

PMO Programme Highlight Reports

Reporting Month: February 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 February 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.

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

Programme RAG

Programme:	Clinical		No Change
Chair:	Andrew Parson / Matthew Patrick		
Reporting Period:	February 2019		

Project	RAG	Project status summary from project highlight report
1	No Change	<ul style="list-style-type: none"> A dedicated programme manager is now in place on the CYP workstream. This is helping to drive work forward in the priority areas and develop business plans for 2019/20. A further 2 LTC/UEC workshops are now arranged to develop an programme action plan and assign leadership roles to improve consistency. A further SEND workshop has been set up to focus on development of the neuro-developmental pathways. Regular SEL meetings continue to take place with commissioners and providers to ensure good progress ins made on CAMHS access target. This includes the CAMHS Access Technical Group to assure data quality and also a learning collaborative to share good practice on CAMHS access.
2	No Change	<p>Network members have been sharing their learning from the previous on the day cancellation and post-operative patient length of stay studies. KCH enhanced recovery after surgery project manager shared operational learning in how their multi-disciplinary team are achieving the shortest average patient length of stay in SE London. LGT nursing lead described the circumstances behind a patient choosing to discharge from hospital on Day 1 following a total knee replacement procedure.</p> <p>SE London Provider Directors of Strategy and Chief Operating Officers are collaborating to outline how Providers could work closer together to realise system-wide clinical quality and sustainability benefits in 2019/20, and are designing the capability required to implement shadow governance in preparation for possible direct commissioning to an elective orthopaedic network in 2020/21.</p> <p>Provider Clinical Directors and General Managers are carrying out a final review of a PROMs collection service specification to deliver an enhanced quality service from 01st July 2019. Network Board members will agree the funding split between providers prior to release of tender.</p> <p>Engagement with the London Clinical Senate is in progress with a goal of submitting our network's request for advice by 04th March for anticipated visits in May.</p>
3	No Change	<ul style="list-style-type: none"> SEL LMS delivery infrastructure in place, all working groups now operational, and with refreshed work plans. LMS meeting has taken place. Co-chair stood down. Workstream updates provided at LMS meeting. Process around recruitment of new chair has commenced. Survey monkey questionnaire re) ways of working closed with over 200 responses. Bids from workstreams reviewed and decision panel took place to allocate funding, some workstreams need to revise/ amend their bid post panel. Planning for CoCarer training is taking place. Choice and personalisation workshop has taken place. Presentation of highlight report at Maternity Transformation Board has taken place. Action planning from trusts around ATAIN and transitional care has commenced based on CNST incentive scheme for trusts.

Clinical Programme 2 of 3

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Reporting Period:	February 2019			

