

## MINUTES OF A MEETING OF THE OPERATIONAL PRODUCTIVITY PROGRAMME DELIVERY GROUP HELD ON WEDNESDAY 9 MAY 2018 AT 2.00pm AT WELLINGTON HOUSE, 133-155 WATERLOO ROAD, LONDON, SE1 8UG

### Present:

Lord Carter, Non-Executive Director (Chair, until item 6)  
Jeremy Marlow, Executive Director of Operational Productivity (in the Chair from item 6)  
Tony Baldasera, Regional Chief Operating Officer (North) (deputising for Lyn Simpson, Executive Regional Managing Director (North)) (by telephone)  
Dawn Chamberlain, Regional Productivity Director (London) (deputising for Steve Russell, Executive Regional Managing Director (London)) (from item 5)  
Simon Corben, Director and Head of Profession for NHS Estates and Facilities  
Daniel Derozarieux, Regional Head of Performance (South East) (deputising for Anne Eden, Executive Regional Managing Director (South East))  
Tim Evans, National Director of Clinical Productivity  
Mark Radford, Director of Nursing – Improvement (deputising for Ruth May, Executive Director of Nursing)  
Mark Ward, Director of Implementation and Engagement  
Andrew Howlett, Clinical Productivity Operations Director (from item 4)

### In attendance:

██████████, Programme Manager  
██████████, Implementation Lead (Hospital Pharmacy and Medicines Optimisation Programme)  
██████████, Senior Governance Officer  
██████████, Head of Imaging Transformation  
██████████, Head of Strategic Communications and Engagement (Operational Productivity)  
██████████, Head of Pathology Services Consolidation

## 1. Welcome and apologies

- 1.1 Apologies were received from Dale Bywater (Executive Regional Managing Director (Midlands and East)), Professor Tim Briggs (National Director of Clinical Quality and Efficiency), James Cook (Regional Productivity Director (Midlands and East)), Anne Eden (Executive Regional Managing Director (South East)), Luke Edwards (Director of Sector Development), Stephen Hay (Executive Director of Regulation/Deputy CEO) Jennifer Howells (Executive Regional Managing Director (South West)), Ruth May (Executive Director of Nursing), Kathy McLean (Executive Medical Director), Emmi Poteliakhoff (Director of Model Hospital and Metrics), Steve Russell (Executive Regional Managing Director (London)), Adam Sewell-Jones (Executive Director of Improvement), Lyn Simpson (Executive Regional Managing Director (North)) and Paul West (Director of Procurement and Corporate Services).

## 2. Declarations of Interest

- 2.1 No interests were declared.

### **3. Minutes and matters arising from the meetings held on 13 December 2017 (OPPDG/18/01)**

- 3.1 The minutes of the Operational Productivity Programme Delivery Group (OPPDG/the Group) meeting held on 13 December 2017 were approved and the matters arising were noted.

### **4. National Pathology Consolidation Programme (OPPDG/18/02)**

- 4.1 The Head of Pathology Consolidation introduced the report which provided an update on the National Pathology Consolidation Programme. The key achievements in 2017/18 and the next steps for 2018/19 were discussed.

- 4.2 Consideration was given to the work that was being undertaken on commissioning and the development of a procurement framework for pathology. The potential risks associated with this work and the actions that had been taken to mitigate these were discussed. The engagement with NHS England on the approach to commissioning for pathology services was also discussed. OPPDG considered the learnings from past pathology procurement initiatives and the application of these to the Programme. The Group noted that a supplier had been selected for the Diagnostics, Pathology and Therapy Category Tower and requested that a meeting be arranged between the Chair of OPPDG, the Executive Director of Operational Productivity, the Programme leads and the selected supplier to review its implementation plans and assure its capacity and capability to meet the pathology procurement demands of the provider sector.

