

## 3Ts Programme Board Minutes Index

This document contains the minutes from the start of the programme (2008). This replaces the previous set of documents following the website re-launch which took place in 2016. This document will be updated regularly, with new sets of minutes added consecutively.

# Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 19 December 2017  
09.00 to 10.00 in the Board room St Mary's Hall.**

<b>Present:</b>	Jonathan Abbott	Project Director, LO'R
	Kirstin Baker	Non-Executive Director and Chair of Programme Board, BSUH
	George Findlay	Deputy Chief Executive and Chief Medical Officer, BSUH
	Karen Geoghegan	Chief Financial Officer, BSUH
	Peter Larsen- Disney	3Ts Clinical Director
	Duane Passman	Director of 3Ts, BSUH
<b>In Attendance:</b>	Anna Barnes	AD, 3Ts Governance, BSUH
	Robert Cairney	Director of Capital Development and Property, BSUH
	Nick Groves	AD, 3Ts Service Modernisation, BSUH
	Kyle McClelland	Director, Turner & Townsend (T&T)
	Gary Speirs	3Ts Capital Project Manager, BSUH

Minutes

## GENERAL BUSINESS

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

#### 1.1. Apologies were received from the following:

Steve Chudley	3Ts Main Scheme Project Manager, T&T
Denise Farmer	Chief Workforce and Organisational Development Officer
Mark Frake	Project Accountant, BSUH
Ross Hanson	Director, Turner and Townsend
Peter Landstrom	Chief Delivery and Strategy Officer, BSUH
Lizzie Peers	Non-Executive Director, BSUH

### 2. Declarations of Interest

No further interests were declared

### 3. Minutes of Previous Meeting

There was one amendment from Jonathan: "defective lift brackets" should be replaced with "obstruction in existing structures". Anna agreed to amend the file copy accordingly.

**AB**

### 4. Matters Arising

#### 4.1 IT Strategy

Ian Arbuthnot had reported that this this would be circulated in January 2018.

**IA**

#### 4.2 TKT dilapidation survey

Duane would discuss this further with Robert.

**DP/RC**

### 5. Notes from Sub-groups

No comments this month.

### 6. GOVERNANCE

No items this month.

## **7. PROGRESS ON SITE**

### **7.1 Key Points Summary from Project Report**

Programme LOR-CO-SW-PG-0010/C08.2 is the most recent agreed Programme and progress in the report refers to this baseline. LOR-CO-SW-PG-0010/C010 was submitted but was not accepted on 14/11/17. This programme showed the detailed impact of revised Energy Centre Access date.

LOR advise that current progress position minus 27 weeks is measured from the Accepted Last Responsible Moment Access date for the Energy Centre (C08.2 LRM Access date)

Forecast for Section 1 is subject to an impact review of the redesign of Trauma Steelwork brackets (required due to obstructions in the existing structure).

Forecast for section 2 completion is based on replacement works to the Energy Centre and has a forecast impact of -15 weeks 2 days (based on revised date of 18<sup>th</sup> December 2017 for safe access to the Energy Centre).

### **7.2 Energy Centre**

LOR advise that no works can progress within the Energy Centre until notification of an Appointed Person and issue of Written Scheme of Examination for Energy Centre (EWN 38) which remains outstanding. Last Accepted Programme LRM date for safe access was 12<sup>th</sup> June 2017. This is now 27 weeks late. Further revisions to the safe access date have been advised as the end July 2018. This date is a further 32 weeks later than the agreed LRM access date and the impact on the completion date is still being assessed. This will potentially have a critical path impact to the contract completion date in excess of the current 15 weeks and 2 days.

### **7.3 Main Site works**

TC2 crane advanced to help progress the West area of the site (not affected by the Below slab Asbestos) but critical path East area remains behind programme.

### **7.4 278 works**

Arundel Road junction reconfiguration complete awaiting Trust/BHCC instruction  
Bristol Gate: Awaiting Trust/BHCC instruction on how to proceed.

### **7.5 In Month Overview of Project Progress**

Key Progress activities that have taken place during the month can be summarised as:

#### **South Service Road**

None planned

#### **Thomas Kemp Tower (Section 1)**

Service Containment at level 15 works 70% completed. (remaining containment will be completed on this level after Trauma lift shaft is weather tight)

Containment work at L2 & L3 is 90% complete and L1 is 90% complete.

Fm lift motor removal 100% completed.

Redesign of Trauma Lift Steelwork Brackets required.

Helideck steelwork commenced 16th November 2017.

Stair tower is 65% complete & Ramp is 20% complete.

Roof (post column installation) works ongoing.

### **7.6 Main Scheme (Section 2)**

Capping beam to the South and South East areas are 95% completed.

Excavation is 75% completed.

Arundel & Eastern road junction works completed.

(Handover subject to Trust/BHCC/Acceptance/change instruction).

TC2 erected for substructure works.

B2 Slab to West side is 90% completed.

Main North Core 1600dp foundation commenced & is 30% completed.

**7.7 Programme Board response:**  
Programme Board members raised a series of questions about the risks which had been highlighted within this report. Duane confirmed that he would be discussing the requested amendments to the Arundel road junction with B&HCC as the works had been executed to the agreed design, and BSUH should not be financially responsible for any changes. The delays with regard to the Energy Centre would also be discussed in Part II.

**7.8 Executive Dashboard:**  
Duane presented a new A3 graphic-based dashboard which includes KPIs and other highlights from the LO'R report. Karen said this was a helpful approach. She requested the addition of NCEs and EWNs so that the Board could be sighted regarding emerging issues as well as costs incurred. It was agreed that the construction programme for the next 6 months should be included as well as the overall programme. Jonathan agreed to facilitate this for the January Board report. JA  
Kirstin added that reporting on the changes in month (by exception) would be really helpful; Anna queried the interface with the other major projects on site. It was agreed that this would be provided separately every three months.

## **RISKS AND ISSUES**

**8. Risk report**  
Anna reported back on her meeting with Andy Gray. It had been agreed (in line with the recommendations of the Programme Board in November) that the risk register would be refreshed, and a paper outlining the relationship to DATIX and the BAF would be produced for the January Board. AB

## **UPDATE ON OTHER RELEVANT TRUST PROGRAMMES**

**9. Workforce and Leadership Programme Update**  
Nick reported back that he understood the structure for the Leadership, Culture & Workforce Programme, which includes a re-formed Workforce Transformation Working Group, had been presented to the Quality Oversight Committee in December, and that work is underway to refine the governance and delivery arrangements. Helen Weatherill is discussing with Denise Farmer where workforce planning and workforce transformation sit within this, and whether the planning horizon of the new structures extends to 2020/21 (i.e. encompasses planning for 3Ts Stage 1). National guidance on the annual refresh of the five-year NHSI/HEE Workforce Plans has yet to be received.

**10. Clinical Service Transformation**  
Peter reported that the Chiefs were now in post, and that the Clinical Strategy was in progress.

**11. IT Strategy**  
See 4.2.

## **ASSURANCE**

**12. Key risks and issues for the Trust Board**  
There were no risks requiring escalation this month.

**13. Any Other Business**  
A schedule of meeting dates for the next calendar year was issued to the Board.

**14. CLOSE AND NEXT MEETING**  
Kirstin thanked everyone for attending and closed the meeting. The next meeting is due to be held on **Tuesday 23 January** (10.30am – 11.30am in the Boardroom SMH).  
A Barnes 22/12/17

# Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 28 November 2017  
10.30 to 11.30 in the Board room St Mary's Hall.**

<b>Present:</b>	Jonathan Abbott	Project Director, LO'R
	Ian Arbuthnot	Director of Health Informatics
	Kirstin Baker	Non-Executive Director and Chair of Programme Board, BSUH
	Denise Farmer	Chief Workforce and Organisational Development Officer
	Karen Geoghegan	Chief Financial Officer, BSUH
	Ross Hanson	Director, Turner and Townsend
	Peter Landstrom	Chief Delivery and Strategy Officer, BSUH
	Peter Larsen-Disney	3Ts Clinical Director
	Duane Passman	Director of 3Ts, BSUH
Lizzie Peers	Non-Executive Director, BSUH	
<b>In Attendance:</b>	Anna Barnes	AD, 3Ts Governance, BSUH
	Robert Cairney	Director of Capital Development and Property, BSUH
	Steve Chudley	3Ts Main Scheme Project Manager, T&T
	Nick Groves	AD, 3Ts Service Modernisation, BSUH
	Mark Frake	Project Accountant, BSUH
	Kyle McClelland	Director, Turner & Townsend (T&T)

Minutes

## GENERAL BUSINESS

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

#### 1.1. Apologies were received from the following:

George Findlay	Deputy Chief Executive and Chief Medical Officer, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH

### 2. Declarations of Interest

No further interests were declared

### 3. Minutes of Previous Meeting

These were passed as accurate.

