

# PMO Programme Highlight Reports

Reporting Month: August 2019



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

## PMO Highlight Report Summary

The following extract summaries have been developed based on August 2019 reports compiled by the PMO (Programme Management Office). Full reports are available on request. Summaries have been included here to support the SEL STP Director's report.

Please note these reports are intended for an internal audience to help track and monitor progress of programmes across the SEL partnership. To assist with acronyms and any unfamiliar terminology, please refer to the OHSEL Jargon Buster. If you have any queries, please contact the PMO team using the following email - [ourhealthiersel@nhs.net](mailto:ourhealthiersel@nhs.net).

Jargon Buster:

<http://www.ourhealthiersel.nhs.uk/Downloads/OHSEL%20glossary%20of%20terms%20%20January%202018.pdf>

# Clinical Programme 1 of 3

- Delayed
- At risk of not being delivered
- On plan

<b>Programme:</b>	Clinical			<b>No Change</b>
<b>Chair:</b>	Andrew Parson / Michael Holland			
<b>Reporting Period:</b>	August 2019			

Project		RAG	Project status summary from project highlight report
<b>1</b>	Children and Young People	No Change	<ul style="list-style-type: none"> <li>On 7th July led the 7 borough CAMHS learning collaborative bringing together clinicians, service managers and commissioners. This meeting has excellent turnout from all and enabled a productive session on workforce priorities, the Long Term Plan and commissioning intentions for next year.</li> <li>On 9th July we led a meeting between SLaM and the 4 borough commissioners to focus in on progress to achieve the Access Target which is currently below target in these boroughs. Good engagement from all and clear actions were agreed with regular reporting timeframes. SLaM committed to providing a CAMHS dashboard with all 4 borough's data included for comparison.</li> <li>We received 7 workforce proposals for the HEE funding from CYP services. A number of proposals were chosen to receive the funding which identified clearly how the funding would support sustainable impact on the workforce and aligned with priorities within SEL.</li> <li>We supported the SEL MH steering group on the 19th August to develop our response to the Long Term Plan. There was some very useful discussion and key priorities areas were agreed.</li> </ul>
<b>2</b>	Planned Care – Orthopaedics	No Change	<p>The network has collated service-specific provider performance data covering the period April 2017 to June 2019 and will be refreshing it's dashboards on a monthly basis.</p> <p><b>ISSUE:</b> Senior Clinicians pensions tax relief taper. Since an article was published in the British Medical Journal in May 2019 consultant surgeons and consultant anaesthetists have been turning down the opportunity to carry out additional surgery lists during evenings and weekends. This has led to large increases in 'dropped' weekend lists and reduced productivity/ financial sustainability for our services, compounding the waiting times for patients to receive treatment. Volumes of all-day operating lists completed in July were 8% down year-on-year.</p> <p>A task and finish group comprising patients, GPs and consultant anaesthetists has reviewed recommendations for patient fitness for referral for elective orthopaedic surgery guidelines. Key processes in the referral process have been identified where more investigation is required: E.g. how referrals are vetted in Secondary care, how patient fitness for referral information is communicated (e.g. checks of a patient's electronic record) and how to identify and prioritise GP time on the patients who are most likely to be unfit for surgery.</p> <p>A SEL system-wide planned care demand and capacity analysis is being conducted over 10 weeks beginning 8th September. This will provide a deep-dive into elective orthopaedic services which will inform integrated service future design. Provider teams continue to work on how revision surgery can be consolidated onto one site with guidance and theatre lists to be provided by GSTT.</p>
<b>3</b>	Maternity	No Change	<p>Awaiting NHSE feedback for Better Birth Plan refresh. Trajectories being explored and set for midwifery led unit births, caesarean section rates, continuity of carer models, stillbirth and neonatal death. Trajectories due to be submitted to NHSE 27th September. Training booked as planned for workstreams. Motivational interview training to commence 6th September as part of choice and personalisation workstream. All Trust sites working up implementation plans as per the national ambition for continuity of carer. For continuity of carer a phased approach to roll out of models to be adopted.</p>

