



# Month 7 2017/18 Update

**SaHF & NWL Strategy and Transformation Programmes**  
November 2017

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# Executive Summary

The purpose of the paper is to provide a summary of the SaHF and NWL Strategy and Transformation Programmes YTD position as at Month 7 2017/18. At the beginning of the financial year we had planned for sources of funding of £32.2m and application of same as shown in Tables 1 and 2 below:

**Table 1 – Sources of funding**

CCG's	RRL £m	17.18 Proposed Funding			
		1% Contribution £m	NHSE Funding £m	HEE £m	TOTAL £m
Central London	272.0	2.72			2.72
Ealing	494.0	4.94			4.94
H&F	264.8	2.65			2.65
Hounslow	344.9	3.45			3.45
West	359.3	3.59			3.59
Brent	421.8	4.22			4.22
Harrow	294.3	0.00			0.00
Hillingdon	359.1	3.59			3.59
<b>Sub Total CCG's</b>		<b>25.2</b>			<b>25.2</b>
NHSE Funding			6.00		6.00
HEE				1.00	1.00
<b>TOTAL SOURCES OF FUNDING</b>		<b>25.2</b>	<b>6.00</b>	<b>1.00</b>	<b>32.2</b>

**Table 2 – Application of funds**

	£m
S&T operational Budget	15.0
Provider Support	11.2
Other:	
Primary Care Budget	2.1
Contingency	2.0
Balancing figure (SOC 1)*	1.9
<b>TOTAL</b>	<b>32.2</b>

In M6 we received HEE funding of £0.5m and have applied to NHSE for funding to support the SaHF and Strategy and Transformation Programmes budget. We are awaiting a formal decision from NHSE.

# Executive Summary Continued

## Key points to note from this report as are follows:

### 1. S&T Operational Budget (Section 1 of this report)

- The S&T operational budget M7 actual expenditure is £6.6m against a plan of £8.2m, a YTD underspend of £1.6m. The predominant underspend is due to consultancy and other cost pressures expected to arise in the last 5 months of the year in addition to strict control over recruitment to vacant posts and cuts in non-pay expenditure.
- This said, the S&T operational budget is forecasting outturn of £12.5m, a £2.5m underspend against plan.
- The trajectory of the WTE within the S&T operational budget is significantly changing from 83 WTE and interim 18 WTE at M7 to 100 substantive WTE (further breakdown shown on Slide 8) and 6 interim WTE by March 2018 which will have a significant positive impact upon the pay costs of this budget
- £2.1m of the S&T £12.5m budget has been pooled into a central consultancy and non-pay budget. This can only be drawn upon with approval of the budget owner (CFO CWHHE)
- As mitigation of non receipt of any funding from NHSE, contingency plans have been devised. The first contingency plan has already been enacted; the reduction of the S&T operational budget from the proposed £15m to £12.5m. Outline plans have also been made for potential further reduction, should this be required.
- We are asking for no further contribution from CCGs in this financial year for SOC1 and SOC2 consultancy costs and these will be met by the S&T budget.
- Additional provider support has been identified since the original SaHF and Strategy and Transformation Budget proposal in M3, including THH resident consultant model £239k, THH paediatric business case £580k and Ealing paediatric patient transport £900k.
- £1m of the contingency for provision of mitigation for projects that may arise during the year has been earmarked for contribution to the CEP and the remaining £1m of contingency has been removed. The provision for other costs has therefore been reduced from the original proposal of £4.1m to £3.1m

### 2. Externally Funded Projects (Section 2 of this report)

- We have added expenditure to date on externally funded projects to our previous reporting.

### 3. Consultancy Contract Let (Section 3 of this report)

- Project Completion Reports have been carried out for each contract let (where these are due) to give further insight and transparency into the outcome / outputs of each consultancy piece. These will be included in the monthly reports from M8 onwards.



# Section 1

## M7 Application of funds

# Application of Funds (1) – S&T Operational Budget

## Actual Spend YTD

The table below summarises the S&T expenditure actuals to date at M7 with forecast outturn and variance from original plan. At M7 S&T there is a YTD underspend of £1.6m and a full year forecast variance of £2.5m.

