

Cover Sheet
Strategic Planning Group
09 May 2018

Agenda Item: PAPER B2: Programme Highlight Reports
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Report Author Tom Wake
Summary This paper provides the programme highlight reports for April for the Clinical, Enabler and productivity programme.
Action Required The Strategic Planning Group is asked to: note the contents of this paper.
Date Report submitted: 4 th May 2018

PMO Summary Highlight Reports

Reporting Month: April 2018



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

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:	April 2018		

Project	RAG	Project status summary from project highlight report
1	No Change	<p>Priority setting event – A workshop has been held on 2nd May for all CYP stakeholders to agree the work plan for the next 12-18m for CYP. There was positive engagement from the wider CLG membership and good progress was made in further developing the themes of work and ensuring that work themes reflected real issues across the sector. The workshop report will go to CLG on 10th May and then the STP Exec for ratification. Next steps and delivery groups will be finalised following Exec sign off, but at present consist of:</p> <ol style="list-style-type: none"> 1. Proposed actions arising from the results of the SSPAU evaluation 2. Themes developed at 3 leadership events between March and April 3. Further commissioner priorities 4. Acute care standards review 5. SEL wide opportunities from the CAMHS transformation plans 6. Supporting a plan for cleaner air across SEL from corporate plans across organisations <p>A key issue identified was the need to ensure STP delivery aspirations are feasible and reflect genuine issues for the whole collective and this will need to be tested prior to project initiation.</p>
2	No Change	<p>The Clinical Programme Board were briefed in April of the network’s progress (including projected milestones until December 2019) and will receive a further brief in May on the formation of a network board and how we intend to collect and share data to measure our progress. We have articulated our learning in how we have established this network which will be a product of the NELCSU support which completes at the end of April 2018. Commissioning data for 2017/18 has given us a detailed understanding of procedures and volumes. We will now analyse this against longer term data to project future demand. In May we will analyse the current state pathway maps for hip and knee replacement from each trust and develop working groups to collaborate in developing solutions to shared challenges.</p> <p>Clinical engagement remains a challenge. LGT has appointed a new Clinical Director for Trauma & Orthopaedics with whom the Clinical Lead and Network Manager will meet in early May. KCH remain highly engaged with NHS Improvement leaving less time to collaborate on network activity. KCH’s lack of clinical engagement with the network has been logged as an issue.</p>
3	No Change	<p>The south east London Local Maternity System submitted its response to the national maternity review, <i>Better Births</i>, on 31st January 2018 and is now working to implement the resulting delivery plan. This month has focused on finalising the infrastructure required to support implementation whilst continuing to progress in areas that are already underway: digital, continuity of carer, and the resourcing of Maternity Voices Partnerships.</p>

Clinical Programme 2 of 3

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Programme RAG

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Chair:	Andrew Parson / Matthew Patrick			
Reporting Period:	April 2018			

