

Meeting:	Brighton and Sussex University Hospitals NHS Trust: 3Ts Programme Board
Date:	22 September 2016
Board Sponsor:	Kirstin Baker, Chair 3Ts Programme Board
Paper Author:	Anna Barnes, Associate Director Governance
Subject:	Minutes (Enclosure A)

Executive summary

This paper contains the minutes from Programme Board in August 2016.

Links to corporate objectives	<p>Link to Corporate Objective(s)</p> <ul style="list-style-type: none"> • High performing; • Best and safest care and • Academic excellence.
Identified risks and risk management actions	Risks and mitigations are more fully explained within the risk report which is to follow.
Resource implications	As above.
Report history	Programme Board notes from August 2016.
Appendices	Nil
<p>Action required by the Board</p> <p>Programme Board is invited to <u>agree, or correct</u> this report.</p>	



**Minutes of RSCH Hospital Redevelopment Programme Board (Part I): 25th August 2016
11.30am to 12.30pm in Boardroom, St Mary's Hall**

Present:

Kirstin Baker	Chair / Non-Executive Director, BSUH
Rachel Cashman	Director of Strategy & Commercial Development, BSUH
Dom Ford	BSUH
Helen O'Dell	Director of Corporate Affairs, BSUH
Duane Passman	Interim Chief Nurse, BSUH
Spencer Prosser	Director of 3Ts, BSUH
Neil Shenton	Chief Financial Officer, BSUH
Mark Smith	Commercial Manager, LO'R
	Chief Operating Officer, BSUH

In Attendance:

Rob Brown	Head of Capital Development, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Peter Griffiths	Trust Board Development Advisor, BSUH
Nick Groves	AD, 3Ts Service Modernisation, BSUH
Ross Hanson	Director, Turner & Townsend
Kyle McClelland	Director, Turner & Townsend
Dale Vaughan	Director of Facilities & Estates, BSUH

Apologies:

Jonathan Abbott	Project Leader, Laing O'Rourke
Anna Barnes	AD, 3Ts Governance, BSUH
Graham Dodge	Deputy 3Ts Clinical Director, BSUH
Gillian Fairfield	CEO, BSUH
Mark Frake	3Ts Project Accountant
Helen Weatherill	Director of HR, BSUH

1. Welcome, Introductions & Apologies

Kirstin welcomed everyone to the meeting, and introduced Peter Griffiths CBE (Trust Board Development Advisor, and formerly Chair of Queen Victoria Hospital NHS FT).

2. Declarations of Interest

No further interests were declared.

3. Previous Minutes

With a minor amendment, the minutes of 28th July were approved.

4. Action Log/Matters Arising

4.1 3Ts Clinical Director Job Description

Duane reported that the Job Description has been agreed and the post would be advertised shortly (closing date 16th September, interviews 30th September).

4.2 Mental Health Patients & Site

Duane reported that the risk report/assurance statement had not yet been received. Neil will follow up with Jonathan on his return from Annual Leave. The Board expressed concern at the delay and asked for rapid action.

Action: Neil Shenton / Jonathan Abbott

4.3 Use of Chapel

Duane reported that the design brief has been issued to LO'R, and the options appraisal is awaited. Steve has had an in-principle discussion with Brighton & Hove City Council.

4.4 Decant After Action Review

Duane reported that this is in progress for September, and learning will be submitted to Programme Board. Scope change is likely to be identified as a key issue.

Action: Rob Brown / Anna Barnes

4.5 LO'R Site Tour

Rachel reported that the visit being arranged by LO'R has not yet happened. Duane undertook to arrange it through the 3Ts Programme Office, and to include Kirstin.

Action: Duane Passman

4.6 Director Attendance at Hospital Liaison Group

Dale reported that he would be attending the September meeting of the HLG¹ to discuss any wider estate/s issues. Rachel would also like to attend when possible.

4.7 Workforce Modernisation

Rachel reported that Trust-wide workforce modernisation, including for 3Ts, will become the responsibility of the Programme Management Office (PMO), as part of the Workforce & Leadership programme under Helen Weatherill as Interim SRO. Agreed that Programme Board should be alerted to any significant workforce programme variances that could impact delivery of 3Ts benefits or financial assumptions (eg. staffing planned capacity, additional capacity at marginal costs).

Action: Helen Weatherill

5. Notes from Subgroups

The notes of 3Ts Programme Team (19th August) were received.

6. Laing O'Rourke Progress Review**6.1 Update**

Neil presented the main items of progress in the circulated report, including the progress since the report was issued. Key points:-

South Service Road

- Piling to the new trauma lift underway.
- Directional drilling is now complete. Foul drainage diversion taking the foul drainage from the north of the site final connection will be made w/c 12th September.

Main Scheme

- Trust HQ building removed.
- Demolition of Stephen Ralli is on hold until patients within the Jubilee building are moved to Courtyard.
- Removal of the additional asbestos found within the Estates Building has started and is on programme.
- Demolition – by hand – of Building 545 is underway.

Thomas Kemp Tower

- Scaffold protection activities are now complete.

Other

- LO'R will move into the South Tennis Court building on 5th September. The Trust has occupied the Ground and 2nd floor today (25th August)

6.2 Discussion

¹ <https://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/>

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Key points from the discussion:-

- Neil was asked to ensure he was briefed if he is deputising for Jonathan.
- Kirstin asked for better synchronisation of reporting between the LO'R written update report and Programme Board meetings. Neil advised that the report included in the papers had also not incorporated the Trust's comments. Agreed that both issues need to be addressed going forward. Rob suggested an executive summary be produced for Programme Board – Duane discuss with Jonathan/Neil.

