NHS

Office of the Trust Special Administrator

Appendix Q
Approach to implementation

Securing sustainable NHS services

1. Introduction

1. This appendix to the final report of the Trust Special Administrator (TSA) appointed to South London Healthcare NHS Trust relates particularly to chapter 7 of the report. The chapter sets out the need for a three-year programme of implementation if the recommendations contained in the report are to be successfully delivered. The recommendations themselves demand a complex and interrelated set of changes in both the Trust and across south east London. Successful implementation, however, will have significant benefits, improving health outcomes as well as securing clinically and financially sustainable health services.

2. This appendix provides more detail on the proposed programme to manage the transition and implementation, including the key roles and responsibilities of programme leads and groups; key interdependencies and an initial risk register with associated mitigations.

3. The content provided in this appendix represents emerging thinking, intended to support the rapid mobilisation of an implementation programme. The TSA process has set a demanding pace. If the final recommendations are accepted, it will be critical that the momentum of work is maintained, so that recommendations convert to swift actions.

4. The thinking has been supported by a number of local system leaders, and takes account of feedback received through the TSA consultation. Much of the initial preparatory work has already commenced, providing a solid foundation for future delivery. The programme must be owned and developed by those who take on leadership roles in implementation, and emerging thinking will need to be rapidly converted into detailed plans.

Overview of the proposed implementation programme

5. Implementing the recommendations set out in the final report will require strong leadership and programme management skills to support the south east London health economy in delivering change, and to provide oversight and assurance to bring about the intended clinical and financial benefits.

6. Consultation feedback has been clear on the need for a detailed implementation plan, with appropriately sequenced service changes, to ensure that the necessary capacity is in place across the NHS in south east London and that improved standards are being met. To implement the breadth of changes recommended in the final report will require transition costs to be funded, some of which will require national support. The proposed outline of these one-off costs of change are provided in chapter 7 of the final report and shown here in figure 1. In addition to the costs captured in figure 1, the CCGs will need to invest significantly in the delivery of their Community-based Care Strategy.

Figure 1: Estimated non-recurrent transition costs to implement recommendations 1, 2, 5 and 6

	2013-14				2014-15			
	PRU	QEH/ LEW	QMS	Total	PRU	QEH/ LEW	QMS	Total
	£m	£m	£m	£m	£m	£m	£m	£m
Recommendation 1	0.5	0.3	0.2	1.0	0.5	0.3	0.2	1.0
Recommendation 2	0.0	0.0	6.7	6.7	0.0	0.0	0.0	0.0
Recommendation 5	0.0	0.0	0.0	0.0	0.0	2.5	0.0	2.5
Recommendation 6	17.5	8.0	0.6	26.1	8.8	5.5	0.6	14.9
Total	**26.9**	**22.3**	**14.1**	**63.3**	**15.7**	**18.9**	**1.4**	**36.0**

	2015-16				Total			
	PRU	QEH/ LEW	QMS	Total	PRU	QEH/ LEW	QMS	Total
	£m	£m	£m	£m	£m	£m	£m	£m
Recommendation 1	0.5	0.3	0.2	1.0	1.5	0.9	0.6	3.0
Recommendation 2	0.0	0.0	0.0	0.0	0.0	0.0	6.7	6.7
Recommendation 5	1.7	36.6	0.0	38.3	1.7	39.1	0.0	40.8
Recommendation 6	2.0	2.5	0.0	4.5	28.3	16.0	1.2	45.5
Total	**4.2**	**47.6**	**0.2**	**52.0**	**46.8**	**88.0**	**15.7**	**151.3**

7. The Department of Health will also need to agree payments to Oxleas NHS Foundation Trust, King's College Hospital NHS Foundation Trust and the new organisation that brings together Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital, to cover in-year deficits while recommendations are being implemented (see chapters 4, 6 and 7 of the final report). These payments will be in addition to the PFI support payments proposed in recommendation 4.

8. The release of any funds – be they to cover one-off transition costs or to support in-year financial positions – from central sources should be on the basis of agreed plans against which milestones should be met. The final schedule of funds should be agreed by the Department of Health with each of the organisations taking forward new responsibilities as a result of the recommendations by the end of January 2013. In this way, the agreements will be in place ahead of the Secretary of State's decision, but will only be enacted if the Secretary of State accepts the recommendations.

