NHS Improvement

Operational Productivity Programme Delivery Group - 09/05/2018

MEETING
9 May 2018 14:00

PUBLISHED
4 May 2018

Agenda

Location	*Date*	*Owner*	*Time*
Wellington House - 3.1 Curie	9/05/18		14:00
1. Welcome and Apologies		Lord Patrick Carter	14:00
2. Declarations of interest		Lord Patrick Carter	
3. Minutes and matters arising from the meeting held on 13 December 2017		Lord Patrick Carter	14:05
4. National Pathology Consolidation Programme		[redacted]	14:10
5. Opportunities in Imaging - Early insights		[redacted]	14:30
6. Update on Hospital Pharmacy and Medicines Optimisation programme		[redacted]	14:50
7. Update on the Strategic Estates Planning Transition to NHS Improvement		Simon Corben	15:10
8. GIRFT best practice manual - Trauma & Orthopaedic		Dawn Chamberlain	15:30
9. * Corporate Services Programme Update (for information)			
10. Any other business			15:55
11. Close			

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10. Any other business	
11. Close	

OPERATIONAL PRODUCTIVITY PROGRAMME DELIVERY GROUP - 9 MAY 2018
ACTION LOG

Ref	Subject	Action Required	Owner	Date raised	Date due	Progress/Comment	Completed
OPPDG/17/33 para 5.5	Barts Health NHS Trust – GIRFT implementation progress update – July 2017	OPPDG requested the further work should be undertaken to compare the Trust's pay costs for trauma and orthopaedic services across each of its sites against its Hospital Episode Statistics billing data.	[redacted] Emmi Poteliakhoff	13/07/2017		Superseded by OPPDG/17/39 para 3.2.	Closed
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]
OPPDG/17/36 para 6.3	Procurement sub-programme	It was proposed that an audit should be undertaken of five trusts' CIP plans, with support from the Director of Finance and NHS Improvement's internal auditors, to assure the robustness of these plans and to identify any potential risks and issues.	[redacted], Paul West	04/10/2017		The work underway with the 15 trusts receiving intensive focus includes this activity. In addition there are reviews underway with DoF and Regions with trusts on their CIP plans and feedback provided on the robustness, associated risks which is enabling trusts to provide revised CIPs	Complete
OPPDG/17/38 para 7.3	Draft Regional Operating Model Structure	It was proposed that the Chair should attend six [provider oversight meetings], spread across the four regions.	Mark Ward	04/10/2017		A list of possible meetings has been put forward for consideration and response is awaited.	Ongoing
OPPDG/17/39 para 3.2	Minutes and matters arising from the meetings held on 4 October 2017	The Chair requested that further work should be undertaken to compare the revenue and cost data for trauma and orthopaedics services at both Barts Health NHS Trust and King's College Hospital NHS Foundation Trust, including clarification of how this aligned with the Trusts' Hospital Episode Statistics data.	Emmi Poteliakhoff	13/12/2017	May-18	The GIRFT programme together with the London RPD team and the NHSI Regulation directorate are leading the work in this area. A request has been made to them to provide this information to the group. Update to be provided at the OPPDG meeting on 9 May 2018	In hand

Ref	Subject	Action Required	Owner	Date raised	Date due	Progress/Comment	Completed
OPPDG/17/40 para 4.2	Operational Productivity Programme – Q2/M6 Review and update on M7	It was noted that the productivity target range for the Getting It Right First Time (GIRFT) programme differed from the other sub-programmes as it took into account the estimated gross financial opportunities for providers rather than the actual local net benefits arising from the implementation of the clinical improvements in the GIRFT programme. The Chair requested to meet with the Executive Director of Operational Productivity and the GIRFT team to discuss the appropriateness of this approach.	[redacted]	13/12/2017		The approach taken for the target range for GIRFT has been worked through between both Op Prod Programme and GIRFT team to agree the benefits realisation measures that will arise from the implementation of GIRFT clinical improvements as not all will be cost savings. Opportunities are initially identified and primarily monitored on the basis of an activity-based target. Activity-based opportunities are notionally costed using gross national average costs, based on 2015/16 reference costs adjusted for inflation. This gross notional costing will be used to estimate national opportunities and to monitor savings. Opportunities are then identified using the four-step method, which is refined during the lifetime of each GIRFT clinical project. This starts with setting a top-down opportunity for each clinical area, using total reference cost spend, and is refined to reflect Implementation Plans agreed with Providers. The GIRFT benefits measurement and tracking approach was designed jointly with NHSI Finance and has been endorsed by the HFMA and the NHSI CIP Board, which includes representatives from the trust financial director community.	Complete
OPPDG/17/40 para 4.5	Operational Productivity Programme – Q2/M6 Review and update on M7	The potential cost implications of [enabling all nurses to access rostering services via an app] and the concerns around the accessibility and accuracy of the Electronic Staff Record (ESR) data that would be used to populate the content of these apps were discussed. It was noted that ESR was delivered in partnership with IBM and the Chair requested a meeting with the programme lead at IBM to clarify the work that was being undertaken to assure the quality of the data available on ESR.	Emmi Poteliakhoff	13/12/2017		Preliminary discussions have taken place with Paul Spooner, ESR Programme Director. We have a new Principal Analyst leading analytical work in this area, Olena Talavera, who has extensive experience working with ESR data.	Ongoing
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Ref	Subject	Action Required	Owner	Date raised	Date due	Progress/Comment	Completed
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Para 7.5	Trust support: King's College Hospital NHS Foundation Trust	Group members requested that the Model Hospital team should undertake further work to compare the Trust's cost per WAU against six peer trusts to determine its comparative position.	Emmi Poteliakhoff	13/12/2017		This was completed and sent through in December	Complete

NHS Improvement

To: Operational Productivity Programme Delivery Group

For meeting on: 9 May 2018

Agenda item: 4

Report by: [redacted] Head of Pathology Consolidation

Report on: National Pathology Consolidation Programme

Introduction

1. About 130 NHS trusts and foundation trusts provide their own pathology services, often using outdated operating models that need investment in premises, IT and equipment. This also exacerbates competition for increasingly scare staff. The Carter reports[1] into pathology optimisation recommended the consolidation of pathology laboratories to maximise existing capacity and savings from economies of scale. This recommendation is endorsed by international and NHS evidence that the sustainable pathology services resulting from consolidation and modernisation increase both quality of service for patients and efficiency.

2. The team is looking for an increase in ambition behind and speed of consolidation of pathology services across the NHS. The Carter reports propose consolidation by introducing a 'hub and spoke' model whereby high volume, non-urgent work is transferred to a central laboratory to maximise benefits through economies of scale. Spoke laboratories, referred to as essential service laboratories (ESL), then provide low volume urgent testing close to the patient.

3. The consolidation model has inherent challenges for trusts, including the formation of a desired operating model and the governance to control it. Also, these changes need to be delivered at a time of constraints on capital and internal resources.

4. The Operational Productivity team has the ambition to improve the quality and efficiency of pathology service provision, to improve access to new and innovative technology, to sub-specialty expertise leveraging greater purchasing power, better utilisation of capital funding by establishing up to 29 consolidated pathology networks and supra-regional or national sub-specialist networks to

[1] Report of the Review of NHS Pathology Services in England (DH 2006)
Report of the Second Phase of the Review of NHS Pathology Services in England (DH 2008)
Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (DH 2016)

reduce unwarranted variation in the cost and quality of services. The target productivity gain by 2020/21 will be £200m.

Headlines

Good national progress towards 29 clear networks

5. All Trusts in dialogue with partners. Trusts progressing towards agreeing operating models, procurement options and partnerships. (slides 10-14 Annex 1)

Publication of a suite of Toolkits providing support to providers

6. Providing timely advice, targeted towards Pathology networking options. Incorporating lessons learnt from previous networking experience. (slides 6 Annex 1)

Procurement and legal advice

7. Working with Department of Health and Social Care on Category Tower provider. To ensure we maximise the ability to buy right and at scale. (Slides 3-4)

Model Hospital and Pathology Quality Assurance Dash board

8. Continuing to collect data from all providers. Reviewing and implementing new metrics to support Trusts and to measure interventions. Preparing the PQAD to support a focus quality of service.

Progress to date

9. Following the largest data collection exercise in pathology from providers in England and since the publication of the 29 pathology networks we have made good progress in driving a system change and bringing providers together to enable networking. In addition to driving a hub and spoke model, we are also ensuring that innovation (including IT and digital AI), education, training, national procurement and highly specialist services operate at the required scale to allow efficiencies and deliver sustainable services.

10. We continue to work with teams to develop an agreed single test list, with a tariff price, to support effective commissioning of services and allow the sector to realise the best price.

11. Providers on the whole have responded well with only two Trusts unable to agree with our model. Close to 90% engagement with our programme, 80% of Trusts having agreed on our networking model, others are working on acceptable alternatives or undertaking procurement that will determine their final network choice. Specialist Trusts have recognised the benefit in working at scale with the specialist Paediatric pathology providers agreed to work towards a national network.

NHS Improvement

To: Operational Productivity Programme Delivery Group

For meeting on: 9 May 2018

Agenda item: 5

Report by: [redacted] Head of Imaging Transformation

Report on: Opportunities in Imaging – Early insights

Introduction

1. Approximately 180 organisations submit data to the national diagnostic imaging data set which allows a comparison in activity across acute imaging services in the NHS. In order to understand how this may impact productivity the Imaging Transformation team has undertaken the most extensive data collection on imaging services in the NHS to date.

2. The data collection is currently being validated, prior to the second yearly collection, and is undergoing alpha testing in the Model Hospital compartment. It is hoped that this will provide the necessary insight to guide and shape improvement within the service and act as the primary benchmarking data source. Individual trusts will be able to base their imaging service improvement activities on this data, as well as using it to reduce unwarranted variation in the cost and quality of services.

3. In order to describe and share the tangible benefits of collaborative working four 'Early Adopter' networks have been set up and will be testing a number of joint working models; to give insights into workforce and HR, information technology / technological advances and finance/ commissioning and commercial models. It is envisaged that sharing their learning nationally could see a significant gain in operational productivity, quality, service utilisation and access as well as an increase in value for money.

4. The establishment of the National imaging Optimisation Delivery Board has ensured that NHS Improvement Operational Productivity Imaging Transformation team has key stakeholder support and maintains a close working relationship with NHS England in delivering the diagnostics strategy. It will also ensure alignment of strategic initiatives across the Arm's Length Bodies (ALB's) where imaging is concerned and reduce duplicate requests for information to the front line services, thus reducing the data burden. Collaborative working and alignment with CQC, HEE, PHE, NHS Supply Chain and NHS England are key to delivery across the wider system. Alignment with the Office of Life Sciences Strategy will be an essential enabler.