Delivery area	Workstream	Annual Budget *	M7 YTD			Forecast at M7	
			M7 YTD Budget *	M7 YTD Actuals	M7 YTD Variance	Forecast at M7	Forecast Variance
		£000s	£000s	£000s	£000s	£000s	£000s
DA1	Prevention	106	62	48	14	42	64
DA2	Eliminating unwarranted variation and improving long term condition management	1,597	831	536	295	1,195	402
DA3	Achieving better outcomes for older people	1,044	625	613	12	1,022	22
DA4	Improving outcomes for people with mental health needs	1,231	690	632	58	1,176	55
DA5	Ensuring safe high quality sustainable acute services	2,413	1,168	856	313	1,910	503
<b>DA TOTAL</b>		<b>6,390</b>	<b>3,375</b>	<b>2,684</b>	<b>691</b>	<b>5,344</b>	<b>1,046</b>
Enabling	S&T Leadership Team	1,080	637	602	35	954	126
Enabling	S&T Central PMO	395	204	182	23	335	60
Enabling	S&T Finance	621	403	484	-81	751	-131
Enabling	Financial Turnaroud	0	0	103	-103	103	-103
Enabling	Workforce	993	515	350	165	661	332
Enabling	Communications	852	473	326	147	582	270
Enabling	Clinical leads	409	232	213	19	373	37
Enabling	S&T Informatics	258	154	203	-49	289	-32
<b>Enablers TOTAL</b>		<b>4,608</b>	<b>2,618</b>	<b>2,462</b>	<b>156</b>	<b>4,049</b>	<b>560</b>
Other	Strategic estates	2,800	1,476	720	756	1,914	886
Other	Datawarehouse	1,062	586	567	19	1,056	6
Other	Informatics (Pass through to Bill Sturman)	138	138	0	138	0	138
<b>Other TOTAL</b>		<b>4,000</b>	<b>2,200</b>	<b>1,287</b>	<b>913</b>	<b>2,970</b>	<b>1,030</b>
Other - Unprovisioned	Travel (Travel Advisory Group -TAG)	0	0	113	-113	114	-114
<b>GRAND TOTAL</b>		<b>14,998</b>	<b>8,193</b>	<b>6,547</b>	<b>1,647</b>	<b>12,477</b>	<b>2,522</b>

\* Budget based on expenditure plan at M2

# Application of Funds (1) – S&T Operational Budget

Actual Spend YTD – Pay, Interim & Contractors, Consultancy and Non-Pay

Delivery area	Workstream	M7 YTD Pay		M7 YTD Interim & Contractors		M7 YTD Consultancy		M7 YTD Non-pay	TOTAL M7 YTD	
		£000's	WTE	£000's	WTE	£000's	WTE	£000's	£000's	WTE
DA1	Prevention	48	3	0	0	0	0	0	48	3
DA2	Eliminating unwarranted variation and improving long term condition management	274	8	239	3	0	0	23	536	11
DA3	Achieving better outcomes for older people	226	5	282	4	99	1	6	613	9
DA4	Improving outcomes for people with mental health needs	528	12	63	0	0	0	42	632	12
DA5	Ensuring safe high quality sustainable acute services	619	15	129	1	93	1	14	856	16
<b>DA TOTAL</b>		<b>1,695</b>	<b>42</b>	<b>713</b>	<b>8</b>	<b>192</b>	<b>1</b>	<b>85</b>	<b>2,684</b>	<b>51</b>
		0	0	0	0	0	0	0	0	0
Enabling	S&T Leadership Team	207	4	118	1	0	0	276	602	5
Enabling	S&T Central PMO	182	5	0	0	0	0	0	182	5
Enabling	S&T Finance	156	4	317	3	0	0	11	484	6
Enabling	S&T Financial Turnaround	0	0	0	0	103	1	0	103	1
Enabling	Workforce	195	5	0	0	145	2	11	350	6
Enabling	Communications	175	6	126	2	0	0	25	326	7
Enabling	Clinical leads	213	2	0	0	0	0	0	213	2
Enabling	S&T Informatics	24	1	175	3	0	0	4	203	3
<b>Enablers Total</b>		<b>1,152</b>	<b>26</b>	<b>737</b>	<b>8</b>	<b>248</b>	<b>2</b>	<b>326</b>	<b>2,462</b>	<b>36</b>
		0	0	0	0	0	0	0	0	0
Other	Strategic estates	109	2	268	3	0	0	343	720	5
Other	Datawarehouse	208	8	105	1	0	0	254	567	9
Other	Informatics	0	0	0	0	0	0	0	0	0
<b>Other TOTAL</b>		<b>317</b>	<b>10</b>	<b>373</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>597</b>	<b>1,287</b>	<b>13</b>
		0	0	0	0	0	0	0	0	0
<b>Other - Unprovisioned</b>	Travel (Travel Advisory Group -TAG)	0	0	110	2	0	0	3	113	2
<b>GRAND TOTAL</b>		<b>3,163</b>	<b>78</b>	<b>1,933</b>	<b>21</b>	<b>440</b>	<b>4</b>	<b>1,011</b>	<b>6,547</b>	<b>103</b>

