

**Review of the Governance and Assurance of Major
Programmes.**

**Report of a Diagnostic Investigation Commissioned
by Brighton and Sussex University Hospitals NHS
Trust**

Professor Georges M Selim

Emeritus Professor

Cass Business School

London UK

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Executive Summary

Capital projects are transformational projects with potential to impact organisations positively or negatively, Research studies show that a considerable number of programmes are delivered late, over budget and with a high percentage of the expected benefits unrealised. These findings are also supported by the author's experience as non-executive director overseeing capital projects in the public sector - some of which have turned out to be abject failures.

The following are the set of recommendations which we believe that, if enacted, will provide a sound platform for the governance and assurance of existing capital projects which were used as examples in our study and as templates for future programmes and projects.

1. The Trust board to clarify which board they consider to be the ultimate provider of assurance for major programmes.
2. Programme boards' reports to be copied to the Operational Board.
3. Closer collaboration between 3Ts sub-groups and teams and relevant Trust functional representatives is needed to ensure that potential gains through organisational and job redesign are realised
4. 3Ts programme board is too large to act as an effective board. Options for consideration have been identified (recommendation section 3.1).
5. Non-executives should not become members of a major programme. This will ensure that no threats, real or perceived, can affect their independence.
6. Deputies to senior executives to be developed to ensure better use of scarce senior staff resource.
7. The Trust board in collaboration with the Hospital Management Board to consider issues of change management including determination of organisational capabilities and Portfolio Management (recommendations 5.1-5.1.3).
8. The accountability framework for the EPR programme should continue as present, including Trust board seminars.
9. The 3Ts programme framework of accountability is not ideal and key recommendations include:
 - a. The current 3Ts director be appointed as SRO

- b. The programme board to report regularly to the Hospital Management Board, with frequency dependent on speed and progress of the programme
- c. Subject to decisions on recommendation section 1.1, the programme board to report regularly to the F&WC and through this committee to the Trust board
- d. Continuation of the 3Ts seminars to the Trust board with the SRO updating progress and issues arising
- e. The Trust Board Secretary to become a member of the programme board
- f. Membership of the programme board to be re-visited (as recommendation section 3.1)
- g. Increased consultation on items for inclusion in the programme board's agenda
- h. Oversight on relevance of board papers
- i. If (a) is adopted, assessment of programme and project staff competencies to be undertaken and new appointments made where necessary
- j. Provision of a clear direction for the Benefits Realisation Group to liaise closely with the Service Delivery Unit (SDU)
- k. Clarification of the relationship between the 3Ts programme board and the Radiotherapy Steering Group.

A bibliography has been provided including documentation published by the OGC (part of the cabinet office), the Department of Health and identification of relevant websites.

Background

1. The assignment commenced on the 7th January with a meeting with Chris Adcock, Interim CEO, Dominic Ford and James Blyth, Trust Directors, with the aim of agreeing the terms of the consulting assignment and its different parameters (see Appendix 1).
2. The outcome of the review was decided as to:
 - i. provide an assessment of the adequacy of current major programme governance and assurance
 - ii. make recommendations as to improving the governance and assurance arrangements for current programmes
 - iii. make recommendations as to the governance and assurance arrangements for future major programmes
 - iv. make recommendations for the definition of major programmes to be subject to the recommended governance arrangements
3. Interviews followed in February, three taking place over the telephone with the remainder held at the Trust's HQ in Brighton, with the last interview taking place in the middle of May. In total, 21 interviews were carried out. A list of interviewees is provided in Appendix 2. An 'Aide Memoire' was developed to guide discussions with the interviewees. The interviews lasted on average 1 hour.
4. A desk review of the following documents was carried out
 - Terms of reference for the following committees:
 - Hospital Management Board April 2103
 - Executive Committee
 - Operational Board, April 2013
 - Finance and Workforce Committee, April 2013
 - Investment Prioritisation Group
 - Board Quality and Risk Committee, for approval on 3rd June 2013
 - Executive Safety and Quality Committee for approval on 13th June 2013
 - Systems Change Board