Project	RAG	Project status summary from project highlight report
4	No Change	<ul style="list-style-type: none"> A presentation on the initial prioritisation of CBC programmes was discussed at the CPB on 06 March, 2018. The initial focus was agreed but further development detail on the priority programmes and resourcing is required; in particular to identify further opportunities for SEL collaboration and leadership of prevention areas that address key population health challenges for SEL (such as obesity, COPD and diabetes) . An updated structure for the CBC board, including a provider network meeting facilitated by the HIN has been agreed and we are hoping to Launch this at the end of June. GLA have approved SEL proposal to take forward a civic challenge addressing the lack of culturally relevant reminiscence services in SEL. Initial plans to test the prototype in Oct. Further developments of an approach to EOL care were discussed with EOL stakeholders, including the regional clinical network and the HIN An extended CBC board on the 20 March 2018, brought together providers, clinical and commissioning leadership to discuss the opportunities of further collaboration across SEL and an approach to the investment of a potential transformation fund to support this work. A framework for the development of more detailed proposals for the transformation funds and related SEL strategy was agreed at the 17 April which will inform a presentation of our investment plan and wider approach to the SCF on 16 May, 2018. An SEL wider prevention communication and campaigns programme has been agreed across PH services and we plan to test this approach, focusing on a 10 minute brisk walking campaign in June.
5	No Change	<p>The continued focus of the U&EC Programme is the development of the 2018-19 Work Plan. The priority areas were presented to the STP Executive on 20th April, with the next step being the development of a formal work plan for approval by the SEL A&EDB and Oversight Group on 31st May. This will include socialisation of the draft plan with each of the local A&EDBs throughout May 2018 which will allow further development of the plan and a clear view of alignment between pan-London, regional, and local U&EC transformation activity. The programme also submitted an NHS England Assurance Report against the 5YFV targets at the end of April, which included a number of changes to the targets and deadlines. These changes will be reviewed throughout May 2018 to ensure they are accurately reflected in the work plan and trajectories. In addition to this work, the programme will also be presenting its activity and broader position on embedding equalities into the programme to the SEL Equalities Steering Group on 4th May, following submitting a response to recommendations made by the group. The Syncope Pilot Project Steering Group was established in April 2018, with the first meeting to be held on 3rd May. This links well to a recent update to the pan-London U&EC CLG, with a further update to that group to follow in October 2018. Work on the Digital U&EC Requirements has continued with significant progress made, including upgrades to most of the SEL AdAstra sites, and two sites expected to be online with Direct Booking at UTCs by May 30th. Finally, May 2018 will see a handover of the programme to a new Project Manager, serving as a clear programme review point.</p>
6	No Change	<p>Screening: We are meeting with NHS England to discuss the roll out of primary HPV screening in SEL.</p> <p>Cancer Waits and Early Diagnosis: ACN clinical work programme has been refreshed, in line with Alliance and 62D recovery trajectory priorities. Escalation meeting with NHSE/I relating to SEL trajectory, 62D Plan and ACN model of increased operational support to Trusts, led by a SEL ACN Director of Ops. Implementing 62D Recovery Plan: immediate priorities around implementing STT colorectal pathway and increasing tracking/cancer data teams resources at each Trust. Other high priority actions are lung, Head and Neck, gynae and urology. Diagnostic outsourcing has continued and insourcing options are being reviewed. National Support Funding longlist bid has been developed for additional to implement recovery actions.</p> <p>LWBC: Awaiting funding agreement for the pan-London transformation bids for the Recovery Package and Stratified Follow-Up. New governance structure agreed for the transfer and management of transformation funding pan-London and SEL to chair the assurance group for this. Discussions to commence for breast SFU at the Breast Tumour Group in May.</p> <p>Education: We are going out to advert for a Project Co-ordinator for Education.</p> <p>Workforce: SEL Cancer Workforce Strategy (Phase 1) submitted to London Region and a London plan submitted to the national team. We will be attending the first of the phase 2 element of this work, which will focus on AHPs and nursing</p> <p>Transformation funding: Early Diagnosis, Recovery Package and Stratified Follow-Up transformation funding has been submitted and approved 'in principle'.</p>

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Project	RAG	Project status summary from project highlight report
7	No Change	<p>The programme has agreed 5 areas of work: whilst the CCG and providers have assured delivery of FYFVMH deliverables for 18/19, the STP programme has agreed to focus on 5 areas of work for transformational priority.</p> <p>The workforce task and finish group convened its first meeting on 20th April. The group agreed a number of actions to further the development of the trajectory by validating its assumptions and figures in the first instance where numbers don't look accurate, (e.g.. Oxleas shows larger IAPT workforce than SLAM but they cover a smaller patch), and focus on engaging with 'other' larger providers to establish their ability to support the workforce increase and 5YFV targets, Further clarification is also being sought from HEE for inclusion/exclusion definitions for CAMHs services to enable consistency in the data. Actions to validate the trajectory are categorized as 'immediate, medium and longer term'. All 'immediate' actions have an agreed deadline to complete by end of May. The next HEE submission deadline is the end of June.</p> <p>The setting up of the OAPs task and finish group to progress actions to strengthening the Crisis Care pathway and reduction in out of area placements has been delayed slightly. This work is now due to start in May, however some areas are being progressed as a result of NHSE OAPS guidance via the webinar in April, e.g. development of a SOP for internal OAPs has begun. NHSE have issued feedback to the March submission which the STP is responding to. The 2nd trajectory submission was uploaded on 30th April via unify (SEL agreed for the April trajectory submission to remain unchanged)</p> <p>IPS Wave 1 award confirmed, Bromley to be lead CCG to receive funding. Mobilisation of wave 1 being lead by Bromley MIND. IPS task and finish group to finalise engagement plan to promote employment support services in each of the 4 remaining boroughs without high fidelity IPS services. Southwark meeting booked for May.</p> <p>MH Steering group meeting in May to focus on IAPT and addressing waiting time for 2 appointment waits. HLP and the Clinical network support to deliver the event. Anticipated outcome is for commissioners to develop and agree a preferred model for LTC IAPT services that has proven Rol and benefits (as this is key to delivering the 18/19 growth in access) and also agree actions to addressing waiting times for second appointments.</p> <p>The STP CAMHs steering group held its first meeting and have agreed key priorities for 18/19. Initiatives for example, improving crisis management and alternatives to inpatient stay (reduction in avoidable A&E attendance, inappropriate tier 4 admission and lack of tier 4 beds, greater cohesion and sharing of good practice to deliver LTPs with a focus on youth justice and improved fidelity in transition planning and support for TCP cohort in the community. Workforce and data are also of focus, and CYP IAPT for which IST workshops will be taking place for each borough (Southwark and Bexley in May). The group TOR and 18/19 delivery plan and timeline is due to be finalised at the next meeting in mid June.</p>
8	No Change	<p>Work ongoing in this area. Has been agreed that APC will report into Clinical Board, however updates for that will sit outside this highlight report. Governance for pharmacy leads to be agreed across SEL. To continue delivery against IPMO paper, that was presented at Feb Clinical Board.</p>

Productivity Programme 1 of 2

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Programme RAG

Programme:	Productivity			
Reporting Period:	April 2018			

Project	Overall RAG	Do plans meet STP savings target by 2020/21?	Project status summary from project highlight report
1	No Change	No Change	<p>Clinical (IPMO) project are not being updated as part of Clinical Board. Pharmacy Supply Chain and Aseptics will continue reporting into this group. In process of implementing plans as set out in SBC papers for both these work streams. David Lawson has been engaged and now involved in the pharmacy supply chain project. Kings to develop plan for centralising procurement function across sites, with LGT to go next (once IT capabilities enabled). Aseptics central hub specification designed – to be discussed with Chief Pharmacists and individual trust execs.</p>
2	No Change	No Change	<p>Pathology Programme Board Members have undertaken a mini competition to appoint legal and project management support to the next phase of the programme - appointed resource due to start in early May 2018. This will allow the completion of the clinical and technical specifications during May/June 2018 thereby allowing the pathology programme to launch a procurement process, subject to Trust Board approval of specifications by the end of Q1.</p> <p>Key programme workstreams are being established to enable the completion of the shared specification and progress with the development of the procurement process and creation of an NHS option. Terms of reference have been developed and workstream leads and members will be appointed from each acute trust to the following workstreams: Clinical, Procurement, IM&T, Workforce Teaching and Training, Research and Development, Finance and Governance.</p> <p>Additional programme support and engagement being undertaken with Lewisham and Greenwich clinical directors to develop input to clinical specification for the SEL consolidated model. This additional support will run through to the end of Q1 to ensure LGT clinicians are provided with sufficient opportunity to shape the development of the specification prior to signing off with medical directors at the pathology programme board.</p>