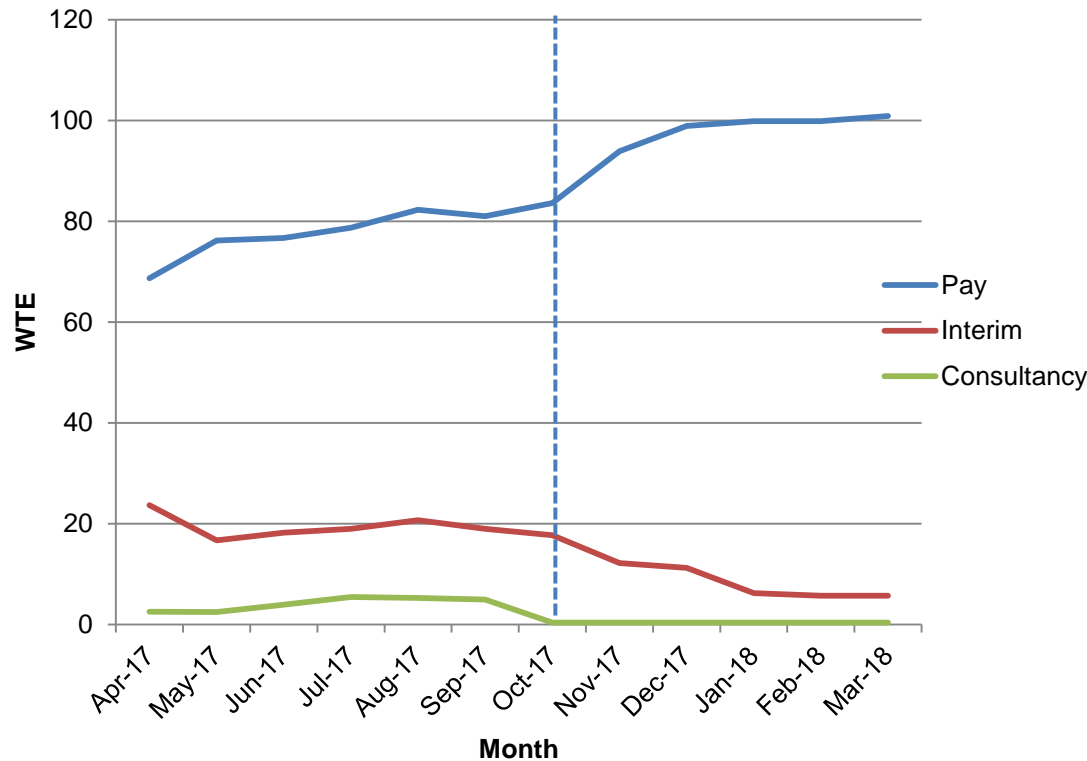
\* Please note the WTE is a cumulative average over the 7 months and not based on the specific month

# Application of Funds (1) – S&T Operational Budget

## M7 WTE Comparison – month on month trend

The S&T delivery area and enabling teams have made significant progress towards a core team of substantive staff in order to reduce the premium cost associated with interim and contract staffing. A comparison between substantive and interim WTE actual/forecast month on month for 17/18 is shown below.