- 3Ts Programme Board, Core Team and the different sub-group and committees within the programme
- EPR Programme and Project Boards
- EPR Clinical Forum
- Other relevant papers reviewed include:
 - Agenda papers and minutes of the 3Ts Programme Board and Core Team meetings for 2012 and 2013
 - Agenda papers and minutes of the EPR programme and project Boards meetings for 2012 and 2013
 - 3Ts Gateway review 0: Strategic Assessment (June 2008)
 - 3Ts Gateway review 1: Business Justification (August 2009) and (October 2011)
 - 3T's Commercial Protocols and Scheme of Delegation (January 2013)
 - 3T's Procurement: documents (February 2012; October 2012; December 2012; January 2013)
 - EPR Gateway Review 3: Investment Decision (November 2011)
 - EPR Gateway Review 0: Strategic Assessment (November 2012)
 - EPR Project Initiation Document: PAS/ALERT Implementation Options (A&E Project) (Version 2 Draft)
 - EPR Project Initiation Document: A&E Project (Version 1.1 November 2012)
 - EPR Programme: Stakeholder Engagement Plan (Version 1.1 January 2013)
 - EPR Benefits Management Strategy (Version 0.1)
 - EPR finances report to the Trust Board, April 2013
 - Statutory duties paper to the Trust Board, February 2013
 - Internal Audit Plans for the years 2010/11; 2011/12; 2012/13 and the draft plan for 2013/14
 - Internal Audit reports associated with capital projects:
 - Governance Framework Review (September 2011)
 - EPR: Factors for Success (January 2012)
 - Capital Project Assurance: 3Ts (May 2012)
 - OBC and FBC Governance Arrangements (May 2012)
 - Procurement Governance Arrangements (July 2012)

Main Report

The observations and recommendations relevant to outcomes (i) and (ii) as stipulated in the terms of reference listed in the introduction are provided in the following sections 1 to 8. The recommendations regarding the third and fourth outcome are detailed following section 8.

Section 1: Assurance to the Trust Board

Observations

- For the 3Ts programme, we were able to identify differing views given by 3 groups of respondents. The first group identified the programme director as the person providing assurance to the Trust board, the second group saw the providers of the assurance as the CEO in his role as the SRO together with the programme director as the de facto person running the programme, while the third group saw the assurance as being provided by the programme director and the non-executive director (NED) member on the programme board.
- For the EPR programme, being a smaller and simpler programme, respondents saw the assurance as being provided to the Trust board by the Medical Director as the programme's SRO.
- The role of the F&WC in relation to major capital programmes and investment as stipulated in their terms of reference 1.2 .iv and 6.5.7 requires the committee to monitor implementation of major projects (>£5 million). The performance of this role was not consistent or comprehensive according to the interview findings. On paper, the 3Ts programme board reported to the F&WC committee, while no formal papers were provided by the committee to the Trust board. For the EPR programme, the programme SRO being a very busy executive of the Trust was exempt from presenting and reporting to the F&WC committee.
- The Trust board recently introduced the idea of board seminars where directors of major Trust programmes present an update to the board on programme(s) progress and any significant issues arising.

Recommendations

- 1.1 The Trust board to discuss the future reporting lines covering the major programme boards and their relationship with the F&WC and identify whether the F&WC is the ultimate provider of assurance to the board.
- 1.2 The Trust board is cognizant of the extensive agenda items before the F&WC and of the great importance of the success of the 3Ts programme for the Trust and its future. Hence, the Board can opt for the 3Ts programme's SRO and its director (please section 6 with our recommendation regarding the 3Ts SRO) to have a direct reporting line to the Hospital Management Board and then the Trust board.
- 1.3 That the assurance framework for the EPR programme board continues as is.
- 1.4 Membership of both programme boards by a NED is fully discussed in Section 3 below.

Section 2: Programme Boards and Interfaces with the Trust's Committees and Boards

Observations

- Study of the Trust's organisational structure and discussion with the interviewees have revealed a complex set of interfaces between the 3Ts programme board and the rest of the organisation. More specifically, the programme board reports to the Hospital Management Board; the executive committee (From April 2013, this committee has been replaced by an informal executive team led by the CEO with the executive directors on the Trust board as members), the F&WC as well as informing the operational board. These are complex and unnecessary reporting lines especially when a large number on all these bodies are the same people.

We are aware that changes which were taking place regarding the possible replacement of the Hospital Management Board with the other two committees are no longer under consideration and the only major change here concerns the executive committee as detailed above.

