

# PMO Programme Highlight Reports

Reporting Month: October 2018



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 October 2018 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](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

Programme RAG

<b>Programme:</b>	Clinical			<b>No Change</b>
<b>Chair:</b>	Andrew Parson / Matthew Patrick			
<b>Reporting Period:</b>	October 2018			

Project	RAG	Project status summary from project highlight report
1	No Change	<ul style="list-style-type: none"> <li>Momentum from workshop held in Q1 has continued to provide impetus to progress work most notably for CYP MH and LTC/UEC workstreams.</li> <li>LTC/UEC working group have developed options for alternative delivery models; discussions underway to review and test underlying assumptions; joint workshop with UEC programme arranged for 4 December to consider spread of best practice in urgent care for CYP.</li> <li>SEND Working Group have met and selected neuro-developmental pathways as the single area of focus.</li> <li>J9 workshops to support mobilisation are currently being programmed alongside system checkpoints that will involve key stakeholders.</li> <li>CYP Access Technical Group held initial meeting in October and will meet quarterly to address technical issues related to data flow and integrity; NHS Improvement is providing input.</li> <li>Project Manager post for CYP advertised.</li> </ul>
2	No Change	<p>This month the network has been focused on three projects:</p> <ol style="list-style-type: none"> <li>1. Increasing patient attendance of pre-operative education (Joint Schools). LGT Orthopaedic Clinical Nurse Specialist leading the project</li> <li>2. Earlier optimisation of patients to increase fitness for surgery: KCH Pre-operative assessment Matron leading the project</li> <li>3. Increasing patient participation in Patient Reported Outcome Measures (PROMs) collection: GSTT Clinical Governance Manager Surgery leading the project</li> </ol> <p>The network manager has been supporting project 2 by engaging with SE London CCG Musculoskeletal Clinical Assessment and Treatment Services (MCATS) employees to understand their referral processes and documentation, including a review of the variation in GP to MCATS referral forms. Our patient and public voice has been active supporting our network meeting and we held a useful patient engagement event attended by a 74 year-old knee replacement patient.</p> <p>In November the network will carry out planning and preparation through a workshop (using driver diagrams) to identify the areas to focus on in our second wave of improvement projects. The products of this work will be briefed to the Network Board on Friday 7<sup>th</sup> December. STP stakeholders will be meeting with KCH senior operational stakeholders in mid-November to form a solution to KCH's lack of operational engagement with the network.</p>
3	No Change	<ul style="list-style-type: none"> <li>SEL LMS delivery infrastructure in place, all working groups now operational.</li> <li>Stocktake of existing case loading models and continuity of care model principles agreed and trajectories being plotted.</li> <li>Cross-Trust approach to PMRT in development.</li> <li>PReCePT discussions underway and LMS training being planned; South London Clinical Lead now appointed, appointment made from GSTT.</li> <li>SEL pilot of Better Breastfeeding toolkit now actioned.</li> <li>Work being undertaken to enable BadgerNet and Cerner capability to support personalised care planning; interoperability in case of transfers remains a challenge.</li> <li>SEL-wide implementation of eRedbook being planned; launch date set for January 2019.</li> <li>SEL Trusts participated in Pan-London Continuity of Carer workshop on 26<sup>th</sup> September; workplans to meet targets now in development.</li> </ul>

# Clinical Programme 2 of 3

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<b>Reporting Period:</b>	October 2018			