### 4. Matters Arising

#### 4.1 Radio pharmacy

Duane reported that this was still in progress. Accreditation was now expected in February, subject to the continuing positive tests currently being reported. Karen requested a further update from Duane for the next meeting.

DP

#### 4.2 Executive Summary

Duane reported that this would be available in December.

#### 4.3 ED development

It was reported that the gas mains work had now taken place. These could impact on the ED scheme at a later date and this would need to be investigated further.

DP/RC

## 5. Notes from Sub-groups

Programme Board thanked Anna and Nick for the paper regarding academic links with regard to benefits realisation. Lizzie requested that the full matrix be sent over for her, so as to ensure that any possible gaps were identified.

AB

Denise asked what the governance process was for any potential research. Anna explained Scott Harfield as the BSUH R&D lead had reviewed the list of research ideas, and feels they constitute 'service evaluation' – so a lower threshold for approval, not requiring the same ethics input etc. At the moment, there's no formal process for ensuring research (or service evaluations) align with corporate priorities – this is largely because priorities are determined by research funding, within the broad scope of BSUH research capability and Research Network priorities (mostly about numbers of patients enrolled in clinical trials).

3Ts Programme Board then approved the 'working list' of research opportunities in 3Ts, subject to further development and external funding of individual studies. Any further proposals would be flagged with Scott (as Head of R&D), and with his support that we would bring them to 3Ts Programme Board for approval as the governance process.

## 6. GOVERNANCE

No items this month.

## 7. PROGRESS ON SITE

### 7.1 Project Overview

- PROGRAMME LOR-CO-SW-PG-0010/C08.2 signed off and progress in the report refers to this baseline. LOR-CO-SW-PG-0010/C010 was submitted but was not accepted on 14/11/17 This programme showed the detailed impact of revised Energy Centre Access date
- CURRENT progress position minus 24 weeks is measured from the Accepted Last Responsible Moment Access date for the Energy Centre (C08.2 LRM Access date)
- FORECAST for SECTION 1 is subject to an impact review of the redesign of Trauma Steelwork brackets (required due to obstructions in the existing structure)
- FORECAST for SECTION 2 completion is based works to the replacement works to the Energy Centre and has a forecast impact of -15 weeks 2 days (based on revised date of 18th December 2017 for safe access to the Energy Centre).
- ENERGY CENTRE No works can progress within the Energy Centre until notification of an Appointed Person and issue of Written Scheme of Examination for Energy Centre (EWN 38) which remain outstanding. Last Accepted Programme LRM date for safe access was 12th June 2017 this is now 24 weeks late. A revised safe access date has been stated as 18th December 2017. These works will have a critical path impact to the contract completion date of 15 weeks and 2 days (NB. This is independent of the below slab Asbestos)
- MAIN SITE WORKS : TC2 crane advanced to help progress the West area of the site (not affected by the Below slab Asbestos) but critical path East area capping beam and excavations are behind that required for the proposed mitigation programme (-4wks 4days).

Jonathan also reported that the main issue to report to the Board was the possible delays to the Trauma Lift because of the obstruction in existing structures although there was a plan in place to recover this potential delay.

### 7.2 Piling

Following completion of the piling activities the demobilisation of the rig took place on 3rd November 2017. The critical ground anchor works, to enable the main excavations, are in progress with tensioning of the anchors planned to be by the beginning of December.

### **7.3 Tower Cranes**

The first of the section 2 crane bases has been prepared and has been cast since the first week of November. This crane will predominantly serve the West and North West of the site along with being utilised next year to remove TC1 (TKT crane). The tower cranes had been winded off several times recently.

### **7.4 Asbestos removal**

Asbestos removal activities below the slab of the previous Latilla Building commenced on the 25th July 2017 following the statutory period for notice to the HSE (2 weeks) and the clearance of the asbestos was completed on 26 September 2017 with the issue of a clearance certificate.

### **7.5 278 Agreement works**

Arundel Road junction installations are complete with the integration of the lighting sequencing and formal adoption of the new Traffic Management system forecasted for the end November 2017. The Bristol Gate Junction 278 works is still awaiting Local Authority sign off. LOR have issued the appropriate drawings to Brighton and Hove City Council. The 278 agreement requires sign off by Local Authority and the Trust to establish a commencement date.

### **7.6 HV works**

The HV works to Bristol Gate (adjacent to the new proposed Gas Governor) have commenced following confirmation of the Section 50 application with the gas installations planned to commence 6th November 2017 and installations will conclude by the end of November

### **7.7 Energy Centre**

Energy Centre information is still outstanding and remains on the critical path.

### **7.8 Steel works**

Structural Steelwork stub column drilling outside the plant room area is 100% complete. This is to support the skid steelwork which has commenced and completed in the month. The stub steel column installation is 100% complete. Construction of the TC2 crane base is 100% complete.

### **7.9 TKT**

- North Stair Steelwork installation commenced and is completed.
- Ramp steel work commenced and is completed.
- MEWP scaffold completed.
- Service Containment at level 15 works 70% completed. (remaining containment will be completed on this level after Trauma lift shaft is weather tight)
- Containment work at L2 & L3 is 90% complete and L1 is 90% complete.
- Fm lift removal 90% completed
- Re design of Trauma Lift Steelwork Brackets required
- Helideck steelwork commenced 16th November 2017
- Roof (post column installation) works ongoing

### **7.10 DIFF System**

The Deck Integrated Fire Fighting System (DIFF System) has been instructed and design is in progress with Bayards (Helideck Steelwork Supplier). A quotation has also been submitted for new location for water tanks and is currently being reviewed.

### **7.11 Equipping**

Discussions are ongoing with the Trust regarding manufacturers' information to feed into the design. Equipping Process full equipment list planned for progressive issue from December 2017 incorporating changes to 1:50 loaded plans and RDS. A meeting was held with the Trust 18.07.17 to agree the excluded FF&E groupings although the final formal document still awaited from BSUH

## 7.12 Programme Board response:

Programme Board members raised a series of questions about the risks which had been highlighted within this report. Robert wanted to know more about the impact of the works in TKT, as there had been a recent dilapidation survey. Duane said that he would discuss this with him outside the meeting. The delays with regard to the Energy Centre would also be discussed in Part II.

DP

## RISKS AND ISSUES

### 8. Risk report

- The Risk Register report was accepted.
- Karen again re-iterated that the report was not allowing the Board to be sighted on the top risks and mitigations because of its complexity.
- Anna explained that the datix risks had been included as requested. There was some confusion as to how this related to the Board Assurance Framework, and reporting to both the national Programme Board and the Trust Board of Directors. Duane explained that the dashboard within part II included the top risks which required Board level attention. However the datix risks were those which had a wider impact than just the construction project, and needed regular attention from the organisation not just from 3Ts.
- Anna was asked to check with Andy Gray how he wished for these risks to be fed into the BAF.
- Pete offered to co-ordinate a review of the Risk Register.

AB  
PL

### 9. Procurement and Equipping timelines

This was received with interest. Duane provided more detail regarding the ownership of the tasks involved, including the involvement of the change consultants as well as the procurement leads. Robert asked for more detail of the bill of quantities and what had been signed off within the GMP. Duane explained that the GMP included a sum for equipment based on the design at that time, but it required further work in the light of the possibility of current equipment renewals schedules and transfers.

## UPDATE ON OTHER RELEVANT TRUST PROGRAMMES

### Workforce Planning, Efficiency & Transformation

10. There was no Workforce report this month.

### Clinical Service Transformation

11. Pete reported that a gap analysis was currently taking place (with the assistance of KPMG) to ascertain where the Trust needed to prioritise its efforts within the development of a clinical strategy. This would report back in December. There was then a helpful discussion about the new clinical appointments to the Divisions, and the need to assist in their induction regarding 3Ts. It was agreed that specific engagement sessions would be set up for the new chiefs.<sup>1</sup>

GS

## ASSURANCE

### Key risks and issues for the Trust Board

There were no risks requiring escalation this month.

### Any Other Business

A schedule of meeting dates for the next calendar year was issued to the Board.

## CLOSE AND NEXT MEETING

Kirstin thanked everyone for attending and closed the meeting. The next meeting is due to be held on **Tuesday 19 December** (9am – 10am in the Boardroom SMH).

A Barnes 01/12/17

<sup>1</sup> Gary Speirs reported post meeting that this was already underway.

# Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 31 October 2017  
10.30 to 11.30 in the Board room St Mary's Hall.**

<b>Present:</b>	Jonathan Abbott	Project Director, LO'R
	Kirstin Baker	Non-Executive Director and Chair of Programme Board, BSUH
	George Findlay	Deputy Chief Executive and Chief Medical Officer, BSUH
	Karen Geoghegan	Chief Financial Officer, BSUH
	Ross Hanson	Director, Turner and Townsend
	Peter Landstrom	Chief Delivery and Strategy Officer, BSUH
	Peter Larsen-Disney	3Ts Clinical Director
	Duane Passman	Director of 3Ts, BSUH
<b>In Attendance:</b>	Anna Barnes	AD, 3Ts Governance, BSUH
	Robert Cairney	Director of Capital Development and Property, BSUH
	Steve Chudley	3Ts Main Scheme Project Manager, T&T
	Nick Groves	AD, 3Ts Service Modernisation, BSUH
	Mark Frake	Project Accountant, BSUH
	Kyle McClelland	Director, Turner & Townsend (T&T)
	Gary Speirs	3Ts Capital Project Manager, BSUH

Minutes

## GENERAL BUSINESS

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

#### 1.1. Apologies were received from the following:

Evelyn Barker	Managing Director, BSUH
Denise Farmer	Chief Workforce and Organisational Development
Lizzie Peers	Non-Executive Director, BSUH
Oliver Phillips	Planning & Strategy Director, BSUH

### 2. Declarations of Interest

No further interests were declared

### 3. Minutes of Previous Meeting

These were passed as accurate.

### 4. Matters Arising

#### 4.1 Executive Summary

Duane reported that he was working with Ross Hanson on this and that a draft would be available for the November meeting (ref 4.5 previous meeting).

DP  
RH

### 5. Notes from Sub-groups

Programme Board was provided with some feedback from the Site Logistics Group regarding problems with traffic congestion on Bristol Gate. This had been reported to Programme Team (under Chair's Key Issues) and escalated to Programme Board, as the issue had the potential to delay construction traffic. The reason for this congestion was the difficulties experienced by patients/visitors in accessing the Macmillan Centre in order to park.

This had been caused by staff parking there, as opposed to patients/visitors as originally intended. Moreover there had been a lack of enforcement of the current policy which prohibited staff from parking there. It was agreed that Duane would discuss this issue to John Simpson (Interim Director of Estates and Facilities) for appropriate action.

## GOVERNANCE

6. No items this month.

## PROGRESS ON SITE

### 7. Project Overview

- 7.1 LOR-CO-SW-PG-0010/C08.02 is the current Accepted Programme with a contract completion date 23 November 2020. Programme C010 is currently with BSUH for review. LOR have mitigated project costs by accelerating the works to support a forecast completion of -7 weeks against the current contract completion date for the impacts of the additional below slab Asbestos (which represents an acceleration saving of 4 weeks 1 day if measures and re-sequencing had not been implemented) . The forecast includes the 2 week impact for the Christmas shut-down period of 2020).

### 7.2 Piling

On 5 September 2017 the piling rig recommenced following the requirement to stand down for 6 weeks and 2 days due to restrictions imposed by the clearance process for the additional Asbestos encountered under the slabs of the existing structures of the Mould Room and the Latilla Building. Works now complete.

### 7.3 Asbestos removal

Asbestos removal activities below the slab of the previous Latilla Building commenced on the 25th July 2017 following the statutory period for notice to the HSE (2 weeks) and the clearance of the asbestos was completed on 26 September 2017 with the issue of a clearance certificate.

### 7.4 278 Agreement works

Arundel Road junction modifications commenced 7 August 2017 and are forecasted to be complete within the original duration with a forecast completion in November 2017. The Bristol Gate Junction 278 works is awaiting Local Authority sign off. The HV works to Bristol Gate (adjacent to the new proposed Gas Governor) has received approval of the Section 50 application.

### 7.5 Energy Centre

The Energy Centre access continued to impact on the rest of the works and could potentially cause further delays. An informal date for safe access to the Energy Centre for surveys of 18th December 2017 had been given. The Energy Centre remains on the critical path for the Project.

### 7.6 Trauma Lift

Schindler have advised the need to change their requirements on the steelwork design for the Trauma lift. This will not impact on the Helideck but will delay the manufacture of the Trauma lift steelwork which will setback the lift installations.

### 7.7 In summary:

- Steelwork stub column drilling outside the plant room area 100% completed.
- Stub steel column installation is 100% complete.
- Skid steel work commenced in the month and is 100% complete
- North Stair Steel installation commenced.
- Asbestos removal on TKT on L2 & L3 is complete.
- BMU unit lifted on to TKT.

- 7.8 Programme Board response:**  
 Programme Board members raised a series of questions about the risks which had been highlighted within this report. As previously discussed in both August and September, concern was expressed regarding the ongoing problems in safely accessing the Energy Centre. Karen reiterated that this had been raised at several meetings, and yet progress was seemingly not being made. Duane explained that the Energy Centre Sub Group was meeting regularly and he was expecting a programme from Estates for this work. Robert Cairney would chase this up. RC
- 7.9** Duane thanked Jonathon for the Environmental Sustainability section which was much improved.
- 7.10** There was a discussion about the ED development interdependencies. In particular there was concern about the impact of the design of the ED lift on planned gas pipe works by LOR in the SSR entrance. It was agreed that there would be a full option appraisal of the requirements for piling in the vicinity, taking into account the 3Ts works which are already programmed. DP  
RC  
GS
- 7.11** More generally the Board required assurance that the interdependencies across capital projects were being managed appropriately. Duane explained that there were meetings which looked at works which were planned for the next 2 weeks (2 week look ahead meeting), for 6 months ( Site Logistics) and for projects across all the site ( Site Oversight Group).

## RISKS AND ISSUES

- 8. Risk report**
- The Risk Register report was accepted.
  - Anna updated the Board regarding the 2 workshops which had taken place to refresh the contingency risks for both Stages 1 and 2.
  - This had meant that the report was more complex than usual. However, this would now feed into the Quantitative Risk Assessment which would enable the Board to discuss the contingency figures with more confidence at the next meeting.
  - Karen felt that the report was not allowing the Board to be sighted on the top risks and mitigations because of its complexity.
  - Anna agreed to re-look at the style of report to enable this report to be more easily understood.
  - Anna added that the top risks from the 3Ts report were fed into Datix and also the Board Assurance Framework, where a composite risk was added, The Datix risks would be provided to the next Programme Board. AB

## UPDATE ON OTHER RELEVANT TRUST PROGRAMMES

- 9. Workforce Planning, Efficiency & Transformation**  
 There was no Workforce report this month.
- 10. Clinical Service Transformation**  
 There was no Clinical Transformation report this month.
- 11. Site Oversight Presentation**  
 Duane gave a presentation regarding the works across the site by LO'R, Galliford Try, IHP, Kier and some minor works commissioned by Estates. He provided a schematic plan which showed the interfaces across site and potential pinch points over the next 6 months. The document was agreed to be extremely helpful, would be updated and would return to Programme Board by exception. The Board requested that a visual master plan of works on site be produced, covering 2018. DP/RC  
  
DP/RC

## 12. **Equipping Process**

12.1 There was a discussion about the equipping process and timelines which had previously been discussed at the Programme Team. This was received with interest. However there was also a detailed discussion about the relationship with the Operational Capital Plan, and concerns were expressed that this might raise unrealistic expectations that all equipment would be purchased new. Duane assured the Board that a transfer audit would be undertaken first.

12.2 Karen questioned how EBME were involved and requested clarity on the relationship with Procurement. Duane stressed the importance of the engagement with the change consultants. Peter LD confirmed that the recent engagement sessions had emphasised that that not all equipment would be purchased from new. It was agreed that timelines for procurement and equipping would be provided for the next meeting.

**DP/AB**

### **ASSURANCE**

## 13. **Key risks and issues for the Trust Board**

There were no risks requiring escalation this month.

## 14. **Any Other Business**

There was no other business.

## 16. **CLOSE AND NEXT MEETING**

Kirstin thanked everyone for attending and closed the meeting. The next meeting is due to be held on **Tuesday 28 November** (2pm – 3pm in the Boardroom SMH).

A Barnes

01/11/17

# Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 26 September 2017 2.00 pm to 3.00pm in the Board room St Mary's Hall.**

<b>Present:</b>	Jonathan Abbott Ian Arbuthnot Kirstin Baker	Project Director, LO'R Director of Information Governance, BSUH Non-Executive Director and Chair of Programme Board, BSUH
	Evelyn Barker Denise Farmer	Managing Director, BSUH Chief Workforce and Organisational Development Officer, BSUH
	Karen Geoghegan Ross Hanson Peter Landstrom Peter Larsen- Disney	Chief Financial Officer, BSUH Director, Turner and Townsend Chief Delivery and Strategy Officer, BSUH 3Ts Clinical Director
	Duane Passman Lizzie Peers	Director of 3Ts, BSUH Non-Executive Director , BSUH
<b>In Attendance:</b>	Anna Barnes Steve Chudley Kyle McClelland Robert Cairney Michael Wood	AD, 3Ts Governance, BSUH 3Ts Main Scheme Project Manager, T&T Director, Turner & Townsend (T&T) Director of Capital Development and Property, BSUH Partner, Good Governance Institute

Minutes

## GENERAL BUSINESS

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

#### 1.1. Apologies were received from the following:

Nick Groves	AD, 3Ts Service Modernisation, BSUH
Oliver Phillips	Planning & Strategy Director, BSUH
Nicola Ranger	Chief Nursing and Patient Safety Officer, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH
Helen Weatherill	Director, HR, BSUH

### 2. Declarations of Interest

No further interests were declared

### 3. Minutes of Previous Meeting

These were passed as accurate.