As to the EPR programme, the reporting lines are as complex, except that the F&WC committee is not in this picture as a result of the SRO's exemption from reporting to it.

- The programme board for EPR has one sub-committee (chaired by a consultant clinician) reporting to it and this is the project management board.

The 3Ts programme board, has 3 groups reporting to it: the core team (chaired by the programme director); the radiotherapy steering group (chaired by the COO) and the benefits realisation group (chaired by either the SRO at the time of interview and /or the programme director).

The core team has 3 sub-groups/teams/panels reporting to it: the design process review team (chaired by the programme director), the hospital liaison group (chaired by a local councillor) and the patient and public design panel (chaired by a member of the core team, Dr Anna Barnes)

- It was noted from the interviews that discussion of the 3Ts programme on the F&WC tended to be heavily weighted towards finance and cursorily related to workforce issues.
- Some interviewees felt that the 3Ts programme is generally seen by many as a building programme rather than as a means of introducing transformational change.

Recommendations

2.1 Reporting by both EPR and 3Ts programme boards needs to be simplified by requiring reporting to the Hospital Management Board and the F&WC committee only (subject to the Trust board's decision concerning recommendation section 1.2).

2.2 The Operational Board's 'need to know' can be effected by receiving copies of programme boards' report(s) to the F&WC committee and by the fact that in some cases, such as with the 3Ts, the chair of the Operational Board is also a

member of the 3Ts programme board, and sometimes, at the time of the interviews, will chair it in the absence of the SRO. Additionally, executive directors who are members both of the executive team and the Operational Board can ensure that this 'need to know' happens.

2.3 Closer collaboration between 3Ts sub-groups and teams and relevant Trust functional representatives is needed to ensure that consideration is given to the potential optimisation in organisational and job redesign, such as with ward redesign. The 3Ts cannot be perceived solely as a construction project but as a major change transformation programme which will affect the Trust for years to come.

Section 3: Programme Board Membership

Observations

- We were able to ascertain through our interviews that membership of the programme boards is comprehensive and in addition to the leaders of the projects, the ultimate users are also well represented on them.
- Through interviews and analysis of the documentation supplied, we were able to ascertain that the size of the programme board for EPR is within what we consider to be a manageable board. The joint membership we identified between that board and the Trust's executive team and Hospital Management Board was fortunately very limited.
- However, analysis of the documentation associated with the 3Ts programme together with the results of interviews, shows that this programme board has a membership of 23, plus 5 attendees. The members consist of 14 Trust directors (including a Non-executive director) and 9 representatives of the local health community. Out of the 14 trust directors, 8 are members of the Hospital Management Board and of these 8, 6 are members of the former executive committee.
- While it may be argued that redundant membership ensures that all who need to be concerned with a major transformational project like the 3Ts are part of the decision making process and/ or the assurance forum, the drawbacks are very clear to see and these centre on two major issues.

- The first is the opportunity cost associated with Trust directors attending more than one forum where the same issues are discussed, debated and reported on. Furthermore, aside from the opportunity cost, there is a limit to how much Trust directors can build in their diaries attending meetings covering subjects of which they are already aware. Additionally, the larger the membership the more difficult it is to arrange a meeting day/time convenient to all. Anecdotally, 'you need to cancel a meeting to arrange a meeting'.
- The second issue relates to risks associated with what is labelled as 'Group Think', where consensus is created around this group through their membership of all of these bodies and insufficient challenging of proposals and ideas takes place.
- The presence of a non-executive director as a member of both programme boards, which are decision making bodies, raises the issue of the non-executive director's independence being perceived as being compromised through that membership, although we understand this is in the process of being addressed. It does highlight, however, a lack of knowledge and experience of change management within the organisation. This view was reinforced by the fact that membership of the non-executive director on these boards was commented on very positively as being a person who brings to these boards a wealth of experience and knowledge of change management and someone who can therefore provide constructive challenges to the programme teams.