**WTE (Substantive, Interim and Consultancy Comparison) Forecast at M7**



The substantive WTE at M7 is currently 83 WTE and interim 18 WTE

S&T are forecasting 100 substantive WTE and 6 interim WTE by March 2018. This is subject to the posts being recruited into.

The 100 substantive WTE forecast consists of; 71 Permanent staff, 25 fixed term, 1 seconded and 2.5 Clinical leads (paid per session, on pay-roll)



# Application of Funds (1) – S&T Operational Budget

## Month 7 S&T expenditure report narrative

M7 actual expenditure is £6.6m against a plan of £8.2m, an YTD of £1.6m. The predominant underspend is due to consultancy and other cost pressures expected to arise in the last 5 months of the year in addition to strict control over recruitment to vacant posts and cuts in non pay expenditure.

The S&T operational budget is forecasting outturn of £12.5m, a £2.5m underspend against plan.

### Points to note:

- we have pooled £2.1m of the S&T £12.5m budget into a central consultancy and non-pay budget. This central budget can only be drawn upon with approval of the budget owner (CFO CWHHE).
- There are significant unbudgeted cost pressures which are expected to be met from this budget. For example, Kingsgate, Deloitte, GE Finnamore, RSM and we have also been asked to pick up the costs of the Patient Transport Group.
- Outline plans have also been made for potential further reduction in the S&T operational budget and reduction of S&T cost pressures should this be required.
- We are asking for no further contribution from CCGs in this financial year for SOC1 and SOC2 consultancy costs and these will be met by the S&T budget.
- The forecast underspend against Strategic Estate is due to consultancy costs falling in the last 5 months of the financial year
- High interim spend against DA2 /DA3 is due to interims filling vacant posts to allow continuity in work, substantive posts are to be recruited into in coming months.
- High non-pay spend against S&T leadership team is due to accrued Rent and Office services charges and high interim spend due to several interims who were working on the STP in April 2017 and have since left
- High interim spend against S&T finance due to short term project finance work for the delivery areas
- High consultancy spend against workforce is due to 2 consultants (Leadership Development Consultant and Social Care workforce consultant), and consultancy contracts (Primary Care Workforce Strategic Planning & Support and HR Support for improvement in primary care)
- High interim spend against Strategic Estates due to project work and continuity of expertise.

## Application of funds (2) – Provider Support

The table below summarises the proposed application of provider support funding at M7 17/18.

It should be noted that additional provider support has been identified since the original SaHF and Strategy and Transformation Budget proposal in M3, namely, THH resident consultant model £239k, THH paediatric business case £580k and Ealing paediatric patient transport £900k. However slippage on approval of SOC 1 has delayed work on OBC's.

**Table 3 – Original Proposal**

Trust	Description	16/17 Actuals, £000's	April 2017 proposal, £000's	June-17 revised proposal, £000's
CMH	CMH support	11,000	-	-
	Maternity clinic space	426	-	-
CW/ WMUH	Lease on Maternity unit	2,836	2,900	2,900
	ChelWest ED	3,800	3,800	3,800
	Loan funding	-	-	-
	CW/WM transaction funding	1,500	-	-
THH	Transition support	2,000	-	-
	THH resident consultant model	220	-	-
	THH CDU costs	500	500	500
	CDU staffing	116	-	-
Mental Health Trusts	CNWL	2,100	-	-
	WLMHT	1,900	-	-
	Mental Health Transformation	-	4,000	4,000
Additional Support	THH	400	-	-
	LNWHT	546	-	-
	Paediatrics	528	-	-
<b>TOTAL Provider Support</b>		<b>27,872</b>	<b>11,200</b>	<b>11,200</b>

## Application of funds (3) – Other Costs

The table below shows the original proposed application of other costs to the SaHF and Strategy and Transformation budget costs in 2017/18.