### 4. Matters Arising

#### 4.1 Co-ordination of different projects on Site

The Site Oversight Group has been established and is meeting monthly to understand the various site interface issues. An update to Programme Board will be provided in October, with a presentation to the Trust Executive Committee around the same time.

EB  
RC  
DP

#### 4.2 MHRA/Radiopharmacy Lessons Learned

This would be brought to a suitable future meeting once the unit is fully commissioned and accredited for production (currently scheduled for October).

DP

- 4.3 Workforce risks**  
Duane has met with Denise and this work will be progressed alongside the work being undertaken corporately to develop future workforce plans. **DP  
DF**
- 4.4 Financial risks**  
Duane agreed that he would meet up with Pete, Karen and Mark to review these risks in more detail. **DP  
CG  
PL**
- 4.5 Executive Summary**  
Duane reported that a draft high level Dashboard to complement the LOR Progress Report would be available in October. **DP  
JA**
- 5 Notes from Sub-groups**  
There were no comments from Programme Board members regarding the Programme Team minutes.
- 6. GOVERNANCE**  
No items this month.
- 7. PROGRESS ON SITE**
- 7.1 Project Overview**  
LOR-CO-SW-PG-0010/C08.02 is the current Accepted Programme with a Contract Completion date 23rd November 2020. Programme LOR-CO-SW-PG-0010/C09 was submitted for Acceptance 21st July 2017 and showed the impact of the Additional Asbestos events. The non-acceptance of this programme was issued 3rd August 2017. Without acceleration and re-sequencing measures the submitted programme LOR- CO-SW-PG-0010/C09 showed an impact of 11 weeks 2 days to the contract completion date driven from the following events:
- NCE 62: Raised 18/5/17 – Asbestos below Mould Room Building
  - NCE 64: Raised 01/6/17 – Asbestos under slab Latilla Building
- LOR have mitigated project costs by accelerating the works to support a forecast Completion of -7 weeks 1 day against the current Contract Completion date (which represents an acceleration saving of 4 weeks 1 day). He then added that the construction programme was now delayed by 5 weeks and 1 day but the completion date was still forecasted to be – 7 weeks and 1 day.
- 7.2 Section 2 (Stage One)**  
On 20th July 2017 the piling rig and associated labour was stood down due to Piling works having progressed as far as possible, being constrained by the restrictions imposed by the clearance process for the additional Asbestos encountered under the slabs of the existing structures of the Mould Room and the Latilla Building. However recommencement of the Piling took place 5 September. The removal of the asbestos below the existing Mould Room building took place last month with the subsequent drainage diversions and piling mat activities progressing in preparation for piling recommencement in this area.
- 7.3 Asbestos removal**  
This commenced below the slab of the previous Latilla Building on the 25th July 2017 following the statutory period for notice to the HSE (2 weeks), and the clearance of the asbestos remains in progress, completion is imminent.
- 7.4 278 Agreement Works**  
Arundel Road junction modifications commenced 7th August 2017 and are forecasted to be complete on programme. The Bristol Gate Junction 278 works is awaiting Local Authority sign off. LOR have issued the appropriate drawings to

Brighton and Hove City Council. The 278 agreement requires sign off by Local Authority and the Trust to establish a commencement date. The HV works to Bristol Gate (adjacent to the new proposed Gas Governor) will commence on approval of the Section 50 by the Local Authority

## **7.5 Energy Centre**

Since October 2016 no works have been able to be progressed within the Energy Centre without a compliant risk assessment which can safely allow access. This requires the notification of an Appointed Person, issue of a Written Scheme of Examination for the existing installations and other items identified within EWN 38. These remain outstanding. Zurich insurance has been contacted in order to resolve this issue. In the absence of a revised forecast date from BSUH for when this information will be issued, a date of 14th August 2017 was used to plan the works within the submitted programme LOR-CO-SW-PG- 0010/C09. This date showed this event would potentially have a 7 weeks 3 days impact on the Contract Completion date (independent of the Additional asbestos delay). However with this date also not being achieved the Contract Completion date could now be further impacted. Any proposals for a revised detailed sequence of planned work cannot be undertaken until after the receipt of the documentation requested in EWN 038 and safe access can be afforded for surveys.

## **7.6 Section 1 (TKT & SSR) (Stage One)**

Skid steelwork installations have commenced with the Helideck structure having a planned commencement date in October. This work is 90% complete. The well found under the site is being capped off and made safe according to existing good practice guidance. It is not registered with any historic organisations. Services containment installation on TKT is progressing well.

## **7.7 In Month Overview of Project Progress**

Key Progress activities that have taken place during the month can be summarised as:

## **7.8 Thomas Kemp Tower (Section 1)**

- Steelwork stub column drilling outside the plant room area 90% completed.
- Stub steel column installation is 90% complete.
- Skid steel work commenced in the month and is 40% complete.
- Service Containment at level 15 works 30% completed.
- Installation of services containment through the fire riser is 100% completed.
- Oil removal from oil tank completed.

## **7.9 Main Scheme (Section 2) (Stage One)**

- Pile Matt on East & guide walls works 100% completed.
- Piling commenced on 5th May-17, currently 267 of 413 have been completed. Piling rig Stand-down commenced from 20/07/17. Piling installation unable to proceed further due to area for work not available because of Additional asbestos found.
- Capping beam installation commenced in the month and is 100% complete on the North, 95% completed on the west.
- Excavation commenced & is 20% completed.
- Ground Anchor commenced and are 5% complete.
- S278 works at for Pedestrian crossing 100% completed and Arundel & Eastern road junction works commenced on 7th August 2017 and is 25% completed.
- Additional Asbestos removal underneath Latilla building commenced and is close to completion.
- Close out of VE Items remains ongoing. Updated RDD and VE schedule has been issued to the Trust. MEP PMAD information issue has commenced and this is being monitored via the agreed Tracker.

## **7.10 Programme Board response:**

Programme Board members raised a series of questions about the risks which had been highlighted within this report. In particular concern was expressed regarding

the ongoing problems in safely accessing the Energy Centre, the liaison with B&HCC regarding Arundel Rd and airborne pollution (with potential impact on vulnerable patients). Duane again requested further action with regard to dust mitigation measures (as discussed in page 7 of the report) in order to reduce the risk of dust-born contaminants to patients.

JA

- 7.11 Karen also requested more detail about the inter site liaison in the TKT, especially with forthcoming works in ED.

JA

## RISKS AND ISSUES

### 8. Risk report

- The Risk Register report was accepted.
- It was agreed that the meeting regarding financial risks (item 4.4) would be progressed as a matter of urgency.
- Anna added that two sessions had taken place which had refreshed the complete risk register, particularly with the good progress which had taken place on CAB which had enabled many risks to be closed.
- She would be completing the review of Stage 2 financial risks imminently. The revised register would be included in full in the October report (subject to diaries regarding the pre meeting on financial risks).
- Ian reported that the risk regarding EPR was effectively an issue as the IM&T Strategy would make clear how a paper-light solution would be taken forward. He did not think that this would have an adverse impact on the 3Ts design (as had originally been thought). It was agreed that the IM&T Strategy would be presented as work in progress in December 2017.
- The time line for equipping was also queried. This would be brought back to PB. It was agreed that there would be liaison with Robert regarding the implications for the Capital Programme.

AB

IA

AB

## UPDATE ON OTHER RELEVANT TRUST PROGRAMMES

### 9. Workforce Planning, Efficiency & Transformation

There was no workforce report this month.

### 10. Clinical Service Transformation

Peter LD reported that the Clinical Transformation Programme was still concentrating on the ED development. The refreshed Clinical Strategy would be available in October/November. Peter added the recent 3Ts engagement meetings had been very well attended and positive.

## ASSURANCE

### 11. Key risks and issues for the Trust Board

There were no risks requiring escalation this month.

### 12. Any Other Business

Duane reported that the VR launch had been covered by South East today and that there had been an enthusiastic response both internally and externally.

### 13. CLOSE AND NEXT MEETING

Kirstin thanked everyone for attending and closed the meeting. The next meeting is due to be held on **Tuesday 31 October** (10.30-11.30am Boardroom SMH).

A Barnes  
27/09/17

# Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 22 August 2017  
10.30 am to 11.30 in the Board room St Mary's Hall.**

<b>Present:</b>	Kirstin Baker	Non-Executive Director and Chair of Programme Board, BSUH
	Lizzie Peers	Non-Executive Director , BSUH
	Denise Farmer	Chief Workforce and Organisational Development Officer, BSUH
	Karen Geoghegan	Chief Financial Officer, BSUH
	Peter Larsen- Disney	3Ts Clinical Director
	Duane Passman	Director of 3Ts, BSUH
	Oliver Phillips	Director of Planning and Strategy, BSUH
	Steve Smith	Senior Commercial Manager, LO'R
 <b>In Attendance:</b>	 Anna Barnes	 AD, 3Ts Governance, BSUH
	Steve Chudley	3Ts Main Scheme Project Manager, T&T
	Mark Frake	3Ts Project Accountant
	Kyle McClelland	Director, Turner & Townsend (T&T)
	Gary Speirs	3Ts Capital Project Manager, BSUH
	Dale Vaughan	Director of Facilities and Estates, BSUH

**GENERAL BUSINESS**

**1. Welcome and Apologies**

The Chair welcomed everyone to the meeting.

