Monitor
Making the health sector work for patients

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13 November 2015

[redacted]

By email

[redacted]

Dear [redacted]

Request under the Freedom of Information Act 2000 (the "FOI Act")

I refer to your email of 14 October 2015 in which you requested information under the FOI Act.

Your request

You made the following request:

i would like to see a copy of all papers relating to the working group Monitor runs with the NHS TDA and NHS England co-ordinating the improvement of access to endoscopy services.
There is reference made to it on pg.3 paragraph 15 of this https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466702/To_publish_-_Exec_Summary_-_Performance_of_the_NHS_Foundation_Trust_Sector_-_3_months_ended_30_June.pdf

Decision

Monitor holds the information that you have requested.

Monitor has decided to withhold some of the information that it holds on the basis of the applicability of the exemptions in section 31, 40, 41 and 43 of the FOI Act.

The attached Annex sets out the details of the relevant information that we hold and whether that information is to be disclosed (in whole or in part) or withheld from disclosure. Where information is being withheld, we have identified in the Annex those exemptions which we consider to be relevant.

Please note that information that does not fall within the scope of your request for information has been redacted.

Where we are able to disclose information to you, it will be provided to you electronically as identified by the document number in the Annex. The application of exemptions to the information referred to in the Annex is explained in the following paragraphs.

Section 31 – law enforcement

Section 31(1)(g) of the FOI Act exempts from disclosure information that would, or would be likely to, prejudice the exercise by any public authority of its functions for any of the purposes specified in subsection 31(2). Monitor believes that disclosure of the information you have requested would, or would be likely to, prejudice the exercise of its functions for the purposes of determining whether regulatory action is justified (section 31(2)(c)).

Monitor's role includes monitoring NHS foundation trusts' compliance with their licence. Within this context Monitor requires detailed information from foundation trusts on an on-going basis about matters arising. Monitor relies upon foundation trusts voluntarily providing large amounts of information for the effective exercise of its functions. Some of the information falling within the scope of your request was voluntarily provided to Monitor in this context and disclosure of that information is likely to prejudice the relationship between Monitor and the foundation trusts concerned, and therefore affect Monitor's ability to carry out its functions effectively. We have a statutory power to require foundation trusts to provide information, but we believe we are better able to exercise our functions if information is provided voluntarily as part of an open relationship between the regulator and the regulated body.

Public interest test
I consider that there is a strong public interest in allowing Monitor to be able to carry out its functions efficiently and effectively, and to have the space to consider, without concern as to publication, whatever information it requires in the circumstances. Any disclosure which would cause Monitor to have to reconsider requesting sensitive information necessary to its statutory function of regulating NHS foundation trusts would be detrimental to the process of regulation.

Furthermore, if confidential information is disclosed, NHS foundation trusts and other relevant third parties are likely to lose confidence in Monitor, or to take action to prevent the disclosure of such information.

I have also considered the public interest in disclosing this information, in particular, in the context of the aims and objectives of NHS foundation trusts to be accountable to local people. A large amount of information is published about the performance of foundation trusts, including the information published by NHS England referred to above and the following information published by Monitor:

- Monitor's assessment of the risk of each foundation trust's non-compliance with the continuity of service and a governance rating;
- Whether Monitor has opened an investigation into a foundation trust's compliance with its licence; and
- Any enforcement action taken by Monitor against each foundation trust for non-compliance with its licence.

This information can be accessed via the following link: click here.

In the circumstances, I am satisfied that the public interest in preserving the relationship of trust and confidence and the free flow of information from foundation trusts to Monitor outweighs the general public interest in disclosing the information requested.

Section 40 – personal information

Under section 40 of the FOI Act, information is protected from disclosure if it is personal data protected under the Data Protection Act 1998 ("the DPA"). Section 40(7) of the FOI Act provides that the relevant definition of personal data is that set out at section 1(1) of the DPA:

"personal data" means data which relate to a living individual who can be identified-
(a) from those data, or
(b) from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller'.

Some of the information is being withheld from disclosure under section 40(2) of the FOI Act on the grounds that it amounts to personal data and the first and/or the second condition under section 40(3)(a) of the DPA is satisfied, namely that disclosure would amount to a breach of the first data protection principle (personal data shall be processed fairly and lawfully) and/or is likely to cause damage or distress, which would be unwarranted. This includes the names and contact details of junior and/or inward facing staff at Monitor and stakeholder organisations who participated in the programme, which have been redacted. Monitor's view is that these individuals would have a reasonable expectation that this information would be withheld.

Section 40 is an absolute exemption, so its application does not require the consideration of the public interest test.

Section 43 – commercial interests

Section 43(2) of the FOI Act provides that information is exempt if its disclosure would, or would be likely to, prejudice the commercial interests of any person.

The documents within the scope of your request include detailed information about NHS providers' endoscopy demand and capacity. They also contain information about actual and anticipated contracting arrangements.. We consider that disclosure of this information would be likely to prejudice the commercial interests of the bodies concerned, for example, disclosing information about any shortage in individual providers' endoscopy capacity would be likely to weaken providers' bargaining position in seeking to negotiate contracts to source additional capacity.
Public interest test

The public interest in accountability and transparency by making access to the information available has been weighed against the detrimental impact that is likely to ensue if disclosure is permitted.

I have considered the public interest in transparency and accountability in relation to the expenditure of public money, including information about the activity of NHS providers and stakeholders. I have however also considered the strong public interest in maintaining commercial confidentiality, and enabling sensitive information about NHS providers and stakeholders to be disclosed to the participants of joint programmes of work to enable the effective functioning of those programmes, without the need to disclose the same to the public at large. Disclosure of sensitive information about NHS providers provided pursuant to a programme of work that is ongoing would be likely to inhibit the free and frank exchange of sensitive information during the remainder of that programme, to the detriment of that programme and future programmes. I have also considered the extent to which the public interest in NHS provider and stakeholder activity is satisfied by information in the public domain, for example, NHS England publishes monthly data about provider activity, which is available on its website (click here) and NHS bodies periodically publish details of their expenditure. Having weighed these factors, I am of the view that the public interest in maintaining the exemption outweighs the public interest in disclosure.

Section 41 – information provided in confidence

Under section 41 of the FOI Act, information is exempt if it was obtained by Monitor from any other person and disclosure of the information to the public would constitute a breach of confidence actionable by that other person.

The information requested includes detailed statistics about NHS providers' endoscopy demand and capacity and related information that is not otherwise in the public domain, and is confidential in nature. That information was provided in circumstances giving rise to an obligation of confidence, given the circumstances in which the information was disclosed to Monitor. Disclosing the information to the public without consent would amount to an unauthorised use of the information to the detriment of the bodies concerned, and an actionable breach of confidence. We therefore consider that the information is exempt from disclosure under section 41 of the FOI Act.

Section 41 is an absolute exemption and does not require the application of the public interest test under section 2(2) of the FOI Act. However, in considering whether (in an action for breach of confidence) a confidence should be upheld, a court will have regard to whether the public interest lies in favour of disclosure. Where a duty of confidence exists, there is a strong public interest in favour of maintaining that confidence. In the present circumstances, Monitor does not consider that there is a strong public interest in disregarding the duty of confidence owed to the providers, some of which volunteered to participate in the programme.

Please note that NHS foundation trusts, NHS trusts, the Department of Health, NHS England and the NHS Trust Development Authority are subject to the FOI Act and as such it is open to you to seek information directly from them. They will need to consider whether information can properly be provided by them in response to any such requests within the terms of the FOI Act.

Additional document

You will see that we have included an additional document: “Frequently Asked Questions”. Whilst we do not consider this document to fall within the scope of the request and are not obliged to disclose it, in the interests of transparency we have decided to release it as it provides useful background information about the endoscopy project. The document was sent to all NHS trusts and NHS foundation trusts when the programme was commenced to assist them in understanding the scope of the programme and how it may help them to deal with any endoscopy capacity shortfalls.

Review rights

If you consider that your request for information has not been properly handled or if you are otherwise dissatisfied with the outcome of your request, you can try to resolve this informally with the person who dealt with your request. If you remain dissatisfied, you may seek an internal review within Monitor of the issue or the decision. A senior member of Monitor’s staff, who has not previously been involved with your request, will undertake that review.