**ACTION: DW**

- 4.3 There was a discussion on the interaction between the review and approval process for providers' procurement of pathology equipment and the capital investment business case process. The Group also considered the potential impact of providers entering into managed service contracts on the Programme. OPPDG requested that further work should be undertaken to engage with the Chief Financial Officer and the Assistant Director of Capital and Cash on whether these proposals could be captured within the capital investment guidance and to determine the additional criteria that should be applied to these proposals to ensure that they met the procurement specifications that were developed through the Programme.

**ACTION: JM, DW**

- 4.4 The progress that had been made to implement the 29 pathology networks was discussed. The requirement for all trusts to comply with the Programme recommendations was highlighted. The Group discussed East Sussex Healthcare NHS Trust's failure to engage in the regional model and requested that a meeting be arranged between the Trust, the Chair of OPPDG and the Executive Director of Operational Productivity, with support from the Executive Regional Managing Director (South East), to address this issue.

**ACTION: DW**

- 4.5 Consideration was given to the development of a single test list for pathology services. The robustness of the data that was currently available on pricing and the potential risks associated with developing a draft list based on this information were

discussed. The interaction between primary, community and secondary care and the impact of this on prices were also discussed. The Chair requested that the first draft of the single test list should be developed by the end of May 2018.

**ACTION: DW**

4.6 There was a discussion on the issues identified in the Midlands and East with regard to engagement with the Programme. It was noted that similar issues had been identified across all specialities in the region and the Group considered the actions that could be taken to address this.

4.7 The Executive Director of Operational Productivity requested fortnightly updates on trusts across the four regions with a level of engagement and continuing risk score of 50% or less.

**ACTION: DW**

4.8 Consideration was given to the projected savings and future milestones for the Programme. It was noted that the delivery date had been set at 2021, when all networks were planned to be formed and operational. The work that was underway to strengthen the link between the Programme and staff productivity to ensure that new systems were supported by efficient staffing and rostering practices was discussed. The Group requested a profile of the projected savings and how these would be delivered.

**ACTION: DW**

4.9 The leadership of the programme and the importance of ensuring that efforts were coordinated across all relevant arm's length bodies were considered. The potential impact of NHS Improvement's closer working with NHS England on the Programme was also considered.

4.10 There was a discussion on the pathology conferences that had been scheduled by various organisations for 2018 and the work that was required to strengthen the team's role in leading engagement on pathology with the sector and the profession.

## **5. Opportunities in Imaging – Early insights (OPPDG/18/03)**

5.1 The Head of Imaging Transformation introduced the report which provided an overview of the initial findings and opportunities that had been identified through the National Imaging Data Collection.

5.2 The positive engagement with the imaging data collection and analysis process, the progress of implementation of the Early Adopter Networks and the development of a national imaging asset data base were discussed.

5.3 [REDACTED]

5.4 [REDACTED]

[REDACTED]

**ACTION: FT**

5.5 The reported variation in auto-reporting across the regions was discussed. It was proposed that further work should be undertaken to consider the potential development and mandation of national standards for auto-reporting and interoperability.

**ACTION: FT**

5.6 [REDACTED]

**ACTION: FT, AH**

5.7 [REDACTED]

**ACTION: FT, AH**

5.8 The Group considered the information provided on equipment age and the potential significant risks this presented for service provision. The increased labour and repair costs associated with operating dated equipment and the potential cost to replace this equipment where appropriate were discussed. The number of scanners per capita, the demand for diagnostics and imaging services across England and how this compared with other countries were considered. [REDACTED]

5.9 OPPDG discussed the reported 'do not attend' (DNA) rates and the variation by imaging service. It was highlighted that Derby Teaching Hospitals NHS Foundation Trust had reported a DNA rate of less than 1% and consideration was given to the actions that had been taken by the Trust to achieve this rate and that could be adopted by other trusts to reduce their DNA rates.

5.10 There was a discussion on the approach to reading imaging reports and the Group requested an update on the technology that was being used for this both in England and internationally and the costs and benefits associated with the different technologies identified.

**ACTION: FT**

5.11 The potential to move imaging data between sites was considered. The Group requested that further work should be undertaken, engaging with NHS Digital, to clarify the current barriers and restrictions around data sharing and the actions that could be taken to eliminate these.