**1.1. Apologies were received from the following:**

Evelyn Barker	Managing Director, BSUH
Robert Brown	Head of Capital Development
George Findlay	Chief Medical Officer, BSUH
Nick Groves	AD, 3Ts Service Modernisation, BSUH
Ross Hanson	Director, Turner and Townsend
Marianne Griffiths	Chief Executive, BSUH
Peter Landstrom	Chief Delivery and Strategy Officer, BSUH
Nicola Ranger	Chief Nursing and Patient Safety Officer, BSUH

**2. Declarations of Interest**

No further interests were declared. Duane reported that he had provided a more comprehensive declaration of interests spanning the past three decades, which was available on request.

**3. Minutes of Previous Meeting**

These were considered accurate subject to an amendment to point 8. The last bullet point should read Latilla not Mould room.

**4. Matters Arising**

**4.1 Co-ordination of different projects on Site**

The Site Oversight Group has been established and is meeting monthly under the direction of Evelyn Barker. An update to Programme Board would follow in September.

- 4.2 MHRA/Radiopharmacy Lessons Learned**  
This would be brought to a suitable future meeting once the unit is fully commissioned and accredited for production (currently scheduled for October).
- 4.3 Workforce risks**  
Duane has met with Denise and this work will be progressed alongside the work being undertaken corporately to develop future workforce plans.
- 4.4 Financial risks**  
Duane agreed that he would meet up with Karen and Mark to review these risks in more detail. **DP**
- 4.5 Energy Centre**  
It was reported that one meeting has taken already taken place regarding clearing the area in order to make it safe to work in. A further meeting was scheduled to take place. **DP/DV/ JA**
- 5 Notes from Sub-groups**  
There were no comments from Programme Board members regarding the Programme Team minutes.
- GOVERNANCE**
- 6** No items this month.
- PROGRESS ON SITE**
- 7. Laing O Rourke monthly progress report**
- 7.1 Project Overview**  
LOR-CO-SW-PG-0010/C08.02 is the current Accepted Programme with a Contract Completion date of 23 November 2020. Programme LOR-CO-SW-PG-0010/C09 was submitted for Acceptance 21 July 2017 and shows the impact of the Additional Asbestos events identified in last month's report and as presented at the risk mitigation meeting on 12 June 2017. This programme was not accepted by BSUH. Without acceleration and re-sequencing measures the submitted programme LOR-CO-SW-PG-0010/C09 therefore shows an impact of 11 weeks 2 days to the contract completion.
- 7.2** As discussed, in July 2017, the piling rig and associated labour was stood down due to piling works having progressed as far as possible, but being constrained by the restrictions imposed by the clearance process for the additional Asbestos encountered under the slabs of the existing structures of the Mould Room/ Latilla Building. At the time of the stand down, piling had continued within the month to recover the previous delays to progress encountered by uncharted in ground obstructions and were, at the time of stand down, two weeks ahead of programme (10 working days).
- 7.3** The removal of the asbestos below the existing Mould Room building commenced 10 July 2017, following the statutory period for notice to the HSE (2 weeks), and the clearance of the asbestos took 18 days (as advised in last month's report). Drainage diversions activities are now progressing in this area. Asbestos removal activities below the slab of the previous Latilla Building commenced on the 25 July 2017 following the statutory period for notice to the HSE (2 weeks), and the clearance of the asbestos is expected to take a period of 13 weeks (as advised in last month's report and in line with Option A proposal).

#### **7.4 278 Agreement Works**

On 17 July 2017 the installation of the Pedestrian crossing commenced and was completed as planned by 7 August 2017 to allow the commencement of the Arundel Road junction modification. The Bristol Gate Junction 278 works is still awaiting Local authority signing 278 agreement with the Trust to establish a commencement date. The HV works to Bristol Gate (adjacent to the new proposed Gas Governor) is planned to commence in October 2017 subject to the Local Authority agreement to the Section 50 proposals.

#### **7.5 Energy Centre**

As discussed in 4.5, since October 2016 no works have been progressed within the Energy Centre because of the absence of a compliant risk assessment which would include notification of an Appointed Person, and the issue of a Written Scheme of Examination for the existing installations. These remain outstanding.

#### **7.6 Section 1 (TKT & SSR)**

Skid steelwork installations commenced in July which in turn will allow the Helideck structure to maintain its plan commencement date in September. The Helideck manufacture is slightly ahead with an opportunity for late August deliveries. This will be continued to be assessed and modified for the Helideck start on site once actual on site skid steelworks production outputs have been achieved.

#### **7.7 In Month Overview of Project Progress**

Key Progress activities that have taken place during the month can be summarised as:

#### **7.8 South Service Road**

- Service Trench works 100% completed. SSR offered to the employer for joint access outside of construction hours.

#### **7.9 Thomas Kemp Tower**

- Steelwork Stub column drilling is 100% completed in the plant room.
- Steel bracket installation commenced in the plant room.
- Steelwork stub column drilling outside the plant room area 60% completed
- Service Containment at level 3 works 100% completed.
- Installation of services containment through the riser commenced and is 20% completed
- Strip out of oil tank room service due to commence on 7 August 2017

#### **7.10 Main Scheme**

- Pile Matt SW & guide walls works 100% completed, & pile matt on east commenced.
- Piling commenced on 5 May-17, currently 218 of 413 have been completed. Piling rig Stand-down commenced on 20/07/17.
- Piling installation unable to proceed further due to area for work not available because of Additional asbestos found.
- Followed by piling commencement, capping beam installation commenced in the month and is 100% complete on the North, 100% completed on the west.
- Excavation commenced & is 12% completed.
- S278 works at for Pedestrian crossing 100% completed and Arundel & Eastern road junction works to commence on 7<sup>th</sup> August 2017.
- Additional Asbestos removal underneath the Mould room slab is 100% completed.
- Latilla building under slab asbestos removal commenced.
- Close out of VE Items remains ongoing.
- Updated RDD and VE schedule has been issued to the Trust.
- MEP PMAD information issue has commenced and this is being monitored via the agreed Tracker.

- 7.11 Programme Board response:**  
 Programme Board was not satisfied about the lack of progress regarding the Energy Centre, and requested urgent action as discussed in item 4.5. Duane also requested further action with regard to dust mitigation measures (as discussed in page 7 of the report) in order to reduce the risk of dust-born contaminants to patients. **JA**
- 7.12** Karen also requested more clarity regarding the progress on site as she felt the report, whilst comprehensive, did not assist the Board to be sighted on progress, or on key risks and issues from the contractor's perspective. It was agreed that a simpler dashboard would be designed for this purpose, with an accompanying Executive Summary. It was agreed that a draft of this would be provided to the October Programme Board to allow time for development. **JA/DP/AB**

## **8. RISKS AND ISSUES**

### **Risk report**

- The Risk Register report was accepted.
- Karen asked for more detail regarding the key financial risks, as this was not clear from the report provided. It was agreed that the meeting regarding financial risks (item 4.4) would be progressed as a matter of urgency.
- Anna added that two sessions had taken place which had refreshed the complete risk register, particularly with the good progress which had taken place on CAB which had enabled many risks to be closed.
- She would be undertaking a review of Stage 2 financial risks in September. The revised register would be included in full in the September report (subject to diaries regarding the pre meeting on financial risks).

## **UPDATE ON OTHER RELEVANT TRUST PROGRAMMES**

- 9. Workforce Planning, Efficiency & Transformation**  
 Denise reported that she was reviewing the workforce risks as the Workforce Transformation Programme was in progress. Denise did not feel that it was necessary to prejudge the models of care required for 3Ts until this work was complete.
- 10. Clinical Service Transformation**  
 Oliver reported that the Clinical Transformation Programme was concentrating on the ED development. The refreshed Clinical Strategy would be available in September/October. Peter added that the clinical priorities already identified aligned well with the 3Ts development.

## **ASSURANCE**

- 11. Key risks and issues for the Trust Board**  
 Discovery and removal of asbestos was seen as a key issue and would be discussed in Part II.
- 12. Any Other Business**
- Dale thanked LO'R for the prompt assistance offered when CIRU experienced problems with water quality.
  - Duane thanked Dom Ford and Dale Vaughan as they were both leaving the Trust. Their support to 3Ts had been much appreciated.

## **13. CLOSE AND NEXT MEETING**

Kirstin thanked everyone for attending and closed the meeting.  
 The next meeting is due to be held on **Tuesday 26 September** (2pm-3pm Boardroom SMH).