	CCG/NHSE £m	Total Nov 2016 £m	Revised April 2017 £m	Comments at April 2017	June-17 revised proposal, £m
<b>Primary Care Budget</b>	0.7	0.7	2.1	This covers forecast deficits	2.1
<b>Federation Support</b>	3.6	3.6	0.0	This was the £3 per head primary care transformation fund, but is already included in CCG operating plans	0.0
<b>ACP Development</b>	4.0	4.0	0.0	A decision for individual CCGs	0.0
<b>SOC2</b>					
Consultation/Planning	2.0	2.0	0.0	This is currently being discussed	0.0
<b>Contingency</b>	2.0	2.0	2.0		2.0
<b>Total Additional costs</b>	<b>12.3</b>	<b>12.3</b>	<b>4.1</b>		<b>4.1</b>

It should be noted that due to the cost pressures on the budget:

- £1m of the contingency for provision of mitigation for projects that may arise during the year has been earmarked for contribution to the CEP and the remaining £1m of contingency has been removed.
- Provision for other costs is now reduced from the original proposal of £4.1m to £3.1m



# Section 2

## External funding

## Externally funded Programmes (1/4)

The tables below shows the externally funded projects awarded in S&T up till M7

Early Adopters Programme (funded by NHSE)						
	17.18 Budget, £000s	M7 Budget, £000s	M7 Actuals, £000s	M7 Variance, £000s	Forecast at M7, £000s	Forecast Variance, £000s
<b>Staffing</b>						
Programme Management (Pay)	318	200	118	82	260	58
Programme Management (Interim)	8	8	8	0	4	4
Programme Management (Consultancy Trusts (Pay)*	9 469	9 273	9 197	0 76	9 403	0 66
<b>Non-Pay</b>	88	51	24	27	215	-127
<b>TOTAL</b>	<b>892</b>	<b>541</b>	<b>356</b>	<b>185</b>	<b>892</b>	<b>0</b>

\* Funds to trust for Head of Midwifery and Consultant Midwife roles

NWL Provider Productivity (funded by NHS Trusts)						
	17.18 Budget, £000s	M7 Budget, £000s	M7 Actuals, £000s	M7 Variance, £000s	Forecast at M7, £000s	Forecast Variance, £000s
<b>Central Delivery Architecture</b>						
Pay	-	-	104	-	178	-
Interim	-	-	36	-	63	-
Non-pay	-	-	1	-	2	-
<b>Musculoskeletal Physiotherapy (MSK)</b>						
Pay	-	-	36	-	61	-
<b>Procurement</b>						
Pay	-	-	45	-	65	-
Interim	-	-	12	-	12	-
Non-Pay	-	-	15	-	21	-
<b>Staffing</b>						
Interim	-	-	61	-	133	-
Non-Pay	-	-	0	-	67	-
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>310</b>	<b>0</b>	<b>602</b>	<b>0</b>

The Early adopters programme will seek to transform maternity care to implement key elements of Better Births at scale.

- In North West London there is a particular focus on providing continuity of care for women by embracing new models of care across the geography with an aim to co-design the new model to cover antenatal, intrapartum and postnatal care with staff and women and families;
- Ensure all women have a named midwife who coordinates their care and provides continuity in the antenatal and postnatal period
- Address workforce education and training needs to deliver the model
- Pilot the new model to include evaluation and, where necessary, adaption of the model
- Improve postnatal community care delivered to women in NWL by ensuring women have access to their midwife as they require after having a baby
- Ensure women are given full informed choice of birth setting

The NWL Productivity Programme is to be funded by the Trusts and will be recharged back to them at the end of the financial year.

