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MINUTES OF THE PROGRAMMES BOARD

8 SEPTEMBER 2016

Present

Gillian Fairfield (GF)	Chief Executive
Spencer Prosser (SP)	Chief Financial Officer
Mark Smith (MS)	Chief Operating Officer
Helen Weatherill (HW)	Director of People
Rachel Cashman (RC)	Director of Strategy and Commercial Development
Allan Coffey (AC)	Turnaround Director
Lois Howell (LH)	Director of Clinical Governance

In Attendance

Dominic Ford (DF)	Director of Corporate Affairs
Vanda Clarke (VC)	Interim Head of PMO

PROCEDURAL BUSINESS

1.1 APOLOGIES FOR ABSENCE

Apologies

Apologies were received from the Medical Director

1.2 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting were approved as a correct record.

1.3 MATTERS ARISING

The action log was noted and all actions had been completed.

2. PROGRAMMES

2.1 Programme Overview Report

The Interim Head of PMO reported on progress in recruiting interim and substantive staff to the PMO with 12 Project Managers and 13 Transformation Delivery Manager shortlisted for the vacant roles. Programme Managers had also been appointed for the Clinical and Financial Transformation Programmes and the Quality and Safety Programme, together with an administrative assistant, with the priority being the appointment of a Programme Manager for the Workforce and Leadership Programme

The focus in the recent period had been the Financial Transformation and Quality and Safety Programmes. This included the handover from McKinsey

and the implementation and training around WAVE including with the directorates; and the development of the Quality and Safety Improvement Plan.

Key next steps were the appointment of the Workforce and Leadership Programme Manager; development and approval of terms of reference for all Programmes; defining the role of the PMO, and its roles and responsibilities, to provide clarity across the Trust; and filling senior substantive positions.

The Chief Executive noted the need for the description of the Clinical Transformation Programme to match that in the Recovery Plan and to incorporate other aspects of the internal clinical transformation work in addition to the operational model.

Action: Interim Head of PMO

It was noted that the Director of Clinical Governance was finalising the Recovery Plan for approval by the Board on 13th September.

3. PROGRAMME UPDATE

3.1 Financial Transformation

The Turnaround Director reported that McKinsey's work had now concluded and a business case had been submitted to the Finance, Business and Investment Committee and Board for support in the next phase. To date £20m savings had been identified at Level 3, significantly short of the £37m requirement. The Board had discussed the forecast outturn position at a workshop on 5th September with the mid-range forecast of £58m. The Board would have a further discussion on 13th September on options to reduce this position, including the relative risk and priority. Legal advice had been taken in respect of the options around job planning and clinical excellence awards.

The Chief Operating Officer noted the productivity opportunity if excess SPAs were replaced by direct clinical activity and advised that there would be less risk associated with this, rather than simply reducing SPAs. The Chief Executive noted that the current Trust position in respect of SPAs was in excess of national norms. The Director of People further advised that changes in SPAs could be undertaken on 3 months' notice. It was further noted that changing SPAs into direct clinical care would also reduce agency spend and improve productivity. The Chief Financial Officer advised that the Trust needed to consider the options of both increased productivity and reduced spend.

The Chief Executive advised that the Programmes Board should in future only receive dashboards reporting progress from the 4 Programmes including their RAG rating, risks and inter-dependencies.

Action: Interim Head of PMO

Each meeting would also have a deep dive into 1 of the 4 Programmes.

Action: Interim Head of PMO

The Turnaround Director further noted that the McKinsey phase 2 handover document contained a number of inaccuracies and comments had been submitted on the document to NHSI .

3.2 Quality and Safety

The Director of Clinical Governance reported that the focus of the Programme had been on the development of the Trust response to the CQC report. There were 64 requirements, excluding significant requirements from the Warning Notice, which had been grouped into 7 themes. The Plan would be submitted to the Board on 13th September prior to submission to CQC. Highlight reports on progress would be reported monthly. The weekly CQC steering group arrangements would evolve into a different set of meetings formalising the Quality and Safety Programme and with a different membership.

The Chief Executive further advised that the Recovery Plan was framed around the 4 Trust programmes.

The Director of Strategy and Commercial Development noted the importance of distinguishing between business as usual and this Programme and the Director of Clinical Governance advised that this would be assisted by the restructure of the Clinical Governance Team and its definition of roles and responsibilities.

3.3 Clinical transformation

External projects

The Director of Strategy and Commercial Development advised that there were 2 components of the external work: the Major Trauma Centre Compliance and Clinical Viability Review, working jointly with NHS England, and with terms of reference defined by NHSE; and the Capacity and Service Configuration Programme. Both were in progress and the Director of Strategy advised that a number of Clinical Directors had asked to co-chair the latter Project Board. 6 Consultants had also enquired about the 3Ts Clinical Director role. The latter programme was also further developing the earlier EY work around demand and capacity both for BSUH and the wider STP footprint.

Internal projects

The Chief Operating Officer advised that the internal projects were focusing on the redesign of internal pathways, processes and ways of working; improving the recording activity; mapping the potential impact of NG12 and increase referrals for diagnostic services; and productivity review of theatres and out-patients. The Chief Operating Officer noted that *Four Eyes* had

provided important support regarding the latter and consideration should be given to retaining their support for a short period, which the Turnaround Director confirmed was part of the procurement process for support in the implementation phase of the FIP Programme. The Chief Operating Officer added that he would work with the Director of Strategy and Commercial Development on the tactical, operational moves concerning site capacity.

The Director of Clinical Governance noted the additional pressures on theatre capacity because of safety issues in respect of ventilation systems. It was agreed that this would be discussed at SMT on 19th September.

Action: Chief Operating Officer & Director of Clinical Governance

3.4 Workforce and leadership

The Director of People reported that the scope of the Programme was currently being defined and would be reported to the next meeting, including the alignment of the Programme with the Quality and Safety Improvement Plan.

4. OUPUT OF TH E MEETING

4.1 Priorities and next steps

The Chief Executive advised that the key priority was to get the PMO up and running and staffed; and with Terms of Reference and Programme Board for each Programme; and the development of a Dashboard for each Programme reported to the Programmes Board.

4.2 Communications and engagement

The Director of People noted the importance of communications around the role of the PMO and it was agreed that this would be included in the Monday Message on 19th September. The Director of Strategy and Commercial Development advises that the terminology of meetings would also be clarified to support understanding of the PMO role.

4.3 Key issues and risks to report to the Board

The key issues and risks concerned: staffing of the PMO; communications; getting all 4 Programmes up and running; and developing dashboard reporting to the Programmes Board. The priorities and next steps would be reported to the Board in September.

Action: Interim Head of PMO and Chief Executive