A Barnes

24/08/17

# Minutes

Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 19 July 2017  
11am to 12 noon in the 3Ts Meeting Room, 2<sup>nd</sup> Floor, South Tennis Courts, St. Mary's Hall.**

**Present:** Jonathan Abbott Project Director, Laing O' Rourke (LO'R)  
Kirstin Baker Non-Executive Director and  
Chair of Programme Board, BSUH  
Evelyn Barker Managing Director, BSUH  
Karen Geoghegan Chief Financial Officer, BSUH  
Ross Hanson Director, Turner and Townsend  
Duane Passman Director of 3Ts, BSUH  
Oliver Phillips Director of Planning and Strategy, BSUH

**In Attendance:** Anna Barnes AD, 3Ts Governance, BSUH  
Mark Frake 3Ts Project Accountant  
Nick Groves AD, 3Ts Service Modernisation, BSUH  
Linda Lewis Head of HR Business Services  
Kyle McClelland Director, Turner & Townsend (T&T)  
Dale Vaughan Director of Facilities and Estates, BSUH

## GENERAL BUSINESS

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

#### 1.1. Apologies were received from the following:

Rob Brown	Head of Capital Development & Decant Programme Manager, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, T&T
Lizzie Cuesta	Non-Executive Director, BSUH
Graham Dodge	Deputy Clinical Director, 3Ts BSUH
Denise Farmer	Chief Workforce and Organisational Development Officer, BSUH
George Findlay	Chief Medical Officer, BSUH
Marianne Griffiths	Chief Executive, BSUH
Peter Landstrom	Chief Delivery and Strategy Officer, BSUH
Rab McEwan	Interim Chief Operating Officer, BSUH
Helen O'Dell	Interim Chief Nurse, BSUH
Nicola Ranger	Chief Nursing and Patient Safety Officer, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH
Helen Weatherill	Deputy Director of HR, BSUH

### 2. Declarations of Interest

No further interests were declared.

### 3. Minutes of Previous Meeting

These were considered accurate. However as the meeting was not quorate (using the new TOR) Kirstin suggested forwarding the minutes for agreement electronically.

AB

#### 4. Matters Arising

##### 4.1 Co-ordination of different projects on Site

A report is to be presented to the TEC regarding the complexities associated with managing the multitude of different construction projects on site. This is currently being worked through by a small co-ordinating group under the aegis of the BSUH Managing Director. An update to Programme Board would follow.

EB/DP

##### 4.2 MHRA/Radiopharmacy Lessons Learned

This would be brought to a suitable future meeting once the unit is fully commissioned and accredited for production.

RB/DP

#### 5. Notes from Sub-groups

There were no comments from Programme Board members regarding the Programme Team minutes.

#### GOVERNANCE

6. The Terms of Reference were agreed, with the removal of the requirement for two non-executive Directors to be present for quorum.

#### PROGRESS ON SITE

##### 7. MHRA/Radiopharmacy report

See item 4.2 above.

#### PROGRESS ON SITE

##### 8. Laing O Rourke monthly progress report

###### Programme:

Good progress has been made with the piling which meant that the programme is currently 2 weeks ahead which mitigates some of the potential delays below:

###### Key Impacts

- Standing time for Piling Rig
- Break in continuity for follow on trades (capping beam, earthworks, ground anchors)
- Impact on Planned Completion date
- Increased risk profile to near critical activities
- Lost opportunity for early completion for piling and earthworks (based on actual data since start on site)

###### Options re asbestos:

- **Option A** – Last Accepted Programme (C08.02) with Compensation Events added and linked appropriately with rescheduled impact identified below. The critical path going through the under slab Latilla Building asbestos removal and subsequent pile mat formation and forming of the central access for the piling rig and attendance.
  - Standing Time for Piling Rig: 9 weeks 1 day
  - Impact to completion date: 11 weeks 2 days
- **Option B** – Last Accepted Programme (C08.02) with Compensation Events added and linked appropriately. In parallel the Mould Room asbestos being removed the level of the North piling platform is reduced to allow a ramp to be formed for the access of the piling rig via the North of the site to the East piling area (9,10,11 in the diagram) while the former Latilla Building below

slab asbestos continues to be removed. This will have standing time for the rig while the East side asbestos is removed and piling platform is formed and will prevent the east side anchor bracing from taking place (making this now more critical). The modified critic path would run through the Mould Room asbestos removal and access for piling is via a North ramp. The impact summary is identified below:

- Standing Time for Piling Rig: 5 weeks 2 days
- Impact to completion date: 7 weeks

Jonathan explained that he planned to provide alternate programmes: programme 09 showing Option A with the 11 week delay and programme 10, showing option B with the 7 week delay.

### **278 Agreement Works**

Following coordination meetings with the Local Authority regarding the commencement of the works associated with the Pedestrian crossing and the Arundel Road junction modification the 278 works start dates have been established for the following works

- Pedestrian crossing commenced on :17th July 2017
- Arundel Road Modifications: 7th August 2017
- Bristol Gate pedestrian access for HV works: 2nd October 2017 (Subject to Council footpath closure approval)
- Bristol Gate Junction activities: TBA (subject to Local authority signing 278 agreement with the Trust), due to be complete in October 2017.

### **Energy Centre**

No works have progressed Since October 2016 within the Energy Centre pending a compliant risk assessment re access, including notification of an Appointed Person, issue of a Written Scheme of Examination for the existing installations and other items identified within EWN 38. A meeting has been set up to discuss options between BSUH and LO'R on 24 July.

JA/DV

### **Schedule of Significant Outstanding Information/Instruction Matters**

There was a brief discussion about the information outstanding between LO'R and BSUH. It was reported that a meeting had been set up to resolve as many of these issues as possible the following week. The chapel was considered key to this discussion.

JA/GS

### **In Month Overview of Project Progress**

Key Progress activities that have taken place during the month can be summarised as:

#### **South Service Road**

- Service Trench commenced on 10/07/17 (70% complete).
- Diversion works completed.

#### **Thomas Kemp Tower**

- Steelwork Stub column drilling is 95% completed.
- BMU- Replace Existing Monorail track bolts North core 100% completed.
- Service Diversion in FM lift Lobbies 100% completed.
- Service Containment at level 3 works 90% completed.

#### **Main Scheme**

- Nuclear Medicine demolition 100% completed.
- Garages Demolition 100% complete.
- Pile Matt SW & guide walls works 100% completed
- Piling commenced on 5th May-17, currently 175 of 413 have been completed.
- Followed by piling commencement, capping beam installation commenced in

- the month and is 75% complete on the North
- Excavation commence on the NW corner.
- S278 works at Arundel & Eastern road junction – Dilapidation survey report issued.
- Council agree to remove TPO from the existing tree adjacent to Bristol gate.
- Trust has to now formally apply for removal.
- Gas main works at Bristol gate is 100% completed.
- Additional Asbestos removal underneath the Mould room slab is forecasted to commence in July-17.
- Close out of VE Items remains ongoing. Updated RDD and VE schedule has been issued to the Trust.
- MEP PMAD information issue has commenced and this is being monitored via the agreed Tracker.

8.1

**Programme Board response:**

The main issue which was discussed concerned the asbestos. It was agreed that the full impact of the additional asbestos would be the subject of a Board report so that appropriate mitigations could be agreed, and the consequent funding implications outlined in full. This would be discussed further in part II. There was also some discussion about the impact on programme (as LO'R was currently 2 weeks ahead). Jonathan said that the impact of Christmas meant that these 2 weeks would be lost, so the delay would be either 7 weeks or 11 weeks depending on which option was accepted.

**9. RISKS AND ISSUES**

**Risk report**

- The Risk Register report was accepted Karen asked where the asbestos risk was. Anna explained that this was now within the issue log as the risk had materialised.
- Nick confirmed that as requested at 3Ts Programme Team, he had redrafted the 3Ts workforce risks – to focus on workforce supply, affordability, preparation, and system impact (ie. the risk of denuding neighbouring NHS Trusts). Helen W. has forwarded these to Denise for her/Execs' review. Karen suggested that this now forms part of a wider discussion about how 3Ts workforce risks are managed/reported/assured. **DF/KG**
- Anna also undertook to feed the radiopharmacy risk into the issues log as that too, was now resulting in additional cost to BSUH. **AB**
- Duane confirmed that the next inspection date was now due in October as there were still queries about the air flows and the department was not yet ready for an inspection re re-validation..
- Evelyn asked why this could not take place before October. Duane explained that there was a national shortage of appropriately accredited staff.
- Karen requested that the financial risk narratives should be updated.
- It was agreed that Anna would meet with Peter Landstrom and Karen (separately) to go review the financial risks in more detail and update the narrative. **AB**
- Anna added that two sessions had been scheduled to go through the complete register in August, including construction/contingency risks. The revised register would be included in full in the autumn. **AB**

**10. Management of multiple projects on site**

As described in 4.1, Duane outlined the current joint working arrangement across BAU in order to co-ordinate the multitude of projects on site currently. Evelyn had met with the teams concerned and regular updates were now taking place. This was especially important with the ED development scheduled to begin in the Autumn.