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Project	Overall RAG	Do plans meet STP savings target by 2020/21?	Project status summary from project highlight report
3	No Change	No Change	<p>Consultation Document subject to final sign-off with aim to launch by mid-May. New Procurement Policy across member Trusts subject to review with the aim that each Trust takes it through Trust governance process to ratify. Leadership team strengthened with new Procurement Director for Dartford (Lisa Jones) in post from the 30th April and new Procurement Director for Lewisham (Susan Griffiths) in post from 31st May. Control over supply chain strengthened with TUPE transfer of receipt & distribution function from Interserve at the Lewisham site, appointment of new catalogue manager for Lewisham, and appointment of an additional Inventory Reduction Manager post at Guy's. New Supply Chain Director also due to be appointed during May to take forward development of a joint strategy with Pharmacy STP programme for an integrated supply chain model. Great Ormond Street on track to join shared service from the 1st June with draft CIP and process improvement plan developed.</p>
4	Improvement	Improvement	<p>Pan London Break Glass Medical Bank Rates STP implementation of the new medical PLBG rates for bank effective 09/04/2018 has been difficult. KCH in transition with a new outsource provider for bank and agency management, so significant concerns around implementation at this time but do plan to implement once stabilised. GSTT in most cases pay below the new rates so would be a cost pressure. L&G did implement 9th April but have needed to retract whole agreement as serious clinical risk identified. L&G in local talks around incumbent expectations and mitigation and plan to be fully compliant by end of June 2018.</p> <p>Medical Bank Passport GSTT and L&G progressing bank passport for doctors. All appropriate documentation in place, meetings with stakeholders to be arranged for final process decision. This initiative will allow bank doctors to be auto registered for placements through primary Trust introduction to secondary Trust and sharing of recruitment documentation. If this is successful the process may be extended to include Allied Health Professionals in the future.</p> <p>AHP Bank/Agency Review Review of AHP bank and agency activity and cost is in progress. Length of service for agency workers is also being considered with a view to a joint migration project to substantive or bank positions across the STP. To support this the benefits offered to this skill group will be reviewed and additional benefits and incentives will be considered across all SEL hospitals.</p> <p>Corporate Agency Use Following the AHP review, priority will be given to analysis of corporate agency use and the feasibility of a SEL corporate joint bank considered.</p>
5	No Change	No Change	<p>The Remote & Agile working guide has been issued across the STP. The productivity opportunity per provider has been reported to the Provider DOF group. Estates Executive has been asked to agree to development of an STP Capital Bid to support local implementation and strategic options.</p>

Enabler Programme 1 of 1

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Programme RAG

Programme:	Enabling Strategies			
Reporting Period:	April 2018			

Project	RAG	Project status summary from project highlight report
1	No Change	First draft refresh of Estates Workbook (strategy and capital plan) submitted . Revised prioritisation methodology (London approved) adopted and being applied estates schemes pipeline. STP support to capital bid development on-going.
2	No Change	The Local Health Care Record Exemplar proposal from London has been submitted, this reflects some in-depth and collaborative working with other London STP's and core partners across London. If selected this will become a key programme milestone for the STP. This will inform the majority of our Digital requirements including approached to Virtual Care Record, population health, interoperability, Patient engagement etc. The closure report for the VCR project has been approved by the joint SRO's now looking to consider future developments of the information sharing platform. Given funding uncertainty we are still being proactive at preparing business cases for GovRoam, ETTF and Provider Digital Maturity. SEL leads eReferral across London (GSTT has completed paper switch off, LGT 8th May and KCH Denmark Hill committed to 31st July)
3	No Change	Band 7 project manager recruited to support both Estate and Workforce programmes starts in role late May. Local IGPR programme supporting regional review of status of regional and National critical milestones in view of concerns. Next two months will see a focus on the development of PC workforce strategy, with a specific emphasis on recruitment & retention, and identification of priority for collaboration across acute providers. Conditional Offer made to fixed-term Recruitment & Retention Project Manager to support GPIR project and other projects arising from PC Workforce Strategy.