Headlines

Data collection and analysis

5. Summary of imaging services, gap analysis, develop dashboard (Model Hospital).

6. Excellent return from acute trusts, good engagement, enthusiastic approach to detailed data collection exercise.

Early Adopter Networks established

7. Four Early Adopter Networks in three regions (North x2, Midlands and East and South).

8. Interrogating networked solutions to hub and spoke diagnostic imaging service provision, IT procurement, shared workforce and clinical governance arrangements.

9. Development of toolkit and case studies for wider implementation

Development of a national imaging asset data base

10. Working with Department of Health and Social Care on Category Tower provider. To ensure we maximise the ability to buy appropriately and at scale.

[redacted]

Progress to date and active workstreams

[redacted]

13. Further work will need to be undertaken to understand the complexity of services and develop a weighting system for comparison, particularly for reporting. The

second data collection will improve upon the reporting productivity metric and Early Adopter Networks will provide the qualitative information to support a deeper understanding of this aspect of imaging services.

14. We will continue to work on case studies and toolkits based on successful network operating models with proven benefits to service users and which support and aligns to other clinical services. And we will share knowledge and skills to maintain, sustain and improve imaging services nationally.

NHS Improvement

To: Operational Productivity Programme Delivery Group

For meeting on: 9 May 2018

Agenda item: 6

Report by: [redacted] Professional Lead, and [redacted] Implementation Lead, Hospital Pharmacy and Medicines Optimisation

Report on: Update on Hospital Pharmacy and Medicines Optimisation programme

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Introduction

1. The slide deck attached provides an update on progress on the Hospital Pharmacy and Medicines Optimisation (HoPMOp) programme.

2. It offers more detail on the achievements of 2017/18 and the plans for 2018/19.

Key achievements in 2017/18

3. Release first top 10 medicines metrics within Model Hospital (July17) savings £324m - £64m over the stretch target.

4. Savings of £23m delivered through reduction in stock holding across acute providers – current average is 17 days with a target of 15.

5. Pharmacist independent prescribers increased from 14 to 27%. Target 50% by 2020/21.

6. Hospital Pharmacy Transformation Plans brigaded report presented to Chief Pharmaceutical Office for England and published.

7. Completion of wave one deep dive in e-rostering and development of case study, improved methodology for remaining cohort.

8. Guidance issued on high cost drugs coding for acute trusts.

Progress toward overarching target

9. The original target for the HoPMOp programme was £850m by 2020/21. The 207/18 savings of £346.5m together with the 2016/17 savings of £118.5m (early savings on medicines tracked through the Model Hospital and a reduction of one

day in medicines stockholding) means the programme is more than half way to its goal. This figure underestimates the level of delivery as progress towards increases in clinical professional activity such as the numbers of independent pharmacist prescribers have yet to be monetised.

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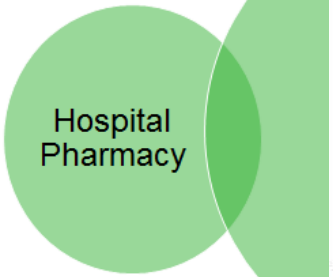
OPPDG - Hospital Pharmacy and Medicines Optimisation - update

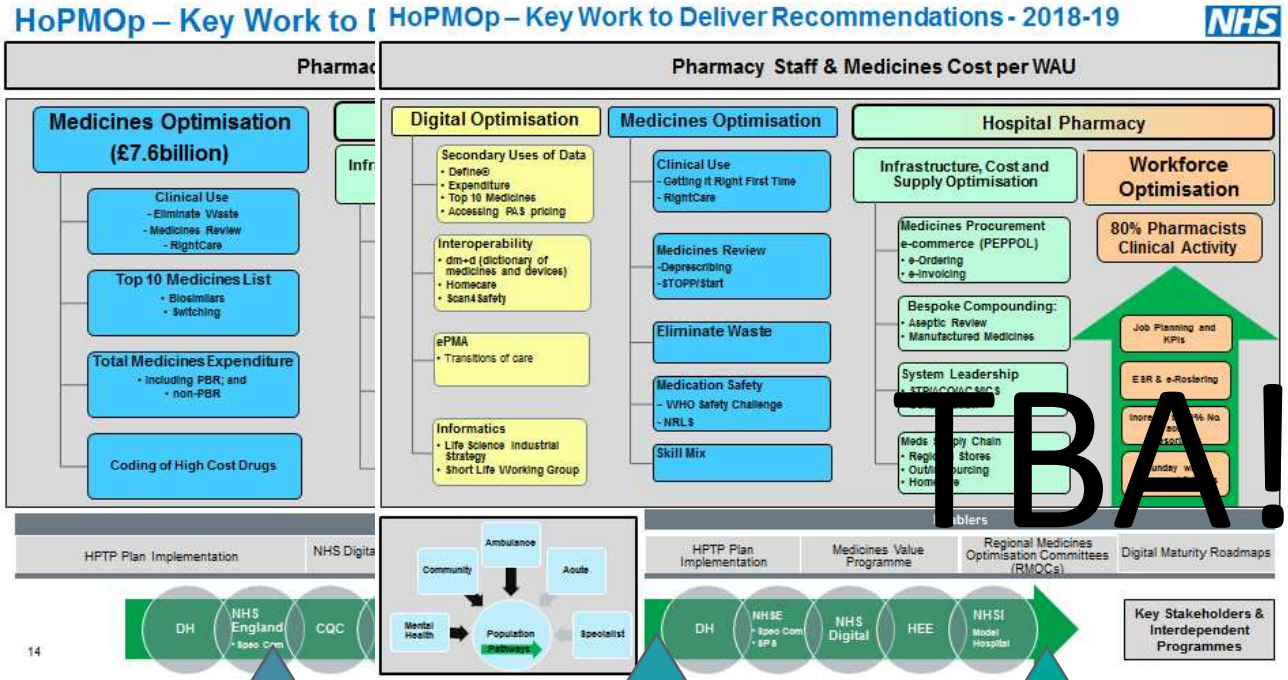
9 May 2018

HoPMOp/Carter timeline

Hospital Pharmacy a
Optimisation

Underpinning thesis:



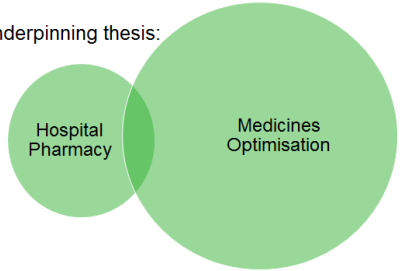


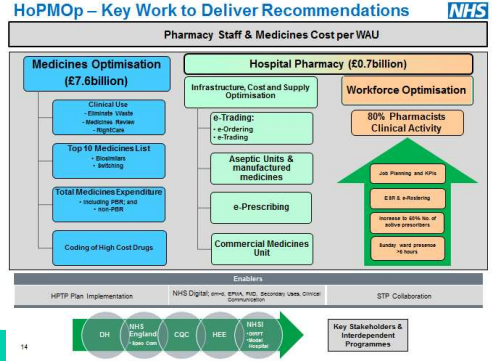
2016-17 | 2017-18 | 2018-19 | 2019…

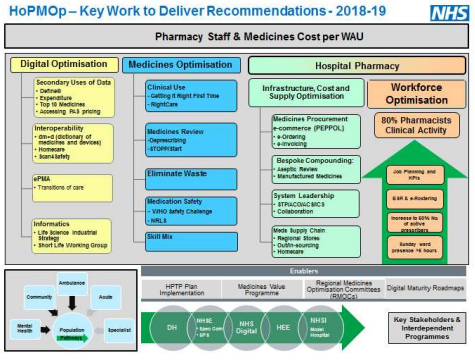
HoPMOp/Carter timeline

Hospital Pharmacy and Medicines Optimisation

Underpinning thesis:







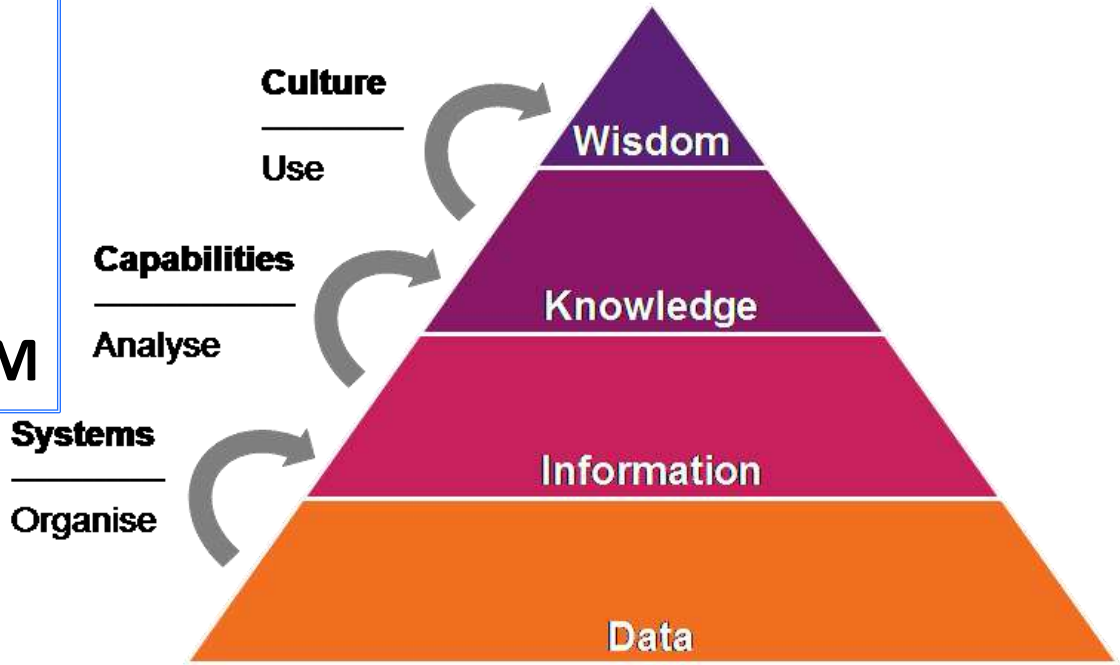
TBA!

2016-17 → 2017-18 → 2018-19 → 2019…

There is a lot of data!