## **UPDATE ON OTHER RELEVANT TRUST PROGRAMMES**

**11. Workforce Planning, Efficiency & Transformation**

No update was provided in Denise's absence.

**12. Clinical Service Transformation**

Oliver reported that the Clinical Transformation Programme was emerging, especially with regard to the ED development. Duane reported that the 3Ts was about to embark on a series of engagement events, focussed on assisting staff to work on issues associated with bringing Stage One into use.

## **ASSURANCE**

**13. Key risks and issues for the Trust Board**

Asbestos was seen as a key issue and would be discussed in Part II.

**14. Any Other Business**

Duane reported that the Hospital Liaison Group was meeting that evening, and that he expected the ED development to feature.

**15. CLOSE AND NEXT MEETING**

Kirstin thanked everyone for attending and closed the meeting.

The next meeting is due to be held on **Tuesday 22 August** (10.30-11.30 Boardroom SMH).

A Barnes  
24/07/17

# Minutes

Minutes

## Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 27 June 2017 2pm to 3pm in SMH Board room

<b>Present:</b>	Jonathan Abbott Kirstin Baker	Project Director, Laing O' Rourke (LO'R) Non-Executive Director and Chair of Programme Board, BSUH
	Dominic Ford Duane Passman Peter Landstrom Gavin Mason	Director of Corporate Affairs, BSUH Director of 3Ts, BSUH Executive Director of Delivery and Strategy, BSUH (For Ross Hanson) Associate Director Turner & Townsend
	Peter Larsen- Disney Bill Stronach Nicola Ranger Helen Weatherill	3Ts Clinical Director, BSUH  (For Karen Geoghegan) Deputy Director of Finance Executive Director of Nursing and Patient Safety, BSUH (For Denise Farmer) Deputy Director of HR
<b>In Attendance:</b>	Anna Barnes Steve Chudley Mark Frake Nick Groves Kyle McClelland Dale Vaughan	AD, 3Ts Governance, BSUH 3Ts Main Scheme Project Manager, T&T 3Ts Project Accountant, BSUH AD, 3Ts Service Modernisation, BSUH Director, Turner and Townsend Director of Facilities and Estates, BSUH

### GENERAL BUSINESS

#### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

##### 1.1. Apologies were received from the following:

Rob Brown	Head of Capital Development & Decant Programme Manager, BSUH
Evelyn Barker	Managing Director, BSUH
Lizzie Cuesta	Non-Executive Director, BSUH
Graham Dodge	Deputy Clinical Director, 3Ts BSUH
Denise Farmer	Executive Director of Organisational Development and Workforce, BSUH
George Findlay	Executive Medical Director, BSUH
Karen Geoghegan	Executive Director of Finance, BSUH
Marianne Griffiths	Chief Executive, BSUH
Ross Hanson	Director, Turner & Townsend (T&T)
Rab McEwan	Interim Chief Operating Officer, BSUH
Helen O'Dell	Interim Chief Nurse, BSUH
Oliver Phillips	Service Strategy Director, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH

#### 2. Declarations of Interest

No further interests were declared.

#### 3. Minutes of Previous Meeting

These were considered accurate. However as the meeting was not quorate (using the new TOR) Kirstin suggested forwarding the minutes for agreement electronically.

AB

#### **4. Matters Arising**

##### **4.1 Co-ordination of different projects on site**

Duane reported that the new capital projects group which would report to the Trust Executive Committee was in the process of being set up and had met once.

##### **4.2 MHRA/Radiopharmacy Lessons Learned**

This would be brought to the July meeting owing to the sickness of one of the authors.

#### **5. Notes from Sub-groups**

There were no comments from Programme Board members regarding the Programme Team minutes.

### **GOVERNANCE**

#### **6. Terms of Reference**

The TOR which had been ratified by the Board of Directors in April 2017 were presented to the Board by Duane. He explained that he had added some clarification regarding the local and national reporting mechanisms. There was a discussion about the quorum and the requirement for two non-executive directors to be present. As this would be hard to achieve consistently it was agreed to take out this requirement. The rest of the TOR were agreed, and would be recirculated as a new version.

**AB**

### **PROGRESS ON SITE**

#### **7. Laing O Rourke monthly progress report**

Key Progress activities that took place during the month can be summarised as:

##### **Programme:**

There has been approximately 4 weeks delay owing to greater than expected asbestos; the final impact is still to be determined.

##### **South Service Road**

- Service Trench works are on hold until piling, capping works near the area are completed and diversion of the existing foul that runs through the service trench is completed.
- The South Service Road will be enabled for joint use at the end of July 2017.

##### **Thomas Kemp Tower**

- Steelwork Stub column drilling commenced on 15<sup>th</sup> May 17 and is 80% completed.
- TKT L16 New cowls installation completed.
- Remaining Tank room wall demo is 100% completed.
- Plinths for steelwork column near water tank room wall have been casted.

##### **Main Scheme**

- Nuclear Med Asbestos removal 99% completed and demolition 99% completed.
- Pile mat formation 100% completed & guide wall works 100% completed for NW.
- Pile Mat SW & guide walls works 80% completed.
- Piling Commenced on 5<sup>th</sup> May 2017. 65 piles have been casted till 31<sup>th</sup> May 17.
- Followed by piling commencement, capping beam installation commenced in the month and is 15% complete.
- S278 works at Arundel & Eastern road junction – Subcontractor appointed, dilapidation survey completed and survey report to be issued in June. Zebra crossing S278 agreement signed and approved.
- Council agree to remove TPO from the existing tree adjacent to Bristol gate. Trust has to now formally apply for removal.

**Main risks:**

- The delays to the energy centre
- Increased amount of asbestos found on site.

**6.1 Programme Board response:**

The main issue which was discussed concerned the asbestos. It was agreed that the full impact of the additional asbestos would be the subject of a further report before decisions could be taken regarding actions required to mitigate the possible delays, and the associated impact on time and programme.

JA  
DP

**8. Galliford Try CAB update**

Julian Goodliffe gave a presentation regarding the progress of the Clinical Administration Building. Whilst progress of the instillation of the modular buildings had generally been good, there was a projected 2 week delay into the Autumn of 2017 (Currently projected to be 06.11.17) .This was because instillation of the units had been delayed by the high winds in the previous week. This would therefore require an additional closure of the Bristol Gate road to ensure that the next units could be delivered.

**8.1** There was a positive discussion the successful approach to communications and engagement regarding the diversions and road closures. For instance the suspension of parking bays at Upper Abbey road had been achieved without incident. Richard Beard was commended for working closely with local residents. Lessons learned from this approach would also be applied to the redevelopment of the Emergency Department.

**8.2** There was a brief discussion about the value engineering of the Brise Soleil, which would be the subject of further consultation with B&HCC.

**8.3** Programme Board was assured that the exterior cladding would not be of the same type used in Grenfall Tower as it would have a mineral core.

**8.4** Finally, there was a discussion about the commissioning of the building and bringing into use. This would entail testing the link with the hospital's power supply which could be disruptive. This required a further discussion at Programme Team and with the project manager Bridget Mcgee.

DP  
PR  
BMcG

**RISKS AND ISSUES**

**9. Risk report**

- The Risk Register report was accepted.
- Nick reported that as requested at 3Ts Programme Team, he had redrafted the 3Ts workforce risks – to focus on workforce supply, affordability, preparation, and system impact (ie. the risk of denuding neighbouring NHS Trusts). Helen W. confirmed that Denise/Execs are currently reviewing.
- There was a general discussion about the volume and acuity of the highest risks.
- Bill felt that Karen might like to review the financial risks in more detail at a later date.
- Anna was thanked for the improved clarity of the report, and the inclusion of all post mitigation scores which was helpful.

DF  
HW

AB  
KH

**10. Management of multiple projects on site**

As described in 4.1, Duane outlined the current joint working arrangement across BAU in order to co-ordinate the multitude of projects on site currently. Evelyn had recently met with the teams concerned and regular updates were now taking place.

## UPDATE ON OTHER RELEVANT TRUST PROGRAMMES

### 11. **Workforce Planning Seminar: Presentation**

Nick presented the output from the 3Ts/Workforce Planning seminar held on 31<sup>st</sup> May. He thanked colleagues who had attended. There was general agreement that it had been a valuable session, and had identified key corporate planning processes that would need to be aligned in the lead-in to 3Ts Stage 1 (commissioning in Q3 2020/21).