9. A programme management structure is proposed to monitor and oversee progress against plans, benefits realisation and the allocation of transitional funds throughout implementation. At its core should be an independent chair, jointly appointed by the Chief Executive of the NHS Commissioning Board and the Chief Executive of the NHS Trust Development Authority. The chair should be supported by a full time programme director and a small dedicated team, who should work with all the local stakeholders, to provide the day-to-day management of the programme. The estimated running costs of this approach is around £750,000 a year.

10. Given the breadth of the recommendations contained in the final report, the following seven workstreams are proposed as the core elements of the programme. The first four are focused on the direct delivery of recommendations, while the last three are enablers, essential to ensuring that the changes deliver their intended benefits:

- *Organisational change* – this workstream is necessary until the new organisational arrangements, proposed in recommendation 6, are in place. The proposed date for this is 1 June 2013. However, this is a challenging timetable and will require a huge effort to focus on delivering the proposed mergers, underpinned by the necessary legal changes, as well as the support for staff and the development of organisational development plans.

- *Community based care* – the implementation of the Community-based Care Strategy will be a core responsibility for the six CCGs and the NHS Commissioning Board. While success is critical to improving health outcomes in south east London, it also provides an important basis for changing hospital based services, making it an integral component of the overall programme.

- *Operational efficiency* – all of the hospitals in south east London must deliver improvements in their operational efficiencies, including reducing lengths of stay and improving theatre productivity. This includes the need to move to operating six or seven days a week. This challenge will be most significant for the hospitals that currently make up South London Healthcare NHS Trust, as they must deliver the £74.9m of cost improvement programmes identified in the base case and in recommendation 1 and outlined in appendix D.

- *Acute service changes* – delivering the service changes outlined in recommendations 2 and 5 will require commissioners to be clear on the service specifications they wish to see in the future, and for providers to ensure there is appropriate capacity to deliver high quality care across south east London. This requires a coordinated approach, across a number of locally-owned projects, with close oversight by the implementation programme to ensure interdependencies are met.

- *Communications* – as has been highlighted by consultation feedback and the Health and Equalities Impact Assessment, communications are central to the success of this programme. Effective communications with patients, the public, staff and key stakeholders on the changes that are taking place will be essential.

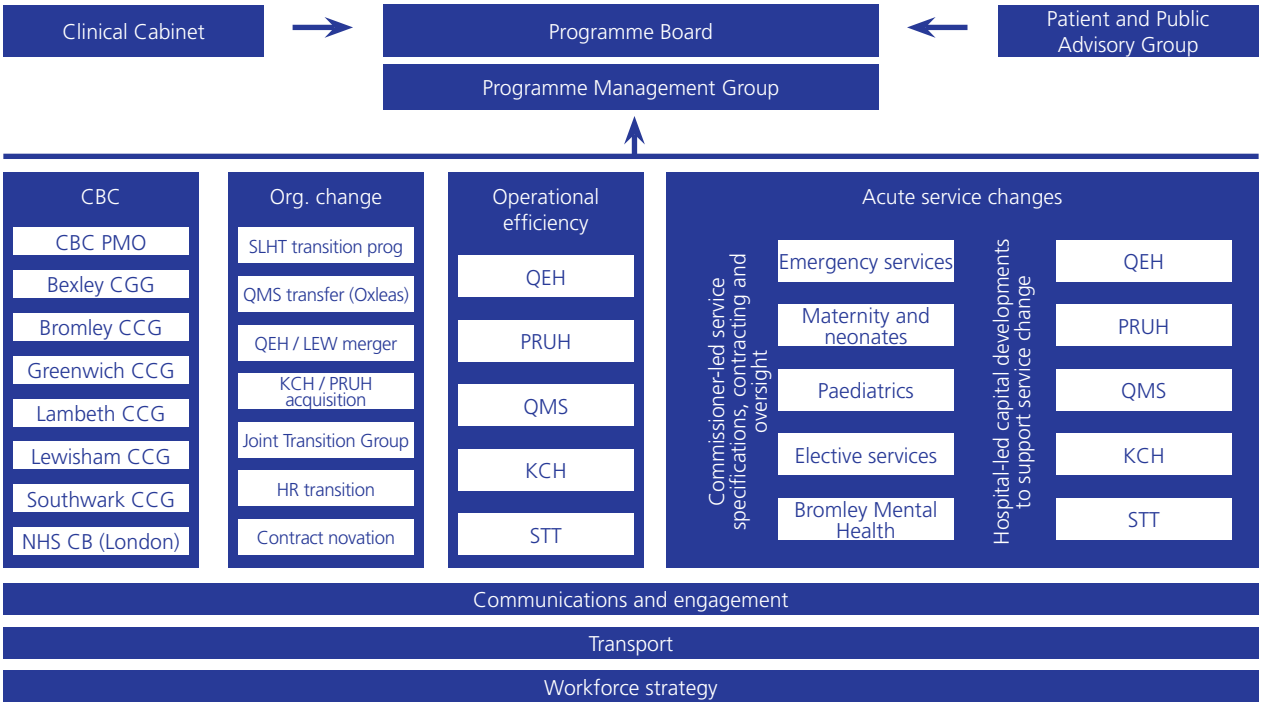
- *Workforce development* – these changes cannot be implemented without the right workforce. This will require significant coordination across the system, to ensure that the right training and development is available to support staff in delivering care. The Local Education and Training Board (LETB) for South London will be a key participant in this, working with partners such as the London Deanery, the five local Undergraduate Medical Schools, Nursing Schools, Royal Colleges, regulatory partners and the emerging Academic Health Science Network to deliver innovative solutions for developing the local workforce.