## Externally funded Programmes (2/4)

<b>Diabetes (funded by NHSE)</b>						
	<b>17.18 Budget, £000s</b>	<b>M7 Budget, £000s</b>	<b>M7 Actuals, £000s</b>	<b>M7 Variance, £000s</b>	<b>Forecast at M7, £000s</b>	<b>Forecast Variance, £000s</b>
<b>Diabetes Transformation (Core)</b>						
Pay	0	0	50	-50	180	-180
Interim	0	0	68	-68	131	-131
Non-Pay	0	0	7	-7	12	-12
<b>Diabetes Treatment and Care - Structured Education</b>						
Pay	556	324	6	318	124	432
Non-Pay	244	142	0	142	244	0
<b>Diabetes Treatment and Care - Treatment Targets</b>				0		
Pay	534	311	100	212	837	-303
Non-Pay	616	359	0	359	616	0
<b>Diabetes Treatment and Care - MDFT</b>				0		
Pay	354	207	15	191	159	195
Non-Pay	43	25	0	25	43	0
	<b>2,347</b>	<b>1,369</b>	<b>246</b>	<b>1,123</b>	<b>2,347</b>	<b>0</b>

The diabetes Programme is showing a M7 YTD underspend of £1.1m this is due to the programme starting 3 months later than expected. The programme has been unable to recruit to some posts due to lack of clarity of on-going funding. The expenditure is weighted predominantly in the last 5 months of the year as the programme has not begun in earnest and posts are due to be recruited into. There is also large non-pay spend expected on IT which is under discussions.

### **Diabetes Structured Education -**

To develop an e-learning tool to educate primary care clinicians, commissioning a structured education Hub, trialling self-care applications and developing diabetes patient videos in non-English languages.

### **Diabetes Three Treatment Targets**

- Providing additional support to Primary Care to ensure essential diabetes care is robust, provide monthly reporting dashboards to GP practices, provide clinical skills training to all diabetes members and develop integrated clinical model for diabetes with one spec and contract

### **Diabetes Multi-disciplinary Foot Care (MDFT) -**

Multi-disciplinary Foot Care (MDFT) – establish NW London STP foot network aligned to vascular Hub with Clinical Lead, standardising diabetes foot data metrics to dashboard/outcome measures, recruiting podiatrists across STP and recruiting MDFT pathway coordinators.

## Externally funded Programmes (3/4)

<b>NWL Radiology Reporting Network (funded by RM Partners)</b>						
	<b>17.18 Budget, £000s</b>	<b>M7 Budget, £000s</b>	<b>M7 Actuals, £000s</b>	<b>M7 Variance, £000s</b>	<b>Forecast at M7, £000s</b>	<b>Forecast Variance, £000s</b>
<b>Clinical Model Design (Clinical Input)</b>						
Pay	79	39	34	5	79	0
<b>Finance &amp; Activity Modelling</b>						
Pay	34	17	0	17	34	0
<b>Technical Specification</b>						
Consultancy	60	60	48	12	60	0
<b>Information Governance</b>						
Interim	43	19	0	19	43	0
<b>Employment &amp; Contracts</b>						
Consultancy	40	40	0	40	40	0
<b>Procurement</b>						
Consultancy	140	0	21	-21	140	0
<b>Implementation</b>						
Pay	213	41	0	41	213	0
Non-Pay	80	0	0	0	80	0
<b>NWL Governance and Decision Making</b>						
	0	0	0	0	0	0
<b>Communications &amp; Engagement</b>						
Pay	10	0	0	0	10	0
Non-Pay	10	0	0	0	10	0
<b>Legal costs</b>						
	14	14	0	14	14	0
<b>TOTAL</b>	<b>723</b>	<b>230</b>	<b>103</b>	<b>128</b>	<b>723</b>	<b>0</b>

This funding will be used to allow the linking up of RIS/PACS systems across all NWL provider radiology departments.

Revenue (£723k) will be used for project management and building of clinical models and resourcing other work packages within the programme.

