

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 25th OCTOBER 2018**

<b>Title:</b>	Strategic Operations Steering Group Quarterly Report on Service Integration
<b>Responsible Director:</b>	Kevin Bolger, Executive Director Strategic Operations
<b>Contact:</b>	Randeep Kular, Head of Service Integration

<b>Purpose:</b>	To provide an update to the Board of Directors on the progress with the work of the Strategic Operations Steering Group (SOSG) and also to provide a consolidated update on the benefits identified in the Case for Change for: Governance; Finance; and Workforce.
<b>Confidentiality Level &amp; Reason:</b>	Not confidential
<b>Annual Plan Ref:</b>	Aim 1: Always put the needs and care of patients first.
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• Work through the SOSG to identify, prioritise and implement the planning and standardisation of services across all sites is underway.</li> <li>• Phase 1 specialties have all been reviewed with details in this paper</li> <li>• Work on each of the eight Phase 2 specialities is being progressed as detailed within this paper.</li> </ul>
<b>Recommendations:</b>	<p>The Board of Directors is asked:</p> <ol style="list-style-type: none"> <li>1. To accept this update on the work of the SOSG &amp; the Governance, Finance and Workforce workstreams.</li> <li>2. Agree to receive another update in January 2019.</li> </ol>

<b>Signed:</b> Kevin Bolger	Date: 15 October 18
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**THURSDAY 25th OCTOBER 2018**

**STRATEGIC OPERATIONS STEERING GROUP QUARTERLY REPORT  
ON SERVICE INTEGRATION**

**PRESENTED BY THE EXECUTIVE DIRECTOR OF STRATEGIC  
OPERATIONS**

**1. Introduction**

This quarterly report outlines progress in the Strategic Operations Steering Group (SOSG), chaired by the Executive Director Strategic Operations (and External Affairs). It also outlines the progress made by the Governance, Workforce and Finance workstreams from the Case for Change project.

**2. Strategic Operations Steering Group (SOSG) update**

The SOSG, supported by the Technical Impact Group has focused on reviewing the initial specialties that were identified within the Case for Change to demonstrate the benefits of the merger.

2.1 Progress on Phase 1 Specialties

The Phase 1 specialties have now been reviewed within the SOSG structure.

2.2 Neurology, Plastic Surgery and Vascular Surgery

SOSG has agreed to prioritise the specialties of: Neurology; Plastic Surgery and Vascular Surgery by bringing these together under a single management structure by the end of this calendar year, with Vascular Surgery scheduled to be under a single management structure in April 2019.

2.3 Diabetes, Cardiology, Gastroenterology and Liver Medicine, Nephrology and Renal Medicine

These specialties continue to be monitored through the Clinical Change group with the progress being updated on their respective detailed Project Plans.

## 2.4 Interventional Radiology

The work with Interventional Radiology is ongoing and to date the leads have been reporting progress into the Clinical Change group. This work will transfer into the wider Radiology working group, outlined below.

## 3. **Current workstreams**

Following the decision at the June SOSG meeting to focus on Upper GI; Pharmacy; Oncology; Ophthalmology; Radiology; Urology; Pathology and Trauma and Orthopaedics (T&O), work has progressed on each of these specialties to help realise the benefits of the merger.

### 3.1 Pharmacy

The August SOSG meeting received a paper from the Chief Pharmacist outlining the areas for potential standardisation and alignment of pharmacy services. The aim of the strategy will improve the quality, sustainability, productivity and efficiency of the current cross site pharmacy services.

### 3.2 Radiology

A UHB Radiology Strategy Group was established in August and will oversee and provide governance and assurance for the development of a single integrated radiology service across UHB. This group includes representatives from both HGS and the QE and is being Chaired by the Chief Operating Officer at HGS. This group reports into the SOSG via the Chair

### 3.3 Pathology

Pathology, led by the Executive Director of Strategic Operations, forms part of a wider piece of work within the Birmingham and Solihull (BSol) Sustainability and Transformation Partnership (STP). This work commenced in February 2018 and a single management structure is scheduled for early 2019. A detailed project plan has been developed and progress is continuing to be monitored and against key milestones.

### 3.4 Oncology, Ophthalmology, Upper GI and Urology

Work on the specialties of Oncology, Ophthalmology, Upper GI and Urology has commenced, with the teams from both specialties along with the Divisional Management teams having met to start developing their plans for the alignment of service.

### 3.5 Trauma and Orthopaedics (T&O)

The Orthopaedic Provider Alliance work with the Royal Orthopaedic Hospital (ROH) is continuing to progress. The Executive Steering Committee met on the 03 September and it was decided that both

organisations would continue with their individual plans, whilst maintaining a close dialogue.

The Joint Clinical Reference Group (CRG) has set up six workstreams to support improved joint working to enhance the patient experience. The workstreams are currently focusing on the following pathways:

- Arthroplasty
- Imaging
- Infection
- Peripatetic Care/High Dependency
- Oncology
- Informatics

#### **4. SOSG Next Steps**

A series of meetings for each of the prioritised specialties have taken place and are ongoing to facilitate discussions between the speciality teams. These offer a framework of support to accelerate clinical service integration for the identified specialties. Detailed plans for each speciality are also being developed with the assistance of the Service Integration Team. SOSG will continue to receive papers outlining proposals for how each of the specialties are intending to integrate. It will also continue to monitor progress against plans including benefits realised post implementation of the aligned services.

#### **5. Workstream updates**

Following the Executive Director for Workforce and Innovation presenting the Case for Change Project Closure Report at the September BOD meeting it was agreed that an update on the unrealised benefits from the Governance, Finance and Workforce workstreams would be presented within this paper.

##### **5.1 Governance update**

There are five areas from the Case for Change Governance Workstream Action Plan where actions are continuing:

###### **5.1.1 HGS Property Portfolio**

All actions that were identified in relation to property titles and the property terrier have been included on the work plan for the Trust Land and Property manager. Work is continuing with the Trust solicitors to ensure that the relevant actions are completed. The progress of this work is kept under review within the department.

###### **5.1.2 Datix – Online Incident Reporting System**

The Datix codes between HGS and QEHB have now been aligned. A Project Group has been established, and an IT Project Manager assigned, to manage the implementation of the new Datix platform.

### 5.1.3 Mental Health Act Compliance Across Sites

A Trust-wide Mental Health Group has now been established to develop and implement a common strategy for supporting patients and staff across the Trust.

### 5.1.4 Risk Management

A Trust-wide risk management policy was approved by Policy Review Group on 10th October 2018 and is awaiting approval by the Board of Directors. Following this, the new process will be implemented across all Trust sites.

### 5.1.5 Internal Audit

The new contract for internal audit of the Trust is currently under review.

## 5.2 Finance update

### 5.2.1 Overview

In overall terms good progress has been made. Key achievements to date include:

- i) Timely and accurate submission of 2017/18 accounts for legacy organisations.
- ii) Harmonisation of processes to enable basic functions to be carried out in the new organisation without significant problems being incurred e.g. invoicing and collection of cash, payment of staff and suppliers, meeting internal and external reporting requirements for the combined organisation.
- iii) On plan to deliver 2018/19 Financial Plan / no interruption to business as usual
- iv) Completion of HR processes to implement new senior management structure for Finance, across the combined Trust resulting in savings in excess of 12% of prior spend.

### 5.2.2 Risks

The risks from the Finance Workstream Risk Register have been reviewed by the Chief Finance Officer and / or the Director of Finance. The risks have now either been transferred to the relevant Finance

risk registers, where they are being monitored and reviewed, or have been accepted.

### 5.2.3 Project Plan Actions

There are three main areas from the Case for Change Finance Workstream Action Plan where actions are continuing:

#### i) Payroll Processing / ESR / Pensions

Transition to a single tax reference and finalise preparatory work to consolidate the two existing payrolls to a single payroll.

#### ii) Payroll Third Party Applications

Working groups have been established to implement Finance Tools functionality at HGS including E Expenses, WAF and HR forms. A further group has been established to ensure that Allocate is implemented on a consistent basis.

#### iii) Contracts and Income

A range of activities remain that are not scheduled until 2019/20 including harmonisation of Commissioner Contracts to align local prices and contract terms, implementation of a single costing system and implementation of a single income reporting system.

### 5.2.4 Next Steps

In addition to finalising the outstanding actions, the next steps include:

- i) Cascade of restructure down to departmental level to integrate teams.
- ii) Review, further harmonisation and automation of systems and processes to improve consistency, productivity and efficiency across Finance.
- iii) Commencement of project to specify, procure and implement a single General Ledger system across the organisation.
- iv) Respond to evolving needs of the organisation e.g. development of consolidated reporting from Sage and Oracle in line with the requirements of budget holders as the management of specialties is integrated.

## 5.3 Workforce update

### 5.3.1 Education

The Education Directorate is making good progress against the Case for Change KPIs identified for action during the first year of the merged organisation.

Key areas progressed:

Completion of the formal re-organisation process for the previous two Education Departments into one integrated Education Directorate with the development of a 6 team structure serving all 4 Trust sites as follows:

- a) Medical Education (Postgraduate and Undergraduate):
  - i) Non-medical Education (Undergraduate and Postgraduate Nursing, Allied Health Professions, roles allied to the medical workforce i.e. ACPs, PAs, Health Care Science, new roles i.e. Nurse Associates)
  - ii) Clinical Education (Simulation / Clinical Skills)
  - iii) Health Care Careers
  - iv) Corporate Education and Quality
  - v) Education Business Support
  
- b) Alignment across:
  - i) the content and delivery of Corporate Induction
  - ii) Appraisal process, training and documentation
  - iii) Mandatory Training
  - iv) processes around the Guardian of Safe Working
  - v) Apprenticeship Levy performance in terms of recruitment, terms and conditions, procurement, delivery of training, Ofsted requirements
  - vi) Education, support and preceptorship of Nursing Associates
  
- c) Development and commissioning of a Leadership, coaching and mentoring offer for the first year of the organisation developed in collaboration with key leaders and reflective of the organisational development priorities.

### 5.3.2 Human Resources

The following core areas of post-merger implementation actions have either continued from the original Work Stream Action Plan or were pre-determined as priorities that would be acted upon post- merger:

- a) Organisational change

Departments undergoing restructuring are being provided with support from a dedicated workforce transformation lead for post-merger organisational change, with the process managed under a transitional organisational change procedure. The benefit of one HR lead for these change programmes is in providing consistency in design and approach. A number of departments from QE and HGS sites have completed, commenced or are planning for their organisational change. Alignment of job titles and job banding is being addressed through organisational change programmes.

b) Policies and Procedures

All Human Resource Policies and Procedures from QE and HGS sites are being aligned. The alignment activity has been split in to three tranches based on an identified priority order, with the final tranche to be completed by 31 March 2019. Consultation with management and staffside has commenced.

c) Workforce Information

Work is underway to bring together workforce data under one license with ESR – the timeline for merger of ESR data has not yet been identified; these merge dates are set by ESR and are infrequent. An ESR health-check for QE and HGS is scheduled to take place in November which will help to scope out the lead-in work for merging the data. Workforce reporting requirements for the CCG contracts have been scheduled. HR-specific key performance indicators are being reviewed to ensure that we measure the right things in a consistent way.

d) Recruitment

A revised framework for job specifications is in place. The job evaluation process has been aligned with a combined QE-HGS-Staffside panel for banding roles. Recruitment administration continues to be managed on a site basis, but work has been undertaken to achieve a common approach to practice, and there is also an arrangement in place that pre-employment checks can happen at any site convenient for the candidate rather than being restricted to the recruiting-site. The Trust recruitment information on NHS Jobs has been updated.

e) Employee Relations

Previous QE and HGS partnership committees between management and staffside have been disbanded and replaced with a Trust-wide group with revised membership, the Joint Consultative Committee. Consistency in disciplinary sanctions is being assured by joint QE and HGS casework reviews, and a system in place at QE has been rolled out to HGS to guide panels in assessing the level of misconduct. Redeployment is

now being managed Trust-wide rather than site based, opening up more opportunities to find alternative work for individuals in the redeployment pool. Probationary periods which were in place for new starters at HGS have been removed. Rates have been aligned for QE and HGS non-medical bank workers.

### 5.3.3 Research, Development and Innovation (R, D & I)

#### Project Plan Actions

There are five areas from the Case for Change R&D Action Plan where actions are continuing:

#### a) Finance - HGS SFI alignment

Access to HGS finance systems has been approved by the Director of Finance which allows the SFI hierarchy sign off for the Director of R, D & I and the Deputy Director R, D & I to review and approve requests for expenditure in line with the HGS financial recovery plan

#### b) Datix – Online Incident Reporting System

The Datix codes between HGS and QEHB have now been aligned. R&D incidents are now flagged to the Senior R&D Ops teams to allow review and CAPA's to be instigated efficiently

#### c) Risk Management

A Trust-wide risk management policy was approved by Policy Review Group on 10th October 2018 and is awaiting approval by the Board of Directors. Following this, merged R, D & I policies and processes will be implemented across all Trust sites.

#### d) Structure

The research teams have respective representation at senior management and operation level. New UHB template JDs are now in place. Review of JD content to ensure consistency across the hospital sites is underway. Work is in progress to assess back office functions for cost efficiencies and streamlining of governance processes.

#### e) Activity

Studies are being assessed for cross site patient recruitment and service delivery where capability and capacity may be enhanced and patient care improved, cost savings achieved and services delivered efficiently.

Kevin Bolger  
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