Project	RAG	Project status summary from project highlight report
4	No Change	<ul style="list-style-type: none"> On 4th February the SEL Enhanced Health in Care Homes group met to begin to consider planning priorities for 2019/20, and the implications of the Long Term Plan and new GP contract on the Enhanced Health in Care Homes framework. The group also agreed which care homes would be invited to Significant 7 training session on 21st March. The Significant 7 training supports care home staff with recognising signs of deterioration in residents and will develop the skills and knowledge of staff to enable them to identify residents' needs with confidence, and manage them appropriately. Initial meetings were held with local clinical and public health leadership and the Right Care team to reflect how best SEL-wide opportunities for respiratory and CVD can be taken forward. Further meetings have been agreed to bring together wider participation and alignment across SEL, starting with opportunities to maximise input and influence of the pharmacy leadership programme. On 19th February representatives from SEL CCGs, community providers, Local Authorities and GP Federations attended a workshop to discuss Primary Care Network (PCN) development. The aims of the workshop were to share specific examples of PCN development from each area and discuss what the common characteristics of a PNC might look like, or what services and functions we might expect to be aligned across more than one PCN. There was also discussion of PCN maturity against national key lines of enquiry, what evidence might be required to demonstrate progress consistently across SEL, and what needs to be prioritised in order to meet the timescale for full geographical PCN coverage nationally by 1st July 2019. Commissioning leadership across SEL has come together to discuss the opportunities and requirements for the PCN directly enhanced service contract and the initial outcomes of these discussions will be brought to the ICS development board on 19th March.
5	No Change	<p>Winter schemes and reporting remain in place, though as the end of winter approaches the focus will move towards debriefing winter 2018/19, later using this to plan for winter 2019/20.</p> <p>Work has continued on the mobilisation of the Integrated Urgent Care service.</p> <p>Following a tender process SLAM has been announced as the provider who will deliver the training for our workforce project focused on improving health and wellbeing of ED staff.</p> <p>Across March the programme will be looking in more detail at the Long Term Plan and what the implications are for urgent and emergency care services and systems; this will kick off with a planning workshop with clinicians and patient representatives on 14th March.</p> <p>The SE London A&E Delivery Board has changed its name to now be the SE London Urgent and Emergency Care Board, as a better reflection of its scope.</p>
6	No Change	<p>Screening: We are currently producing project plans for the 3 screening bids to submit to NHSE and operationalising the proposals.</p> <p>Cancer Waits and Early Diagnosis: We are aiming to go live for FIT (DG30) for low risk, symptomatic patients on the 4th March; For shared patient pathways, progress has been made in standardising colorectal straight to test models (telephone assessment clinics introduced at all sites), and Prostate TP biopsy technique (will be at all sites by end of March), supported by 2018/19 transformation funding. January sector performance on the 62 Day Standard has been challenged for a number of reasons (including known issues with workforce/capacity, as well as seasonal impact relating to patient choice within the Christmas period). Progress against the 62 Day Recovery Plan is being reviewed in detail at the 62 Day Leadership Group and ACN Members Board, and an additional session for CEOs, COOs and wider trust teams is taking place 1 March to identify the step change and support needed for sustained recovery moving into 2019/20. This may involve more intensive operational support provided by the Accountable Cancer Network.</p> <p>LWBC: We have sent Funding Letters to the 3 Trusts for the purchase of Somerset for remote monitoring for SFU by the end of this financial year; we are finalising the pan London Q4 report to submit to NHSE; Recovery Project Manager and Programme Lead are now in place at King's and a steering group has commenced, with a focus on HNA's and monthly generic HWBE's; x5 Macmillan funded navigator posts have been established at GSTT, who are helping patients complete eHNA questionnaire, achieve compliance targets and follow up on any referrals made; funding has been secured for support workers for both LGT and KCH; we continue to roll out Advanced Communication courses in primary and secondary care; an End of Treatment (EoT) clinic has been implemented at the PRUH, Kings & QE, which incorporates all elements of the Recovery Package and SFU, post treatment HNAs, Treatment Summaries & HWBE; the first pan London Macmillan Recovery Practice Project Managers Community of Practice has taken place; pan London, we have recruited the organisations who will be delivering Motivational Interviewing and the rehab scoping piece of work; we have produced an Alliance Patient Engagement Plan in response to the National Cancer Patient Experience Survey.</p> <p>Workforce: We have commissioned the Health Improvement Network to deliver three Communities of Practice across SEL and the implementation meetings is taking place on the 27th February; the Clinical and Medical Oncology work continues; we will be rolling out Advanced Comms for Practice Nurses.</p>

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Project	RAG	Project status summary from project highlight report
7	No Change	<p>STP Mental Health Steering Group priority areas</p> <p>CYP MH</p> <ul style="list-style-type: none"> Regular SEL meetings continue to take place with commissioners and providers to ensure good progress ins made on CAMHS access target. This includes the CAMHS Access Technical Group to assure data quality and also a learning collaborative to share good practice on CAMHS access. <p>IAPT</p> <ul style="list-style-type: none"> CCGs continue to discuss options with HEE to mitigate the financial impact of 100% trainee salary support. HEE capacity modelling for 19/20 is continuing with HEE and CFOs to discuss the updated cost implications as a next step. HEE current calculations at £415K per CCG. T&F group meeting held. Discussion regarding increased use of digital to support access. Services have agreed to review utilisation of current digital IAPT (CBT) and also look at option of commissioning at scale before scoping whether to invest in new digital services. HLP have evidenced that the leading digital IAPT provider price varies from £29 to £62 for the same package across services in London. HLP are piloting this approach in NWL and will feedback in April. The STP have provided KLOES to commissioners to support them to carry out the digital review, results to be discussed at the next meeting in April, date tbc. Workforce continues to drive concern with challenges to recruit (especially in the outer boroughs) and also provision of training. Services agreed to undertake a training needs analysis with a view to sharing training resources where possible to reduce any training gaps. Further discussion needed about tacking 2nd appointment waits at the next meeting. <p>Workforce</p> <ul style="list-style-type: none"> A second meeting with HEE to review SEL workforce plan was held on 21st February. Plans to streamline reporting for Q4 to provide greater accuracy on the number of upskilling projects which can be counted in growth numbers has commenced. This will be concluded in time for Q4 report deadline. HEE and SEL STP workforce stakeholder event planning meeting to take place in early March. The workforce event is aimed at late April/early May and designed for providers to discuss, share ideas and solutions to achieve the workforce required to deliver 19/20 activity. <p>OAPs</p> <ul style="list-style-type: none"> STP is required to submit a new trajectory OAPs trajectory to meet zero inappropriate out of area placements by 2021.
8	No Change	<p>Last Programme Board was 11th Feb 2019 and the next one is March 6th 2019. Good progress on all projects of work. LLA bid successful for £40k and awarded to The Kings Fund as provider to support leadership development in pharmacists working at neighbourhood/place/system level. Project briefs to be agreed as final on 6th March. London Regional event scheduled for 12th March, with almost 80 attendees signed up from outside of SEL. Working closely with existing APC/MPPRG groups to support delivery of the Hypertension, Respiratory and Polypharmacy clinical areas for Medicines Optimisation.</p>