Capital (£1,300k) will be used to purchase the technology. Capital funding will not be part of the agreement between RM Partners and NWL Collaboration of CCGs as this spend will need to take place in an NHS host provider organisation. A separate arrangement will be taken with the nominated host provider once agreed by the programme board.

## Externally funded Programmes (4/4)

Mental Health IAPTs (funded by NHSE)			
	Source of funding, £000s	Application of funds, £000s	
Q1		256	
Q2		256	
Q3		256	
Q4		256	
Salary support		885	
<b>TOTAL Funding</b>		<b>1,909</b>	
Implementation Manager		60	Project Management support
Brent		165	Initially these funds were to be transferred to the CCGs in the amounts stated on the left, and then out to the Trusts. However there are discussions around how much funding each Trust will receive and this may go out straight from S&T (CL CCG). The amounts to CCG's are likely to change but this outlines the original proposal. CCG's have agreed to match fund.
Harrow		105	
Central London		126	
West London		153	
H & F		120	
Ealing		175	
Hounslow		120	
Salary support		885	
<b>TOTAL Application of funds</b>		<b>1,909</b>	

NW London CCGs were successful in a bid to support the development of integrated IAPT services from NHSE. Funding will be received from NHSE and transferred straight out to CCG's.

This programme is to develop the integrated IAPT services for people with long term conditions across 7 CCGs (excluding Hillingdon which is part of wave 1). The prevalence of anxiety/depression is 2-3 times higher in those with LTCs. We know treating the psychological problems of those with LTCs not only improves quality of life, but also reduces physical healthcare costs as people make fewer unnecessary visits to A&E. So the intervention improves patient care while at the same time reducing costs.

This investment supports us delivering increased access (as per new targets set out in Mental Health Five Year Forward View) to talking therapies at 16.8% of prevalence of common mental health needs in 17/18 and 25% by 2020/21 alongside national ambitions in the GP Forward View to locate 3000 therapists in GP practices nationally.

Workforce Transformation (funded by HEE NWL)		
	Source of funding, £000s	Application of funds, £000s
Funds from HEE NWL	500	
<b>TOTAL Funding</b>	<b>500</b>	
Workforce and wellbeing of NWL care homes		230
Pilot in new ways of working		70
Training		100
Change capability		100
<b>TOTAL Funding</b>		<b>500</b>

**Workforce and wellbeing of NWL care homes** - Pilot to develop the workforce and wellbeing of NWL care homes and their communities; including a leadership programme for 140 care home managers and bespoke training for care home clinical leads (DA3)

**Pilot in new ways of working** - Pilot in new ways of working across 10 practices to embed multidisciplinary and integrated working in primary care hubs, impacting approximately 95 staff (DA2,3,4)

**Training** - Training for 1000 staff to embed new ways of working to simplify discharge pathways across NWL – 'Home First' (DA3 and 5)

**Change capability** - Identifying and developing change capability to deliver transformation across NW London; up to 30 change coaches will be developed (all DAs)