Recommendations

3.1 The 3Ts programme board is too large to act as an effective board. Its size reflects the blurring of two purposes: decision making and stakeholder management. Two options are explored below to help reduce its size:

Option 1: The programme board to consist of the following executive directors: the SRO, the CFO, the COO, the Clinical Chief of 3Ts and Director of Digestive Diseases, the HR Director and the Director of Corporate Services. The present stakeholder groups, representing the local health community, to be established as a separate committee which can meet either quarterly or half yearly depending on the issues which

need these members' input. If adopted, we suggest that this new group will be a communication and information sharing group. We are aware of the drawback with this option which is the establishment of another board and the difficulties of managing diaries of busy directors. However, having the meetings on a quarterly or bi-yearly basis coupled with limited executive director numbers lessens the potential effect of this drawback.

Option 2: To keep the present programme board structure but with a reduced membership. The proposed members would be the same 6 executive directors as detailed above (the SRO, the CFO, the COO, the Clinical Chief of 3Ts and Director of Digestive Diseases, the HR Director and the Director of Corporate Services) together with 9 representatives of the external stakeholders.

If adopted, this would allow (i) the board to become small enough to ensure healthy and effective debates and discussions prior to decision making, and not too small as to lack the breadth of knowledge and experience that this programme needs and (ii) help overcome the problem of having another board established as suggested in option 1.

However, mechanisms will need to be put in place to ensure that distinctions between decision making and stakeholder management (which create the current blurring of boundaries) are upheld. While option 1 is our preferred option, we urge the Trust board to consider both options and decide on the optimal membership for the 3Ts programme board.

As to the group of 5 listed attendees, we recommend that they attend by invitation and solely for the duration covering the items relevant to them.

3.2 The Trust Board Secretary, as a guardian of corporate governance in the organisation, should become a member of the 3Ts programme board.

3.3 Non-executive directors should not become members of a major programme. This will ensure that no threats, real or perceived, can affect the independence of NEDs.

3.4 As part of staff development, executive directors need to develop their number 2s, deputies who can attend meetings on their behalf allowing the organisation to better use the scarce senior staff resource.

Section 4: Programme Board Processes

Observations

- Views gleaned from interviews regarding the frequency of the meetings, the setting up of the agenda, the quality of the papers and the quality of the discussions reflects a general level of satisfaction with all of the above facets. However, there were a number of dissenting voices which raised concerns about (i) the agenda for the programme board being driven by the team overseeing the 3Ts programme with insufficient consultation of other members of the board and (ii) some who queried the risk and finance papers, which were perceived as being too technical, lacking the user friendliness needed to be useful and relevant.
- No major recommendations are envisaged for this facet of the major programmes' boards excepting (i) that more consultation needs to be held with all members of the programme board regarding items for discussion to be entered on the agenda and (ii) a continuous re-visit of papers going to the board to ensure their relevance to the present group of users.
- Praise was given for the quality of the EPR papers.
- Currently, 3Ts programme board members lack motivation due to the delay in approval of funding for the programme.

Section 5: Establishment of a Change Management Office

Observations

- Reading of the minutes of the two capital programmes highlights a major issue facing the Trust which is the lack of co-ordination between programmes and their projects. This issue was confirmed through the interviews we carried out. Interviewees were candid in describing the environment governing the major programmes and a number of other projects taking place across the Trust as a 'silo based environment' where programmes and their projects do not talk to each other sufficiently and the view that there is the need for a body or a person to take a helicopter view of where the different programmes and projects are going and where potential bottlenecks or clashes will happen.

- At present the 'Service Delivery Unit' (SDU) is entrusted with monitoring and reporting on the benefits realisation aspects associated with the efficiency programme(s) with the recently appointed unit director taking positive steps at including other major programmes under a 'benefit tracking umbrella'.
- The second issue identified was the absence of an overarching body deciding in the first instance whether the Trust has the capability to embark on a further programme or project. The capability in this context refers to the human, financial and physical resources available for the programme or project to succeed and deliver to the Trust the planned benefits as perceived.
- The documentation provided and the interviews we carried out identified the 'Investment Prioritisation Group- October 2012' and the 'Finance and Workforce Committee- January 2013' as the bodies associated with the approval and monitoring of major projects, with the former approving projects up to £1m and the latter approving projects above the £1m. Both bodies are responsible for monitoring and reviewing approved major projects and business cases. However, neither of these bodies assess the major projects from the point of view of ensuring that the Trust has the capability and resources (human, financial and physical) to deliver them, the duties as presently written merely emphasises the financial and the fit with the Trust's business plan.
- Documentation and interviews allowed us to identify within the health informatics domain the presence of a 'Systems Change Board' chaired by the Health Information Director tasked with the 'management of all system changes to BSUH major systems and supporting systems to ensure that changes are funded, controlled, agreed and co-ordinated'. The presence of this board mirrors to some extent the 'change management function' we are discussing here.
- During the interviews the presence of the 'Innovation Forum' an incubator of ideas was raised but with no vehicle 'equity fund' (in private sector jargon), for taking these ideas further. Since our interviews were completed, we understand that the forum has moved from being a 'chat room' into a vehicle where ideas are assessed and those with potential are encouraged and supported to go forward and that if these ideas were successful, the results are to be shared more widely across the organisation.