Project	RAG	Project status summary from project highlight report
4	No Change	<ul style="list-style-type: none"> <li>Confirmation of our successful application for £2m transformation funds for larger scale GP collaboration was announced in June. The CBC board agreed next steps for reporting to commence and formal reports have been submitted in October. The STP has provided an update on progress presented at the primary care network development event on 9th October.</li> <li>The launch of the GP provider network on 31st July and we have agreed a work programme for the remainder of the year based on the feedback received by our local PC leadership. The next event will be on November 27th and will focus on the opportunities for workforce development. This will include sharing of local best practice and presentation from the national primary care home team.</li> <li>The CBC board in August agreed a recommendation to appoint a adult director of social services as joint chair to enhance oversight of the impact of wider determinants of health on health and care inequalities. On 2nd October an updated approach to the CBC programme was agreed that more explicitly recognises the value in wider collaboration across health and social care.</li> <li>Public Health and STP system leaders will meet in November to agree the governance and membership of a new clinical leadership group on prevention. This group will include wider stakeholders such as provider and commissioning leads, alongside public health, research and clinical expertise.</li> <li>Core expectations for prevention, primary care and community based care in 2019/20 have been agreed and set out in the SEL CCG commissioning intentions.</li> <li>Pearl Dementia Support was announced as the successful applicant to the SEL dementia challenge in an award ceremony on 1st October by the Mayor of London's office. They have secured funding from the GLA to further test their solution to deliver culturally sensitive reminiscence tools for the African Caribbean population. OHSEL are supporting them through to implementation including finding test sites within our partner organisations.</li> <li>On 1st October the SEL Enhanced Health in Care Homes met to start to review self assessments undertaken by each area, which will inform our ongoing care homes transformation work, and planning priorities for 2019/20.</li> </ul>
5	No Change	<p>The focus of the urgent and emergency care programme through October has been supporting system winter readiness. NHS England and NHS Improvement have been reviewing the local systems' winter plans, with feedback anticipated to be received in early November; in the meantime SE London-level actions continue to be implemented. The winter planning process was presented to the Clinical Programme Board and was received well; a planning cycle is now being drafted for use in future years, following a similar process to that which has been used to date over 2018/19. Recognising changes in SE London governance over the last year, a refresh paper that clarifies the UEC Programme governance, its priorities and its work plan is being drafted, for review by the Clinical Programme Board in November.</p>
6	No Change	<p><b>Screening:</b> We continue to work with NHS England on the roll out of primary HPV screening in SEL; we continue to work on the roll out of the bowel screening project for people with learning disabilities; the pan London cervical text messaging service is now live</p> <p><b>Cancer Waits and Early Diagnosis:</b> A monthly Implementation Group meets to work towards the proposed 'go live' date for the implementation of the FIT (DG30) pathway in January 2019; SEL 62 Day performance has been below trajectory for July and August – in-depth review has taken place on progress with agreed actions across the three trusts and further actions required to return to trajectory, supported by additional national transformation funding. An escalation meeting with NHSE/I will be held 22 November. SEL Cancer Alliance is working with STP leads on network approaches to urology and dermatology services and progress continues with rolling out STT and one stop models for colorectal and gynae pathways, and rolling out TP biopsy technique on prostate pathway. A particular focus is also on PTL management across the trusts.</p> <p><b>LWBC:</b> We continue to work with Somerset for an IT solution for remote monitoring for SFU; transformation supported clinical leadership post holders identified in all 3 Trusts; 5 Advanced Communication Skills courses have been commissioned before end of November (50 clinicians) and funding secured for further courses; we are working with GSTT and TCST on Advanced Comms courses for primary care (80 places); Breast Tumour Group to agree Alliance protocol for SFU; Prostate SFU Steering Group is gathering data in both primary and secondary care to inform next steps; the ACN Recovery Package Manager commences 08/10/18. TF project support posts appointed; Revised Level 2 Psychological Support course being piloted; eHNA fully implemented at GSTT and roll out has commenced in KCH and LGT; scoping of Health &amp; Well Being offer in SEL completed across primary, secondary and hospice care; AHP workforce mapping underway.</p> <p><b>Education:</b> We have tested the education materials for FIT (DG30) at the October PLT event in Greenwich and have a plan to deliver this across the remainder of primary care in SEL; we have organised Red Whale education courses for 200 GP and Practice Nurses (13<sup>th</sup> December and January 2019); we are organising Advanced Comms for GPs (80 places) for early 2019; we have funding from CRUK to organise QI training for 30 GPs.</p> <p><b>Workforce:</b> We have commissioned the Health Improvement Network to deliver three Communities of Practice across SEL (Cancer Workforce Development (HEE)); the Clinical and Medical Oncology work continues.</p> <p><b>Transformation funding:</b> ED, Recovery Package and Stratified Follow Up – at present, there are no significant risks highlighted in relation to spend. SEL has been allocated an additional £800k of transformation funding, for projects prioritising recovery and managing additional demand on the urology and prostate pathways.</p>