# Clinical Programme 2 of 3

Programme RAG

- Delayed
- At risk of not being delivered
- On plan



<b>Programme:</b>	Clinical			<b>No Change</b>
<b>Chair:</b>	Andrew Parson / Michael Holland			
<b>Reporting Period:</b>	August 2019			

Project	RAG	Project status summary from project highlight report
---------	-----	--

<b>4</b>	Primacy Care - CBC	No Change	<ul style="list-style-type: none"> <li>On 20 August, the CBC Board discussed the Long Term plan expectations for primary and community care delivery and network support, as well as the development of a core community offer. In addition we heard from the joint national lead for Macmillan and GP advisor on the potential for SEL to be take forward a "Right By You" pilot for personalised care national pilot and evaluation programme to be tested in primary and community care.</li> <li>Following their approval on 1<sup>st</sup> July, over 50 Clinical Directors have been appointed to support the leadership of the 35 Primary Care Networks across SEL. We are supporting the development a clinical directors network across SEL which will host an inaugural meeting on 6<sup>th</sup> September, recognising the commitment and leadership of our clinical directors and the opportunities to improve health outcomes with primary care networks at the core of fully integrated community based care.</li> <li>Working with NHS England and the BMA, SEL are involved in development of the Enhanced Health in Care Homes and Anticipatory Care elements of the new Network Directed Enhanced Service (DES) primary care contract. Initial meetings for these working groups took place on 21 August.</li> <li>SEL were represented at a national event on 6<sup>th</sup> August to review access to general practice services in England, including an overview of 'digital first' approach and digital commitments in the long term plan and GMS contract.</li> <li>SEL took part in a commissioners workshop for Coordinate My Care, the London region advance care planning tool. The workshop assessed the implementation CMC review recommendations from late 2018, and reviewed digital roadmap recommendations. Outputs will be used to develop London wide commissioning intentions for CMC for 2020/21.</li> </ul>
----------	--------------------	-----------	---

<b>5</b>	Urgent and Emergency Care	No Change	<ul style="list-style-type: none"> <li>In June the debrief workshop for winter 2018/19 took place with representation from across the system, including from patients and regional colleagues. As part of these discussions actions were identified both for taking forward locally and for progressing as a sector. In July these actions have been discussed by local A&amp;E Delivery Boards and reviewed by the SE London UEC Board in August. Where agreed, actions will be built into winter plans.</li> <li>The mental health compact went live in July and the UEC programme has been working in conjunction with the mental health programme to progress the SE London implementation plan to work towards all requirements of the compact being met. All sites have been undertaking furthers actions as directed by the Regional team, including conducting a mental health deep dive audit in every emergency department.</li> <li>Draft content is being developed for the urgent and emergency care sections of the SE London response to the Long Term Plan, focusing on the programme's contribution to reducing pressure on emergency departments and improving patient outcomes.</li> </ul>
----------	---------------------------	-----------	---

