Benefit / Measure	Base line	Target	Progress
Information to support financial modelling			
		84.8%	
Cluster within review			
Cluster at CPA review		71.9%	
Bed intensity (bed days as part of overall spell)		2.7%	

Key Risks and Issues						
Risk/Issue	Mitigating Actions	Status				
CPP01 – Lack of capacity for financial modelling impacts on delivery against national timeframe	Internal meetings organised to establish how SLR will work by cluster					
CPP15 – Poor data quality impacts on PCP demand planning and financial modelling. Clustering by lead professionals deteriorating.	Weekly monitoring of data quality. Additional CPP Trainer in recruitment, Medical Director considering inclusion of clustering in compact.					
CPP09 – Delay to e-pathways functionality – impact on PCP and evidence of care package delivery	Contract discussions continue with CSE to use contractual levers to get review of delivery in agreed timeframe					

Transforming Specialist Care – Programme Update

Complete On target KЕY At Risk Missed

Summary status



	 The Specialist Care Transformation Programme is progressing well. Key updates include: Bede moved with existing 10 beds to Greentrees on 6 Jan 2015. Discussions with Commissioners are on going. Eating Disorders Intensive Day Service is on track to open on 19 Jan. Commissioners have now agreed to contract variation for new services and recruitment to key posts is in place. Autism project board now established. Build expected to commence Feb 2015. Service expected to be operational from April 2016.
Linked projects	Principal Community Pathways Augmenting Services Workforce

Key Milestone Status

Milestone	Status	Target	Fore
Hebron Re-provision		30 09 14	01 15
Heppell House		31 10 14	???
Eating Disorder Service (revised timescale)		01 01 15	01 15
Psychological Therapies co- located		31 12 14	12 14
Development of RADS		31 10 14	03 15
Autism Unit opening (building complete).		31 07 15	03 16

Key Risks and Issues

Risk/Issue	Mitigation	Status
Plans for financial delivery for 2015/16 and beyond.	Ongoing plans developing	

Benefit / Measure	Target	Progress
2014/15		
FD 14/15	£1.7m Delivered By Dec 14 (based on original plan)	£1.2k. Delivered by December 2014
FDP 14/15	£3m recurrent £2.3m in year	Recurrent plans £2m In Year savings £1.8m NR Shortfall £500k Recurrent Shortfall £900k

Key Benefits & Measures

Transforming Augmenting Services – Programme Update

Comments The "Deciding Together" consultation process, led by the Gateshead and Newcastle CCG Alliance , continues with a				
range of events planned throughout January and a key event	Milestone	Status	Target	Forecast
to consider "How can we spend the Gateshead and Newcastle mental health pound?" scheduled for 17 th January.	Shortlisted bed model options shared with Board	Blue	24 th Oct 2013	24 th Oct 2013
Project details are being scoped in relation to the pipelines presented to the Senior Management Team (SMT) late 2014.	Workshops with Newcastle Gateshead Alliance CCG take place	Blue	End June 2014	July 2014
Particular progress has been made with the North of Tyne Older People's proposals and more detail will be provided in the February dashboard.	Hopewood Park opens	Blue	August 2014	Early Sept 2014
Bed availability continues to be monitored.	Pre-consultation engagement events with Service Users, Carers & Voluntary sector	Blue	Sept 2014	Sept 2014
	Informal conversation with OSC re Dementia Services (North of Tyne).	Green	Jan 2015	Jan 2015
Linked	Projects being explored in line with pipelines presented to SMT late 2014.	Green	Jan 2015	Jan 2015
projects CPP, PCP, Safety, Specialist	Alliance CCG consultation closes	Green	Feb 2015	Feb 2015

Benefit / Measure	Baseline	Target	Current
Reduced #Wards (Life of programme)	42	26	32
Reduced #Wards (2014 - 15)	39	30	32
Benefits plan (including baseline measures) developed in conjunction with PCP.			N/A

Key Risks and Issues		
Risk/Issue	Mitigating Actions	Status
TAS.01 Pace of change is too slow to deliver savings	Robust management plan in place post model agreement	Amber
TAS.02 The impact of ward closures on capacity.	Clinical groups & Safety team to develop & agree safety metrics	Green
TAS.03 Stakeholders may not support the model	Alignment with TS engagement plan. Ensure clinical input to bed model discussions.	Amber
TAS.10 Fail to co-produce model with the Alliance CCG.	Internal engagement plan. Ensure clinical input to bed model discussions.	Amber

Transforming Corporate Services – Programme update

≻ Complete On target
↓ At Risk Missed

Sum	mary status	2 Key Milestone Sta	itus		
Comments	Executive Team continuing to respond to change suggestions and principles of future design model.	Milestone	Status	Target	Forecast
	Design team held one workshop in December and planning another for January to inform production of the proposed design by end of January 2015.	Exec decisions re future design options		Nov 14	Ongoing
	Financial expectations currently being assessed.	Proposed design to TCS Board		End of Jan 15	Tbc
		TCS Board to approve design		End Jan 15	Tbc
		Consultation packs prepared		Feb 15	Tbc
Linked projects	PCP; Specialist Care: Augmenting Services; Workforce Programme	Implementation begins		July 15	Tbc

3 Key Benefits & Measures		Key Risks and Issues			
Benefit	Key Measures	Baseline/T arget	Risks/Issues raised since last dashboard report	Mitigating Actions	Status
Improved patient experience	Corporate services functions are efficient/streamlined and support clinical areas effectively to minimise bureaucracy		Risk re possibility Informatics Dept may not be able to deliver "quick wins" identified during workshops due to lack of capacity.	May reduce early benefits/buy in. Accept risk but work with IT on a case by case basis.	
Cost reductions	Staff levels/skill mix appropriate across all corporate service areas. Improved talent management/succession planning	TCS Board are reviewing benefits	Financial requirements may not be known in time to secure money from transformational funds	Need to urgently assess any financial requirements for programme going forward.	
Build sustainability	By ensuring a high quality, lower cost, skilled workforce operating to standard systems and reducing waste/bureaucracy		Risk re not achieving financial requirements in 2015/16 leading to additional in year pressures and greater target for 2016/17.	Group to establish explicit achievable financial expectations to allow full assessment of this risk and its potential impact.	

Workforce – Programme update

Sun	nmary status	2 Key Milestone Statu	IS		
Comments	Refresh of HR framework has been completed . This will minimise the need for interview for the majority of staff in PCP and takes into account the lessons learned from phase 1.	Milestone	Status	Target	Forecast
	Data cleansing continues to assist with workforce planning and high level information has been produced.	Training/Induction completed for community staff in Sunderland/South Tyneside		Jan 15	Jan 15
	OD work continues in Sunderland/S Tyneside.	Further work to be carried out re TED in line with TCS.		Feb 15	Feb 15
		Integrated Workforce Plan for PCP to be developed to ensure final state staffing is achieved. Medical component currently being worked through.		Mar 15	Mar 15
Linked projects	Principal Community Pathways; Leadership; CPP; Augmenting Services; Specialist services, Corporate	Corporate Services framework to be developed		Oct 14	Feb 15

3 Key Benefits & Measures				
Benefit / Measure	Baseline	Target	Progress	
Staff with right skills to deliver care patients require	0	Close skills gap by 50%		
Engaged workforce	0	Reduction in sickness absence to 5%		

Key Risks and Issues				
Risk/Issue	Mitigating Actions	Status		
WKF10: Staff not committed to new ways of working	Staff Side involvement. Greater involvement/ OD Team			
Medical Workforce engagement issues	Regular meetings Work being overseen by Exec Medical Director Ad-hoc meetings attended Plan in place			