**Section 3**  
**Consultancy Contracts Let**  
**SaHF & NWL Strategy and Transformation Programmes**  
October 2017

# S&T consultancy contracts let since 1<sup>st</sup> April 2017

Contract Let	Contract	Value	Provider	Decision-making panel	NHSE Approval (if over £50k)	Single Tender Waiver (STW)	Project Completion Report *
April 2017	OD Practitioner's Support for Workforce & Development team (ST075)	£45,000	Verto Consulting	Assistant Director Workforce and Development, Workforce and Organisational Development Manager	N/A	N/A	Completed
April 2017	Social Care for Workforce Lead (ST076)	£38,000	Julie Rice Ltd	Assistant Director Workforce and Development, Workforce and Organisational Development Manager	N/A	N/A	Completed
May 2017	HR Support for Primary Care Improvement (ST078)	£35,200	RealWorld HR	Assistant Director Workforce and Development, Workforce Information Manager	N/A	N/A	Completed
May 2017	Radiographer – Banding Consistency (ST079)	£11,840	RealWorld HR	Assistant Director Workforce and Development, Workforce Information Manager	N/A –	N/A	Completed
June 2017	Local Services – Enhanced Healthcare in Care Homes (ST071a)	£48,825	PA Consulting	Programme Director of Local Services, Assistant Director for Old People's Care	N/A	N/A	Under preparation
June 2017	Local Services – Crisis Care (ST073a)	£49,970	GE Healthcare Finnamore	Programme Director of Local Services, Assistant Director for Old People's Care	N/A	N/A	Under preparation
June 2017	Primary Care Workforce Strategic Planning & Support (ST081)	£3,000	Harris Reed	Associate Director Workforce Transformation, Workforce Information Manager	N/A	N/A	Completed
July 2017	Primary Care Workforce Strategic Planning & Support (ST081a)	£25,200	PA Consulting	Associate Director Workforce Transformation, Workforce Information Manager	N/A	N/A	Completed
July 2017	Model of Care Evaluation - Discharge to Assess (STW.42)	£19,500	PA Consulting	Chief Financial Officer CWHHE, Director of Systemwide Transformation, Assistant Director Acute Care	N/A	STW	Under preparation
July 2017	NWL Paediatric Review (addendum to ST077 contract) (STW.43)	£18,547	GE Healthcare Finnamore	Chief Financial Officer CWHHE, Director of Systemwide Transformation, Assistant Director Acute Care	N/A	STW	Under preparation
July 2017	NWL Paediatric Review (addendum to ST077 contract) (STW.44)	£10,000	GE Healthcare Finnamore	Chief Financial Officer CWHHE, Director of Systemwide Transformation, Assistant Director Acute Care	N/A	STW	Under preparation
July 2017	Financial Turnaround	S&T Portion: £103,000 Full contract amount: TBA	Kingsgate	TBA	TBA	TBA	TBA

\* Please contact S&T finance if you wish to review the completed reports. These reports will be included in the monthly reports going forward

# Externally Funded consultancy contracts let since 1<sup>st</sup> April 2017

Contract Let	Contract	Value	Provider	Decision-making panel	NHSE Approval *	Single Tender Waiver (STW)	Project Completion Report
April 2017	Support for Maternity 'Early Adopters' – extension to the contract (STW.40)	£6,500	PPL	Deputy Director for Acute Care Transformation, PMO Manager – Acute Care Transformation	N/A	STW	Completed
July 2017	Programme Management of NWL Radiology Network (ST082)	£47,500	Cloud2 Ltd	Assistant Director Acute Care Transformation, Implementation Lead 7 day Services	N/A – contract value below NHSE threshold	N/A	Completed
Sept 2017	Change Coach Training – Basic (Phase 1) (ST084)	£48,956	Connection Dynamics Ltd (Sarah Holden & consortium)	Assistant Director of Workforce & OD, Head of Commissioning HEE, Healthcare Consultant S&T, Assistant Director Olders People's Care, Medical Director H&F GP Federation, Lay Member	N/A – contract value below NHSE threshold	N/A	Not due yet
Sept 2017	Change Coach Training – Supervision and ALS (ST085) FUNDED By: HEENWL	£44,120	Connection Dynamics Ltd (Sarah Holden & consortium)	Assistant Director of Workforce & OD, Head of Commissioning HEE, Healthcare Consultant S&T, Assistant Director Olders People's Care, Medical Director H&F GP Federation, Lay Member	N/A – contract value below NHSE threshold	N/A	Not due yet
Oct 2017	Lean Process Mapping (ST088) FUNDED By: Provider Board	£15,750	CPC Project Services LLP	Assistant Director for Workforce Development, Workforce Information Manager	N/A – contract value below NHSE threshold	N/A	Not due yet
Oct 2017	Programme Management of NWL Radiology Network (ST082a) FUNDED BY: NHS England	£249,000	Channel 3 Consulting	Chief Transformation Officer, Deputy CEO of Chelsea & Westminster NHS Trust, Clinical Director of Radiology, Imperial College	Yes – on 5 <sup>th</sup> Oct 2017	N/A	Not due yet

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