<b>6</b>	Cancer	No Change	<p><b>Early Diagnosis and Screening:</b> Participation in pan London Stage Shift workshop which is informing LTP response. Programme team managers continuing to oversee delivery of the three SEL projects funded through S7a funding. Breast screening pilot went live in July, Bowel screening pilot to go live in Greenwich in September as first borough. RDC 2019/20 planning template submitted to NHSE/I end August, sign off expected by October.</p> <p><b>Cancer Waits and Faster Diagnosis:</b> June 62 Day performance was 71.5% for the sector, with urology and lung continuing to contribute largest share of breaches. A detailed pathway level review has taken place for urology (prostate) with data linked to focused actions to deliver improvements across the system. This approach will next be rolled out for the lung pathway. On Lung pathway, EBUS service has begun at PRUH site in August, and due to start at QEH site by October. Members of the Cancer Alliance team are continuing to provide additional support onsite around PTL management and Director of Ops is on site at LGT 2 days per week to support cancer management. Work is ongoing around system endoscopy demand and capacity, supported by members of the SELCA team and due to report to ABC Board 10 September. June data shows SEL has highest compliance rate for data completeness for 62 day FDS and breast symptomatic. Performance has improved during Q1 but requires further improvement, which SELCA is supporting through a sector FDS Lead who started end of May 2019.</p> <p><b>LWBC/Personalised care:</b> Programme manager in post from August 2019. Three pan London transformation projects underway: rehabilitation mapping, motivational interviewing and HWBE website; SEL HNA working group set up, covering: HNA data collection; patient pathway from diagnosis to treating trust. Work continues to explore sharing eHNAs through Local Care and Connect Care Records. Prehabilitation pilot – Decision made on AHPs to be recruited to support delivery of pilot and support cancer rehabilitation at PRUH site, and plan due to be finalised for prehab project at GSTT in September. Pan London TF funded HWBE website now due to launch September. Big Health Day aimed at Learning Disabilities community being planned for 25 Oct.</p> <p><b>Workforce:</b> Working with HEE on funding to be provided to SELCA to support Phase 1 Cancer Workforce Plan. Oncology workforce mapping – job planning baseline produced, validation being undertaken to support business planning. Communities of Practice are continuing, with operational teams CoP on 10 September, and Cancer Rehabilitation and Personalised Care on 30 September. An Imaging Communities of Practice is in development.</p> <p><b>2019/20 Transformation Funding plans:</b> SEL TF funded plans are in progress. LTP framework has notified a further four years TF funding for SELCA.</p> <p><b>LTP response:</b> We are drafting the cancer element of the LTP response for SEL. We are holding a workshop for the Cancer Alliance Board and ACN Steering Group on 6 September as part of the process to ensure input from system stakeholders.</p>
----------	--------	-----------	--

# Clinical Programme 3 of 3

- Delayed
- At risk of not being delivered
- On plan

Programme RAG

<b>Programme:</b>	Clinical		<b>No Change</b>
<b>Chair:</b>	Andrew Parson / Michael Holland		
<b>Reporting Period:</b>	August 2019		

Project	RAG	Project status summary from project highlight report
<b>7</b>	No Change	<p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>HEE bids submitted for the total allocation of £150K. The fund will support various training projects undertaken in adult and CYP mental health services to enable staff to develop skills to support physical health needs of mental health patients and develop peer support workforce models. Funding will also enable DBT to be delivered for women with Personality Disorder who access perinatal services which was an identified gap. In children and young peoples' mental health, the funding will support training to improve skills in primary care, ED and inpatient care to work with CYP and families with complex needs.</li> </ul> <p><b>Compact</b></p> <ul style="list-style-type: none"> <li>Both Oxleas and SLAM have completed the NHSE data collection/audit. The acute trusts all carried out the compact ED audit starting on the week of 19th August for one week as per guidance.</li> </ul> <p><b>LTP MH response development</b></p> <ul style="list-style-type: none"> <li>A draft response focusing on identifying the gap to the LTP ambition has been shared with commissioners and providers. The STP also held an engagement event with the steering group to discuss the draft and provide further input. Some of the key points raised about the development of the draft narrative was a need to emphasise the partnership approach to meeting the ambition, building on the work that has been achieved so far at placed-based level and outlining the structures and leadership which will set principles at ICS to support coordination and delivery of local plans.</li> </ul> <p><b>IAPT</b></p> <ul style="list-style-type: none"> <li>Greenwich IAPT services have highlighted a risk that capacity commissioned for 19/20 is insufficient to meet the access target for 19/20. Oxleas are undertaking a deep dive into the Greenwich IAPT service and will produce a report of the outcome of the deep dive and an updated recovery plan for further discussion with commissioners. The report is expected on 2nd September.</li> </ul> <p><b>OAPs</b></p> <ul style="list-style-type: none"> <li>A follow up workshop with NHSE&amp;I and SLAM to continue discussion on the delivery of SLAM's plans to reduce OAPs and preparations for implementing changes to the crisis pathway is arranged for the 27th September 19.</li> </ul>
<b>8</b>	No Change	The main focus in August for the IPMO programme was to set-up the 2 x Population Health projects; Polypharmacy & Hypertension.

# Productivity Programme 1 of 2

- Major delays
- Minor delays
- On track



<b>Programme:</b>	Productivity			<b>Programme RAG</b>
<b>Chair:</b>				
<b>Reporting Period:</b>	August 2019			

Project	Overall RAG	Do plans meet STP savings target by 2020/21?	Project status summary from project highlight report
<b>1</b>	<b>Improved</b>	<b>No Change</b>	<p><u>Increase in R2A:</u> Monthly reporting for R2A conversion is underway. Operational workstream(s) to deliver SEL STP set up is underway and progressing well. A SEL STP Consumables audit is currently in progress to determine further benefits realisation for the SEL STP. The audit report to be reviewed and agree those items that can be centralised to develop 1 single contract. GSTT issued the Group procurement combined volumes to current commercial suppliers and feedback to be received by end of August. <u>GSTT Hub:</u> OBC submitted 01 August and approved at IPB – FBC to be developed and submitted Jan20.</p> <p><b>Next steps:</b> validate financial savings through increase of R2A. Work is being carried out to identify baseline data from individual sites for the KPI scorecard. SEL STP aseptic consumables procurement set up and QA centralised services require further scoping. QA Centralised QA proposal to be deferred to September due to long term absence. Contingency support proposals – Proposals received from Commercial company and GSTT to submit counter proposal by end of August / 1<sup>st</sup> week of September 2019. London Procurement Partnership (LPP) has been informed of SEL STP group procurement model for R2As. We are expecting LPP feedback on end of August and we anticipate the Group agreement to be valid until the new up to date LPP contract is in place (March 2020). <u>New risks/ ongoing risks</u> Hub contingency – Currently being addressed - mitigation is to arrange a contract with commercial supplier (ongoing) Aseptic Unit's expansion is dependent on GSTT Porters' agreeing the new accommodation proposal. <u>New Issues</u> Commercial suppliers experiencing capacity issues impacting the R2A conversion completion date.</p>
<b>2</b>	<b>No Change</b>	<b>No Change</b>	<p><b>Progress last period:</b></p> <ul style="list-style-type: none"> <li>Completed workstream evaluation of Updated Detailed Bids (supported by DACB Beachcroft to provide legal advice to ensure robust moderation process), in preparation for Evaluation Panel on 2<sup>nd</sup> September to consolidate workstream evaluation scores, confirm bidder ranking, and agree recommendations to Programme Board</li> <li>Sought QC advice on any legal risks to a potential down-selection decision from DP2 evaluation</li> <li>Continued to develop Outline Business Case in preparation for Gateway 3 decision by Trust Boards (to approve issue of the BAFO to down-selected bidders) – timelines for finalisation of OBC and approval by Trust Boards currently being revised to accommodate information to support Finance and Economic cases and availability of key stakeholders</li> <li>Continued to progress development of draft contract schedules, in preparation for BAFO phase</li> <li>Progressed external consultancy review of finance and activity baseline – interim report delivered highlighting key areas that require further analysis to finalise baseline, to confirm system level and organisational cost savings</li> <li>GSTT and KCH reviewing draft design of the client-side contract management structure to confirm appropriate hosting arrangements and resourcing assumptions for OBC</li> <li>Finalised plan for BAFO preparation phase, to develop BAFO specification and draft contract, and bidder engagement sessions</li> <li>Held engagement session with Lambeth and Southwark CCGs to collate feedback on blood testing requirements</li> <li>Initiated review of Genomics scope within Pathology procurement to inform decision on BAFO specification</li> <li>Progressed consolidated key resourcing / funding requirements for Mobilisation, Transition and Transformation phases to inform development of Management Case</li> <li>Following approval by 31/7 Viapath Board to release IMT, Workforce and Asset information, received submission from Viapath on 30/8 – currently under review to confirm completeness</li> </ul>