Medical information is doubling
Every 3 years. By 2020 it will
Double every 73 days

IBM



Model Hospital (1)

- Headline Metrics
- Trust Level
- Top Ten Medicines
- Carter productivity metrics

Compartment downloads

- Guidance
- Export to Excel
- Export to PDF

- Print

Pharmacy & Medicines | Trust Level | Beta

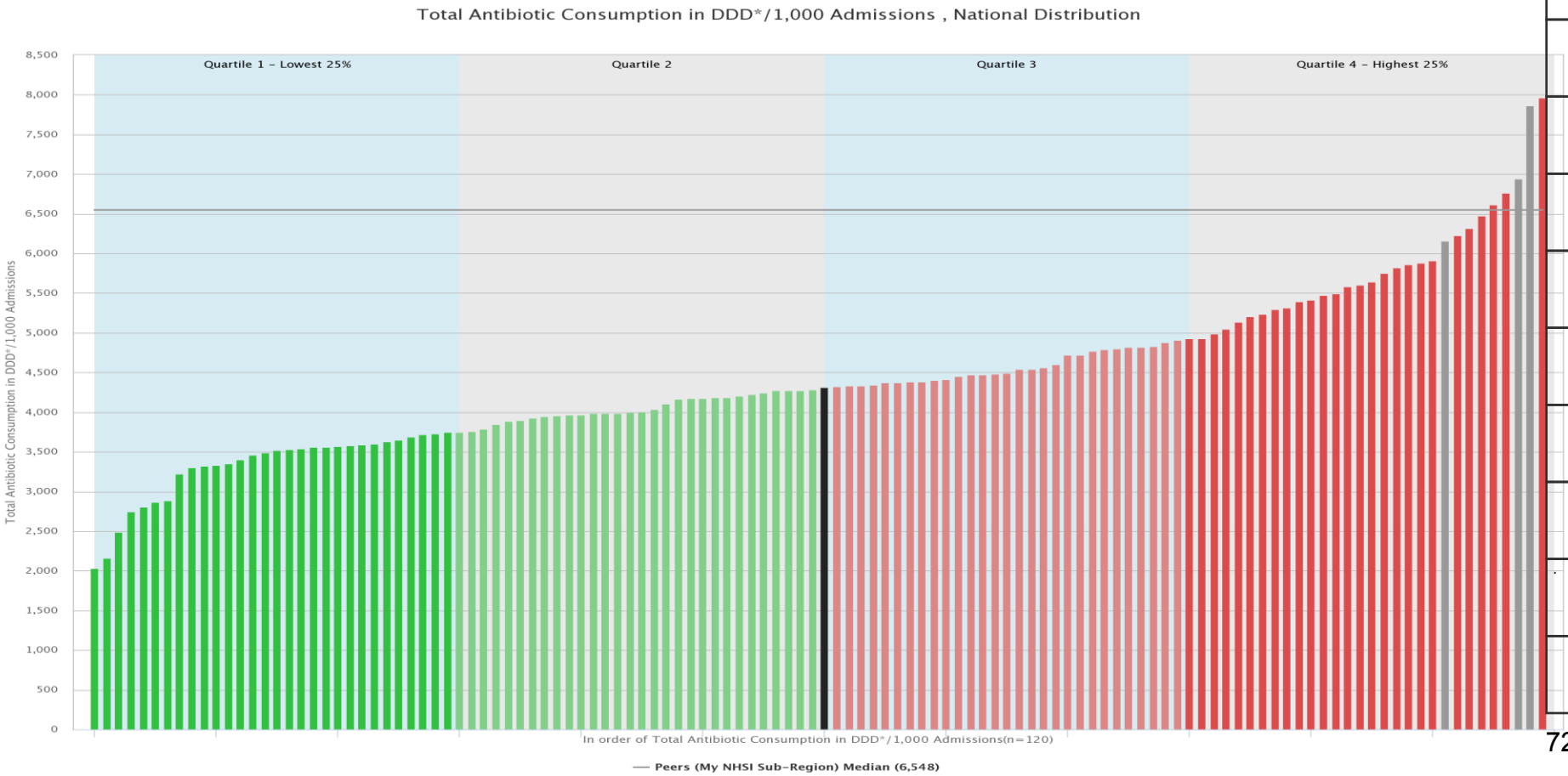
Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Use of Generic Immunosuppressants [% Generic vs Total Spend (Selected Drugs)]	2017	86%	66%	67%			
Choice of Paracetamol Formulations [% IV Paracetamol vs Total Spend]	2016/17	64%	57%	56%			
Use of Inhalation Anaesthetics - % Spend on Sevoflurane	Feb 2018	53%	66%	70%			

Money & Resources	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Top 10 Medicines – Savings Delivered to Current Month	To Feb 2018	£2.48m	-	£1.79m			
Top 10 Medicines - % Delivery of Savings Target Achieved to Current Month	To Feb 2018	139%	121%	100%			

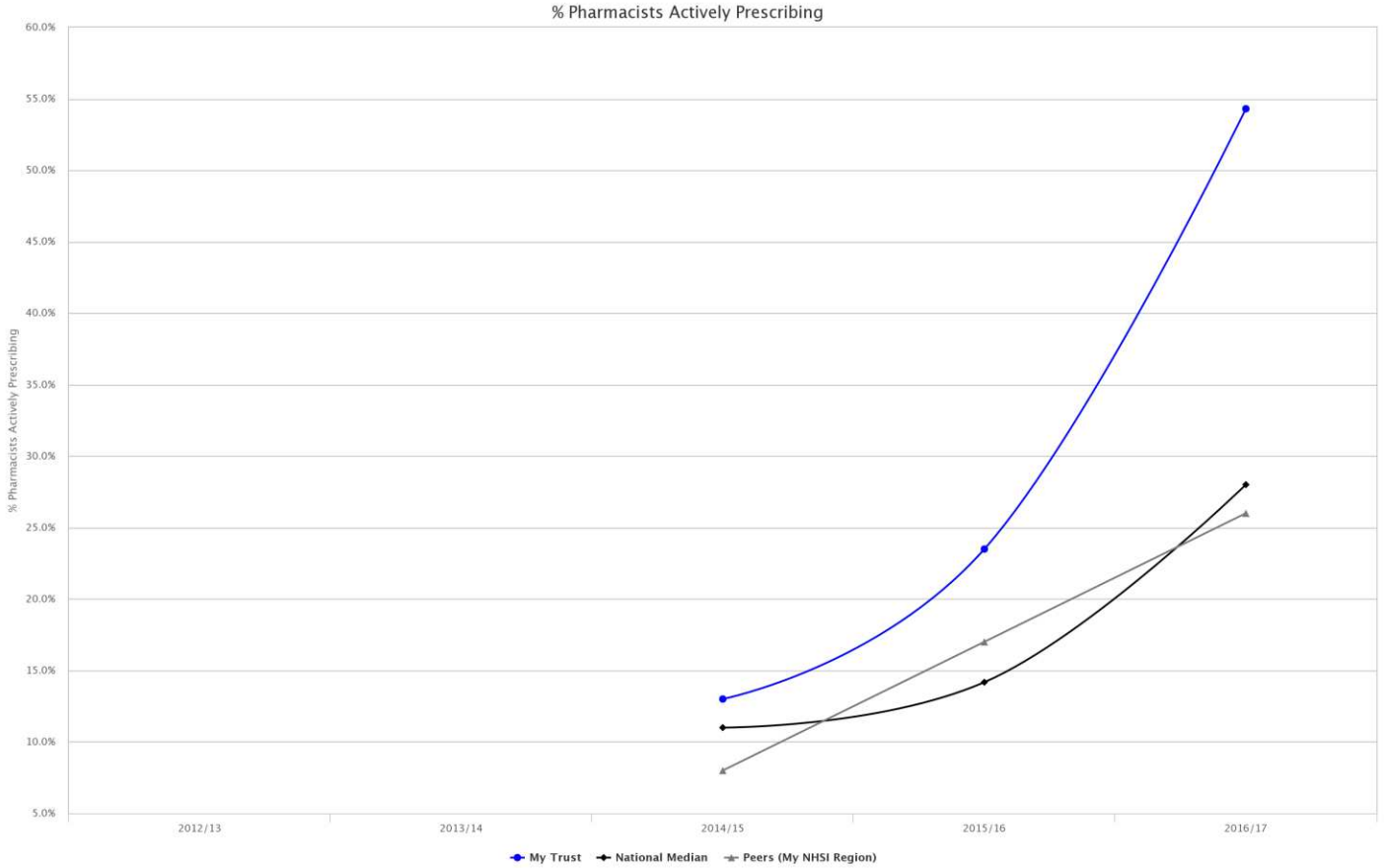
Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Total Antibiotic Consumption in DDD*/1,000 Admissions	2016/17	3,891	4,276	4,302			
Percentage of antibiotics prescriptions with evidence of review within 72 hours		NOT AVAILABLE					
% Diclofenac vs Ibuprofen & Naproxen (Monthly)	Feb 2018	1.22%	4.96%	4.96%			

ePrescribing	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
% ePrescribing Chemotherapy	2015/16	20%	100%	75%			No trendline available
% ePrescribing IP	2015/16	20%	20%	75%			No trendline available
% ePrescribing OP	2015/16	100%	0%	75%			No trendline available
% ePrescribing Discharge	2015/16	100%	20%	75%			No trendline available

NHS Improvement



Model Hospital (2)


% Pharmacists Actively Prescribing
60.0%
55.0%
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
% Pharmacists Actively Prescribing
2012/13
2013/14
2014/15
2015/16
2016/17
My Trust
National Median
Peers (My NHSI Region)

Model Hospital (3)

Effective	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Data Quality of NHS England Monthly Data Set Submissions From Providers	Sep 2017	21	21	23			

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
National Inpatients Survey - Medicines Related Questions	2016/17	72.9%	72.4%	72.0%			

Responsive	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent)	2016/17	5.0	4.0	4.0			

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% Sickness Absence Rate	2016/17	3.2%	3.0%	3.2%			
% Staff with Appraisals Completed	2016/17	100%	90%	93%			
% Staff with Statutory and Mandatory Training	2016/17	97%	90%	93%			
% Staff Turnover Rate	2016/17	14%	15%	14%			
% Staff Vacancy Rate	2016/17	10%	7%	6%			

The NHS' 10 Point Efficiency Plan

NHS Improvement

4. Get best value out of medicines and pharmacy (NHS England lead)

The NHS spends around £16 billion a year on drugs
billion arises from GP prescribing and £7 billion from h
which about half is directly reimbursed by NHS E
services budget). The NHS drugs bill grew by over
particular growth in hospital-driven prescribing. Thi
faster than growth in the overall NHS budget. In
medicines displace other hospital costs or older cate
However within this fast growing pharmaceutical ex
also opportunities for efficiency:

- NHS England is co-funding clinical pharmacists e
practice to support GP prescribing and optimis
Formulary decisions will now typically be made re
by each CCG, as recommended by the Accelerated A
- NHS RightCare will be used to drive improved uptake of NICE-recommended medicines that also generate downstream savings - for example anticoagulation to reduce strokes.
- Four regional Medicines Optimisation Committees will coordinate the pursuit of medicines optimisation opportunities, including in care homes, multiple prescribing, use of generics and biosimilars, and reducing medicines wastage.
- NHS Clinical Commissioners and CCGs are reviewing the appropriateness of their expenditures on medicines, identifying areas of prescribing that are of low clinical value or are available over-the-counter often at a lower price - such as for minor conditions such as indigestion, travel sickness, cough remedies and upset stomachs. Following consultation, NHS England will support them in taking action on their top medicines of low clinical value that should not normally be prescribed (which cost £128 million a year) by developing national guidance with CCGs. We will also work with CCGs, providers, patients and manufacturers to consider other medicines and products of low clinical value, to ensure that NHS funding is used on those things that have the most impact on outcomes for patients.
- NHS England's new commercial medicines team will directly negotiate with pharma companies, in conjunction with NICE where appropriate, on new win/win fast track reimbursement arrangements for selected drugs, as recommended by the Accelerated Access Review.