If you are dissatisfied with the outcome of any internal review conducted by Monitor, you may complain to the Information Commissioner for a decision on whether your request for information has been dealt with in accordance with the FOI Act.

A request for an internal review should be submitted in writing to FOI Request Reviews, Monitor, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by email to foi@monitor.gov.uk.

Please note that this letter and the attached information will shortly be published on our website. This is because information disclosed in accordance with the FOI Act is disclosed to the public at large. We will, of course, remove your personal information (e.g. your name and contact details) from the version of the letter published on our website to protect your personal information from general disclosure.

Yours sincerely,

Adam Sewell-Jones
Executive Director of Provider Sustainability

Annex

No.	Document description	Decision	FOI Act exemptions/(s)
1	Action logs	Partially disclosed	Sections 40 and 43
2	Call notes	Partially disclosed	Sections 31, 40 and 43
3	Schedules outlining endoscopy demand and capacity	Withheld	Sections 41 and 43
4	Slides prepared by endoscopy project management office relating to endoscopy demand	Withheld	Sections 31, 41 43
5	Schedules outlining weekly provider endoscopy activity	Withheld	Sections 31, 41 and 43
6	Schedules setting out update on provider progress and activity	Withheld	Sections 31, 41 and 43

Ref	Action	Owner	Timescale	Comment (16/07/15)
General set-up				
0703.12	Getting some COOs together to test the PMO process	Adam and Iain	w/c 06 July	Contacts have been identified for FTs and Trusts. See 0716.01 below for next steps.
0716.01	Link FT and Trust contacts with [redacted] to develop process	[redacted] and Iain	17 July	
0703.13	Identify mechanism for resolving procurement issues for trusts purchasing high volumes and IG issues with passing on patient details – South CSU may be able to support with knowledge from last time	Sarah	08 July	Continuing to seek advice from PMO.
0709.02	Identify whether there will be any governance issues as a result of IS activity being directly contracted with commissioners, rather than as a sub-contract	Chris	w/c 13 July	This can be resolved but there are other risks regarding ensuring commissioners are not billed twice for the same activity, and ensuring additional activity is not generated (over and above agreed contract levels).
Capacity mapping template				
0624.02	Update the data collection template with the revised list of specialties, including acuity breakdown for complex spines and complex cardiac	David	w/c 06 July	Definitions have been completed for specialist spines. Expecting to speak with cardiac surgeons tomorrow (17/06) to develop cardiac definitions. See action 0716.02 below for next steps.
0716.02	Share definitions of specialist spines with [redacted] to sense-check with IS capability	[redacted]	16 July	
0703.10	Send capacity mapping template to members	David	17 July	Due to be sent on 17 July for general activity with specialist spines/cardiac return following later next week. See 0716.03 below for next steps.
0716.03	Confirm the template for general activity has been updated	[redacted] / [redacted] / [redacted]	17 July	

Endoscopy				
0703.04	Identify whether "top 10" Trusts for Endoscopy have credible plans in place to reduce backlog, inform them of arrangements with InHealth	Adam and Iain	08 July	Discussions with providers continuing.
0709.01	Ensure contracting arrangements are in place with the CSU and InHealth	Chris and Sarah	w/c 13 July	
0716.04	Discuss arrangements for operational process of transferring patients with InHealth	[redacted]	17 July	
Data				
0703.08	Consider upward reporting arrangements	Contact from InHealth, Monitor, Iain and Chris Garrett	w/c 13 July	Meeting took place 16/07. Approach agreed for endoscopy and specialist spines/cardiac (IS to report to PMO). General approach also agreed for general activity, with a mixed model of IS and NHS reporting to PMO. See 0716.05 below for next steps.
0716.05	PMOs to develop proposals for data reporting flows	InHealth and [redacted]	w/c 20 July	
0619.07	Complete development of second draft of online-tool specification to provide real-time capacity/demand between provider	[redacted] & Adam	w/c 20 July	Reviewing database – meeting due to be set up w/c 20th July (this has been postponed from w/c 13 July).

Ref	Action	Owner	Timescale	Comment (23/07/15)
General set-up				
0716.01	Link FT and Trust COO contacts with [redacted] to develop process	[redacted] and Iain	23 July	Monitor and TDA have each identified two contacts to support development of the PMO process. **ACTION:** [redacted] and **Iain** to share contact details with [redacted] immediately following the call
0703.13 0709.02	Identify mechanism for resolving procurement issues for trusts purchasing high volumes and IG issues with passing on patient details – South CSU may be able to support with knowledge from last time Identify whether there will be any governance issues as a result of IS activity being directly contracted with commissioners, rather than as a sub-contract	Mark / [redacted] / Keith / Maneesh	28 July	Mark confirmed that no protocol was developed for the previous phase of work, as all activity was sub-contracted from providers. It was agreed that direct commissioning with the IS would not be feasible and that this work would need to be transferred with sub-contracts (which would also resolve IG issues with providers) **ACTION: Mark / [redacted] / Keith** to develop this as part of the operating model **ACTION: Keith** to refresh the FAQs used last year **ACTION:** [redacted] and **Maneesh** to present papers on the operating model for the two PMOs, outlining what data will be collected, how it will be used, how patients will be contacted and how the transfer process will work. These papers should also articulate the emerging links between the two PMOs.

Ref	Action	Owner	Timescale	Comment (23/07/15)
0723.03	Develop a letter to the 12 RDs outlining the arrangements for Regional hubs, the programme and expectations. This requires clarity from the CSU on the regional account managers	Sarah / [redacted]	30 July	
0723.04	Pull together a contact list and project team list for this programme	[redacted]	30 July	
Capacity mapping template				
0624.02	Update the data collection template with the revised list of specialties, including acuity breakdown for complex spines and complex cardiac	David	30 July	The template was issued on 22/07 and does not include cardiac / spinal information, as data is not useful until the acuity of the capacity is defined. A further template will be issued to the small sub-set of providers with cardiac and/or spinal capacity. **ACTION:** [redacted] to send [redacted] contact details for clinicians to support definitions **ACTION:** [redacted] to prioritise sorting these definitions. [redacted] will be the point of contact for the returns next week. It was agreed that this will need to be kept up to date on an ongoing basis (see action 0619.07).
0723.01	Develop a tripartite letter to Trusts to request capacity information and explain expectations around transfer of patients to NHS and IS capacity	Sarah, Chris, Iain, [redacted]	30 July	

Ref	Action	Owner	Timescale	Comment (23/07/15)
0723.02	Develop a capacity mapping template for the NHS, including Endoscopy. This needs to include consideration of whether the scope of the template can be broadened to capture the additional casemix the NHS is able to provide.	Keith	30 July	
Endoscopy				
0703.04	Identify whether “top 10” Trusts for Endoscopy have credible plans in place to reduce backlog, inform them of arrangements with InHealth	Adam and Iain	24 July	TDA have had expressions of interest from 25 Trusts, whose details have been passed to InHealth. Monitor have approached the "top 10" worst FTs for endoscopy performance and are due to pass contact details to InHealth on 24/7.
0709.01	Ensure contracting arrangements are in place with the CSU and InHealth	Chris and Sarah	30 July	Both PMOs are preparing the PID documentation needed for the relevant purchase order to be created. No issues anticipated from NHS England.

Ref	Action	Owner	Timescale	Comment (23/07/15)
0716.04	Discuss arrangements for operational process of transferring patients with InHealth	[redacted]	17 July	InHealth are due to contact IS providers close to the identified Trusts/FTs for their capacity, and will explore mobile solutions if local IS capacity cannot be sourced. It was agreed that robust governance arrangements will be required for IS providers to feel comfortable sharing capacity information with a competitor. **ACTION: Maneesh** and [redacted] to provide a proposal on how governance arrangements will work, including how the CSU could support.
Data				
0716.05	PMOs to develop proposals for data reporting flows	InHealth and [redacted]	28 July	**ACTION:** [redacted] to provide a proposal on how data flows will work and the type of information to be collected.
0619.07	Complete development of second draft of online-tool specification to provide real-time capacity/demand between provider	[redacted] & Adam	24 July	[redacted] is due to see a database which should have most of the functionality the programme needs. It was agreed that the database should not attempt to link to the NHS referrals system. It is anticipated that there will only be one more manual refresh of capacity information in the next 6 weeks, meaning the database will need to be live in 12 weeks. **ACTION:** [redacted] to escalate if unable to make contact with database 'owner' by COP 24 July.