Action: Duane Passman / Neil Shenton / Jonathan Abbott

7. Risk Register

The Risk Register report was discussed (see Appendix A). Kirstin noted the CQC finding of weak and inconsistent management of risk across the Trust as a whole – and reported that the Board of Directors would be allocating additional time to discuss risk.

7.1 Sustainability & Transformation Plan & MTC Compliance Review

Rachel updated on the Sussex & East Surrey Sustainability & Transformation Plan (STP), which is considering how network provider services should be reconfigured, and the NHSI/Trust review of Major Trauma Centre/Network compliance and critical clinical service co-locations, which is due to give its initial findings by December.

The Board discussed the risks of changes at this stage to 3Ts scope. Duane advised that impact (eg. to cost, programme, overall delivery – and commercial/contractual considerations) would depend on the nature/scale of the proposed change. For example, swapping inpatient wards between specialties would probably have minimal impact, and this has been anticipated as far as possible by adoption of standardised design in 3Ts². However, changes that require internal redesign, or impact external design or delivery of planning conditions, would have much more significant implications.

Kirstin noted that 'scope creep' is identified by the Office of Government Commerce as one of the Common Causes of Project Failure. (Duane added that the refreshed assessment of risks to 3Ts delivery using this OGC analysis is due to be presented to the October meeting).

Mark asked about governance and liability (eg. for additional costs) if changes to 3Ts scope were triggered by third party decisions. Rachel described the shared governance arrangements, eg. Trust membership of the 3Ts National Programme Board and STP Programme Board, and Specialised Services Commissioning Review reporting to the Trust Board through the Clinical Services Transformation Programme Board. The various inputs and sequencing of decisions will require careful choreography; Rachel's role provides this key interface.

Duane added that as set out in the Trust's response to the DH FBC approval letter (December '15), additional capital investment would require a supplementary business case, to be considered through normal business approvals/governance processes.

Agreed that the STP discussions and MTC/Network review need to be informed by a realistic assessment of cost/programme and contractual implications in any changes to 3Ts scope – Duane to provide a 'ready reckoner' for the September Programme Board. More detailed analysis can be undertaken once the scope of any proposed change is better understood; Duane noted that 3Ts has a change control protocol already in place for this.

Action: Duane Passman

7.2 Existing & Residual Estate

Peter noted that during the 3Ts approvals period, the quality and functional suitability of the

² See 3Ts FBC Commercial Case (p17 ff.)
<https://www.bsuh.nhs.uk/about-us/hospital-redevelopment/full-business-case-fbc/commercial-case/?assetdet8794413=526056>

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existing estate (notably the Barry Building/Jubilee Wing and RSCH OPD, as highlighted by the CQC report) had continued to deteriorate. He asked whether the sequencing of 3Ts decant/main scheme provided any opportunities to ameliorate this.

Duane replied that replacing the Barry Building, Hurstwood Park and Major Trauma Centre accommodation have been prioritised in 3Ts and are provided in Stage 1. The decant programme, which began in effect with the strategic purchase of the St Mary's Hall site in 2010, has aimed to realise a range of 'coincident' benefits in addition to freeing up the Stage 1 site for construction, eg. significantly improving the quality of Jubilee Wing inpatient accommodation, and enabling the Nuclear Medicine service to meet regulatory standards (and avoid closure). However there are inevitably further Trust estate priorities outside the 3Ts scope. Duane and Peter to discuss the scope/sequencing of the programme.

Action: Duane Passman / Peter Griffiths

Rachel updated on the capacity review she will be leading, which includes immediate operational pressures, 'winter planning', cross-site configuration of services, 3Ts and the STP. This will identify the overall requirement for estate/clinical capacity up to 3Ts Stage 1 in 2019/20. Agreed that work/options appraisals previously undertaken as part of 3Ts planning, and previous Capital Development planning, could helpfully inform this. Rachel to follow up with Duane and Rob as required.

8. **Other Trust Programmes**

Agreed to defer to the next meeting updates on the PMO Workforce & Leadership and Clinical Service Transformation workstreams.

9. **Any Other Business**

None.

10. **Chair's Issues for Escalation**

Kirstin summarised that the key issues for escalation:

- Decant programme status.
- Risk of changes to 3Ts scope.

Anna to draft the escalation paperwork.

Action: Anna Barnes

11. **Close & Next Meeting**

Kirstin thanked everyone for attending and closed the meeting.

The next meeting is due to be held on **Thursday 22nd September** (11.30am to 1.30pm, Boardroom, SMH).

Risk Report Discussion

Risk Report	Ref.	Title	Discussion	Action
Top & Urgent	13	Design Process	<ul style="list-style-type: none"> Wider discussion about the evolving strategic context (eg. STP, capacity review) and potential impact on 3Ts scope. (Minuted separately). 	Anna to review Risk Register and update accordingly.
	32	Capital liquidity	<ul style="list-style-type: none"> Bill Stronach had asked for this risk to be included. Kyle noted the potential impact of delayed payments on performance management provisions within the LO'R contract. 	Duane to refine wording of the risk.
New	27/28	Business continuity	<ul style="list-style-type: none"> Duane/Lois Howell to agree the final wording of these risks and allocation between 3Ts and Trust-wide Risk Registers. 	Duane/Lois Howell
Closed	41/42	P21 Delivery	<ul style="list-style-type: none"> Duane reported that these risks are now being reported as part of the Issues Log. 	Agreed