NHS Improvement will be supporting hospitals to save £250 million from medicines spend in 2017/18 by publishing and tracking the uptake of a list of the top ten medicines savings opportunities. As savings are realised the top ten will be refreshed with further products or switches that deliver best value.

NHS Improvement is working with hospitals to consolidate pharmacy infrastructure such as medicines stores across wider geographies to deliver further efficiencies and free up pharmacists' time for clinical work.

Following public consultation, NICE and NHS England have established a £20 million budget impact threshold for further discussion on phasing and affordability of new spending, effective April 2017.

The Department of Health is continuing to drive important savings in the supply chain for dispensing medicines.

FOR HEALTHCARE LEADERS HSJ

News

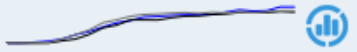
Drugs switch saves NHS £170m in 10 months

16 March 2018

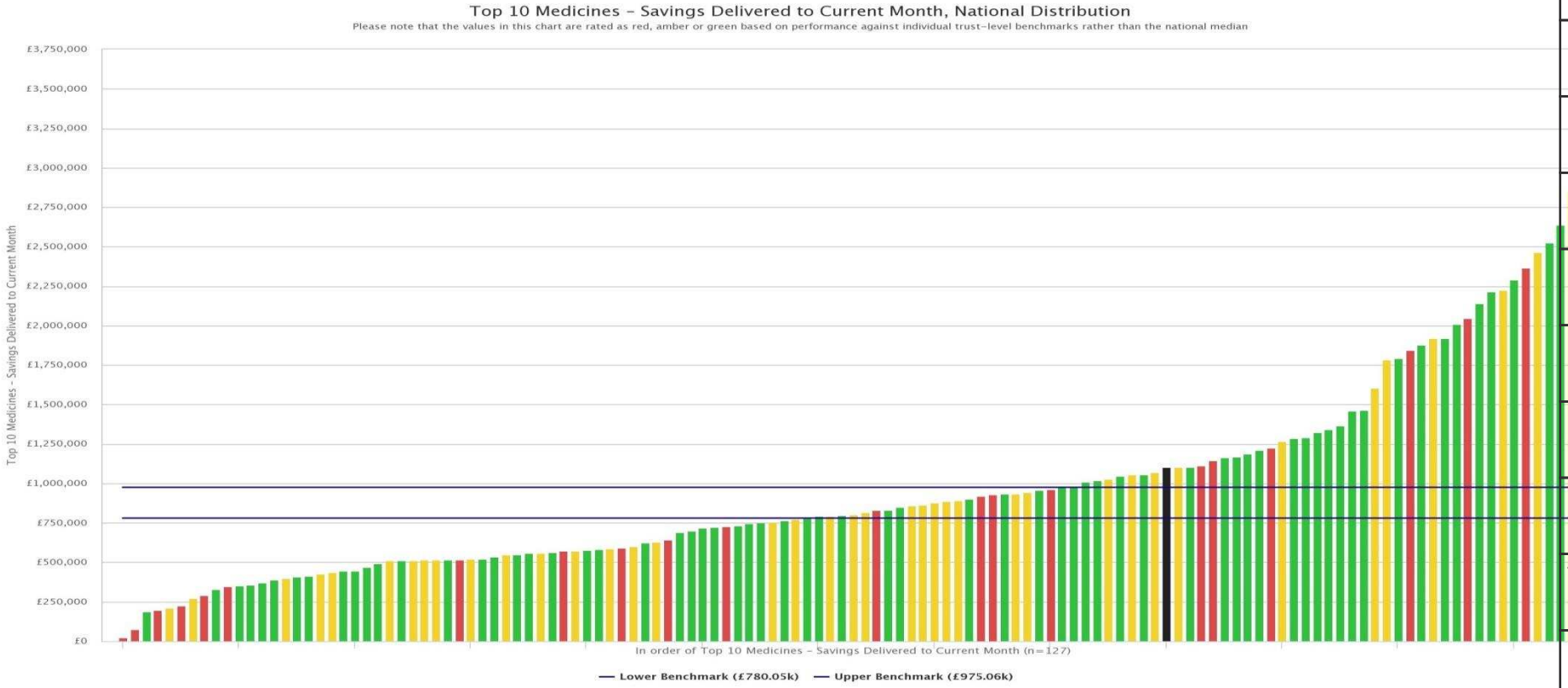
The NHS is estimated to have saved £170m in the first 10 months of this financial year by switching to cheaper versions of just three drugs.

Top 10 medicines

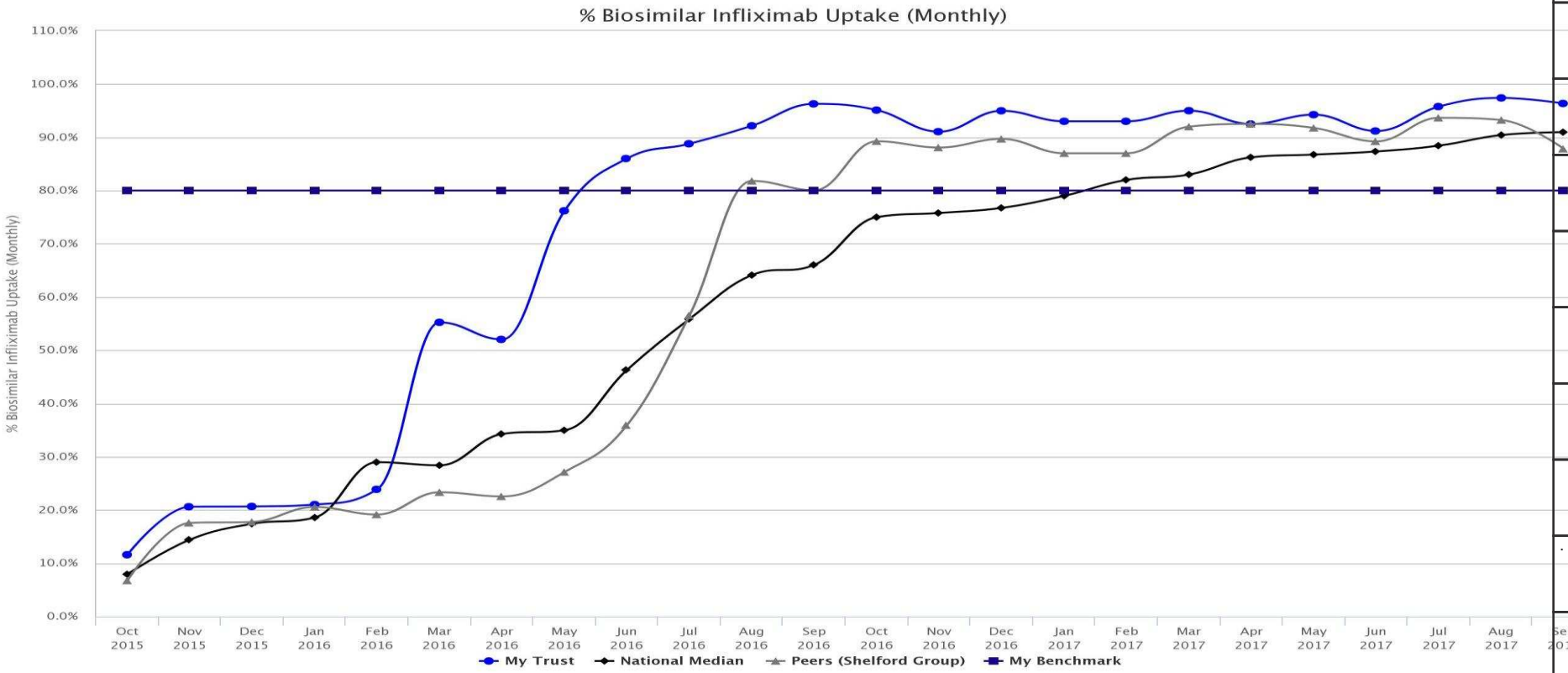
Top Ten Medicines - Infliximab	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Biosimilar Infliximab Baseline Target Annual Saving	2017/18	£384.44k	£433.13k	£0		Click for national variation	No trendline available
% Biosimilar Infliximab Uptake (Monthly)	Feb 2018	99.0%	93.3%	80.0%		Click for national variation	
Biosimilar Infliximab Monthly target saving	2017/18	£32,037	£36,094	£0		Click for national variation	No trendline available
Biosimilar Infliximab Monthly savings delivered	Feb 2018	£82,828	£58,556	£32,037		Click for national variation	
Biosimilar Infliximab cumulative savings	Feb 2018	216%	163%	100%		No variation available	

Top Ten Medicines - Etanercept	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Biosimilar Etanercept Baseline Target Annual Saving	2017/18	£332.03k	£235.10k	£0		Click for national variation	No trendline available
% Biosimilar Etanercept Uptake (Monthly)	Feb 2018	100.0%	89.6%	80.0%		Click for national variation	
Biosimilar Etanercept Monthly target saving	2017/18	£27,669	£19,592	£0		Click for national variation	No trendline available
Biosimilar Etanercept Monthly savings delivered	Feb 2018	£59,693	£45,115	£27,669		Click for national variation	
Biosimilar Etanercept cumulative savings	Feb 2018	157%	185%	100%		No variation available	

