



Month 10 2017/18 Update

SaHF & NWL Strategy and Transformation Programmes
January 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 10 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

		17.18 Proposed funding			
		To be confirmed			
CCG's	RRL	1% Contribution	NHSE Funding	HEE	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
Sub Total CCG's		25.2			25.2
NHSE Funding		0.00	6.00		6.00
HEE NWL		0.00		1.00	1.00
TOTAL SOURCES OF FUNDING		25.2	6.00	1.00	32.2

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
TOTAL	32.2

In M9 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 M10 actual expenditure is £10.1m against a plan of £12.3m, a YTD underspend of £2.2m. The predominant underspend is due to consultancy and other cost pressures expected to arise in the last 2 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 £12.7m, a £2.4m underspend against plan.
- The trajectory of the WTE within the S&T operational budget has significantly changed from 70% substantive and 30% interim/consultancy staff at M1 to 80% substantive and 20% interim/consultancy at M10.
- £2.1m of the S&T £12.5m budget has been pooled into a central consultancy and non-pay budget. Certain cost pressures have already hit this pot. This pool 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 paediatric business case £580k and Ealing paediatric patient transport (initially £900k, now £1,300k).
- £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 can be obtained by contacting S&T finance



Section 1

M10 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 M10 with forecast outturn and variance from original plan. At M10 S&T there is a YTD underspend of £2.2m and a full year forecast underspend of £2.3m, based on the original £15m budget

Delivery area	Workstream	Annual Budget *	M10 YTD			Forecast at M10	
			M10 YTD Budget *	M10 YTD Actuals	M10 YTD Variance	Forecast at M10	Forecast Variance
		£000s	£000s	£000s	£000s	£000s	£000s
DA1	Prevention	106	88	47	41	52	53
DA2	Eliminating unwarranted variation and improving long term condition management	1,597	1,286	1,005	281	1,290	306
DA3	Achieving better outcomes for older people	1,268	1,018	961	57	1,174	94
DA4	Improving outcomes for people with mental health needs	1,231	1,014	925	90	1,141	90
DA5	Ensuring safe high quality sustainable acute services	2,189	1,789	1,288	501	1,765	424
DA TOTAL		6,390	5,196	4,227	969	5,422	968
Enabling	S&T Leadership Team	1,080	903	763	140	942	138
Enabling	S&T Central PMO	395	319	270	49	336	60
Enabling	S&T Finance	621	539	569	(30)	668	(47)
Enabling	Financial Turnaroud	-	-	106	(106)	106	(106)
Enabling	Workforce	993	802	534	268	719	274
Enabling	Communications	852	700	461	240	557	296
Enabling	Clinical leads	409	338	285	53	347	62
Enabling	S&T Informatics	258	216	273	(57)	308	(50)
Enablers TOTAL		4,608	3,817	3,261	556	3,982	627
Other	Strategic estates	2,800	2,270	1,248	1,022	1,634	1,166
Other	Datawarehouse	1,050	845	795	50	1,020	30
Other	Informatics (Pass through to Bill Sturman)	150	150	-	150	-	150
Other TOTAL		4,000	3,265	2,043	1,222	2,654	1,346
Other - Unprovisioned	Travel (Travel Advisory Group -TAG)	-	-	155	(155)	186	(186)
Other - Unprovisioned	NWL Collaborative Working	-	-	407	(407)	407	(407)
GRAND TOTAL		14,998	12,279	10,093	2,185	12,652	2,347

* 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

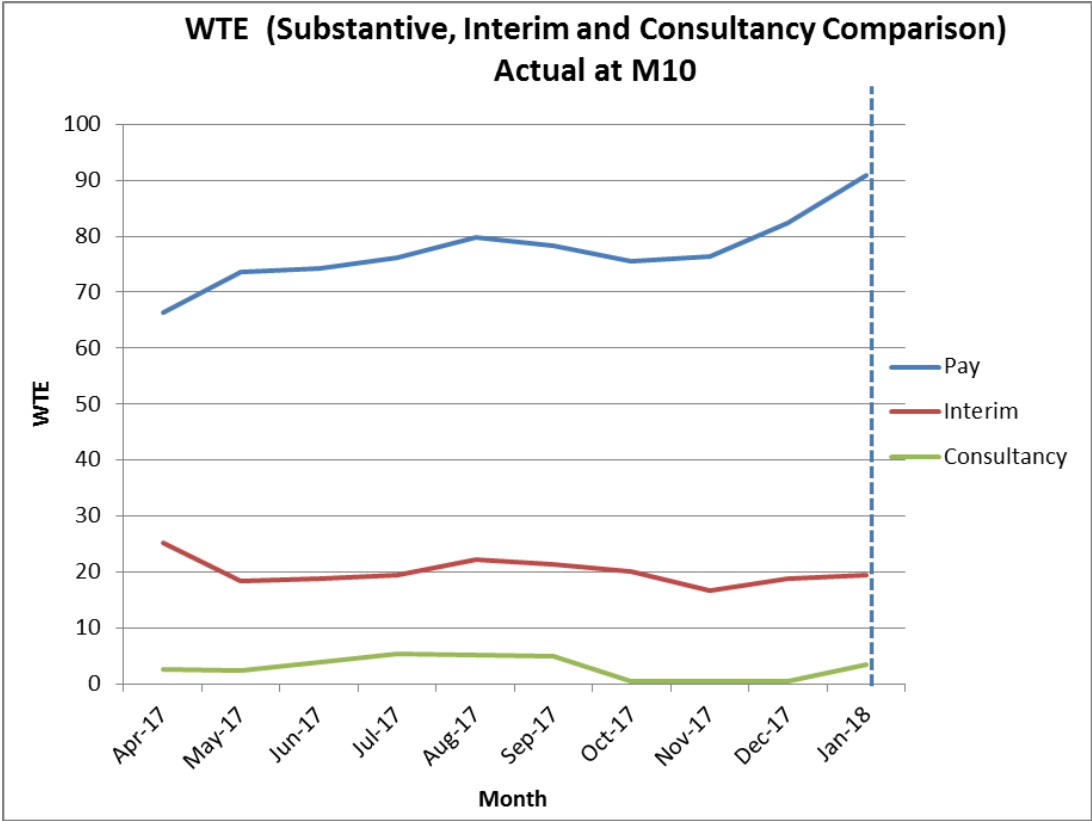
Application of Funds Forecast Spend											
Delivery area	Workstream	M10 YTD Pay		M10 YTD Interim & Contractors		M10 YTD Consultancy		M10 YTD Non-pay	M10 YTD Income	TOTAL M10 YTD	
		£000's	WTE	£000's	WTE	£000's	WTE	£000's	£000's	£000's	WTE
DA1	Prevention	40	2	-	-	-	-	56	(49)	47	2
DA2	Eliminating unwarranted variation and improving long term condition management	333	6	377	4	261	-	43	(9)	1,005	10
DA3	Achieving better outcomes for older people	369	7	384	3	149	0	59	-	961	10
DA4	Improving outcomes for people with mental health needs	709	12	122	-	-	-	94	-	925	12
DA5	Ensuring safe high quality sustainable acute services	766	13	199	1	310	-	13	-	1,288	13
DA TOTAL		2,217	40	1,082	7	720	0	265	(57)	4,227	48
Enabling	S&T Leadership Team	239	4	121	1	-	0	403	-	763	5
Enabling	S&T Central PMO	270	6	-	1	-	-	-	-	270	6
Enabling	S&T Finance	222	4	347	-	-	-	-	-	569	4
Enabling	S&T Financial Turnaround	-	-	-	2	106	-	-	-	106	2
Enabling	Workforce	276	5	-	-	226	1	57	(25)	534	5
Enabling	Communications	260	6	125	-	-	1	76	-	461	7
Enabling	Clinical leads	285	2	-	1	-	-	-	-	285	3
Enabling	S&T Informatics	78	1	191	-	-	-	4	-	273	1
Enablers Total		1,631	28	784	5	332	2	540	(25)	3,261	35
Other	Strategic estates	93	2	382	2	773	-	-	-	1,248	4
Other	Datawarehouse	293	7	135	3	-	0	367	-	795	10
Other	Informatics	-	-	-	1	-	-	-	-	-	1
Other TOTAL		386	10	517	6	773	0	367	-	2,043	15
Other - Unprovisioned	Travel (Travel Advisory Group -TAG)	-	-	152	2	-	-	3	-	155	2
Other - Unprovisioned	NWL Collaborative Working	-	-	-	-	407	-	-	-	407	-
GRAND TOTAL		4,234	77	2,535	20	2,232	3	1,175	(82)	10,093	100
Month 11 & 12 Forecast Spend		1,336		442		427		415	(62)	2,558	
Forecast Outturn		5,570	77	2,976	20	2,659	3	1,590	(144)	12,652	100

* Please note the WTE is a cumulative average over the 10 months and not based on the specific month

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

M10 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 month on month for 17/18 is shown below.



The substantive WTE at M10 is currently 91 WTE and interim 23 WTE

The 91 Permanent staff, 20 fixed term, 3 seconded and 2 Clinical leads (paid per session, on pay-roll).

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

Month 10 S&T expenditure report narrative

M10 actual expenditure is £10.1m against a plan of £12.3m, an YTD underspend of £2.2m. The predominant underspend is due to strict control over recruitment to vacant posts and cuts in non-pay expenditure although there are some consultancy and other non pay cost pressures expected to arise in the last 2 months of the year.

The S&T operational budget is forecasting outturn of £12.7m, a £2.3m 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 being 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. Those that have already hit and removed from the pool are GE Finnamore (SOC).
- 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 Estates is due to consultancy forecast costs falling in the last half of the financial year
- High interim spend against DA2 /DA3 is due to vacant posts being filled to allow continuity in work, substantive posts are being 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 M10 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 paediatric business case £500k and Ealing paediatric patient transport £1,300k. However slippage on approval of SOC 1 has delayed work on OBC's.

It should be noted that some of the provider support final numbers are still being negotiated and there are risks this could increase.

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/ W MUH	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	-	-
	Transition support	2,000	-	-
THH	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	-	-
TOTAL Provider Support		27,872	11,200	11,200
SOC 1 Transitional Support	Business Case	-	15,900	-
	Double running	-	900	-
	Estates costs	-	700	-
	Service Transition	-	11,000	-
	Target reduction	-	(14,000)	-
	SOC 1 Transitional Support	-	-	14,500
TOTAL SOC 1 Transitional Support			14,500	14,500
GRAND TOTAL			25,700	25,700

Table 4 – Revised

M10 Provider Support Forecast		
Trust	Description	M10 Provider Support Application of funds £000's
CW/ W MUH	Lease on Maternity unit	2,900
	ChelWest ED	3,600
	Chelwest Merger	1,250
THH	THH CDU costs	500
	THH Paediatric business case	500
Mental Health Trusts	WLMHT	1,500
	Mental Health Transformation	600
Additional Support	Ealing Patient Transport	1,300
TOTAL Provider Support		12,150

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
Primary Care Budget	0.7	0.7	2.1	This covers forecast deficits	2.1
Federation Support	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
ACP Development	4.0	4.0	0.0	A decision for individual CCGs	0.0
SOC2					
Consultation/Planning	2.0	2.0	0.0	This is currently being discussed	0.0
Contingency	2.0	2.0	2.0		2.0
Total Additional costs	12.3	12.3	4.1		4.1

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 (1/5)

The tables below shows the externally funded projects awarded in S&T up till M10

Early Adopters Programme (funded by NHSE)						
	17.18 Budget, £000s	M10 Budget, £000s	M10 Actuals, £000s	M10 Variance, £000s	Forecast at M10, £000s	Forecast Variance, £000s
Staffing						
Programme Management (Pay)	322	273	151	122	199	123
Programme Management (Interim)	8	8	8	(0)	8	(0)
Programme Management (Consultant Trusts (Pay))*	9	9	9	-	9	-
	489	408	231	176	327	162
Non-Pay	64	53	204	(150)	348	(283)
TOTAL	892	751	603	148	890	1

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

NWL Provider Productivity (funded by NHS Trusts)						
	17.18 Budget, £000s	M10 Budget, £000s	M10 Actuals, £000s	M10 Variance, £000s	Forecast at M10, £000s	Forecast Variance, £000s
Central Delivery Architecture						
Pay	-	-	149	-	185	-
Interim	-	-	52	-	52	-
Non-pay	-	-	0	-	(0)	-
Musculoskeletal Physiotherapy (MSK)						
Pay	-	-	52	-	62	-
Procurement						
Pay	-	-	59	-	67	-
Interim	-	-	12	-	12	-
Non-Pay	-	-	17	-	115	-
Staffing						
Interim	-	-	104	-	133	-
Non-Pay	-	-	-	-	34	-
TOTAL	-	-	444	-	659	-

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 (2/5)

Diabetes (funded by NHSE)						
	17.18 Budget, £000s	M10 Budget, £000s	M10 Actuals, £000s	M10 Variance, £000s	Forecast at M10, £000s	Forecast Variance, £000s
Diabetes Treatment and Care - Structured Education	800	667	397	270	866	(66)
Diabetes Treatment and Care - Treatment Targets	665	958	397	562	851	(186)
Diabetes Treatment and Care - MDFT	397	331	13	318	145	252
TOTAL	1,862	1,956	807	1,149	1,862	0
Funds to CCG's to recruit 2 x 0.25 WTE Clinical lead and 1 x Band 5 Admin Support						
Central London	61					
West London	61					
Hounslow	61					
Hammersmith and Fulham	61					
Ealing	61					
Brent	61					
Hillingdon	61					
Harrow	61					
TOTAL Funds from NHSE	2,347					

The diabetes Programme is showing a M10 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 (3/5)

NWL Radiology Reporting Network (funded by RM Partners)

	17.18 Budget, £000s	M10 Budget, £000s	M10 Actuals, £000s	M10 Variance, £000s	Forecast at M10, £000s	Forecast Variance, £000s
Pay	336	280	29	251	336	-
Interim	43	36	5	31	43	-
Consultancy	240	200	140	60	240	-
Non-Pay	104	87	-	87	104	-
TOTAL	723	602	174	429	723	-

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.

HEE NWL - Workforce Transformation

	17.18 Budget, £000s	M10 Budget, £000s	M10 Actuals, £000s	M10 Variance, £000s	Forecast at M10, £000s	Forecast Variance, £000s
Income	-	-	(500)	500	(500)	-
Non-Pay	500	417		417		
Workforce & Wellbeing			300	(300)	300	
Training			59	(59)	100	
Change capability			93	(93)	100	
TOTAL	500	417	(48)	465	-	-

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)

Externally funded Programmes (4/5)

Mental Health IAPTs (funded by NHSE)			
	Source of funding, £000s	Application of funds, £000s	
Q1	256		
Q2	256		
Q3	256		
Q4	256		
Salary support	778		
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). There has been an agreement that CCG's will match fund this programme.
Harrow		105	
Central London		126	
West London		153	
H & F		120	
Ealing		175	
Hounslow		120	
Salary support		778	These funds are to go straight to Trusts - the amount to transfer to Trusts is still being discussed

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.

Externally funded Programmes (5/5)

GPFV Embedded resources						
	17.18 Budget, £000s	M10 Budget, £000s	M10 Actuals, £000s	M10 Variance, £000s	Forecast at M10, £000s	Forecast Variance, £000s
Pay	324	270	201	69	251	73
Interim	-	-	5	(5)	14	(14)
TOTAL	324	270	206	64	265	59

GPFV Embedded Resources

Currently forecasting a £59k underspend by year end, this is under review with the programme lead.

NHSE -CYP funds						
	17.18 Budget, £000s	M10 Budget, £000s	M10 Actuals, £000s	M10 Variance, £000s	Forecast at M10, £000s	Forecast Variance, £000s
Non-Pay	197	197	197	0	197	0
TOTAL	197	197	197	0	197	0

CYP Funds- £197k has been received from NHS England for Crisis Acceleration. This fund is forecast to be used up by end of this financial year

Online Consultations						
	17.18 Budget, £000s	M10 Budget, £000s	M10 Actuals, £000s	M10 Variance, £000s	Forecast at M10, £000s	Forecast Variance, £000s
Non-Pay	594	0	0	0	594	0
TOTAL	594	0	0	0	594	0

Online Consultations - NHS England has funded Online Consultations. Plans are being worked on to improve access to primary care and increase satisfaction to patients and the workforce by improving GP websites. In addition a further c.£400k of funds may be released by NHSE and plans are being drawn up to use this to accelerate GP website development.



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

S&T internally funded consultancy contracts let since 1st April 2017

Contract Let Month	Contract Title	Value	Provider	Decision-making panel	Internally signed of by	NHSE Approval (if over £50k)	F&P Approval (if over £100k)	Single Tender Waiver (STW)
Apr-17	OD Practitioner's Support for Workforce & Development team (ST075)	£45,000	Verto Consulting	Assistant Director Workforce and Development, Workforce and Organisational Development Manager	Director of Systemwide Transformation	N/A	N/A	N/A
Apr-17	Social Care for Workforce Lead (ST076)	£38,000	Julie Rice Ltd	Assistant Director Workforce and Development, Workforce and Organisational Development Manager	Director of Systemwide Transformation	N/A	N/A	N/A
May-17	HR Support for Primary Care Improvement (ST078)	£35,200	RealWorld HR	Assistant Director Workforce and Development, Workforce Information Manager	Deputy Director of Systemwide Transformation	N/A	N/A	N/A
May-17	Radiographer – Banding Consistency (ST079)	£11,840	RealWorld HR	Assistant Director Workforce and Development, Workforce Information Manager	Deputy Director of Systemwide Transformation	N/A	N/A	N/A
Jun-17	Local Services – Enhanced Healthcare in Care Homes (ST071a)	£48,825	PA Consulting	Programme Director of Local Services, Assistant Director for Old People's Care	Programme Director Local Services	N/A	N/A	N/A
Jun-17	Local Services – Crisis Care (ST073a)	£49,970	GE Healthcare Finnamore	Programme Director of Local Services, Assistant Director for Old People's Care	Programme Director Local Services	N/A	N/A	N/A
Jun-17	Primary Care Workforce Strategic Planning & Support (ST081)	£3,000	Harris Reed	Assistant Director Workforce Transformation, Workforce Information Manager	Deputy Director of Finance, S&T	N/A	N/A	N/A
Jul-17	Primary Care Workforce Strategic Planning & Support (ST081a)	£25,200	PA Consulting	Associate Director Workforce Transformation, Workforce Information Manager	Director of Finance, S&T	N/A	N/A	N/A
Jul-17	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	Director Systemwide Transformation, CFO CWHHE	N/A	N/A	STW
Jul-17	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	Director Systemwide Transformation, CFO CWHHE	N/A	N/A	STW
Jul-17	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	Director Systemwide Transformation, CFO CWHHE	N/A	N/A	N/A
Nov-17	Urgent & Emergency Care Strategy (Strategic Outline Case)	£95,400	GE Healthcare Finnamore	Programme Director of Local Services, Chief Officer CWHHE, Chief Financial Officer CWHHE	CO CWHHE & CFO CWHHE	Yes (on 21/12/17)	N/A	STW

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S&T externally funded consultancy contracts let since 1st April 2017

Contract Let Month	Contract Title	Value	Provider	Decision-making panel	Internally signed of by	NHSE Approval (if over £50k)	F&P Approval (if over £100k)	Single Tender Waiver (STW)
Apr-17	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	Programme Director Acute Care, CFO CWHHE	N/A	N/A	STW
Jun-17	Making Every Contact Count - Like Minded (ST080)	£35,000	Central London Community Healthcare	Deputy Director for Mental Health and Wellbeing, DA1 Project Manager – Mental Health and Wellbeing	Deputy Director for Mental Health & Transformation	N/A	N/A	N/A
Jul-17	Programme Management of NWL Radiology Network, (ST082)	£47,500	Cloud2 Ltd	Assistant Director Acute Care Transformation, Implementation Lead 7 day Services	Director of Systemwide Transformation	N/A	N/A	N/A
Sep-17	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	Deputy Director Systemwide Transformation	N/A	N/A	N/A
Sep-17	Change Coach Training – Supervision and ALS (ST085)	£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	Deputy Director Systemwide Transformation	N/A	N/A	N/A
Sep-17	Mental Health Trusts Workforce Pay Rates Review (ST083)	£10,560	Jackie Reeves Associates	Assistant Director of Workforce and Development, Workforce and Organisational Development Manager	Deputy Director Systemwide Transformation	N/A	N/A	N/A
Oct-17	Lean Process Mapping (ST088)	£15,750	CPC Project Services LLP	Assistant Director for Workforce Development, Workforce Information Manager	Deputy Director Systemwide Transformation	N/A	N/A	N/A
Oct-17	Programme Management of NWL Radiology Network, (ST082a)	£249,000	Channel 3 Consulting	Chief Transformation Officer, Deputy CEO of Chelsea & Westminster NHS Trust, Clinical Director of Radiology, Imperial College	Chief Transformation Officer, CFO CEHHE	Yes (on 05/10/2017)	TBA	N/A
Oct-17	Diabetes Mentoring Programme (ST089)	£5,000	Midaye Somali Development Work	Programme Director – NWLSTP Diabetes Transformation Programme, Lay Member	Programme Director NWLSTP Diabetes	N/A	N/A	N/A

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