- *Transport* – ensuring that the transport needs of local residents are considered and effectively planned for, both locally and in a coordinated fashion across south east London, working with key stakeholders including Transport for London, is key to ensuring that people can continue to access the care that they need as conveniently as possible.

11. These elements fit together, as outlined in figure 2, to form a comprehensive programme that will enable the delivery of the full set of recommendations in the final report, subject to the Secretary of State's decision. All organisations involved should take responsibility for implementing their components of the programme and work together to support the progress of relevant decisions. A compact should be developed with all of the organisations involved, through which they can hold each other to account and enable effective joint working. Each organisation will also be accountable to the independent chair and programme director on their progress in implementing the Secretary of State's decisions.

12. To support the independent chair and programme director, a number of programme groups should be established, including a programme board; a programme management group, a clinical cabinet and a patient and public advisory group. The roles, responsibilities and membership of each of these groups are described in the next section.

Figure 2: overview of TSA Implementation Programme



Key programme roles and responsibilities

Independent Chair

13. An independent chair should be appointed to oversee the implementation of the Secretary of State's decisions. The individual should be appointed by and accountable to the Chief Executive of the NHS Commissioning Board and the Chief Executive of the NHS Trust Development Authority. The chair should hold all the key stakeholders to account, in part through monthly programme board meetings. The chair should provide quarterly public reports on progress and the use of public funds within the programme.

14. To undertake their role and hold the local leadership to account, the independent chair must have national and local credibility and have had experience leading the development and implementation of complex change programmes. Within their role they will be required not only to hold the system to account, but also to provide transparency on the progress of implementation to those they are accountable to, including the public. As part of this, the role of the chair will be to:

- chair the monthly programme board meetings;
- monitor progress of all local projects related to the decisions made by the Secretary of State;
- ensure that the quality and saferty of the services during implementation of key changes is monitored;

- ensure expected benefits are delivered;
- monitor and support mitigation of programme risks;
- facilitate joint working across the broad range of partners involved;
- work with other organisations, such as the Department of Health, NHS Trust Development Authority, NHS Commissioning Board, Monitor, local authorities and the Mayor of London to ensure that relevant processes are aligned to support the delivery of the programme;
- support local leaders in overcoming any barriers to progress; and
- recommend when organisations have achieved the agreed milestones and standards to enable the release of transitional funding.

Programme Director

15. A senior programme director should be appointed to support the chair in leading the oversight and leadership of the programme on a day-to-day basis. Their role should be to hold each workstream across the programme to account for delivery against the agreed milestones, to manage interdependencies across the programme and to support the resolution of any barriers to progress. The programme director should be the senior responsible officer for the programme, directly accountable to the independent chair. They should be responsible for providing regular updates to the programme board and should chair the monthly programme management group to hold workstream leaders to account.