Programme:	Productivity	Programme RAG
Chair:		
Reporting Period:	February 2019	

Project	Overall RAG	Do plans meet STP savings target by 2020/21?	Project status summary from project highlight report
1 Pharmacy - Pharmacy Supply Chain and Aseptics	No Change	No Change	<p>Medicines Supply Chain: Tender for IV fluids pan SEL continued progress (joint initiative with procurement work). STP Wave 4 patient centric supply chain bid successful and now into project planning of next steps with procurement work stream – see patient centric section for an update.</p> <p>Pharmacy Aseptics: Ran comprehensive workshop on developing options appraisal for Ready to Administer (R2A) doses. Outputs to be shared in March and decisions to be made on which option to proceed with.</p>
2 Pathology	No Change	No Change	<ul style="list-style-type: none"> Completed second round of dialogue meetings for all bidders (including sessions on genomics). Responded to clarification questions raised by bidders through portal and during dialogue sessions – large number of evaluation. questions raised regarding Trusts’ estates plan. Session scheduled with GSTT and KCH estates leads to provide update on Trusts’ estates strategies. Bidders completed and submitted Revised Initial Bids for formal evaluation on 1st March - all workstreams have initiated review of Revised Initial Bids in preparation for formal evaluation. Initiated development of updated service specification in preparation for DP2, including the addition of genomics requirements. Developed detailed plan for DP2, and issued placeholders to dialogue team to hold time in diaries. Finalised draft contract performance schedule, including recommended service levels for each KPI and service credit model – issued to bidders in advance of contract dialogue sessions. Refined plan for development of Outline Business Case to align plan to existing schedule of programme meetings – and agreed proposed sequence for development of OBC cases. Scheduled Exit Planning workshop with Viapath for 8th April, to agree transition plan in the event that Viapath is not successful in the tender. Legal advisors developed an initial analysis of the alternative Joint Venture options offered by bidders. Incumbent provider has provided further workforce cost details and committed to provided required activity data in early March. Incumbent has also agreed to take part in an exit planning workshop that will be used to obtain more detail for other bidders (specifically around IT estate).
3 Procurement	No Change	No Change	<p>CIP delivery on-target and draft CIP plans for 2019/20 issued. TUPE consultation for SLAM procurement team launched. Department consultation delayed due to further delay in scheduling Agenda for Change matching panels for updated job descriptions. Target launch date re-set for mid-March. Ahead of full team consultation Sourcing Team strengthened with appointment of a second Director of Sourcing (from News International) and establishment of Clinical and Non-Clinical category teams. Appointment of a new Supply Chain Director also due to be completed in March to lead implementation of supply chain transformation initiatives. New telecoms contract awarded to 02 achieving 60%+ saving for GSTT and 50% savings for GOSH and SLAM. New 3rd Party Payroll contract awarded to PwC achieving 60%+ saving for GSTT and (from Dec 2019) LGT. In parallel team have been preparing contingency plans for BREXIT to ensure continuity of supply in the event of supply disruption. Shared Service Team finalist for HSJ Partnership Award.</p>

Programme:	Productivity		
Chair:			
Reporting Period:	February 2019		

Project	Overall RAG	Do plans meet STP savings target by 2020/21?	Project status summary from project highlight report
4	No Change	No Change	<p>Programme on track. Asset tracking: tender issued to short listed service providers. OBC drafted but submission to GSTT IPG and IPB put back 1 month to allow time for IT team to stand up project team and map site infrastructure. Logistics Centre: CEVA Logistics selected as preferred bidder and new build site at Belvedere proposed. NHSI have confirmed requirement for a FBC to release capital to support initiative. As a result programme plan adjusted and FBC brought forward to April with contract award subject to NHSI approval of the FBC. King's College London, GSTT Charity, and the Southbank Employers Group have also expressed interest in joining initiative. Inventory Management: Contract Notice launched. Next step to mobilise joint procurement/pharmacy project team to undertake evaluation. A programme brief will also be prepared for GSTT, KCH, LGT, and DGT Finance Committees to brief executive teams on programme and potential benefits.</p>
5	No Change	No Change	<p>The SEL Bank/Agency Project Group met on 12th February 2019. Highlights from this meeting are noted as:</p> <p><u>Pan London Medical Agency Performance</u> – LPP dashboard data shows SEL still Rank 1st in all elements of PL Medical Agency Rate Controls. This includes highest throughput for Direct Engagement resulting in VAT payments being reduced from 20% of total spent to 4%.</p> <p><u>Collaboration</u> – Move towards further harmonisation and joint efficiencies across SEL organisations. Next Steps: It was discussed that the biggest blocker for collaboration is the differences candidate personal information held in ESR at each Trust i.e. Training, sickness and qualification details. It was agreed that SEL would undertake an ESR evaluation with a view to harmonising core standards and best practice across our organisation. Efficiencies identified will be detailed as the project progresses. Medical passport in place for all new doctor starts across GSTT and L&G.</p> <p><u>AHP conversion from agency to bank/permanent employment</u> – good progress is being made across all partner organisations on converting long term agency AHP onto bank or permanent vacancies. This continues to be a focus for the project with significant further savings anticipated.</p> <p><u>Agency Nursing</u> This element has been moved to priority 1 for the SEL B/A PG. Spend on agency nurses is increasing, the group are considering joint opportunities for discussion at the March meeting. Further details will be provided for the March dashboard.</p>
6	No Change	No Change	<p>It was agreed at the last Enabler Board, that the Estates productivity programme should be regarded as inactive.</p>

Enabler Programme 1 of 1

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

Programme RAG

Programme:	Enabling Strategies			
Reporting Period:	February 2019			

Project	RAG	Project status summary from project highlight report
1	Estates	Improved
<p>Review of investments and disposals pipelines and delivery/resource plans underway. Optimisation Programme governance and resource plans progressing. STP strategic estates support function proposal in development – plan for developing capability and capacity across SEL. Early drawdown of funds to support Wave IV scheme developments (e.g. OBC and FBC) not possible</p>		
2	Digital	Improved
<p>The programme remains at Green. The new CIO is due to start at the beginning of May. The HIN have been appointed to work with us to look at a refresh of the digital strategy with a report going to the enablers board in March. HSLIPD; our bids have been approved by NHSE for all projects for 18/19 works; funding will be arriving soon, we will continue to reassess the programme for years 2 and 3. SEL submitted bids for additional capital funding for both CCG and GP-IT equipment with a value of £270k; waiting on confirmation from NHSE that we have been successful. Digital accelerator programme. Bids submitted by each CCG for the £500k funding as lead implementation. Review group considered each bid and have made recommendation to the accountable officer. Kick off meeting with selected CCG set for 8 March. HSCN good progress made on completion of surveys enabling orders to be confirmed and dates to be scheduled for the installation works. We have a key risk which has been added to the corporate risk register relating to potential telephony problems arising from the closure of the NEL N3 service. Risk is being actively managed by the T&F group. Met with Department Culture; Media & Sport to seek potential funding under “full fibre challenge” Bexley and Bromley providing details to see if we qualify. ETTF; we have been successful in our bid for additional LCR work £850k, now waiting on release of funding.</p>		
3	Workforce	No Change
<p>Our February workshop profiled the qualifications and scope of practice of the Physician Associate (PA) profession in primary care and was highly valuable. The focus for March is on shaping our programme plan for 19/20 to reflect the LTP and prioritise for impact and value, refining project approaches in the Nurse workforce programme and key decision making to progress the collaborative apprenticeship project.</p>		