Recommendations

5.1 The options before the Trust regarding the 'Change Management Office' need to be looked at from two perspectives. The first perspective is the need for a body to oversee the presence or otherwise of the capabilities needed to deliver all major projects. The second perspective is the need for an individual and/or office to manage the co-ordination, co-operation and problem solving of the bottlenecks and overlaps between major programmes and projects likely to interface with each other. Furthermore, once this office is properly structured as a 'Portfolio Management Office' it will be responsible for preparing the papers going to the Hospital Management Board which, as the decision making board, will be able to decide on the present capability of the Trust when considering on embarking on future projects

First Perspective: The Capability Review

5.1.1 In dealing with this perspective, we envisage the following options available to the Trust:

- The review becomes part of the remit of the F&WC
- The review becomes part of the remit of the Hospital Management Board.

The attraction of the F&WC playing such a role is that it will allow the decisions on major programmes to be taken having regards to all the factors necessary to ensure successful delivery of planned outcomes. However, the major drawback of this option is the limited membership of the committee which will impair their ability to take optimal decisions and the already crowded agenda.

Our preferred option is of incorporating this role in the remit of the Hospital Management Board with its broad membership of executive directors and clinical leaders. This would provide a most suitable forum to discuss the Trust's capabilities (human, financial, physical resources) in embarking on new projects in the light of existing current and future demands.

Second Perspective: The Change Management Office

- 5.1.2 We recommend the establishment of a small office with responsibility for Trust resource management, portfolio steering at the strategic level, and ensuring organisational learning occurs such as through programme and project reviews and the sharing of lessons learned.
- 5.1.3 Because of the extensive amount of change that the Trust is undergoing it might consider the appointment of a 'Director of Business Transformation' or 'Director of Business Change' and that this post holder assumes responsibility for the 'Service Delivery Unit (SDU)' and/or the Change Management Office detailed above. We understand from our interviews that this was tried before but failed. However, we still believe that with the amount of change taking place and all the 'silos' being created around BSUH, and since, anecdotally, 'projects come to be approved as a silo, seen as a silo and executed as a silo', there is the urgent need to have this post created and filled.

Section 6: Organisational Structures within the Programmes

Observations

- Reviewed documentation together with views obtained regarding the structures underpinning the EPR programme board and its interfaces indicated an overall level of satisfaction with the working of this programme and its associated structures. This was also the case for the 3Ts programme.
- No major recommendations are envisaged for this facet of the major programmes' boards, except in the case of the 3Ts regarding (i) the 'Radiotherapy Steering Group', chaired by the COO, responsible for establishing the satellite radiotherapy services in Eastbourne, Worthing and Brighton which needs to establish a clearer relationship with the 3Ts programme board and (ii) the benefits realisation group which needs a clear directive to liaise very closely with the SDU.

Section 7: Accountability

Observations

- The ultimate accountability for all major programmes lies with the Trust board, and it is the Trust board who, jointly with the CEO as 'Accounting Officer', delegate this authority to the SROs to lead these programmes. Put another way, the responsibility for these major programmes rests solely with the Trust board jointly with the Accounting Officer and they only can delegate authority to the SROs to act on their behalf in the delivery of these projects.
- For the 3Ts programme, accountability is provided to the Trust board through the partnership of the SRO (at the time the interim CEO) supported by the 3Ts programme director. However, our interviews highlighted an unclear picture regarding where real accountability lies, with a sizable number of interviewees seeing accountability as lying with the 3Ts programme director.
- For the EPR programme, accountability is provided formally by the SRO (Medical Director) supported by the Director of Health Informatics, an arrangement which ensures the leadership of the programme stays squarely with the clinicians. It is also worth noting that the chairmanship of the project board is entrusted to a clinician. This adds a very positive dimension to the programme by ensuring that the stakeholders see it as a change programme with an element of IT in it and not that, of an IT project which may or may not change the way things are done in the Trust.