<b>Programme:</b>	Productivity			
<b>Chair:</b>				
<b>Reporting Period:</b>	August 2019			

Project	Overall RAG	Do plans meet STP savings target by 2020/21?	Project status summary from project highlight report	
3	Procurement	No Change	No Change	Staff consultation launched to update Shared Service team structures and job descriptions. Application to join Civil Aviation Authority pilot programme for Drone deliveries submitted. Sourcing team expanded by 30% to increase capacity. In discussion with KFM to work up collaboration options to scale up/ integrate sourcing resource across STP and ahead of planned presentation to STP Finance Directors in September. New STP project to undertake a Patient Transport tender and adopt common eligibility criteria agreed by CCGs and GSTT, KCH, LGT. Project will report into the Estates workstream.
4	Patient Centric Supply Chain	No Change	No Change	Supply Chain and Inventory Programmes on track. (1) Supply Chain Hub. Phased go-live achieved on the 5 <sup>th</sup> August and work now underway for phase two at the end of October. Pharmacy workstream modelling option to use hub to increase home delivery. (2) Inventory Management. Design workshop with bidders completed, on track to complete tender evaluation during October. OBC delayed while data sets to support benefits case are collated, aim to complete by end of August to ensure target to submit FBC by November remains on-track. Asset Tracking proposal de-scoped from programme following confirmation that HSLI funding for 2019/20 is no longer available as capital removed from all STPs. Asset tracking initiatives are now been taken forward at individual Trust level subject to local availability of funding. Wave 4 Estate Transformation funding for inventory systems remains in place.
5	HR / Workforce	Improved	Improved	<p><b>Tracking – Financial Progress</b></p> <p>SEL STP Bank and Agency Project Group has now tracked savings to £5.5m from Sept 2017 to 1<sup>st</sup> August 2019. This shows significant success against the target set of £3.3m by 2021.</p> <p>These savings are being achieved against various joint working elements of:</p> <ul style="list-style-type: none"> <li>- Pan London medical agency spend</li> <li>- Medical agency cost per hour</li> <li>- AHP agency migration</li> <li>- Pan London medical bank rates – cost per hour used</li> <li>- Improved direct engagement (VAT efficiency)</li> <li>- Nursing agency charge rates</li> </ul> <p><b>Next Priorities – NMNC Agency Use</b></p> <p>Spend for 2019/2020 projected to be in the region of £7m. Wider engagement from each partner Trust in progress to establish working group to support migration of these and new workers into substantive positions as part of the SEL People Strategy. We are looking to increase local employment opportunity and links with Schools, Job Centres and other organisations across SE London to help reduce our significant b2-5 support vacancies and reduce temporary staffing spend in this area. First meeting planned for 1<sup>st</sup> October 2019 with representatives from each Trust confirmed.</p>

# Enabler Programme 1 of 1

- Delayed
- At risk of not being delivered
- On plan



Programme RAG

<b>Programme:</b>	Enabling Strategies			
<b>Reporting Period:</b>	August 2019			

Project		RAG	Project status summary from project highlight report
1	Estates	No Change	Estates strategy refresh (the 'summer checkpoint') was submitted by the required deadline. The review of 19/20 capital plans with providers identified some slippage and has now extended to live and pipeline ETTF schemes. Additional estates expertise is in post and is working with providers and commissioners to reprioritise investment schemes.
2	Workforce	No Change	Our key August achievements included appointing our expert provider to deliver individual coaching to a cohort of 27 SEL GPs, launching a bursary scheme for primary care managers and releasing our approach to engage in the LA talent management diagnostic pilot. September will focus on preparing for our 01.10.19 launch of the 'Excellence in Supporting Healthcare' Certificate (ILM accredited) for non-clinical and 3 events for prospective Trainee Nursing Associates and employers. We will also continue to collaborate with HEE to explore their newly available portal allowing accessing to workforce data and a tool (e-workforce) to support approaches to realistic workforce planning.