# Clinical Programme 3 of 3

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Programme RAG

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<b>Chair:</b>	Andrew Parson / Matthew Patrick			
<b>Reporting Period:</b>	October 2018			

Project	RAG	Project status summary from project highlight report
7	No Change	<p><b>STP Mental Health Steering Group priority areas</b> Crisis care workstream/ OAPS</p> <ul style="list-style-type: none"> <li>SEL CCG and Las, working jointly with the SLP have submitted a proposal to NHSE to take up the offer of being a test site for improvements in complex care services. The test site programme will provide current teams working in inpatient and rehabilitation pathways, expert advice, diagnostic data, evidenced based systems and processes and support to address local challenges for specific patient cohorts to reduce the number of placements out of area, ensure that patients are cared for closer to home and in the least restrictive settings. Currently CCGs are at varying stages in completing a review of their rehabilitation capacity, and complex care pathways, therefore if the proposal is successful, the SLP will engage with all boroughs so that there is opportunity for those not yet signed up to this collaborative approach to be able to do so at a later date. The scheme is unfunded and the date of the bid outcome is to be confirmed.</li> </ul> <p><b>CYP MH</b></p> <ul style="list-style-type: none"> <li>In preparation for the next CYP MH access escalation meeting with NHSE, the STP needs to develop a revised recovery plan which incorporates NHSE feed back of its initial plan submitted in August. Providers are taking steps to improve data capture and are in discussions with NHS IST for support to resolve methodology issues resulting in a significant % of contacts not being reported in the data set. We are looking to increase on line provider coverage across the other 5 boroughs and likely to have two providers across the footprint, namely, 'Kooth Xenzone' who currently operate within Lewisham, and 'Healios' who are in discussions with Bromley. The revised recovery plan will show the forecast impact of both provider and commissioning actions and any residual gap. NHSE have expressed support for the revised recovery plan to maintain focus on quality and experience for CYP in trying to meet the target. . Best case scenario so far takes us to approximately 28%, 4% gap equaling approx. 1500 cases. Risk to delivery are that potential data capture improvements and online provision are not tested and therefore estimated impact not sufficient to take us to 28% or above. Mitigating actions are being considered including commissioning ideas from the MH steering group workshop, e.g. brief intervention pathways. Recovery actions will be included the LTP refresh due to be submitted 31<sup>st</sup> October.</li> </ul> <p><b>IAPT</b></p> <ul style="list-style-type: none"> <li>The IAPT task &amp; finish group held its first meeting on 19<sup>th</sup> October. The meeting was well attended where the group agreed a set of priorities and deliverables to be addressed, e.g. salary support cost pressure, waiting times between 1<sup>st</sup> and 2<sup>nd</sup> appt, strategic approach to further integration with primary physical health care including estates issues, LTC mapping data and best ways to increase referrals to improve access. IAPT access fell again in July. Some CCGs are experiencing difficulty recruiting therapists, which is believed to be exacerbated by the outer London living allowance.</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>STP Workforce plan submission due on 8<sup>th</sup> November. This requires progress to be reported on the workforce initiatives qualitatively described in the June 18 submission and will be the quarterly reporting methodology agreed by HEE going forward. The quantitative waterfall plan submitted in March 18 will need to be refreshed annually.</li> <li>SEL were successfully awarded a total of £355K across 7 projects from the recent HEE workforce bid. Bexley and Southwark will be able to fund training for peer mentors and support workers to provide care confidently in crisis cafes' and community hubs for example, for patients moving from specialist care settings to their community as well as those who are entering crisis where appropriate. The peer mentors are estimated to help reduce an estimated 100 patients from needing to use A&amp;E services during the funded period. SLAM, Kings College and St Thomas's hospitals, Bexley &amp; Lambeth CCGs were also awarded funding to upskill clinicians working in primary, community and EDs to better meet the physical health needs of patients with mental ill health.</li> </ul>
8	No Change	<p>Continued progress being made. NHSE/NHSI Systems Leadership Pilot has been the focus over the past month – with focus on developing plans and engaging key stakeholders on going. Short timeframe for Dec 2018 delivery of some initial outputs. Clinical Programme Board and STP SEL Executive have been briefed and have endorsed this work. First Programme Board meeting Monday 29<sup>th</sup> Oct 18.</p>