**ACTION: AH, FT**

- 5.12 There was a discussion on the development of a cost per test list for imaging services. The potential savings that could be delivered through the Imaging Programme were considered and the Group requested a profile of the projected savings and how these would be delivered.

**ACTION: FT, AH**

## **6. Update on Hospital Pharmacy and Medicines Optimisation programme (OPPDG/18/04)**

- 6.1 The Group considered the report which provided an update on the progress of the Hospital Pharmacy and Medicines Optimisation (HoPMoP) programme, including the key achievements of 2017/18 and the plans for 2018/19.
- 6.2 There was a discussion on the savings that had been delivered in 2017/18 and the focus of the Programme for 2018/19. The reported reduction in cost for the top 20 categories since the start of the Programme was highlighted. The opportunity scanning work that was being undertaken to identify potential alternative more cost effective treatments across different specialities was considered. OPPDG discussed the natural fluctuation in medicine costs and the impact of this on the Programme. It was noted that, using the data that was currently collected from providers, the Programme focused on savings that could be realised through changes to frontline usage and practices.
- 6.3 Consideration was given to the work that was being undertaken in parallel through the Medicines Value Programme to ensure that providers secured the best price for medicines based on the level of demand. Assurance was provided that all commercial negotiations undertaken through the Programme reflected the increase in demand associated with a recommendation to providers to switch to an alternative treatment.
- 6.4 The leadership of the programme and the importance of ensuring that efforts were coordinated across all relevant arm's length bodies were considered. The potential impact of NHS Improvement's closer working with NHS England on the Programme was also considered.
- 6.5 OPPDG discussed the work that was being undertaken on aseptic units, which produced their own pharmaceuticals, and the potential to consolidate these units to produce better quality, lower cost alternatives in a more efficient way. Group members requested clarification of the current number of units and their operating costs.

**ACTION: LD, AH**

## **7. Update on the Strategic Estates Planning Transition to NHS Improvement (OPPDG/18/05)**

- 7.1 The Director and Head of Profession NHS Estates and Facilities introduced the report which provided an update on 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. The joint function would

provide the NHS with professional strategic estates expertise and improve the delivery of Sustainability and Transformation Partnerships across the health system.

- 7.2 The Group noted that the SEP team had commenced work with NHS Improvement and NHS England in preparation for the service transfer on 1 October 2018. It was also noted that Sustainability and Transformation Partnership estate strategies were due on 16 July 2018 and that these would be reviewed and assured by the SEP team.
- 7.3 Assurance was provided that the SEP team would be fully integrated into the new regional structures that were being developed through the NHS Improvement and NHS England joint working programme.

## **8. GIRFT best practice manual – Trauma and Orthopaedic (OPPDG/18/06)**

- 8.1 OPPDG considered the report which provided an update on the development of a good practice manual for delivery of trauma and orthopaedic (T&O) services based on the learnings from the work that had been undertaken by the Getting It Right First Time team and NHS Improvement, with external support, at King's College Hospital NHS Foundation Trust (King's).
- 8.2 The work that was underway to engage with those trusts that had been identified as exemplars of best practice with regard to T&O services to review and assure the guidance document was discussed. The Group also noted that feedback had been sought on the appropriateness of the recommendations from all key stakeholders and relevant programme leads across NHS Improvement. The implementability of the guidance was considered and it was noted that this would be piloted at a small number of trusts to ensure that the recommendations were robust and deliverable.
- 8.3 The learnings from the work that had been undertaken at King's in relation to the pace of change, sustainability of improvements and accountability both within the provider and NHS Improvement were considered.
- 8.4 The additional resource that would be required to develop similar best practice guidance documents through GIRFT for all specialities and the potential benefits that could be delivered through this were discussed.

## **9. Corporate Services Programme Update (OPPDG/18/07)**

- 9.1 The Group noted the report which provided an update on the progress of the Corporate Services Programme since October 2017.

## **10. Any other business**

- 10.1 There was no other business.

## **Close**