Ref	Previous actions	Owner	Timescale	Comment (30/07/15)
General set-up				
0716.01	**COO contacts** Link FT and Trust COO contacts with [redacted] to develop process	[redacted] and Iain	N/A	[redacted] has liaised with this group to test the PMO template and will continue to liaise with them to test aspects of the process. Recommend action is closed.
0703.13 And 0709.02	**IG issues** IG issues will be resolved through activity being sub-contracted to the IS, as per the arrangement last year. Previous actions were for the PMO to include this as part of the operating model and to update the FAQs.	Mark / [redacted] / Keith / Maneesh	03 August	**Keith /** [redacted] to circulate refreshed FAQs. **Sarah** to ensure FAQs are incorporated in the letter circulated on Monday.
0723.04	**Contact list** Pull together a contact list and project team list for this programme	[redacted]	N/A	This has been completed and sent to the PMO. Recommend action is closed.
0730.03	**Payments outstanding** David raised the issue of IS providers not receiving payments for work undertaken last year	David	ASAP	**David** to provide specific examples where this is an issue. [redacted] and **James Skelly** to follow up.
Capacity mapping template				
0624.02	Update the data collection template with the revised list of specialties, including acuity breakdown for complex spines and complex cardiac Previous actions for [redacted] to send [redacted] contact details for clinicians to support definitions.	David	31 July (for templates to be returned)	[redacted] updated on the returns to date – 97 so far with more anticipated. Complex cardiac and spinal: feedback has been received from three clinicians; [redacted] **David** and [redacted] are meeting on 30 July to finalise. [redacted] to confirm that this has been sent out.

Ref	Previous actions	Owner	Timescale	Comment (30/07/15)
0723.01	Develop a tripartite letter to Trusts to request capacity information and explain expectations around transfer of patients to NHS and IS capacity	Sarah, Chris, Iain, [redacted]	03 August	This letter is being refine to cover both the endoscopy and RTT aspects of the work programme, and it is anticipated this will be circulated on Monday.
0723.02	Develop a capacity mapping template for the NHS, including Endoscopy. This needs to include consideration of whether the scope of the template can be broadened to capture the additional casemix the NHS is able to provide.	Keith / [redacted]	06 August	[redacted] updated that this template is ready to go out pending feedback from Monitor and TDA. It was agreed that the specialist spinal and cardiac template would be combined so that NHS sites receive one template. The NHS template should also incorporate endoscopy. [redacted] to combine the general, complex cardiac/spinal and endoscopy templates into one. **James Skelly** and [redacted] to agree a joined up approach and advise on whether this should be cascaded through existing organisational routes or whether a tripartite covering letter shouldbe used. [redacted] to send the template to **James Skelly** after the call.
0730.01	Identification of NHS "hot spots" It was agreed that it could be beneficial to share 'hotspots' with the IS which will consist of: Trusts that Monitor/TDA have identified to InHealth; CCGs where activity has not been locked into contracts; the standard waiting list report (by specialty).	David Hare	31 July	**Chris G** to send the standard waiting list report by specialty to [redacted] for onward circulation.
Endoscopy				

Ref	Previous actions	Owner	Timescale	Comment (30/07/15)
0703.04	**Target Trusts for Endoscopy work** TDA and Monitor have identified Trusts and FTs to be targeted.	Adam and Iain	06 August	[redacted] to send [redacted] the numbers of endoscopies, by type and month, that will be required. **James Skelly** to send [redacted] the information on the identified 26,000 procedures by individual provider, test type, and month, copying in [redacted]
0709.01	**Contracting arrangements with CSU and InHealth** Ensure contracting arrangements are in place with the CSU and InHealth	Chris and Sarah	N/A	Chris G updated that this should now be straightforward as the PIDs have been received. Recommend this action is closed.
0716.04	**Operational and governance arrangements for InHealth** Discuss arrangements for operational process of transferring patients with InHealth Previous actions were for InHealth to present a proposal on how governance arrangements would work	Richard / Keith / [redacted]	04 August	Richard presented a governance proposal from InHealth. It was agreed that this was in the right direction but did not go far enough. [redacted] and **Richard** to refine the governance proposal offline. A process map has been developed by the CSU. **Keith** to send process map to Richard. [redacted] Keith to co-ordinate comments back from the three ALBs with a final proposal early next week.

Ref	Previous actions	Owner	Timescale	Comment (30/07/15)
Data				
0716.05	**Data reporting flows** PMOs to develop proposals for data reporting flows	InHealth and [redacted]	06 August	[redacted] updated that there is not yet a template developed. The suggested process is for the regional project managers to work with the IS and NHS to understand identified transfers and those tha actually occur (with reasons any failure to transfer) which is reported into the central PMO for collation and presented to the steering group on a weekly basis. [redacted] to provide a mock up of the report that will be seen each week. [redacted] to send [redacted] the version that was used last year.
PMO				
0730.02	**PID** Colleagues have fed back on the PID this week and comments have been reflected in the latest version. There is still uncertainty about the tripartite representatives in each of the Regions.		06 August	**Sarah** to incorporate this in the tripartite note to Regional Directors and to raise at the meeting with the 14 RDs next Tuesday. [redacted] to circulate another iteration of the PID with: - Additional objective to deliver capacity where CCGs have not locked this into contracts - Clarity that the IS Steering Group remains as it is with central representation, with a Working Group with regional representation

Ref	Previous actions	Owner	Timescale	Comment (30/07/15)
0619.07	**Online tool for real-time capacity information capture** [redacted] has been liaising with NHS England colleagues regarding a database to capture capacity information, following agreement that there will be only one further manual refresh of capacity information in the IS.	[redacted] & Adam	06 August	[redacted] updated that the model proposed by NHS England would link to the e-Referrals system. There was considerable concern about the ability of the system to cope with this extra demand within the timeframes required. [redacted] to approach other providers that have built similar systems, including the CSU, and bring back an options appraisal to this group. Speed of implementation will be a crucial factor. [redacted] to send specification for this database to [redacted]

Ref	Previous actions	Owner	Timescale	Comment (06/08/15)
General set-up				
0703.13 And 0709.02	**IG issues** IG issues will be resolved through activity being sub-contracted to the IS, as per the arrangement last year. Previous actions were for the PMO to include this as part of the operating model and to update the FAQs.	[redacted] / Chris G	10 August	[redacted] to test FAQs with COOs group. **Chris** to chase comments on FAQs from Finance in NHS England.
0730.03	**Payments outstanding** David raised the issue of IS providers not receiving payments for work undertaken last year	David	ASAP	One FT has been identified to date which is being followed up by Monitor and NHS England. **David** to continue providing examples of specific trusts.
Capacity mapping template				
0624.02	Update the data collection template with the revised list of specialties, including acuity breakdown for complex spines and complex cardiac Previous actions for [redacted] to send [redacted] contact details for clinicians to support definitions.	[redacted] / David	Ongoing	150 returns from the 'general' template and 16 returns from the 'complex spinal/cardiac' template have been received to date. [redacted] fed back that this is a high response rate. Data quality issues have arisen with some template and these are being logged to feed into the software solution design. [redacted] to feed any specific issues back to David

Ref	Previous actions	Owner	Timescale	Comment (06/08/15)
0723.01	Develop a tripartite letter to Trusts to request capacity information and explain expectations around transfer of patients to NHS and IS capacity	Sarah, Chris, Amy, James Skelly	11 August	The letter was discussed. **Richard** to provide [redacted] with InHealth generic email address to replace the phone number. [redacted] to send [redacted] contact names for each of the four regional project managers. **Amy** and **James Skelly** to discuss clearance of the letter within Monitor and TDA. [redacted] to provide [redacted] with the latest version of the capacity mapping template. [redacted] to test the FAQs document with COOs rapidly this week.
0723.02	Develop a capacity mapping template for the NHS, including Endoscopy. This needs to include consideration of whether the scope of the template can be broadened to capture the additional casemix the NHS is able to provide.	Keith / [redacted]	11 August	The template has been updated following feedback and is ready to be sent with the PMO letter (action 0723.01 above).
0730.01	Identification of NHS "hot spots" It was agreed that it could be beneficial to share 'hotspots' with the IS which will consist of: Trusts that Monitor/TDA have identified to InHealth; CCGs where activity has not been locked into contracts; the standard waiting list report (by specialty).	David Hare	N/A	The waiting list report was circulated. Recommend action is closed.

Ref	Previous actions	Owner	Timescale	Comment (06/08/15)
Endoscopy				
0703.04	**Target Trusts for Endoscopy work** TDA and Monitor have identified Trusts and FTs to be targeted.	Adam and Iain	07 August 13 August	[redacted] and **James Skelly** to send information directly to InHealth. InHealth will then identify local IS providers that can support individual trusts and discuss local pathways for transferring referrals and sending test results back to trusts. **Maneesh** to share the combined dataset with the group
0709.01	**Contracting arrangements with CSU and InHealth** Ensure contracting arrangements are in place with the CSU and InHealth	Chris and Sarah	N/A	It was agreed that the InHealth contract would commence from August and would run until the end of March. The contract will be regularly reviewed to ensure it is delivering the expected outcomes.
0716.04	**Operational and governance arrangements for InHealth** [redacted] and InHealth have discussed refinement to the governance arrangements. [redacted] has sent InHealth the process map.	Richard / Keith / [redacted]	13 August	**Richard** to bring back the revised governance structure to this group. **Maneesh** to discuss process map with [redacted] offline.
Data				

Ref	Previous actions	Owner	Timescale	Comment (06/08/15)
0716.05	**Data reporting flows** [redacted] circulated the proposed report to the group.	InHealth and [redacted]	13 August	**All** to send [redacted] further comments on the proposed report.
PMO				
0730.02	**PID** Colleagues have fed back on the PID this week and comments have been reflected in the latest version. There is still uncertainty about the tripartite representatives in each of the Regions.		06 August	The PID has been updated based on feedback. The involvement of national and regional representatives was discussed. [redacted] to update the PID with detail on the role of regional representatives.
0619.07	**Online tool for real-time capacity information capture** [redacted] has been liaising with NHS England colleagues regarding a database to capture capacity information, following agreement that there will be only one further manual refresh of capacity information in the IS.	[redacted]	20 August	[redacted] has spoken with a range of suppliers that have developed similar tools. [redacted] to provide an update on the product, timescales and costs of these options.

Ref	Previous actions	Owner	Timescale	Comment (13/08/15)
General set-up				
0703.13 And 0709.02	**IG issues** IG issues will be resolved through activity being sub-contracted to the IS, as per the arrangement last year. Previous actions were for the PMO to include this as part of the operating model and to update the FAQs.	[redacted] James Skelly, Chris G, [redacted] Mark, Keith, Maneesh	20.08.15	[redacted] **James Skelly, Chris Garrett** to test FAQs with finance colleagues. [redacted] **Mark/Keith** to test FAQs with COO colleagues. **Maneesh** to test FAQs with reference group. Aim to have a finalised version of the FAQs to be distributed by 20.08.15. It was agreed that FAQs will be updated on an ongoing basis.
0730.03	**Payments outstanding** David raised the issue of IS providers not receiving payments for work undertaken last year	David	ASAP	David is continuing to provide updates on providers where outstanding payment is an issue. Monitor is following up on one specific case.
Capacity mapping template				
0624.02	Update the data collection template with the revised list of specialties, including acuity breakdown for complex spines and complex cardiac Previous actions for [redacted] to send [redacted] contact details for clinicians to support definitions.	Keith	20.08.15	130 returns have been received from the IS 'general' capacity template and 30 have been received from the complex cardiac/spinal template which is a good response rate. This information will be shared with the regional PMOs next week at which point the capacity will be matched to target trusts. **Keith** to provide an update on this capacity matching on the next call.

Ref	Previous actions	Owner	Timescale	Comment (13/08/15)
Endoscopy				
0703.04	**Target Trusts for Endoscopy work** TDA and Monitor have identified Trusts and FTs to be targeted.	InHealth	20.08.15	Maneesh shared the combined dataset of endoscopy capacity required across the trusts identified by Monitor and TDA. InHealth will be contacting these trusts from next week and provided assurance that activity will be ready to transfer from the start of September. **InHealth** to provide a RAG rating of the trusts identified by Monitor and TDA to show whether capacity has been identified and where there are shortfalls, by month.
0716.04	**Operational and governance arrangements for InHealth** [redacted] and InHealth have discussed refinement to the governance arrangements. [redacted] has sent InHealth the process map.	Richard / Keith / [redacted]	20.08.15	Richard shared the revised governance proposal. The group were happy with this proposal and will keep it under review as activity starts to be identified and transfer. The regional PMOs have identified how they will work with the central PMO in terms of process. **Keith/Mark** to test this with the reference group.
Data				
0716.05	**Data reporting flows** [redacted] circulated the proposed report to the group.	Keith	19.08.15	Sarah has fed back that more trust-level information is required. **Keith** to pick this up with the PMO and provide an update early next week.
PMO				
0730.02	**PID** The PID has been updated to reflect comments from the group.		19.08.15	**Keith** to resend revised version.

Ref	Previous actions	Owner	Timescale	Comment (13/08/15)
0619.07	**Online tool for real-time capacity information capture** [redacted] has been liaising with NHS England colleagues regarding a database to capture capacity information, following agreement that there will be only one further manual refresh of capacity information in the IS.	[redacted]	20.08.15	[redacted] has had a conversation with Bev Bryant who has reiterated the functionality of e-referrals. The group are cautious about placing extra demands on the system at present, but [redacted] will look into this again with Beverley and report back next week.

Ref	Previous actions	Owner	Timescale	Comment (20/08/15)
General set-up				
0703.13 And 0709.02	**IG issues** IG issues will be resolved through activity being sub-contracted to the IS, as per the arrangement last year. Previous actions were for the PMO to include this as part of the operating model and to update the FAQs.	[redacted] [redacted] James Skelly, Chris G, [redacted] Mark, Keith, Maneesh	21.08.15	**Keith/Mark** to send revised FAQs which are consistent with the PMO letter sent out. **Maneesh** to add additional endoscopy points to these revised FAQs **James Skelly,** [redacted] and **Chris** to check these revised FAQs with finance teams to confirm they are accurate.
Capacity mapping template				
0624.02	Update the data collection template with the revised list of specialties, including acuity breakdown for complex spines and complex cardiac Previous actions for [redacted] to send [redacted] contact details for clinicians to support definitions.	Keith	21.08.15	Tripartite representatives in the Regions are being engaged with through the regional project managers. There was a discussion about the extent to which the set-up should be regional or national. Agreed that we would continue with the existing set-up for the time being. [redacted] and **James Skelly** to pick up further offline. Monitor and TDA have agreed a collective methodology for identifying providers to be targeted as part of this programme. It was agreed that once these providers are known, the PMO will match the relevant IS capacity.
Endoscopy				
0703.04	**Target Trusts for Endoscopy work** TDA and Monitor have identified Trusts and FTs to be targeted.	Maneesh	27.08.15	**Maneesh** will provide a more detailed RAG report next week. 60 sites have returned data so far, suggesting 25,000 – 30,000 slots (against an identified capacity gap

Ref	Previous actions	Owner	Timescale	Comment (20/08/15)
				of [redacted] from September to March. The capacity is spread across all endoscopies (more capacity is required for colonoscopy in particular) and across the country.
			27.08.15	**Maneesh** will raise with [redacted] and James Skelly where Trusts and FTs have not responded to requests for information.
				[redacted] requested information as soon as possible on where additional capacity is available, as there is a pipeline of FTs that could be approached to also use this.
				Mark provided an update on the NHS capacity returns. So far six have been returned, three of which have identified additional capacity available. The deadline for NHS returns is next Friday (28th).
			27.08.15	[redacted] **and James Skelly** to send contact details for NHS trusts and FTs that have spare capacity so that the PMO can follow up with
			27.08.15	them directly. **Mark/Keith** will share the endoscopy information with Maneesh.
			27.08.15	**Keith/Mark** to report back on whether the capacity that was not locked into contracts has now been sourced/matched.
Data				
0716.05	**Data reporting flows** [redacted] circulated the proposed report to the group.	Keith		Keith provided an update. The PMO are expecting to get returns from every NHS Trust/IS provider "relationship" which outlines the volume of planned activity by

Ref	Previous actions	Owner	Timescale	Comment (20/08/15)
				month and, by week, the volume of activity that has been transferred and discharged, by treatment modality. **Mark** to share the mock up report before the call next week.
			25.08.15	
PMO				
0730.02	**PID** The PID has been updated to reflect comments from the group.		21.08.15	**Mark** to resend revised version.
0619.07	**Online tool for real-time capacity information capture** [redacted] has been liaising with NHS England colleagues regarding a database to capture capacity information, following agreement that there will be only one further manual refresh of capacity information in the IS.	[redacted]	27.08.15	[redacted] has got back in touch with Beverley and [redacted] but hasn't heard back from them. There have been delays within Monitor around getting this on the procurement framework, which has been escalated. [redacted] to provide a further update on the call next week.
0820.01	**Examples of good practice** Mark asked that the IS identifies three examples of good practice in each Region that could be shared, where relationships between the IS and NHS are working well	David Hare	27.08.15	**David** and [redacted] to provide Mark with examples of good practice.

Ref	Previous actions	Owner	Timescale	Update 27/08/15
General set up				
0709.02	**FAQs** FAQs have been revised and recirculated following comments from NHS England finance.	Iain Wallen, [redacted]	03.09.15	**Iain** and [redacted] to ensure finance are content with the latest version of the FAQs. It was agreed that once Monitor and TDA finance have confirmed they are content, the FAQs will be shared with regional teams across the tripartite.
0827.01	**Regional governance arrangements** Arrangements for managing the PMO project at a regional level have been discussed previously.	Iain, [redacted] Chris	03.09.15	**Iain,** [redacted] and **Chris** will bring a revised governance proposal to this group. It was agreed that Monitor and TDA need to identify the trusts that the PMO should engage with as a matter of urgency. [redacted] and **Iain** to action this as a priority.
Endoscopy PMO				
0703.04	**Target Trusts for Endoscopy work** TDA and Monitor have identified Trusts and FTs to be targeted.	[redacted]	01.09.15	Capacity information has been received from 70 IS providers and 10 NHS trusts. No NHS trusts have any available capacity. [redacted] to send Maneesh contact details for the 19 FTs that they were expecting to submit capacity returns. Maneesh reported that a significant proportion of the capacity is non-JAG accredited, which could cause issues for providers that are JAG accredited when transferring patients. InHealth are working with non-accredited providers to determine whether they are engaged with JAG, and to support them in this engagement

Ref	Previous actions	Owner	Timescale	Update 27/08/15
				process. It will take a minimum of one month for a non-accredited provider to be recognised by JAG. InHealth have reached out to all 34 trusts to date but have only made contact with ~20. The non-responders have been sent to [redacted] and James Skelly for follow-up.
		[redacted] James Skelly, Iain	01.09.15	[redacted] and **James Skelly/Iain** to follow up on non-responding providers The level of activity anticipated for September is considered to be very high risk as a result of these issues.
		Maneesh	03.09.15	**Maneesh** to provide a further update on the status of JAG accreditation.
		Maneesh	03.09.15	**Maneesh** to provide a table with the 35 trusts identified and a column showing whether contact has been successful and the current status.
Data reporting				
0716.05	**Data reporting flows** Keith provided the group with an updated data collection form and mock-up report.	ALL	03.09.15	The proposed data collection sheets and dummy reports were discussed. **ALL** to provide comments to Mark and Keith by 3 September, after which point the data collection sheets will be sent to providers. Mark is particularly keen for comments on the front "instructions" sheet.
		Mark	03.09.15	**Mark** to test these data collection sheets with the group of COOs.
		[redacted]	03.09.15	[redacted] to test these data collection sheets with IS providers.

Ref	Previous actions	Owner	Timescale	Update 27/08/15
Other				
0730.02	**PID** The PID has been updated to reflect comments from the group.	Maneesh	03.09.15	An approach for regional governance of the PMO will be presented next week. It was agreed that the PID document should be expanded to cover the InHealth governance arrangements, particularly how InHealth will link with the national and regional PMOs. **Maneesh** to send an updated PID to Keith/Mark.
0619.07	**Online tool for real-time capacity information capture** [redacted] has been liaising with NHS England colleagues regarding a database to capture capacity information, following agreement that there will be only one further manual refresh of capacity information in the IS.	[redacted] [redacted] Chris	03.09.15 03.09.15	[redacted] is working through the Monitor documentation to secure an invitation to tender (ITT). [redacted] to provide an update on timescales on the next call. [redacted] **and Chris** to chase follow up from Beverley Bryant and her team.
0820.01	**Examples of good practice** Mark asked that the IS identifies three examples of good practice in each Region that could be shared, where relationships between the IS and NHS are working well	David	03.09.15	Note out to NHSPN and collating responses. **David and** [redacted] to let Mark have something next week.
0827.02	**Activity not locked into contracts** The CSU will follow up with CCGs who reported activity had not been locked into contracts to facilitate	[redacted]	01.09.15	[redacted] to provide the list of CCGs where activity was not locked into contracts.

Ref	Previous actions	Owner	Timescale	Update 27/08/15
	conversations with the IS as an 'early win' for the PMO.			

Ref	Previous actions	Owner	Timescale	Update 10/09/15
General set up				
0709.02	**FAQs** FAQs have been revised and recirculated following comments from NHS England finance. **Iain** and [redacted] to ensure finance are content with the latest version of the FAQs. It was agreed that once Monitor and TDA finance have confirmed they are content, the FAQs will be shared with regional teams across the tripartite. [redacted] to send to [redacted] the suggested lines to insert into Q2 to deal with the Finance question. Action Closed	Iain Wallen, [redacted]	Complete	

Ref	Previous actions	Owner	Timescale	Update 10/09/15
0827.01	**Regional governance arrangements** Arrangements for managing the PMO project at a regional level have been discussed previously. Governance arrangements should be owned regionally. It was agreed that London and the South had made progress. In the North there is currently only a representative for the endoscopy element rather than overall. **Chris** to follow up. **Action Closed and agreed** **Iain,** [redacted] and **Chris** will bring a revised governance proposal to this group. It was agreed that Monitor and TDA need to identify the trusts that the PMO should engage with as a matter of urgency. [redacted] and **Iain** to action this as a priority.	Chris, [redacted]	Complete	
Endoscopy PMO				
0703.04	**Target Trusts for Endoscopy work** TDA and Monitor have identified Trusts and FTs to be targeted.	Maneesh	24.09.15	JAG accreditation- **Maneesh** had previously circulated a note which he explained on the call. There are three stages. Currently there is [redacted] capacity which fits into the first 2 stages (JAG accredited or JAG engaged). To be included in one of the top two buckets is part of a longer term process on a 6 monthly timetable

Ref	Previous actions	Owner	Timescale	Update 10/09/15
	Capacity information has been received from 70 IS providers and 10 NHS trusts. [redacted] to send Maneesh contact details for the 19 FTs that they were expecting to submit capacity returns.			(next in October and then April). In terms of work a rounds, JAG accreditation is associated with the site rather than the consultant. The commissioners could therefore refer to a particular site, this is to be explored further. Brokering some options around where we don't have JAG accreditation would be helpful with a push to move all sites to JAG accreditation in April. **Action ongoing**
	Maneesh reported that a significant proportion of the capacity is non-JAG accredited, which could cause issues for providers that are JAG accredited when transferring patients. InHealth are working with non-accredited providers to determine whether they are engaged with JAG, and to support them in this engagement process. It will take a minimum of one month for a non-accredited provider to be recognised by JAG.	Claire	24.09.15	An update was given by **Claire** on the trusts that have not been engaged at all. Monitor/TDA have previously offered to help with these and have again offered their assistance. Going forward additional names can be provided as well as email addresses, the best route for escalation will be through the named contact in each region.
	As the story is mixed in terms of reception and willingness, it was agreed that a meeting (ideally face to face). Richard included with Monitor and TDA to flesh it out which Sarah agreed to. [redacted]aaranged a suitable time. **Complete** InHealth have reached out to all 34 trusts to date but have only made contact with ~20. The non-responders	[redacted]Chris, InHealth	24.09.15	It was agreed that a narrative daily update would be helpful from **InHealth** similar to that produced for this meeting. Over the days running up to the next SofS Delivery meeting (21st Sept) where this will be discussed, it would be ideal if we were able to monitor the progress made on capacity being matched. Moving from the theoretical into confirmed and utilised capacity. 3 items of information – demand, capacity and activity agreed is required. **Chris to confirm** over email. The information will need to illustrate progress by month, by provider and by test.

Ref	Previous actions	Owner	Timescale	Update 10/09/15
	have been sent to [redacted] and James Skelly for follow-up. [redacted] and **James Skelly/Iain** to follow up on non-responding providers The level of activity anticipated for September is considered to be very high risk as a result of these issues. **Maneesh** to provide a further update on the status of JAG accreditation. **Maneesh** to provide a table with the 35 trusts identified and a column showing whether contact has been successful and the current status.			
Data reporting				
0716.05	**Data reporting flows** Keith provided the group with an updated data collection form and mock-up report.	[redacted] ALL	24.09.15 03.09.15	More capacity info on the general PMO required. The template circulated last week included just dummy info. Need to be populated with real data and to incorporate comments from 3 ALBs. [redacted] to source further comments from COO reference group. And will be in a position to share the capacity data on Friday. **Lets get patients flowing first and then worry about it and will then look at reporting in graphical form**. The proposed data collection sheets and dummy reports were

Ref	Previous actions	Owner	Timescale	Update 10/09/15
				discussed. **ALL** to provide comments to Mark and Keith by 3 September, after which point the data collection sheets will be sent to providers. Mark is particularly keen for comments on the front "instructions" sheet.
		Mark	03.09.15	**Mark** to test these data collection sheets with the group of COOs. [redacted] gave brief feedback on this but we need to leave this action on list for next time.
		[redacted]	03.09.15	[redacted] to test these data collection sheets with IS providers.
Other				
0730.02	**PID** The PID has been updated to reflect comments from the group.	Maneesh	24.09.15	An approach for regional governance of the PMO will be presented next week. It was agreed that the PID document should be expanded to cover the InHealth governance arrangements, particularly how InHealth will link with the national and regional PMOs. **Maneesh** to send an updated PID to Keith/Mark**. PID agreed with South CSU- final version to be circulated. Maneesh to circulate PID early next week**
0619.07	**Online tool for real-time capacity information capture** [redacted] has been liaising with NHS England colleagues regarding a database to capture capacity information, following agreement	[redacted]	24.09.15	[redacted] is working through the Monitor documentation to secure an invitation to tender (ITT). [redacted] to provide an update on timescales on the next call. **Call booked in to discuss this week.** **Follow up next week.**

Ref	Previous actions	Owner	Timescale	Update 10/09/15
	that there will be only one further manual refresh of capacity information in the IS.	[redacted] Chris	24.09.15	[redacted] **and Chris** to chase follow up from Beverley Bryant and her team.
0820.01	**Examples of good practice** Mark asked that the IS identifies three examples of good practice in each Region that could be shared, where relationships between the IS and NHS are working well	David	24.09.15	Note out to NHSPN and collating responses. **David and** [redacted] to let Mark have something next week. **Look for the IS to describe where it is done well.** [redacted] **to come back by end of the week with these.**
0827.02	**Activity not locked into contracts** The CSU will follow up with CCGs who reported activity had not been locked into contracts to facilitate conversations with the IS as an 'early win' for the PMO. [redacted] to provide the list of CCGs where activity was not locked into contracts. **Complete**	[redacted]	Complete	

Ref	Previous actions	Owner	Timescale	Update 24/09/15
Endoscopy PMO				
0703.04	**JAG accreditation**- **Maneesh** had previously circulated a note which he explained on the call. There are three stages. Currently there is [redacted] capacity which fits into the first 2 stages (JAG accredited or JAG engaged). To be included in one of the top two buckets is part of a longer term process on a 6 monthly timetable (next in October and then April). In terms of work a rounds, JAG accreditation is associated with the site rather than the consultant. The commissioners could therefore refer to a particular site, this is to be explored further. Brokering some options around where we don't have JAG accreditation would be helpful with a push to move all sites to JAG accreditation in April. **Action ongoing**	Maneesh	ongoing	
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Other				
0730.02	**PID** It was agreed that the PID document should be expanded to cover the InHealth governance arrangements, particularly how InHealth will link with the national and regional PMOs. Maneesh to send an updated PID to Keith/Mark. PID agreed with South CSU- final version to be circulated. Maneesh to circulate PID to formulate how PMOs interact and to ensure PMOs have clear governance	Maneesh		Complete
0619.07	**Online tool for real-time capacity information capture** [redacted] has been liaising with NHS England colleagues regarding a database to capture capacity information, following agreement that there will be only one further manual refresh of capacity information in the IS.	[redacted] [redacted] Chris	01.10.15 01.10.15	[redacted] is working through the Monitor documentation to secure an invitation to tender (ITT). [redacted] to provide an update on timescales on the next call. [redacted] **Chris** to chase follow up from Beverley Bryant and her team.
0820.01	**Examples of good practice** Mark asked that the IS identifies three examples of good practice in each Region that could be shared, where relationships between the IS and NHS are working well	David	01.10.15	[redacted] **to come back by end of the week with these.**
0827.02	**Activity not locked into contracts** The CSU will follow up with CCGs who reported activity had not been locked into contracts to facilitate conversations with the IS as an 'early win' for the PMO.	[redacted]	01.10.15	Update to be provided on these CCGs and whether any need to be escalated

Ref	Action	Owner	Timescale	Update 08/10/15
Endoscopy PMO				
0703.04	**JAG accreditation**- **Maneesh** had previously circulated a note which he explained on the call. There are three stages. Currently there is [redacted] capacity which fits into the first 2 stages (JAG accredited or JAG engaged). To be included in one of the top two buckets is part of a longer term process on a 6 monthly timetable (next in October and then April). In terms of work a rounds, JAG accreditation is associated with the site rather than the consultant. The commissioners could therefore refer to a particular site, this is to be explored further. Brokering some options around where we don't have JAG accreditation would be helpful with a push to move all sites to JAG accreditation in April.	Maneesh	Ongoing	
1008.01	**Progress on agreeing transfers to the IS** Maneesh provided the group with an update on how numbers transferring to IS less than originally agreed. Face-to-face meeting to be arranged for next week between Endoscopy PMO, Monitor, TDA and NHS England to do a line by line, trust by trust update (convert light green to dark green). Regional tripartite to be invited.	NHS E/ [redacted]	15.10.2015	
1008.02	Circulate a list of trusts/CCGs of particular concern 24-48hrs before the face-to-face meeting and provide activity figures (original numbers	Maneesh	13.10.2015	

Ref	Action	Owner	Timescale	Update 08/10/15
1008.03	transferring vs actual transfer numbers of patients) per trust. Latest diagnostic performance suggests figures for Endoscopy going in wrong direction. Need to review trust performance and see if additional trusts need to engage in the programme and details provided to PMO .	[redacted] (Monitor)/ Iain (TDA)	w/c 12.10.15	
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Ref	Action	Owner	Timescale	Update 08/10/15
0827.02	**Activity not locked into contracts** The CSU will follow up with CCGs who reported activity had not been locked into contracts to facilitate conversations with the IS as an 'early win' for the PMO.	[redacted]	01.10.15	Update to be provided on these CCGs and whether any need to be escalated
1008.04	**Email SPD to Regional Directors** Email 12 RDs explaining blockages are being experienced and that vital trusts/CCGs are aware of the programme and proactively encouraging engagement. Any indication of trust wanting to engage and no progress – to inform Sarah. Inform of face-to-face meetings next week and request attendance of regional tripartite representative. Request RTT events to include plenary session on IS PMO programme. Iain and [redacted] to be copied in.	NHS E/ Sarah/ Chris	w/c 12.10.15	
1008.05	**Senior Regional Contacts** In order to escalate issues the PMOs are having and to ensure 3ALB communication through the right lines, need to provide senior link regional contacts to PMs so they interface with the right people to get action - need contacts from TDA or Monitor to drive through provider side . [redacted] to talk to Iain and speak to regional colleagues and find names.	[redacted] (Monitor)/ Iain (TDA)	w/c 12.10.15	

Ref	Previous actions	Owner	Timescale	Update 01/10/15
Endoscopy PMO				
0703.04	**JAG accreditation**- **Maneesh** had previously circulated a note which he explained on the call. There are three stages. Currently there is [redacted] capacity which fits into the first 2 stages (JAG accredited or JAG engaged). To be included in one of the top two buckets is part of a longer term process on a 6 monthly timetable (next in October and then April). In terms of work a rounds, JAG accreditation is associated with the site rather than the consultant. The commissioners could therefore refer to a particular site, this is to be explored further. Brokering some options around where we don't have JAG accreditation would be helpful with a push to move all sites to JAG accreditation in April. **Action ongoing**	Maneesh	ongoing	
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Other				
0730.02	**PID** It was agreed that the PID document should be expanded to cover the InHealth governance arrangements, particularly how InHealth will link with the national and regional PMOs. Maneesh to send an updated PID to Keith/Mark. PID agreed with South CSU- final version to be circulated. Maneesh to circulate PID to formulate how PMOs interact and to ensure PMOs have clear governance	Maneesh		**Complete**
0619.07	**Online tool for real-time capacity information capture** [redacted] has been liaising with NHS England colleagues regarding a database to capture capacity information, following agreement that there will be only one further manual refresh of capacity information in the IS.	[redacted] [redacted] Chris	01.10.15 01.10.15	[redacted] is working through the Monitor documentation to secure an invitation to tender (ITT). [redacted] to provide an update on timescales on the next call. [redacted] **and Chris** to chase follow up from Beverley Bryant and her team.
0820.01	**Examples of good practice** Mark asked that the IS identifies three examples of good practice in each Region that could be shared, where relationships between the IS and NHS are working well [redacted] provided the examples.	David	01.10.15	**Complete**

Ref	Previous actions	Owner	Timescale	Update 01/10/15
0827.02	**Activity not locked into contracts** The CSU will follow up with CCGs who reported activity had not been locked into contracts to facilitate conversations with the IS as an 'early win' for the PMO.	[redacted]	01.10.15	Update to be provided on these CCGs and whether any need to be escalated

IS Catch Up- Note of the call
17th September 2015
3-4pm

The actions from last week's call were read through with all having been done

Maneesh- 4 trusts are in the process of transferring patients. **ACTION: TDA** to write out to regional teams once more to turn the trusts either 'green' or 'blue'. Of those that were not on the original list, the more that want to express an interest the better.

Trajectory by procedure and by month was provided by Maneesh and was talked through on the call. Maneesh has the data on the underlying capacity by trust which he shares with the regions. Each week this three page summary will be updated and circulated to show progress.

Will be in a better position next Thursday with a clear update on whether any help is needed from Monitor/TDA. **ACTION: Maneesh** to share prior to the call

[redacted] and Maneesh have resolved the PMO governance arrangements between the two PMOs.

[redacted] has sent out the first draft of the trust by trust template. **ACTION-** [redacted] by next week to have this complete with a plan set out against each trust and like endoscopy

[redacted] gave a summary by region

North- PM was given a list on Tuesday and are busy establishing the capacity needed.
CCGs contracts are locked down and agreed with the providers, will take this at face value.
With speciality specific requests- [redacted] and [redacted] can put informal messages from their end.
The inclusion of [redacted] was queried which will be taken away.

Midlands- 15 orgs contacted. Meeting with TDA representative tomorrow for list of their trusts.

London- letter went out on Friday with request to supply Unify data by cop yesterday, will chase if this has taken place. In a position to begin contacting
[redacted] in conversation re spinal patients. **ACTION:** [redacted] to update on the numbers of patients involved.

South- Letter is to go from Tripartite today to trusts. PM can then make contact with trusts from tomorrow. [redacted] is now included. 13 CCGs have been contacted. 5 CCGs yet to respond.

The PMO itself are putting together a map of where the demand and capacity showing hotspots of demand hopefully for next week and if not the following week.

[redacted] asked for a document to push through their channels of all those who require help. For endoscopy Maneesh will do the same. For early next week would work well. **ACTION: Maneesh to speak to** [redacted] to coordinate.

AOB- [redacted] raised that we have lost the Sept capacity and are at a point where we would need to go back and ask for the lists to be refreshed. It was decided to revisit this at next week's meeting

IS Catch Up- Note of the call
24th September 2015
4-5pm

The actions from last week's call were read through with all having been completed.

Update on Endoscopy PMO (Maneesh)

Progress report provided per region for trusts using document 'Trust Update as of 23/09/2015':

London - progress very good and three, [redacted] in the process of transferring. [redacted] may have future capacity, PMO to put in contact with [redacted]

North - good progress one or two areas lack capacity but overall most trusts PMO can support and where no capacity need to look at [redacted] No help needed by Monitor/TDA.

South -some trusts not engaging, there was a conference call yesterday and lots of actions, PMO waiting another week and are hopeful of engagement. **ACTION: Maneesh** to provide update next week and if not engaging will need to enlist help from Monitor/TDA

Midlands – most trusts in a good position. [redacted] is red but PMO to assist to turn blue. [redacted] has found alternative capacity. Monitor to confirm. **ACTION: Maneesh** to send a note to James for him to confirm the details of the plans that [redacted] have.

Maneesh went through demand/capacity schedule. 2,362 agreed actual procedures across 7 trusts, found 10k+ capacity available, returns due back Friday. Around 80-100 patients have already transferred, 6 already seen and discharged. Many trusts are reaching out to the PMO so demand likely to increase. Several trusts in process of initiating transfer to IS.

[redacted]

IS Catch Up Call Note
08 October 2015 3-4pm

Sarah Pinto-Duschinsky, Chris Garrett, [redacted] , Maneesh Madan, [redacted] [redacted], David Hare, [redacted]
Apologies: Iain Wallen

Note from call on 01.10.15 – accepted

InHealth update

- Trust-level update only. Numbers transferred not provided as difficult to get a good oversight of the demand. Request for green trusts to fill out a template of what demand for endoscopy procedures looks like (next 6mo). Dark green trusts are sending fewer patients than initially indicated. Aiming to get weekly returns back in order to get a realistic view of what they actually plan to use the IS providers for. Need credible plans.
- 15 trusts are actively transferring patients now. Volume wanted initially and actual volume transferring is differing. Numbers are in the hundreds rather than thousands.
- **ACTION:** NHS E to arrange a follow up meeting next week with TDA and Monitor to complete a line by line examination of endoscopy programme providers/trusts to find blockages. Regional tripartite representatives will be invited to the meeting next week.
- **ACTION:** Maneesh to circulate list of trusts/CCGs of particular concern 24-48 hours before the meeting. Also to provide activity figures – original transfer numbers vs actual numbers transferring (requested by Monitor per Trust).
- **ACTION:** NHSE to follow up with RDs to ensure that CCGs are made aware of the programme with some urgency and encourage trust engagement.
- **London, M&E** and **North** engagement is very good and the **South** is also picking up. No issues at regional level.
- JAG accreditation all engaged – assurance from all providers that have been matched that they will submit GSR scores by end of October at individual trust and corporate level.
- Latest diagnostic performance indicates that a review of the original list of trusts needs to be completed to see if more trusts need to engage with PMO.
- **ACTION:** Monitor and TDA to review trusts with regional teams and provide a list of additional trusts/providers to PMO with contact details to be available next week.
- Sarah noted that InHealth have made good progress and tripartite needs to assist more.
- Most trusts PMO engaged with are already using IS providers. [redacted] given a list of 70 patients and InHealth are contacting the patients to offer a choice of relocation. [redacted] want to run a pilot where InHealth contact small group of patients from 1/11/15 to ask if want to remain on the list or move to one of four IS providers.

[redacted]

- [redacted]
- [redacted]
- [redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Date 09/10/2015 15:00hrs- 15:30hrs – IS PMO Discussion 3ALBs

Attendees: Sarah Pinto-Duschinsky (Chair NHS E), Chris Garrett (NHS E), [redacted] (Monitor), Iain Wallen (TDA), [redacted]

Purpose of this call is to follow on from yesterday's steering group meeting which highlighted blockages and generally slow progress by IS PMOs. Also to get thoughts aligned, in particular Monitor and TDA, and how information can be exchanged.

- [redacted] Less concern over Endoscopy than RTT PMO**. Action**: **Note of actions from this earlier call/session to go to CGa and IW.**
- Meetings next week Wednesday with both Endoscopy and RTT PMO. Use next week's meetings to identify a smaller cohort of trusts so Regional colleagues and PMOs can reinforce trust engagement in program and allow transfers to IS to progress to assist performance. Smaller list will allow focus.
- Monitor confident that escalation process is working well where blockages identified and deputy RDs are responding to trusts and liaising with PMO. Deputy RDs may be able to attend meeting next week. RDs will be aware of the meeting next week and will send suitable senior representation (does not need to be RD level).
- TDA have Ops Exec meeting every week – performance was discussed on Tuesday – issue of IS program came up and they did not feel fully sighted on the programme, Iain to share PMO weekly updates with Delivery Directors. TDA may struggle to get Delivery Directors to attend meeting next week but can nominate senior representation from regional teams to attend.
- Some RDs have been sighted, some have not across 3ALBs.
- The spreadsheets and reports provided by PMO do not fully make it clear where the hold ups are – need improved narrative to fully understand the issues. Escalation held up as not enough detail on the spreadsheets for challenges to occur, PMO and trust interaction needs to be better logged. [redacted] South may be heading up the program, how is the networking with other CSUs. **Action**: **Sarah/[redacted] to liaise to Keith re CSU/review of project managers.**
- Note drafted today so RD's know about meeting representatives from regional tripartite to attend, esp representative from TDA and Monitor . [redacted]
- Escalation would be undertaken by regional teams to RDs if necessary – balance with RDs knowing the information vs escalation within the regional teams rather than PMOs going directly to RD. TDA variable patches. No escalation to Delivery Directors. Regional lead would go to portfolio director – need to reiterate the way to escalate.

- This should be on a weekly agenda at regional tripartite and [redacted] to reinforce this. Particularly for TDA/Monitor – allows [redacted] and Iain to follow up their regional colleagues to secure representation.
- Need to agree target trusts next week and who does what now, reinforce issues about escalation and accountability processes for the regions.

IS Catch Up Call Note
15 October 2015 3-4pm

Attended: Sarah Pinto-Duschinsky, Chris Garrett, [redacted] Maneesh Madan, [redacted] David Hare, [redacted] Iain Wallen, Mark Smith

Note from call on 08.10.15 – actions accepted

Overview of the meetings from yesterday

- The meetings generated robust views both ways. Questions around line of sight to data were common. The meetings identified a number of organisations where the process of transfers is underway for endoscopy. [redacted]
- Key actions and next steps columns need to be completed fully. Monitor/TDA colleagues have also taken a number of actions away and will broker formal Tripartite views. [redacted] **ACTION- NHS England** to organise. No need for a further trust by trust run through for Endoscopy. The work has been reenergised and now need to get the date in the diary to have the 4 regions in the diary.
- [redacted] has agreed to co-chair the weekly call between the IS [redacted]
- The communication/line of sight is important also in terms of keeping regions updated. Weekly reports will go out with RDs note. Be clearer on the sheets where Monitor/TDA have specific actions as per the questions Sarah has highlighted in her note.
- Maneesh has agreed to do the same with the Endoscopy one.
- Trusts of focus- for all 4 regions there were identified trusts which will be pushed to really move on. The group needs to see a list of these for [redacted] Endoscopy that they need to focus on. **ACTION- NHS England** to provide clarity on which trusts and circulate to the group.
- On future arrangements, additional slots could be offered at the point of referral . We could push on this here first in London as they have pressure across specialities. This will support some of the conversations already taking place on the recovery plans with CCGs with London Tripartite in a very strong place to take this forward. This will be discussed further on the IS/PMO call next week. If London is not the right place for this to happen then another part of the country needs to be identified then rather than returning to this group asking for a decision.
- Communication to the IS- a short note from the Tripartite to the IS to be sent out in preparation of next week's call along the lines of 'We are still committed to the programme, progress has been slow but we are reenergised and are progressing the following actions etc' **ACTION- Tripartite colleagues** to agree the approach offline.

InHealth update

- Maneesh gave an update- Transfers are taking place but struggling with the data coming back to give a full picture. There is an estimated 155 transfers to have been completed. Trusts need to send data on the total of transfers to the IS on endoscopy whether as a result of the IS PMO or from existing relationships. **ACTION- Maneesh** to send lists of trusts not reporting to Monitor/TDA for action.

[redacted]

- [redacted]

- **AOB**
  Nothing further to add.

IS Catch Up Call Note
22 October 2015 3-4pm

Attended: Chris Garrett, Iain Wallen, [redacted] Maneesh Madan, [redacted] David Hare, [redacted]
Apologies: Sarah Pinto-Duschinsky

Note from call on 15.10.15 accepted and action log updated

InHealth update

- Trust level update is that the PMO is working with 52 trusts/CCGs of these 17 need no support and the remaining 35 need support (of these 16 are engaged and should transfer patients soon, 12 are a work in progress and 7 in early discussion and need support)
- The actual patient transfer activity for week ending 16.10.15 was discussed. The weekly activity template is very simple and only requests 12 numbers per week. 14 trusts were asked for their numbers and only two returns came back – [redacted] was an empty return i.e. no patients transferred and [redacted] showed a total of 4 patients transferred. None of the other systems responded and this was raised with regional teams. It was sent with a deadline. When chasing regions or escalating for updates next week PMO to copy in [redacted] Iain so if there is no response they can follow up with regions.
- The team are to focus on the remaining 19 trusts which are a work in progress and in early discussions. Focus on trusts where they can match capacity.
- Trusts on the list that needs escalation today - [redacted] not responding and Monitor to follow up **Action: [redacted] to follow up once [redacted] sends contact details and [redacted] communications/emails.** [redacted] still have funding concerns not resolved. Iain stated TDA involved and discussions should already be happening with Delivery Director meeting Chief Exec. May need to review [redacted] next week to find true demand, Maneesh will email early in the week if issues arise and needs assistance.
- Activity report shows few numbers as trusts not responding but Maneesh stated there should be transfer figures by the end of October for the 16 trusts that are engaging or transferring on a monthly basis **Action: On next call Maneesh to update group with month end transfer figures.**
- Maneesh confirmed that there is nothing yet on the exercise with the 16 trusts to establish exactly their requirements. PMO have asked for revised demand forecast on a weekly basis and who they will use but no replies yet. They asked to at least be told activity to IS per week and that too has no response. Regions were included in these communications and are aware there was no response. This is disappointing as provides little line of sight of the impact of the PMO**. Action: Iain and [redacted] to escalate from these 16, Maneesh to share what the original requests were.**
- Maneesh highlighted possible blockage that some trusts may think IS is just back-up capacity, in case of emergency. IS capacity needs to be used or it will go.
- People may not be checking their emails as in busy operational roles – regional teams used to calling them so may be more effective. Early escalation needed, email works less well – change pressure from email to phone. PMO to keep Monitor/TDA aware of priorities. PMO asked how close they are to the operational level individuals. **Action: [redacted] to share with [redacted] Iain the contact details of managers they are dealing with at operational level and where PMO at with these managers in trusts.**
- JAG accreditation issue in London, even though IS providers planning to join JAG end October there are NHS providers who still won't transfer activity until full accreditation gained. Can transfer activity from a JAG accredited site to a JAG engaged site but ultimately

up to individual clinicians who may decide they do not wish to transfer, trust needs to have alternative plan for waiting patients.

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Agree High Priority Trust Lists -

- Felt the two lists circulated may be shorter than agreed. **Action: NHS E, TDA and Monitor to finalise lists for [redacted] endoscopy [redacted]**

AOB

- [redacted] confirmed there is a call planned with IS tomorrow going to talk them through prioritised trusts and specialties and facility to link up IS. Acknowledged activity is positive on endoscopy. [redacted] believes things are progressing after the escalation meetings and believes there will be commitments by end of Oct in North for example. Good work is happening just a lot slower. David said by this time next week steering group need to decide if everything done. Have lists of trusts, stringent process to engage those trusts, focus on them and have proper contractual discussions and confirmation of numbers in place. Next five days key.