<b>Programme:</b>	Productivity	<b>Programme RAG</b>
<b>Chair:</b>	Charlie Carpenter	
<b>Reporting Period:</b>	October 2018	

Project	Overall RAG	Do plans meet STP savings target by 2020/21?	Project status summary from project highlight report
1 <b>Pharmacy - Pharmacy Supply Chain and Aseptics</b>	No Change	No Change	<p>Medicines Supply Chain: IV fluids key project currently being looked at. Pharmacy and Procurement work streams continuing to work together. David Lawson invited as member of the current medicines and pharmacy programme board to support collaborative approach.</p> <p>Pharmacy Aseptics: Outputs of GSTT IPB have been shared and discussed. STP and GSTT colleagues working closely towards OBC for December 18. PM resource confirmed for this work.</p>
2 <b>Pathology</b>	No Change	No Change	<ul style="list-style-type: none"> <li>- LGT trust board have confirmed their decision to not join the SEL procurement and therefore to pursue joining a pathology network outside of South East London. To ensure that close clinical links are maintained between LGT and GSTT and KCH as tertiary referral centres for LGT patients, the LGT Board confirmed that specialist send away test volumes are to be included in the SEL procurement to support continuity of existing pathways.</li> <li>- Direct Access Pathology activity from all six SEL CCGs continue to be included within the scope of the SEL Pathology Procurement, including those volumes currently provided by LGT for Bexley CCG, Lewisham CCG and Greenwich CCG.</li> <li>- SEL Pathology Programme Board has confirmed the evaluation of bidder responses to the selection questionnaire and have therefore approved a shortlist of 3 bidders to be invited to participate in the first phase of competitive dialogue. Bidders have been informed of the outcome.</li> <li>- Invitation to participate in dialogue documents have been completed and approved at October Programme Board for issue to down-selected bidders (subject to final amendments).</li> <li>- Epsom and St. Helier University Hospitals NHS Trust confirmed decision to withdraw from the SEL Pathology Procurement. East Sussex Healthcare NHS Trust Board confirmed intention to continue in active participation in the SEL Pathology Procurement Programme as a customer, and therefore full pathology activity volumes included in scope.</li> </ul>

<b>Programme:</b>	Productivity			
<b>Chair:</b>	Charlie Carpenter			
<b>Reporting Period:</b>	October 2018			