#### 11.1 Key points from the discussion:-

- Nicola updated on her discussions with Philippa Spicer (Director, HEE KSS) and Prof. Ian Cumming (Chief Executive, HEE) about the current education funding landscape, incl. the c. 50% reduction in HEE Continuing Professional Development (CPD) monies, and the additional employer costs of the new degree apprenticeships. Although this is an NHS-wide issue, BSUH has the additional challenge of a step-increase in capacity/staffing in 3Ts and requirement for post-reg. education (eg. Critical Care). HEE is visiting in September, and Nicola was hopeful that some additional funding support would be provided – in recognition of BSUH's unique circumstances.
- Pete reported that the Quality Oversight Forum was fully supportive of the focus on workforce, and has asked for a detailed Trust-wide workforce plan, incl. for 3Ts. (This would also address one of the Department of Health's 3Ts FBC approval conditions). Nicola envisaged a strong focus on developing local talent, and reducing reliance on overseas recruitment. Kirstin and the Board welcomed this approach.
- Helen W. reported that Denise has convened/is chairing a fortnightly Workforce Planning, Efficiency & Transformation Group, which she envisaged would coordinate this work and triangulate with PMO/CIPs plans.
- Oliver reported the Trust Clinical Strategy would likely be complete by September 2017. This would provide context for workforce planning, as well as development/submission of the Operational Plan. Pete noted that good progress had already been made with revisiting the clinical service assumptions in 3Ts, and he hoped this could be signed-off as part of the wider Clinical Strategy in c. six weeks – to enable the more detailed workforce planning.

11.2 Kirstin thanked Nick for the presentation, and everyone who had contributed to the seminar and write-up.

#### **Workforce and Leadership Programme**

11.3 Nick was pleased to report that Prof. Jill Maben (Director of the National Nursing Research Unit, King's College London) has agreed to run a seminar at BSUH on 19th September on learning from her research into the Pembury Hospital experience (eg. staffing models, impact of 100% single rooms, preparing staff to work in new accommodation). This will significantly inform planning for the workforce transition to 3Ts, and workforce risks.

### 12. **Clinical Service Transformation**

The CST Programme Manager was not in attendance and so an update could not be provided.

13. **ASSURANCE**  
**Key risks and issues for Trust Board**  
None this month.

14. **ANY OTHER BUSINESS**  
None this month.

15. **CLOSE AND NEXT MEETING**  
Kirstin thanked everyone for attending and closed the meeting.  
The next meeting is due to be held on **Tuesday 19 July (11-12 Boardroom SMH).**

A Barnes  
30/06/17

# Minutes

Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 18 May 2017  
10am to 11am in SMH Board room**

<b>Present:</b>	Jonathan Abbott	Project Director, Laing O' Rourke (LO'R)
	Kirstin Baker	Non-Executive Director and Chair of Programme Board, BSUH
	Evelyn Barker	Managing Director, BSUH
	Ross Hanson	Director, Turner & Townsend (T&T)
	Denise Farmer*	Executive Director of Organisational Development and Workforce, BSUH
	Dominic Ford	Director of Corporate Affairs, BSUH
	Duane Passman	Director of 3Ts, BSUH
	Karen Geoghegan*	Executive Director of Finance, BSUH
	Peter Landstrom*	Executive Director of Delivery and Strategy, BSUH
	Nicola Ranger	Executive Director of Nursing and Patient Safety, BSUH
<b>In Attendance:</b>	Anna Barnes	AD, 3Ts Governance, BSUH
	Steve Chudley	3Ts Main Scheme Project Manager, T&T
	Mark Frake	3Ts Project Accountant, BSUH
	Nick Groves	AD, 3Ts Service Modernisation, BSUH
	Kyle McClelland	Director, Turner and Townsend
	Gary Speirs	3Ts Capital Project Manager, BSUH
Dale Vaughan	Director of Facilities and Estates, BSUH	

**GENERAL BUSINESS**

**1. Welcome and Apologies**

The Chair welcomed everyone to the meeting.

**1.1. Apologies were received from the following:**

Rob Brown	Head of Capital Development & Decant Programme Manager, BSUH
Graham Dodge	Deputy Clinical Director, 3Ts BSUH
George Findlay	Executive Medical Director, BSUH
Peter Larsen-Disney	3Ts Clinical Director, BSUH
Marianne Griffiths	Chief Executive, BSUH
Rab McEwan	Interim Chief Operating Officer, BSUH
Helen O'Dell	Interim Chief Nurse, BSUH
Alison Perry	Programme Manager, Clinical Transformation , BSUH
Oliver Phillips	Service Strategy Director, BSUH

**2.**

**Declarations of Interest**

No further interests were declared.

**3.**

**Minutes of Previous Meeting**

These were considered accurate. However as the meeting was again not quorate  
Kirstin suggested forwarding the minutes for agreement electronically.

**AB**

\* By video link

#### 4. **Matters Arising**

4.1 Nick reported that the 'grow your own' Advanced Clinical Practice (ACP) and Band 4/Foundation Degree (FD) business cases had been presented to Business Appraisal Committee on 10<sup>th</sup> May. He particularly thanked Liz Cody (Finance Business Partner), who had been fielded by Bill Stronach (Deputy CFO) to ensure the financials were robust. The cases show that the cost of training is recouped, and return a net saving.

Denise confirmed that the cases are now with her to discuss with Nicola and Execs. Given the early stages of development of the wider clinical, workforce and affordability/financial strategies, it may not be possible to approve them at this stage; they do require significant investment in the initial years. However this will be risk assessed, and the implications of delaying to the September 2018 academic intake factored in.

DF/NR

#### 4.2 **Co-ordination of different projects on Site**

Karen explained that a new capital projects group which would report to the Trust Executive Committee was being set up which would be able to co-ordinate the various other projects on the RSCH campus and ensure that any risks were appropriately mitigated. It was noted that this group would need to liaise closely with the 3Ts governance structure to ensure that there the appropriate liaison and risk mitigation across the site as a whole.

KG/DP

#### 4.3 **MHRA/Radiopharmacy**

Duane reported that validation by MRHA was expected in July 2017. Phil Rolf is now based in the department in order to close off the remaining commissioning issues, Graham Dodge and Rob Szymanski were working to ensure clinical services would be on track again as soon as possible. A lessons learned report would be produced for the next meeting.

RSB

#### 4.4 **Workforce Transformation Resourcing (9.2)**

Nick reported that Workforce Transformation includes 18 live projects/programmes that are reshaping workforce roles to respond to eg. long-standing vacancies and the financial context. These projects and the associated staffing are time-limited, so begin to lapse from June 2017. Denise said she was aware of the resourcing issue and timescales. She felt that there was much good work underway, and consideration is being given to how projects align to refreshed corporate priorities.

DF

### **GOVERNANCE**

#### 5. **Terms of Reference**

It was agreed to circulate for comment the TOR which had been ratified by the Board of Directors in April 2017.

AB

### **PROGRESS ON SITE**

#### 6. **Laing O Rourke monthly progress report**

Key Progress activities that took place during the month can be summarised as:

##### **Programme:**

Programme 7.2 has been signed off. Programme 8 will be issued imminently for acceptance. There has been approximately 4 weeks delay owing to greater than expected asbestos but this time delay is expected to be recoverable.

##### **South Service Road**

Service Trench works are on hold until piling works near the area are completed.

##### **Thomas Kemp Tower**

- Surveying for column head details in the plant room is 100% complete.
- Steel work for Helideck has commenced.
- Column head setting out for steel work 100% completed.
- Structural investigations of existing FM lift lobbies completed.

- Scaffold adaption for water tank room demo completed. Demo to water tank room wall 100% complete.

#### **Main Scheme**

- Demolition 95% completed for whole site.
- Asbestos removal Nuclear Med is 98% completed.
- Mould Room strip-out 100% completed & demolition commenced.
- Pile mat formation 100% completed & guide wall works 80% completed for NW. Pile Mat North Centre and NE are 100% completed.
- Access Ramp for piling 100% completed.

#### **Other**

- S278 works at Arundel & Eastern road junction agreement signed off and PMI082 received. Hoarding can be moved out and pavement made out of use once received
- Envelope & Fit-out Design packages review ongoing (currently with BDP to address comments and re-issue)
- Close out of VE Items remains ongoing. Updated RDD and VE schedule has been issued to the Trust.
- MEP PMAD information issue has commenced and this is being monitored via the agreed Tracker (this will be amended to reflect the updated requirements of C08).

#### **Main risks:**

- The delays to the energy centre
- Sequencing of works at the TKT lifts.

### **6.1 Programme Board response:**

Various points were made as follows:

- Duane congratulated the team about the close work with TMBU (just under the helideck). Nicola added that she had also had positive feedback about the responsiveness of LO'R to any clinical concerns re noise etc. Jonathan then explained how noise and dust limits were set out in the Construction Environmental Management Plan (CEMP) and that baseline measures had been included from the start, from which any increases could be measured. LOR had also entered into a Section 61 agreement (under the 1974 Control of Pollution Act) with Brighton and Hove City Council to provide greater assurance and guarantees with regards to dust and noise during the piling and site excavation works as this is a legally binding agreement.
- There was a discussion about mitigating the risks regarding the Energy Centre and the TKT lifts. