

Breast Care Services Review

Project Status Report

Project Name			Overall Project Status (RAG)
Breast Care Services Review			Amber
Project Manager	Project Director	Period Covered by Report	Date Report Produced
Eva Nabeta	Helen England	6 Apr 2009 – 31 May 2009	10 Jun-2009
Introduction			
<p>Purpose The purpose of this document is to provide an update of the project progress since the stakeholder event held in April 2009.</p> <p>Overall status The overall status of the project has been indicated as amber. This is because the recent work has focused on robust initiation of phase two. In its current state no delays are anticipated for the project. However, there are controls that need to be actively managed soon after the board ratifies the project initiation.</p>			
Highlights / achievement			
<ul style="list-style-type: none"> Plans for initiation of phase two were made with contributions from a patient representative – Daphne Havercroft - and other key stakeholders. A project initiation workshop took place on 14th May 2009. It was attended by a group of representatives from the stakeholder community whose contribution is included in the Project Initiation Document. External assurance has been engaged to ensure quality project management. A progress report to the Bristol Health Services Plan Service Design Programme Board was well received. The Project Initiation Document is complete and ready for the board to approve progress to phase two of the project. 			

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Progress	
Work stream 1 –Service model and clinical pathway Lead: Simon Cawthorn	Green
<p>Status: Green because no critical delays or scope change anticipated.</p> <p>Achievements Work stream 1 continued straight after the stakeholders meeting on 6th April 2009 and therefore maintained momentum and retained the commitment of clinical stakeholders.</p>	
<p>Plans for the next period Agree Terms of Reference for work stream 1. Complete the detail of the outline service model. Members of work stream 1 to utilise service design expertise to inform the clinical pathway and support documentation of the service model</p> <p>Issues Replacing meetings with goggle group was not effective due technological faults. Action taken was group email messages to everyone. Plans to consider other ways of engaging the busy team.</p>	
Work stream 2 – Evidence to support the proposal Lead: Eva Nabeta	
<p>Status: It has not started yet and no critical delays are anticipated.</p> <p>Plans for the next period Complete and agree Terms of Reference for work stream 2. Initiate the work stream.</p>	
Work stream 3 – Location Lead: Helen England	Green
<p>Status: Process and criteria are proposed in the work stream brief document and awaits ratification from the Project Board.</p> <p>Plans for the next period Complete and agree Terms of Reference for work stream 3. Implement process once agreed .</p>	
Work stream 4 – Equity and defining outcomes Lead: Jo Williams	
<p>Status: It has not started yet and no critical delays are anticipated</p> <p>Plans for the next period Complete Terms of Reference for work stream 4. Initiate the work stream.</p>	
<p>The design of the service model and the location will include supporting evidence from:</p> <ul style="list-style-type: none"> ○ Activity and financial analysis (Cost/benefit model) ○ Environmental sustainability ○ Breast Care Centres of Excellence ○ Scrutiny from panel of external clinical experts 	

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Benefits summary

- a. Seamless clinical pathway.
- b. Care closer to home where possible but with good access to a specialist hub for women and men who need further assessment and/or treatment.
- c. Right professionals to work together as part of the integrated specialised team as well as a strong interface between primary care and secondary care clinicians.
- d. A model that improves access along the clinical care pathway for patients, removing delays where possible, e.g. outcomes of tests.
- e. The spokes will make best use of primary care clinicians and provide clinical assessment, mammographic screening, ultra sound and follow up clinics locally, using information technology to allow integration with the hub.
- f. A modern and high quality physical environment for patients and their families

Key events/communications for the next reporting period

Key events to be completed next period:

- Visit to Nottingham planned (23/6).
- Detailed plans for the work streams.
- Project team to meet and make detailed plans for co-ordinating workstreams (week starting 22/6).
- Progress report to Overview and Scrutiny meetings
 - B&NES – 14th July
 - South Gloucestershire – 8th July
 - Bristol – 22nd July
 - North Somerset – 23rd July
- Work streams 2, 3, and 4 to start

Audits scheduled / undertaken (no change this report)

Basis will continue to perform the external quality assurance of the project.

Key Project Risks

Log No	Status New/ Update	Risk description	Impact description	Probability	Impact	Score	Red, Amber, Green, (R A G)
9	14/00509	Risk: Too many organisations are involved in managing the hub and spoke model	Impact: Will be detrimental to multi-disciplinary team working and as a result the patient experience	2	3	6	

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8	14/05/09	Risk: Designing a clinical model without assistance of the expert advice from a service design team member and some input from a wider group of stakeholders	Impact: The resulting model will not be sufficiently well documented and may not be supported by primary care clinicians or patient stakeholders	2	3		Amber
1		Risk: Review stops being clinically led (example - financial, political reasons)	Impact: Project will not be completed successfully	1	5	5	Amber

Key Project Issues

Log No	Status New/Update	Issue Description
	03-06-09	Training plan for clinical resources and skills required within the spokes needs to be defined.

Decisions Required

Issue/Action	Decision Required	By Whom?	By When?
Training for clinical skills required in the spokes	Specification for training requirements	Project Board	Date to be agreed
Outline of the service model	Ratification	Project Board	19/06/09
Process and decision criteria for	Ratification	Project board	19/06/09

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progressing work stream on the location of the hub			
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Outlook – Key milestones 3 month view			
Description of milestone	Original Date Due	Current Forecast Date	Status Red, Amber, Green (RAG)
Complete outline service model design including clinical pathways – June 2009.	June 2009	Jun 2009	Green
Recommendation of a location for the hub (and subsequently the spokes) with supporting evidence – July 2009.	July 2009	July 2009	Green
Outline business case and evidence to support the proposal -end July 2009.	July 2009	3July 2009	Green
Equity Report, providing evidence that consideration of fair distribution of services and other resources is incorporated in proposal – end of July 2009.	July 2008	July 2008	Green
Discussion with Health Select Scrutiny Committee on possible requirement for public consultation – September 2009.	Sep 2009	Sep 2009	Green
Possible public consultation October – December, 2009	Oct to Dec 09	Oct - Dec 2009	Green
Detailed service specification– January 2010	Jan 2010	Jan 2010	Green
Final business case – January 2010	Jan 2010	Jan 2010	Green

¹ Explanation of RAG status

Red	Critical and urgent: To achieve success, remedial action should be taken immediately (at the current key decision point) to address recommendations identified
Amber	Critical but not urgent: To consider given remedial action on recommendations prior to the next key decision point or by the next Gateway Review
Green	Not critical on target to succeed but may benefit from the uptake or recommendations.