16. As with the independent chair, the programme director should have experience in leading the development and implementation of large and complex change programmes and should be able to quickly establish credibility with local NHS leadership and key stakeholders in south east London. They should be supported by a small programme team and have access to resource from the local Commissioning Support Unit to provide specialist skills as required.

Programme Board

17. A programme board should be established to oversee the implementation of the Secretary of State's decisions. Although the board will be chaired by the independent chair, it will provide an opportunity for the leaders across the system to hold each other to account on progress. This will be facilitated through the development of a compact supported by and agreed with those organisations across south east London with responsibilities for elements of the changes needed. The board should have a similar membership to the current TSA advisory group (see appendix C for details of membership), with the addition of those who will be responsible from April 2013, including the NHS Trust Development Authority.

18. In bringing together the leaders across south east London, the role of the board should be to:

- ensure the effectiveness of the overall programme and monitor the implementation of the decisions made by the Secretary of State;
- manage programme level risks and mitigations;
- monitor progress of all local projects set up to implement the changes, offering appropriate challenge;
- ensure that the quality and saferty of the services during implementation of key changes is monitored;
- ensure expected benefits are delivered;

- enable the patient and public advisory group to engage with senior decision-makers.
- encourage and facilitate joint working across the range of local NHS organisations and the wider public sector involved in implementation;
- work with other organisations, such as the Department of Health, NHS Trust Development Authority, NHS Commissioning Board, Monitor, local authorities and the Mayor of London to ensure that relevant processes are aligned to support the delivery of the programme;
- support local leaders to overcome any barriers to progress; and
- agree progress against the agreed milestones and standards so that transitional funding can be released.

Programme Management Group

19. A programme management group should be established to provide a forum for the leads for each of the workstreams across the programme to meet and monitor alignment of the delivery of key interdependencies. Recognising that each workstream will be established differently, based on local needs, the membership of this group should reflect those who are responsible for delivering the milestones within the programme. This may include single representatives for some workstreams but multiple representatives for others.

20. This forum will also be a key mechanism through which the programme director will hold stakeholders across the programme to account for progress on key workstreams.

Clinical Cabinet

21. A clinical cabinet should be established to provide clinical oversight and assurance of implementation plans, and to ensure that the quality and safety of services is maintained throughout the transition period. This clinical cabinet could have a similar membership to the TSA's clinical advisory group (see appendix C), though it would benefit from including clinicians independent of any NHS organisation in south east London. This group should oversee an audit process to ensure the London-wide clinical standards are being fully reflected in the plans for implementing the service changes.

Public and Patient Advisory Group

22. A patient and public advisory group (PPAG) should be established to provide oversight of the implementation plans and to ensure that the views of patients, service users, the public and their representatives are heard and acted upon by those responsible for delivering the plans. The PPAG should be represented on the programme board.

Approach to developing proposed workstreams

23. It will be important for approach to each workstream to be developed locally, ensuring local ownership. However, all workstreams will need to work together in order to deliver the full set of recommendations; they must therefore work cohesively to form a single programme of work. The programme director, supporting team and the compact agreed with the organisations involved will be central to ensuring this and, in so doing, establishing an overarching plan for implementing the Secretary of State's decisions.

24. To support them in this, each workstream should be established with consideration for how it will take account of, and align, to the following elements:

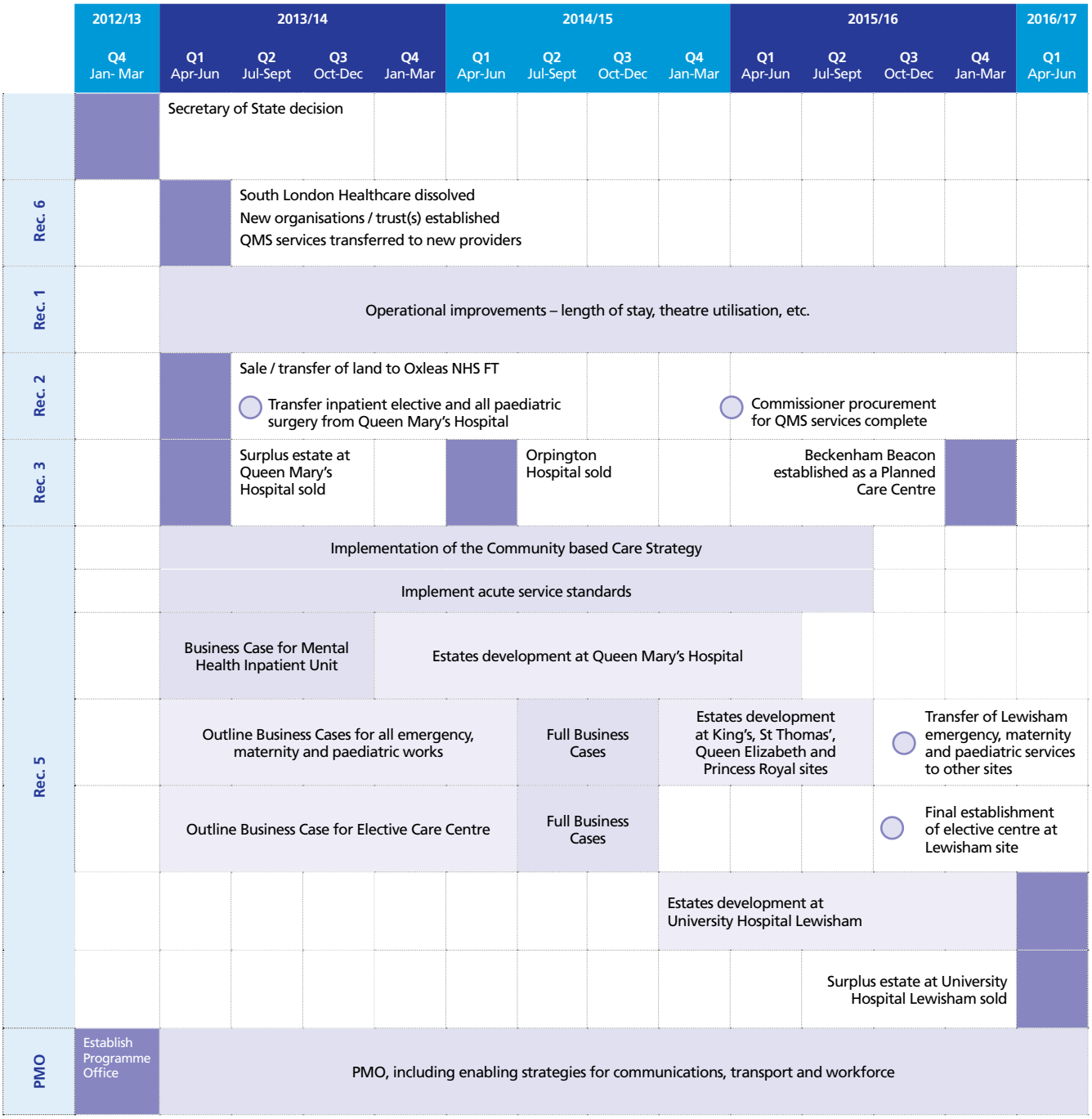
- delivery to specific timetables aligned to a three-year implementation path with critical interdependencies respected;
- effective clinical leadership;
- public and patient involvement;
- benefits realisation;
- management of risk;
- completion of, and effective response to, appropriate equality impact assessments;
- support for developing and delivering effective local and regional transport solutions;
- communications and engagement, both locally and across the wider programme; and
- the wider south east London workforce development strategy.

25. Alongside these core principles, each of the workstreams will need to deliver a set of core activities to implement the decisions of the Secretary of State. Initial work to develop the scope, deliverables and activities for each workstream is being undertaken that can be built upon by the independent chair and programme director as they set up the programme.

26. A three-year timetable, although challenging, has been proposed and broadly supported through the consultation process. Working at this pace will enable the system to move to new arrangements without delay, preventing further uncertainty and confusion around the future. The TSA has recommended that implementation should begin immediately following decisions made by the Secretary of State. If the recommendations in the final report are accepted, their implementation should be completed by 31 March 2016.

27. A high-level timetable for some of the key milestones that will need to be met to deliver the recommendations has been developed and is set out in figure 3.

Figure 3: High level implementation timetable



Risks and mitigations to implementations

28. On the assumption that the recommendations in the final report will be accepted, a preliminary high-level risk register, drawing on responses to the consultation has been developed to support the mobilisation of an implementation programme. This is presented at figure 4.

29. The breadth of these challenges and the wide reaching set of mitigations that will be required to support delivery outline the importance of an effective programme to provide oversight and assurance across the implementation of decisions.

Figure 4: Preliminary high-level risk register

Risk and impact	Proposed mitigation
Insufficient leadership capacity and capability within the system to implement the changes at pace	A TSA should remain the Accountable Officer for South London Healthcare NHS Trust until it is dissolved. A programme board should be established, with an independent chair, and supported by a very senior programme director dedicated to leading the implementation of the changes, supported by a programme team
Projects and workstreams are insufficiently resourced and therefore not delivering the changes at pace	All organisations involved in the implementation of the changes should be supported, through the provision of non-recurrent transitional funding, to build programme teams capable of delivering the changes. Organisations themselves will also need to apply sufficient resource and should be held to account by relevant national organisations and the independent chair for doing so.
Decision making across the system is not effectively aligned resulting in progress not being made at the pace required. Delays in decision making involving reconfiguration of services delay implementation, and therefore the delivery of benefits.	A programme board, with a similar membership to the TSA advisory group, will bring together the leaders across south east London to ensure alignment of key decisions. This group should be supported by an independent chair who will work with other key stakeholders, such as the Department of Health, NHS Commissioning Board and NHS Trust Development Authority, to ensure that appropriate approvals processes and decisions are being progressed.
The community based care strategy is not delivered at the required pace leading to insufficient improvement to the quality of and access to primary and community care services and excess demand for acute services.	CCGs and the NHS Commissioning Board London must provide sufficient leadership and direction within the local system for the delivery of this strategy. To enable them to do this they have established a programme management approach to implementing the strategy, outlined in appendix O. There will be some central financial support to this as part of the overall financial resources linked to the project Specific and measurable trajectories for acute activity influenced by community based care including non-elective admissions and length of stay for elderly patients and should be developed alongside operational trajectories for the community based care activity that support these changes. These trajectories should be consistent in format across all CCGs and produced on a quarterly basis, for review at the programme board and inclusion in the quarterly report. This programme will continue to build on the existing joint working arrangements and develop a coordinated approach to delivery of the strategy and its enablers. This coordination will be required across the six CCGs, with their CCG members, local acute and community providers and local authorities.

Risk and impact	Proposed mitigation
Improvements to operational efficiency, such as improved lengths of stay and utilisation of theatres, are not delivered leading to insufficient capacity in the system to support the required service changes.	A tight control on the 'business as usual' activities must be kept throughout the transition. Clinical quality and safety must be maintained, and in fact improved, throughout the implementation of these recommendations. Clinical leaders must work with each other and their teams to drive up quality standards and develop new and improved clinical pathways. Doing this alongside the proposed organisational changes will, in many cases, require individuals and teams to adjust their current ways of working. This needs to include setting specific measurable trajectories for operational performance used to inform the operational improvements identified in this report, eg length of stay, theatre utilisation, etc. These trajectories should be consistent in format across all providers and produced to review on a quarterly basis by the programme board and included in the report. Commissioners should also be holding the Trust to account through contracts including for moving to six day a week elective procedures
Culture within new organisational arrangements are not established quickly and effectively resulting in challenges to delivery.	Those leading across the system should lead by example, with the right leaders in place at every level of the system. Significant effort and resource should go into establishing the required culture for ensuring a step change in productivity. Given the importance of significant operational improvements, particular attention needs to be given to ensuring the requisite culture of measuring and improving performance is attended to. Funds for this are included in the transitional support.
Staff adversely impacted by the changes will not be fully focused on patient care, putting the quality of care at risk. This is likely to be exacerbated by a longer period of uncertainty.	Effective and transparent communications to ensure that staff are clear on their futures. Organisational changes are implemented without delay – by 1 June 2013 – reducing the uncertainty for staff in all affected organisations. To support clarity in how staff will transfer an HR framework for the transition of staff has been established for use by South London Healthcare NHS Trust and the organisations 'receiving' any of its staff. This will provide a consistent approach and ensure that staff are treated fairly and in line with appropriate national policies. To reduce the uncertainty around the future of staff currently providing services at Queen Mary's Hospital an interim period of 22 months is being proposed to prevent the risk multiple transfers within a single year having an adverse impact on the quality of care provision.
Insufficient support, education and training provided to staff during the transition, staff with the right skills may not be available in the right places in the system.	In their response to the TSA's consultation the Local Education and Training Board (LETB) for South London recognised the opportunity these recommendations provide to modernise the education and training for all health professionals within south east London and advised that they are committed to working collaboratively to deliver their vision to design, develop and deliver a workforce that will lead to a sustainable improvement in the health and well-being of the local population. The LETB will be key participants in the planning required to make the changes happen, working with partners such as the London Deanery, the five local Undergraduate Medical Schools, Nursing Schools, Royal Colleges, regulatory partners and the emerging Academic Health Science Network to deliver innovative solutions for developing the local workforce. The LETB should be represented on the programme board.
Delay in the development and approval of capital business cases required to support the delivery of decisions	Hospital capital investment schemes often require approval from the Department of Health (for NHS Trusts) or Monitor (for NHS Foundation Trust). In some cases they may also require approval from HM Treasury. These approval processes take time and must be well managed to prevent slippage. Given the interdependencies between all of the capital scheme that will be required to implement these changes there will need to be careful monitoring of all investment schemes to ensure that they are progressing at pace and interdependencies are clearly defined and carefully managed. This will be an essential role of the TSA programme management team who should facilitate individual organisations in working with key stakeholders to align the decision making and approvals processes. Close management of construction timetables will also be needed.