Project	Overall RAG	Do plans meet STP savings target by 2020/21?	Project status summary from project highlight report	
<b>3</b>	<b>Procurement</b>	No Change	No Change	<p>Confirmation of HSLI capital bid (STP Asset Tracking) received with funding available from 2019/20. Outcome of Wave 4 capital bid (STP Supply Chain) due in September delayed – now due November. Work on both initiatives planned during November to prepare Outline Business Cases. Consultation launch date put back until December to allow time for job descriptions to be updated. Quarterly Shared Service Board held and new monthly reporting format agreed. STP/ London tender to explore IV Pack to Ward model due to be launched in November. Joint initiative with the STP Pharmacy workstream and also includes Imperial, Royal Brompton, and Great Ormond Street.</p>
<b>4</b>	<b>HR / Workforce</b>	No Change	No Change	<p><b>Pan London Medical Bank Pay Rates</b> – SEL Trusts went live as expected 3<sup>rd</sup> Sept 2018.</p> <p><b>AHP Bank and Agency Review</b> – A review of AHP bank and agency activity was completed. Opportunities identified are in progress.</p> <p><b>Stage 1 - Long Term AHP Agency Workers</b> Engagement meetings held with HRBP's across all organisations 31<sup>st</sup> July 2018 and 20<sup>th</sup> Sept. L&amp;G Migration in progress - up to Oct 2018, £194k cash release tracked. GSTT migration starting November 2018 - work in progress. Project completion by 31<sup>st</sup> December 2018.</p> <p><b>Stage 2 - VAT Savings – Improved DE uptake</b> L&amp;G implemented zero tolerance of Umbrella company engagement terms to drive this reduction ahead of full plan implementation. DE terms have increased from 42% in May to current position of 83%.</p> <p><b>Stage 3 - Agency Use – Reduction/Migration</b> Migration project to start January 2019.</p> <p><b>Collaborative</b> - Workshops taken place to explore full collaborative opportunities. Reports (next actions) delivered with various opportunities identified. Current configuration and modelling of collaborative SEL Medical Bank in progress.</p> <p>Estimated total savings by 2019 to exceed £2.5m.</p> <p>D&amp;G currently considering SEL/K&amp;M alignment.</p>
<b>5</b>	<b>Estates</b>	No Change	No Change	<p>The programme (SRO, SME, resource and deliverables and governance arrangements) is being reviewed in the context of the establishment of the Enabler Programme Board and following discussion at the recent Estates Steering Group.</p>

# Enabler Programme 1 of 1

- Delayed
- At risk of not being delivered
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Programme RAG

<b>Programme:</b>	Enabling Strategies			
<b>Reporting Period:</b>	October 2018			

Project	RAG	Project status summary from project highlight report
1	No Change	Review of the functions of the Estates Executive Delivery Group / Steering Group functions in keeping / alignment with the STP Executive Programme Review continues to be progressed. Terms of Reference have been produced for STP Executive Group. SEL STP Capital Investment Plan currently being reviewed and in parallel with full review and deliverability schedule for ETTF Funded Projects / Schemes. Bids to be generated for potential Year 5 ETTF Funded Projects. Dialogue continuing within the context of LEF's to establish locally based work stream activity and to support the re-profiling of the SEL STP Capital Investment Plan.
2	Improved	The programme RAG status remains at GREEN. We are waiting for the final approval for our projects for the Health System Led Investment in Provider Digitalisation (HSLIPD) bids. HSCN we have not yet been able to appoint the installation support provider waiting decision from STP Exec and this is now a significant risk to delivery of the new service Waiting decision on ETTF funding for the two additional Cohort 1 projects; and the Wave 4 capital bid for the digitisation of records at GP practices. CVD; met with NWL digital team to understand their methodology for data sharing capture and analytics called the WSIC. We found that this tool could be an invaluable asset for population health across our STP and aligns with our programme. It would be a key enabler for the STP's ambitions of transformation into an integrated care system. It has the potential to help shape care for CBC and unscheduled care, percent duplication and help plan services. We think this would be best powered by the Discovery database. One London LHCRE work is progressing with the demonstrator projects, further funding being made available, we are engaging at both technical; IG and Communications levels. Noted that an Inconsistency in IG approach across the STP particularly in relation to Health and Care information sharing and the requirement for proactive audit of shared record use.
3	No Change	We received a higher than expected retention bid response in October. As this has demanded more time, other deliverables have been delayed. The Transformation Partnership PM across workforce and estates commenced on 29/10/18. The on-going focus in November & December will be on governance, commissioning at scale elements in 3 key areas, (OD & Leadership, coaching & mentoring & MH and resilience) and further PC workforce strategy development & engagement.