Recommendations

- 7.1 Having listened carefully to the views expressed by the interviewees and having analysed the documentation provided we believe that accountability regarding the EPR programme should continue in its present form. We are aware of the fact that the SRO's present duties and responsibilities preclude him from devoting all the time and energy needed by the programme. However, he is ably supported in his role by the Director of Health Informatics.
- 7.2 As to the 3Ts programme, we believe that the present arrangement is not ideal and we would recommend that the 3Ts programme director is appointed as the programme SRO. This would avoid the CEO holding dual responsibility for the day to day management of the Trust as well as responsibility for the

3Ts, creating the scenario where the CEO is accountable to himself. This recommendation, if accepted, will also allow clear lines of accountability to be established whereby the 3Ts SRO is accountable to the CEO and the Board Trust for the delivery of the 3Ts and the realisation of all its objectives

7.3 The 3Ts programme board to report regularly to the Hospital Management Board. The frequency of this reporting will depend entirely on the speed and progress of the programme.

7.4 Subject to recommendation section 1.1, the programme board to report regularly to the F&WC and through this committee to the Trust Board. This should not preclude the Trust Board having its own 3Ts seminars where the SRO will take this opportunity to fully inform the Trust Board on progress to date.

7.5 Elevation of the programme director to SRO will require a careful assessment of the competencies of the programme and project staff working on the different projects within the programme to ensure their suitability to a more senior position within the programme.

7.6 To re-visit the membership of the different groups and teams within the programme to ensure their continued relevance and place within the structure e.g. the benefits realisation group and their interface with the SDU.

Section 8: Gateway Reviews and other Assurance Techniques

Observations

- Unanimously positive views were expressed by the interviewees about the great value the Trust has had and will gain from being subject to assurance reviews provided by external parties such as the 'Gateway Reviews' and consultancies or internally through internal audit and self-evaluation.
- The documentation provided us with a positive image regarding the reviews carried out on the major programmes subject to our investigation (3Ts and EPR). It was also reassuring to see the positive manner in which the Trust, through the SROs and the programme directors, responded to the Gateway Reviews' findings and recommendations.
- The internal auditors are also playing a role in providing assurance to the 3Ts programme through their initial attendance at the programme board and their

subsequent move into becoming involved with the group entrusted with risk identification, prioritisation and reporting.

- In the draft IA plan for 2013/2014 presented to the audit committee in March, internal audit identified 'the audit of contract variations' as part of their audits, a role which should take them into both major programmes.
- External Audit is indirectly associated with the programmes through their review of the accounting treatment of expenditures associated with the 3Ts programme as well advice being sought from them regarding the scheme of delegation governing the programme.
- No major recommendations are envisaged here as the findings of our interviews and perusal of the documentation points to a very mature attitude towards programmes' assurance and reviews. An attitude which is most commendable.

Make recommendations as to the governance and assurance arrangements for future major programmes (review outcome iii)

Our findings regarding the present programmes and projects highlighted in the sections above provide a solid foundation for our recommendations regarding future major capital programmes. These recommendations can be summarised as follows:

1. Reporting lines from programme boards to the Trust Board and the Hospital Management Board need to be direct and short. The 'need to know' which can add layers of committees and teams to the reporting line relationship needs to be avoided at all cost.
2. Large boards are ineffective boards. Hence the membership of programme boards needs to be limited to no more than 9-11 members. The inclusion of stakeholders as members of the board creates a confused board. Boundaries are blurred when we combine decision making- through the executives- with informing and consulting with stakeholders. This confusion can be overcome through the establishment of a separate board for stakeholders, who can meet less regularly and with a lower level of executive representation.
3. No programme or project board should have non-executive directors as members. Their presence on decision making boards dilutes their independence real and perceived.

4. Agenda items need to be subject to consultations with the members of the programme board.
5. Continuous regular reviews of the relevance of programme and project board papers to be carried out. This will ensure their continued relevance to the needs of the members with progressive changes over time.
6. All projects and programmes need to be subject to a capability review.
7. As the already large number of programmes and projects undertaken by the Trust increases, we approach a situation where, rather than seeing programmes as silos, we witness a suite of programmes requiring the Trust to adopt the management of a 'portfolio' of programmes and projects. This suggests the need for the creation and appointment of a 'Director of Business Transformation' who has extensive knowledge and experience of business change management. Good practice will require such an appointment, together with the establishment of a portfolio change management office.
8. Candidates for SRO positions need to have the appropriate level of seniority in the Trust and the ability to act as visible and proactive drivers of the programme, with a clear focus on the delivery of projected benefits. In addition, the holders of such a role should be able to build productive relationships both within and outside the organisation, especially with key stakeholders.
9. All future SROs need to undertake a training programme to help them prepare for the leadership challenges which they will face in leading a Trust programme. This training is provided by the MPA Leadership Academy.
10. The present structure for Gateway reviews needs to continue together with the assurance provided by internal auditors.
11. All programmes' boards, projects' boards, committees within these boards, together with task forces within these structures, need to subject themselves to annual internal reviews, to ensure their continued effectiveness in delivering on their objectives.

Recommendations for the definition of major programmes to be subject to the recommended governance arrangements (review outcome iv).

Subject to the implementation of our recommendations as delineated above, and the careful analysis of documentation associated with the funding, the management, and

monitoring of the Trust's major programmes as exemplified in the most recent ToRs as approved by the Trust Board for the IPG as well as the F&WC (part of the Trust's 'Rules of Procedures'), we conclude that the definition and boundaries for the approval, management and monitoring of programmes within the Trust are more than adequate. We recommend that no changes are needed in the present arrangements covering this domain.

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Portfolio, Programme and Project Offices website <http://www.p3o-officialsite.com/>

P3M Organisational Relationship Model available [online] at <http://www.connectingforhealth.nhs.uk/systemsandservices/icd/informspec/p3m/resource/business/map/model.pdf>

Appendices

Appendix 1:

Terms of reference – BSUH major programmes governance review

1. This document sets out the terms of reference (ToRs) for a review of the governance and assurance of major programmes within Brighton and Sussex University Hospitals NHS Trust (the Trust).
2. The review will be undertaken by Georges Selim (GS). The review will report to the Chief Executive Officer of the Trust.
3. The review will be guided by accepted good practice in programme governance and assurance, relevant NHS and Office of Government Commerce guidance, and the law.
4. The review will be based on:
 - a. The '3Ts' programme
 - b. Electronic Patient Records
5. The review will:
 - a. consider documentation from the Trust as necessary
 - b. interview officers of the Trust
6. The outcome of the review will be to:
 - a. provide an assessment of the adequacy of current major programme governance and assurance
 - b. make recommendations as to improving the governance and assurance arrangements for current programmes
 - c. make recommendations as to the governance and assurance arrangements for future major programmes
 - d. make recommendations for the definition of major programmes to be subject to the recommended governance arrangements

Appendix 2

List of Interviewees

Adcock, Chris Interim CEO

Arbuthnot, Ian, Director of Health Informatics

Barden, Steve, Consultant

Blyth , James, Foundation Trust Programme Director

Doyle, Lewis, NED and Chair of the Audit Committee

Fagge, Sherree, Chief Nurse

Ford, Dominic, Director of Corporate Services

Geoghegan, Karen, Interim CFO

Hale, Peter, Clinical Chief of 3Ts and Director of Digestive Diseases

Holmberg, Steve, Medical Director

Kershaw, Matthew, CEO

Lee, Julian, Chairman of the Trust Board

Loseby, David, Procurement consultant and advisor

Luffingham, Nikki, COO

Nerney, Julie, NED and Chair of the F&WC

Passman, Duane, Director of 3Ts

Steen, Judith, EPR Programme Manager

Stevens, Doug, head of Internal Audit, South Coast Audit

Thorpe, Justine, E&Y

Tunbridge, Mary, Director of the Service Delivery Unit

White, Graham, Director of Human Resources

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