Risk and impact	Proposed mitigation
Commissioners and providers across south east London do not commit to the proposed elective centre and undermine the proposed changes.	All parties must commit to the elective centre, and be held to account for their involvement, with a joint business case developed across commissioners and providers including final activity levels and casemix. Agreeing the revenue implications in contracts should be prioritised as this will lock in the agreements. The proposed partnership model (described in chapter 5 and appendix E) should also be developed in more detail as clarity on the responsibilities and accountabilities of all partner provider organisations will be critical to its success.
Fixed cost savings at the Lewisham site are not delivered meaning the full financial benefit of recommendation 5 will not be realised	A full economical model of the University Hospital Lewisham site should be developed to ensure the cost base of this site appropriately transforms in line with the services to be provided on it. Detailed planning of the changes to the estate will be required including the efficient use of space. A clear plan for disposing of the excess estate should be completed during 2013/14 and discussed with the local authority.
Comprehensive transport assessment is not completed, in conjunction with Transport for London, the right transport links will not be in place to support the proposed changes.	Commissioners and providers will need to work with Transport for London in further assessing the impact on the changes on transport requirements, so that improvements can be made in sufficient time to support the changes. There must also be a continuous stream of effective communications to all those who will be impacted so that they are aware of the changes that are being planned and what services they can access across the system in the future. In his response to the TSA consultation the Mayor of London demonstrated his commitment to work with local stakeholders in undertaking a travel assessment and working through its implications.
Communications to patients are not clear and create confusion on both the NHS services available, and the most effective way to access them. This could lead to a perception that services are no longer available.	Effective communication of the planned changes and progress in delivering them will be essential to support patients and the public understand how they can continue to access the services that they require. A programme-wide communications workstream is being proposed to support the alignment of messages across the system. These communications should also align with work to support patient education as outlined in the community based care strategy which will help patients and the public understand not only what care is available to them, but also how to use it most effectively.
Unclear accountabilities for the financial support related to the implementation of this programme creates a perceived lack of transparency and value for money related to the use of public funds.	Organisations being supported with any transitional funding must be held to account through effective monitoring of what is being invested and the benefits it is delivering. It is proposed that funding be linked to the delivery of agreed milestones and standards, and that the release of funds is assured through an independent chair for the overall programme. This chair will be accountable to the NHS Commissioning Board and NHS Trust Development Authority and will hold organisations to account and make recommendations on when organisations have met agreed targets. A quarterly public report will be produced to ensure transparency.

Conclusion and next steps

30. Much of the work that has been described in this appendix has already been initiated, and should continue whilst the Secretary of State makes his decision on the recommendations outlined in the final report. During that period the TSA will continue to lead the implementation planning process.

31. If the recommendations are supported by the Secretary of State in February 2013 the proposals outlined in this appendix should be further developed and implemented. Initially, this could be done by the TSA, as a TSA will be in post until the dissolution of South London Healthcare NHS Trust, by which time an independent chair should have been appointed to take the programme forward through to completion.