Hospital Pharmacy & Medicines Optimisation

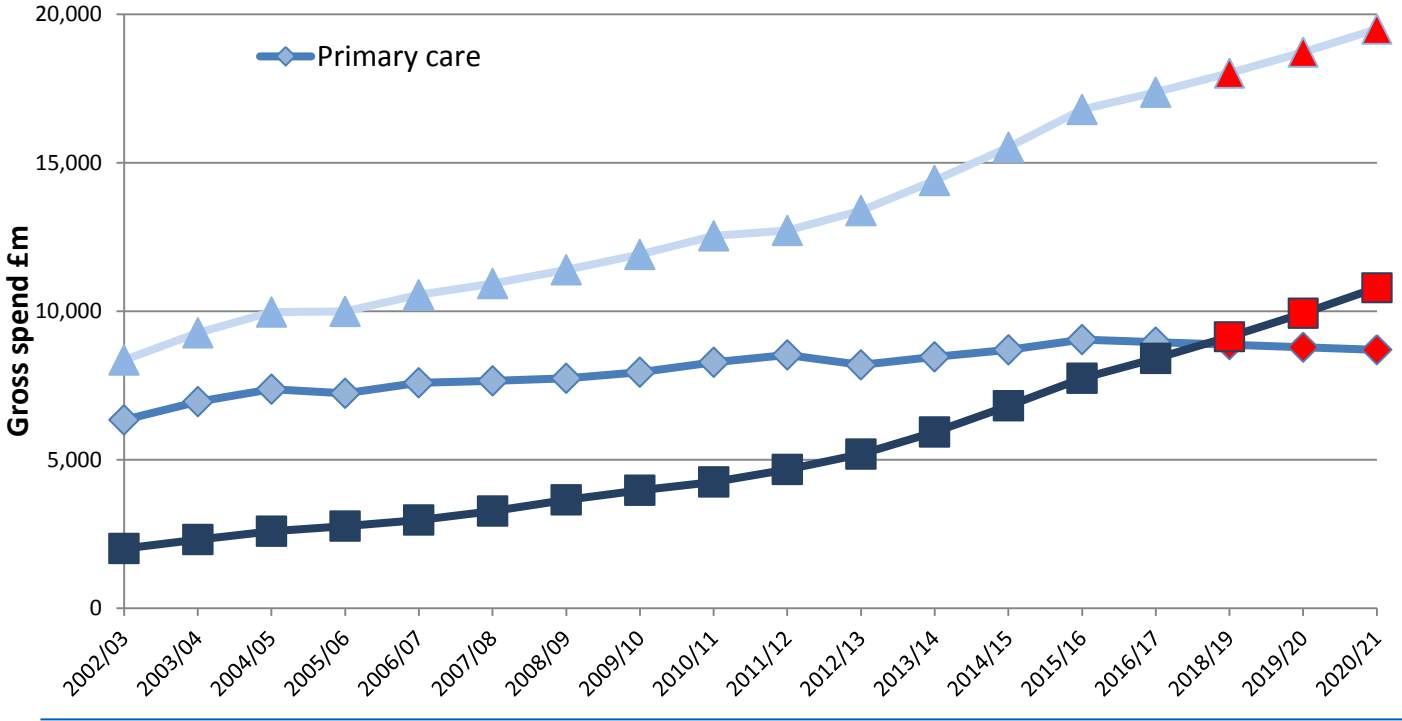


NHS Improvement



There is growing pressure on the NHS drugs bill

Due to people living longer, more complex and innovative medicines being developed, and more specialist medicines being used

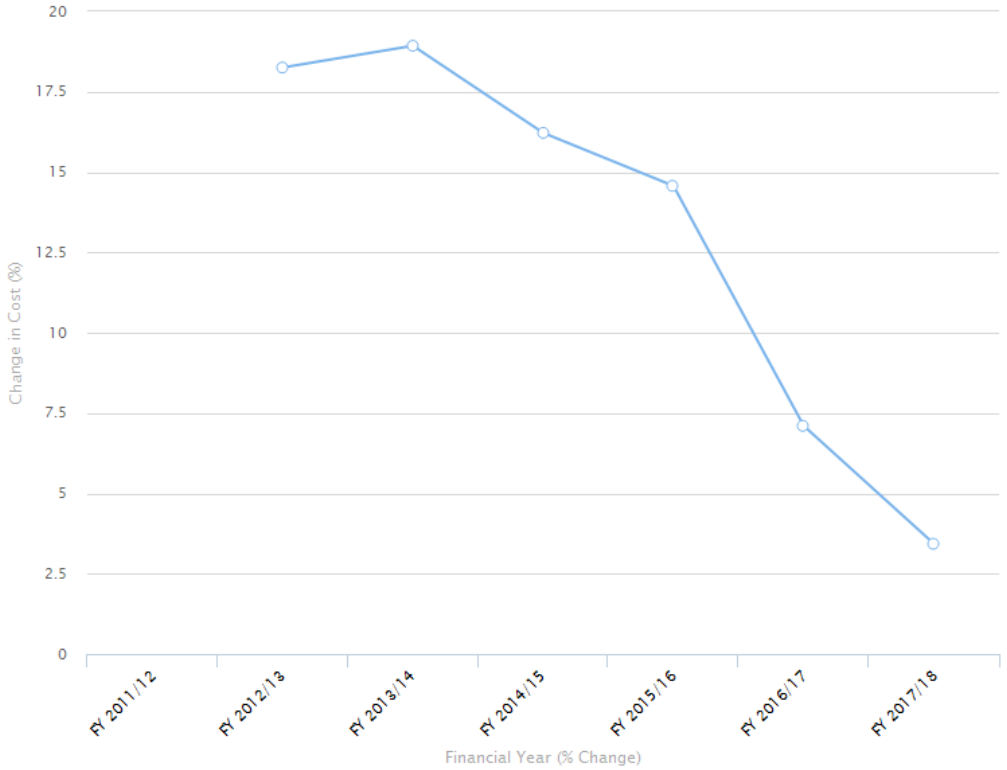


Medicines costs at list price (excl. VAT) before any discounts

- Overall medicines spend 2016/17 was £17.4bn, an increase of 33.7% from £13bn in 2010/11
- Cost of medicines prescribed and dispensed in primary care rose from £8.6bn in 2010/11 to £9.0bn in 2016/17, a rise of 3.6%
- Cost of medicines used in hospitals increased from £4.2bn in 2010/11 to £8.3bn in 2016/17, a rise of 98.3%

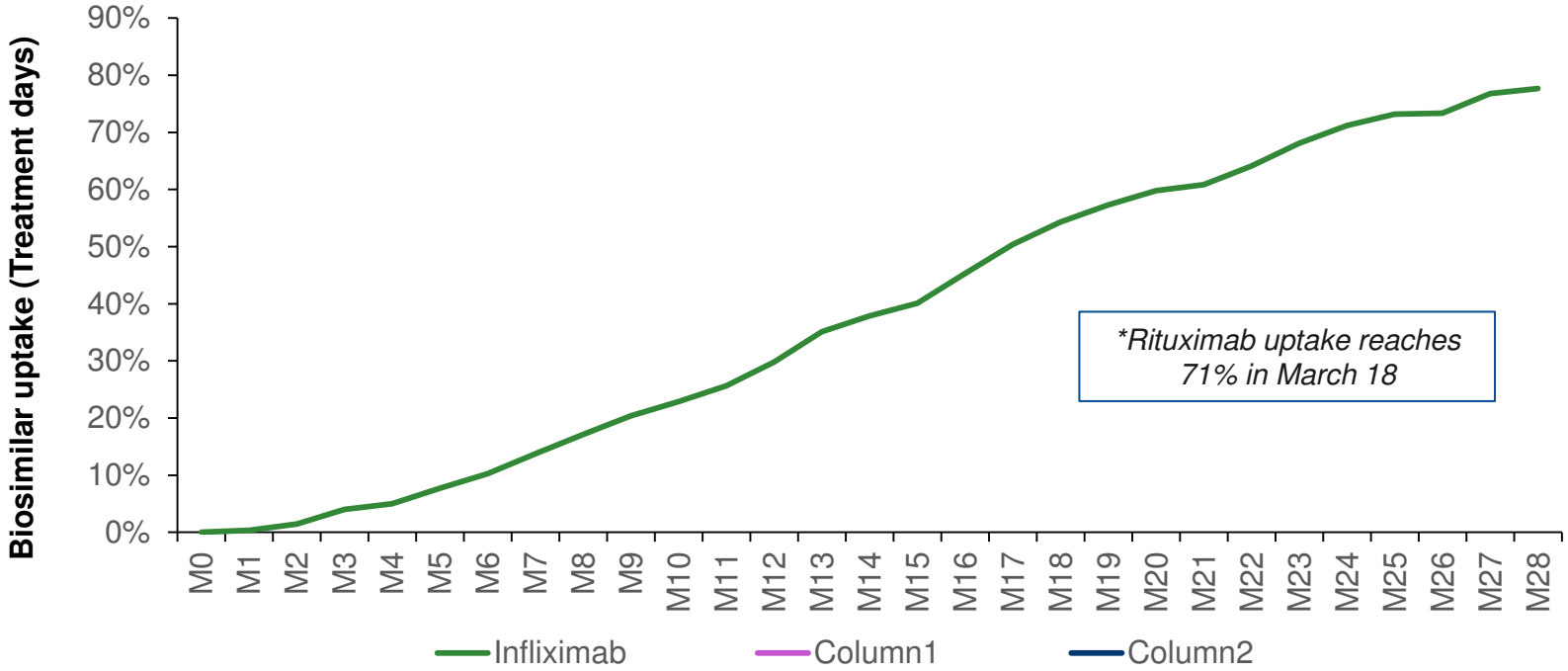
You are having an impact!

Date Range: May 2010 - Mar 2018. **Trusts**: Custom. **Specialties**: Internal (exc. Stock, Sales) (225 of 230).
Prescription Types: All. **Other Filters**: Show Top 20 Categories only



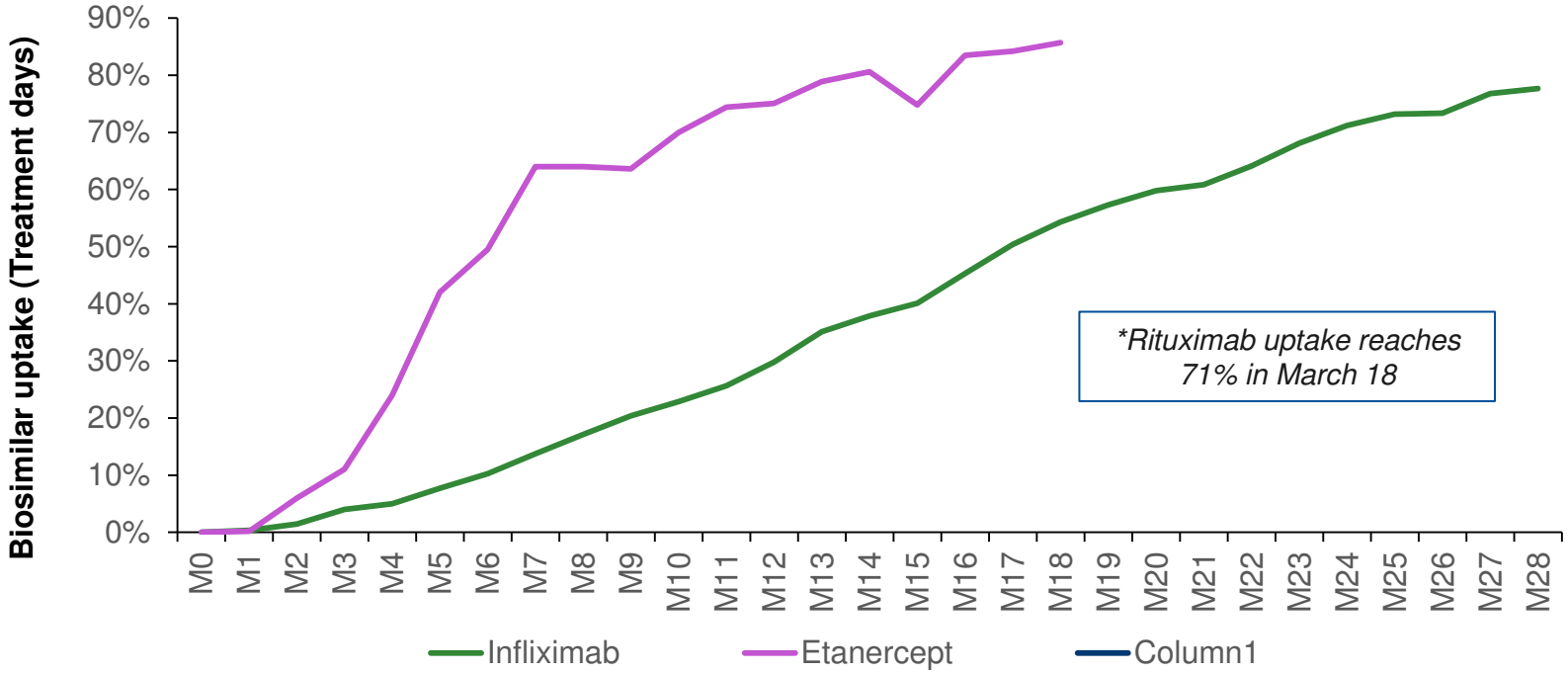
*Preliminary figures for 17-18

Biosimilar market share in treatment days



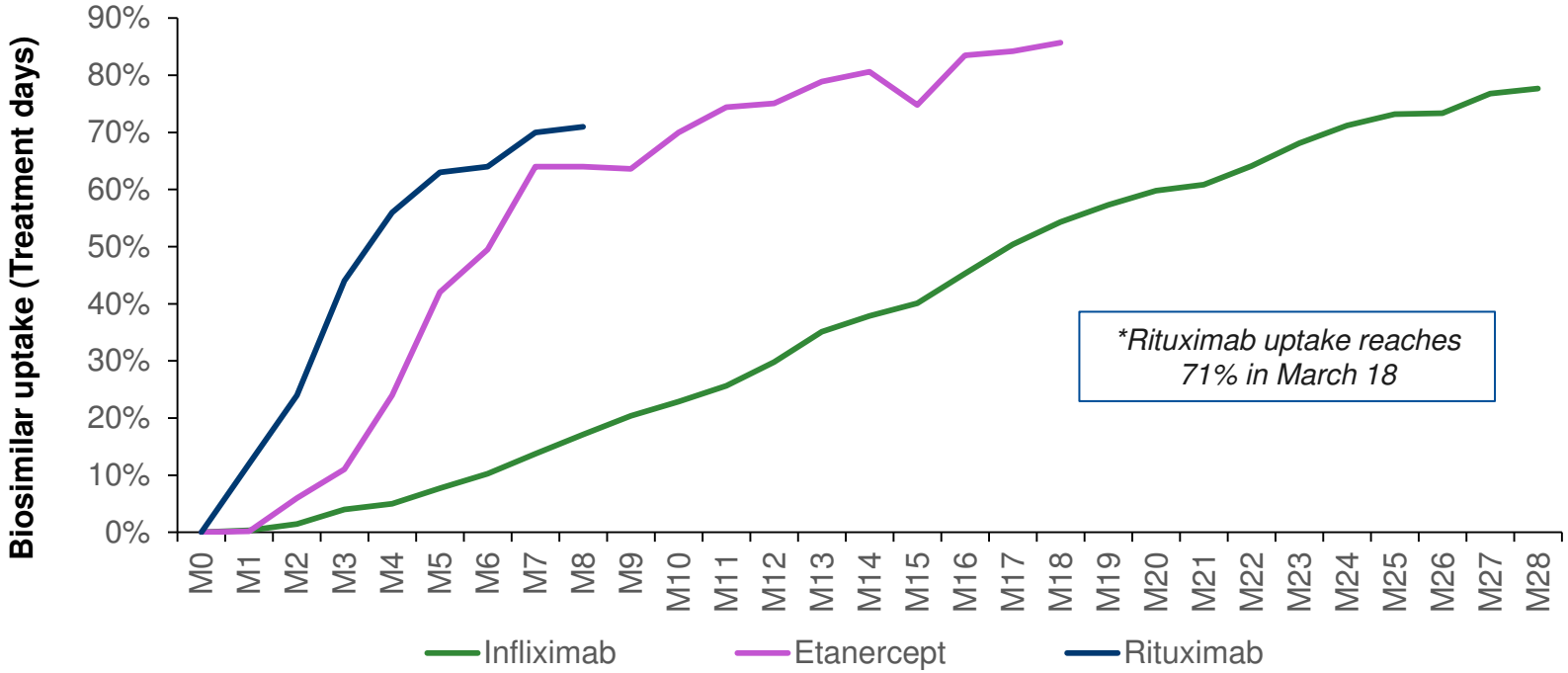
Source: QI MIDAS Restricted MTH Jun 2017; Each product treatment day share calculated with respect to the individual, relevant accessible market

Biosimilar market share in treatment days



Source: QI MIDAS Restricted MTH Jun 2017; Each product treatment day share calculated with respect to the individual, relevant accessible market

Biosimilar market share in treatment days



Source: QI MIDAS Restricted MTH Jun 2017; Each product treatment day share calculated with respect to the individual, relevant accessible market

Hospital Pharmacy & Medicines Optimisation:

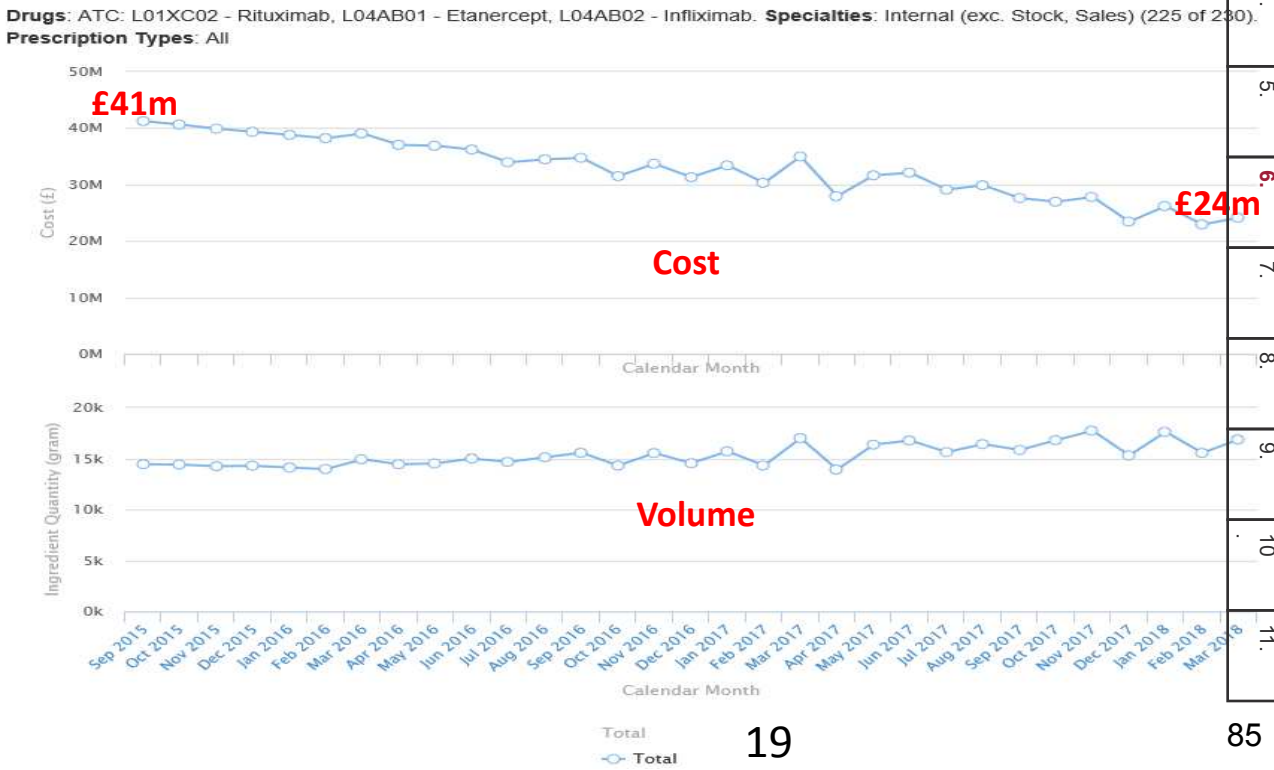
Reduced spend (and increased use) of individual medicines is tracked monthly

Monthly spend on 3 high cost biologics can be shown to be reducing due to moves to Biosimilars!

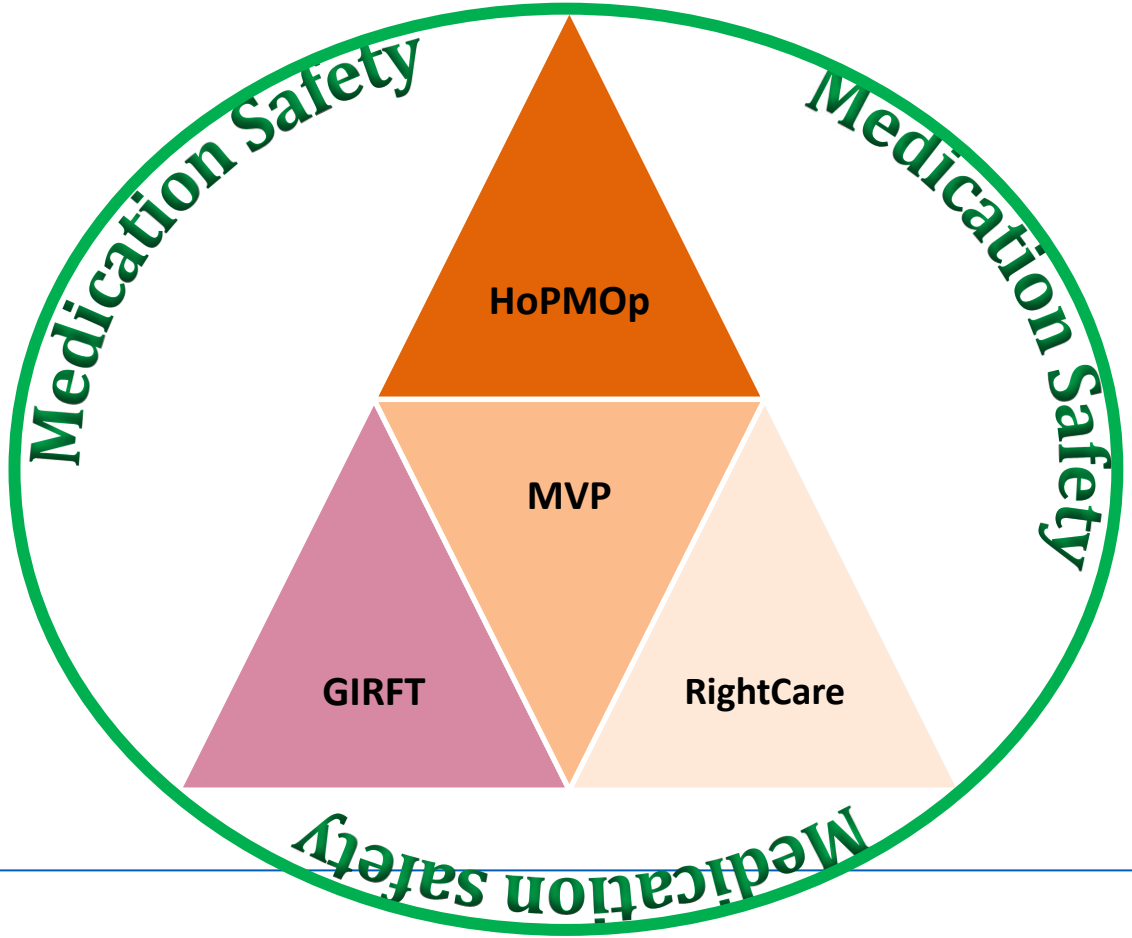
The 3 drugs (Infliximab, Etanercept & Rituximab) show a reduced spend but increased usage.

Reduction from circa £41million/month to £24million

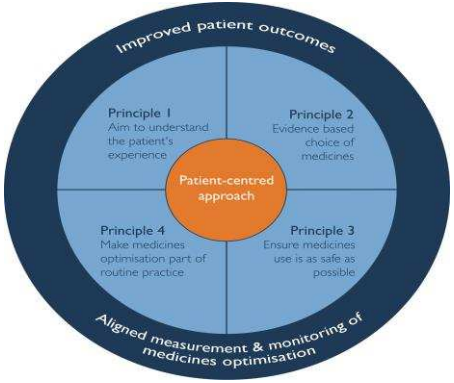
Total volume of product used has increased (14.5Kg to 16.8Kg/month)



Medicines Programme Interdependencies



HoPMOp



Improvement

HoPMOp – Key Work to Deliver Recommendations - 2018-19

NHS

Pharmacy Staff & Medicines Cost per WAU

Digital Optimisation

- **Secondary Uses of Data**
  - Define©
  - Expenditure
  - Top 10 Medicines
- **Interoperability**
  - dm+d (dictionary of medicines and devices)
  - Homecare
  - Scan4Safety
- **ePMA**
  - Transitions of care
- **Informatics**
  - Life Science Industrial Strategy
  - Short Life Working Group

Medicines Optimisation

- **Clinical Use**
  - Getting It Right First Time
  - RightCare
- **Medicines Review**
  - Deprescribing
  - STOPP/Start
- **Eliminate Waste**
- **Medication Safety**
  - WHO Safety Challenge
  - NRLS
- **Skill Mix**

Hospital Pharmacy

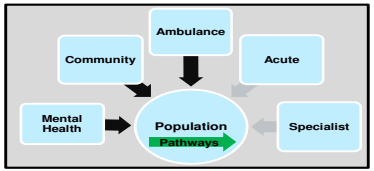
Infrastructure, Cost and Supply Optimisation

- **Medicines Procurement e-commerce (PEPPOL)**
  - e-Ordering
  - e-Invoicing
- **Bespoke Compounding:**
  - Aseptic Review
  - Manufactured Medicines
- **System Leadership**
  - STP/ACO/ACS/ICS
  - Collaboration
- **Meds Supply Chain**
  - Regional Stores
  - Out/In-sourcing
  - Homecare

Workforce Optimisation

80% Pharmacists Clinical Activity

- Job Planning and KPIs
- ESR & e-Rostering
- Increase to 50% No. of active prescribers
- Sunday ward presence >5 hours



Enablers

HPTP Plan Implementation | Medicines Value Programme | Regional Medicines Optimisation Committees (RMOCs) | Digital Maturity Roadmaps

DH → NHSE ·Spec Com ·SPS → NHS Digital → HEE → NHSI Model Hospital

Key Stakeholders & Interdependent Programmes

Model Hospital

Benchmarking Network

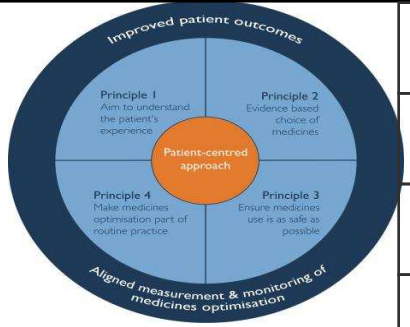
Data

HoPMOp

……Data……Medication Safety..

Medicines Value Programme

1. The NHS policy framework that governs access to and pricing of medicines
2. The commercial arrangements that influence price
3. Optimising the use of medicines
4. Developing the infrastructure to support an efficient supply chain



Pharmacists Integration in

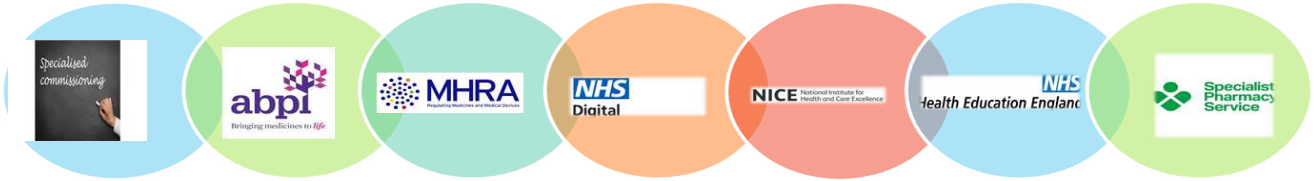
- Care Homes
- GP practice
- 111

Polypharmacy
Deprescribing
Low Value Medicines

RMOC

Specialised Commissioning

Data



……Data……Medication Safety..

MVP

GIRFT

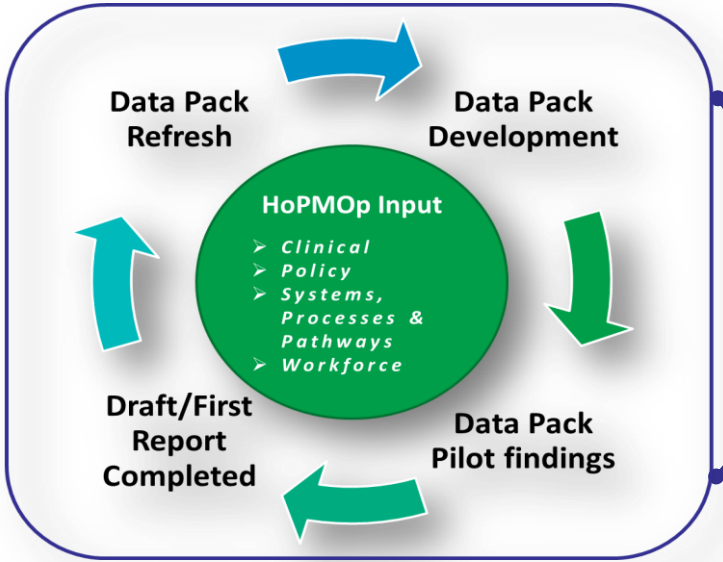
Medicines Optimisation Cross-Cutting Theme

Model Hospital

Data, visits and reports	• Reinforce the dashboard • Mandate collection of data • Use data to change practice
Return visits	• Re-run GIRFT dataset • Re-visit all units within speciality • Meet SMT and clinicians to track deliver
Objective setting	• Agreeing actions for each trust • Failure to act on data not an option
Providing support	• Supporting trusts to drive change • Measuring implementation and productivity

GIRFT

NHS Improvement



Workstream	Priority	HoPMOp Input: Clinical	Policy	Systems, Processes & Pathways	Workforce
Rheumatology	1		■	■	
Gastroenterology	2	■	■	■	■
Renal	3	■	■	■	■
Diabetes	4	■	■	■	■
Emergency Medicine	5			■	
Anaesthetics/ POM	6	■			■
Respiratory	7	■		■	
Endocrinology	8	■	■	■	
Intensive/ Critical Care	9		■		■
Geriatric Medicine	10	■	■	■	■
Dermatology	11	■		■	
Neurology	12	■			

Patient Level Secondary Care Pathway

Medicines Value Programme

1. The NHS policy framework that governs access to and pricing of medicines
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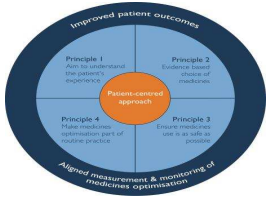


Pharmacists Integration in

Care Homes | GP practice | 111

Polypharmacy
Deprescribing
Low Value Medicines

RMOC

Specialised Commissioning

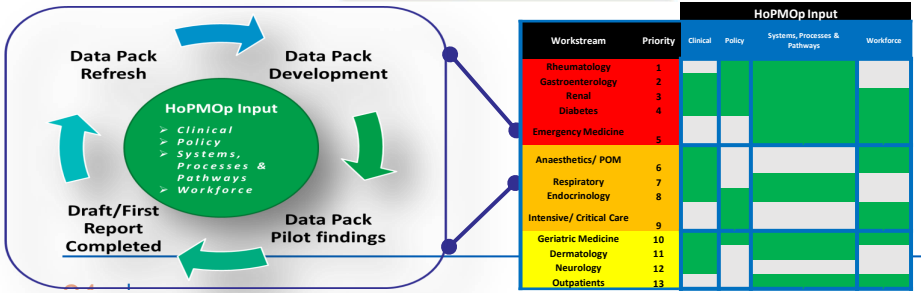
Specialised commissioning | abpi | MHRA | NHS Digital | NICE | NHS Health Education England | Specialist Pharmacy Service

Data Medication Safety

GIRFT

Medicines Optimisation Cross-Cutting Theme

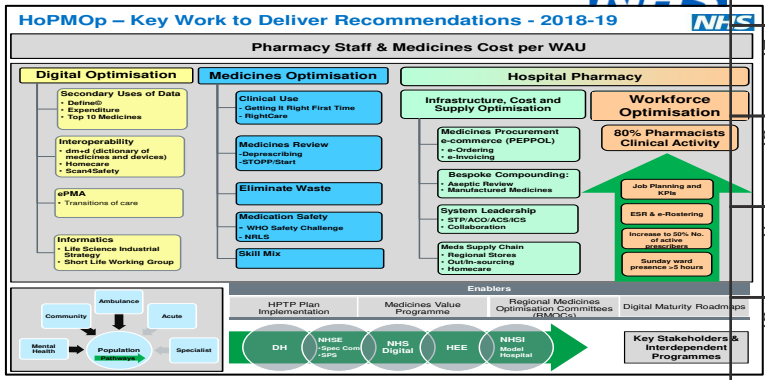
Model Hospital



Patient Level Secondary Care Pathway

Data Medication Safety

HoPMOp



Model Hospital | Benchmarking Network

Data Medication Safety

RightCare

NHS Business Services Authority

Where to Look
- MO Dashboard
- ePACT (2)
- Atlas of Variation
- HoPMOp Dashboard

What to Change
- Identify variation in
  - Patient experience
  - Clinical Effectiveness
  - Patient Safety
- What does the patient want?

How to Change
- Use examples of good practice- Make MO part of routine good practice

Population level Primary Care Pathways

Useful links

https://model.nhs.uk – NHS Improvement Model Hospital

http://gettingitrightfirsttime.co.uk – GIRFT website

https://www.england.nhs.uk/rightcare/ - RightCare

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@HospChiefPharm

NHS Improvement

To: Operational Productivity Programme Delivery Group

For meeting on: 9 May 2018

Agenda item: 7

Report by: Simon Corben, Director and Head of Profession NHS Estates and Facilities

Report on: Update on the Strategic Estates Planning Transition to NHS Improvement

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Introduction

1. The transfer of the Strategic Estates Planning (SEP) function from NHS Property Services and Community Health Partnership to a joint function with NHS Improvement and NHS England will provide the NHS with professional strategic estates expertise and improve the delivery of STPs across the health system more widely.

2. The Naylor review of the NHS estate highlighted the scale of both opportunity and challenge in improving the way NHS develops and utilises its estate. This was further underlined by recent budget announcements of additional capital funding to deliver STP estates transformation.

3. This paper is for Board members information and to note the progress to date on the transition programme. No action is required by the Board.

Transition programme general update

4. We sought and have received from NHS Improvement, NHS England and Department Health & Social Care (DHSC) the approval to progress with the SEP transition, following on from the due diligence work that has been undertaken.

5. To ensure that we can provide the relevant and respective reassurance to NHS Improvement, NHS England and DHSC on this programme of work due diligence on matters of HR and Finance has been undertaken. This is to ensure that we have and contribute to the reassurance and approval of the transition by all respective organisations involved and that the information is systematically used to deliberate in a reflexive manner on the assurance that there is sufficient funding, that risks are identified and benefits are clear.

6. NHS Improvement Executive Board was clear that as NHS Improvement the proposed hosting organisation clarification of funding arrangements and practical issues of HR and pay were to be clearly understood before any commencement of transactions.

7. Two queries remain outstanding on accommodation and IT both of which are considered across the Transition Working Group as being low risk and there are mitigating actions in place to ensure this work is complete.

8. Progressing to the next stage is to identify a transfer date and notifying PS and CHP of the measures for transition to NHS Improvement.

9. Discussions within Transition Working Group and SEP Operational Board agree to the potential transfer date of 1 October 2018 as being realistic.

Strategic Estates Planning Director update

10. The Strategic Estates Planning team, when transferred, will be headed by a Strategic Estates Planning Director this is a condition of the transfer of functions as stipulated by the Department of Health and Social Care.

11. A recruitment process for the role of SEP Director is about to commence. The process will take a few months to complete at which point it is hoped the appointment of a successful individual will coincide with the transferring teams to NHS Improvement.

12. At this point the plan is that the SEP team will report through the SEP Director into Jeremy Marlow, with accountability to the NHS Improvement Director and Head of Profession for Estates and Facilities (Simon Corben). Whilst this is workable, a more sensible solution would be to have the team fully embedded into the Estates and Facilities function at NHS Improvement, with the SEP Director reporting and line managed by Simon Corben, thus maximising the benefits and synergies of working as one system wide team. This combined team would then report into executives on an NHS Improvement and NHS England estates board

Strategic Estates Planning Transition Programme Plan

13. The programme and structure wrapped around includes clearly defined governance and work streams with accountable individuals identified.

14. A programme plan on a page is attached at appendix A for information, which will continue to be populated as the work streams progress with their work.

SEP Programme Milestone Planning 2018

v0.5 030518

2018

Workstream	Lead	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Governance SEP Transition Working Gp			21						
			Healthcheck			Healthcheck		Healthcheck	Healthcheck
Workstream: HR	KY			Formal transition process including ELI sharing, notification of measures, consultation, transference					
							Transition preparation		
			SEA JD banding						
			SEP Director JD banding	SEP Director JD recruitment	Interviews				
			HR diligence						
							Induction preparation		
Workstream: Finance	SM		Finance diligence						
Workstream: IT/ Facilities / Accommodation	CB/ MS		As is and future accommodation						
			As is and future IT picture						
						Information Governance / Data Access Sharing Agreement			
Workstream: Comms	LK		Nat Team						
			Draft plan						
				Meeting					
Transition Plan			Transition plan developed					Transition preparation	
Handover Plan								Handover Plan	
Approvals			Approvals flow						
Review									Review / LL

Timeline - now

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

NHS Improvement

To: Operational Productivity Programme Delivery Group

For meeting on: 9 May 2018

Agenda item: 8

Report by: Rhydian Phillips, GIRFT Director, Policy and Implementation
Dawn Chamberlain, London Regional Productivity Director

Report on: GIRFT best practice manual - Trauma and Orthopaedic

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Introduction

1. As part of the support for King's College Hospital NHS Foundation Trust in delivering its Getting It Right First Time (GIRFT) recommendations, GIRFT has worked since February with the Trust, NHS Improvement Operational Productivity and McKinsey to develop a good practice manual for delivery of trauma and orthopaedic (T&O) services. Work on the manual will be completed this week.

2. For each patient pathway within the T&O service, the manual sets out the 'model outcome' that describes and quantifies the operating model and required resourcing for the service to meet best practice standards as established by the GIRFT clinical lead and NHS Improvement nursing lead and drawing on clinical evidence and best practice examples gathered from across England.

3. The manual also describes the 'model process' used to transform current services to achieve the model outcome. It also covers all of the enabling services (e.g. pharmacy, estates, procurement and diagnostics).

4. The manual includes business process diagrams developed by McKinsey, which set out detailed steps on delivering the model service as well as tools for comparing the trust's current approach against the model service.

5. The slides presented to this Board capture the learning to date from this work (feedback gathered from GIRFT, NHS Improvement and McKinsey) and sets out potential next steps both at King's and more widely.

Action required by Delivery Group members:

6. Note the progress of the corporate services productivity programme.

7. Note the potential next steps both at Kings and more widely.

NHS Improvement

To: Operational Productivity Programme Delivery Group

For meeting on: 9 May 2018

Agenda item: 9

Report by: [redacted] Head of Corporate Services Programme

Report on: Corporate Services Programme Update (for information only)

Introduction

1. This report is to update the group on progress since the last update in October.

2. A savings target of £70m was set for 2017/18 with a stretch target of £120m.

3. Functions in scope are; HR, finance, payroll, information management and technology, governance and risk, procurement and legal services.

Key progress in the period

Data analysis and benchmarking

4. Corporate services benchmarking data was refreshed for 2016/17 data and provided to trusts in individual reports, as planned, in February 2018. Data was made available to trusts to compare trust cost data to national, STP and trust type benchmarks.

5. Benchmarking data included contextual metrics to supplement the cost metrics.

6. 2017/18 provider benchmarking data is planned to be made available to trusts in November 2018.

Cost improvement support

7. Following the autumn pilots, CIP guidance was provided to all trusts alongside the benchmarking reports in February 2018.

8. Trusts are using the CIP guidance to strengthen their corporate services CIP plans for the current year.

9. The programme team have commenced focused CIP support with three additional trusts, taking the total supported to nine trusts including the pilot trusts.

CIP delivery

10. As at the end of March 2018, trusts have reported corporate services CIP delivery of £175m. This is £55m (46%) above the stretch target set.

11. £141m of the £175m achieved has been delivered on a recurrent basis.

12. The programme team have begun to engage with professional services firms to educate them on the CIP guidance to influence their work with trusts. This will ensure that trusts procuring support to deliver corporate services CIP spend their money on planning and delivery rather than identification of opportunities. This should serve to ensure greater deliver of intended benefits.

Standardisation and consolidation

13. Six pilots have been established to test the applicability of robotic process automation in human resource and finance functions. This technology has proven to give an excellent return on investment in the private sector.

14. If successful, the pilots will also be used to inform the options to roll out RPA at scale across the whole system.

15. The programme team are supporting a number of trust groups looking to work together to create more effective and lower cost corporate services.

Planned activity in the next six months

16. Over the next twelve months the programme will:
    - Support trusts to deliver an additional £60m in corporate services CIP.
    - Collect, analyse and publish 2017/18 benchmarking data.
    - Publish further policies and guidance to support trusts to make the necessary improvements to corporate services, including wave two of the CIP guidance.
    - Create system solutions to reduce the quantity of transactional activity undertaken by trusts.
    - Determine the areas in which RPA can support trusts to improve the accuracy of and reduce the cost to deliver transactional services.
    - Support trusts to consolidate corporate services.
    - Develop a national view of the future operating models for finance and human resources functions.

Action required by delivery group members

17. Note the progress of the corporate services productivity programme.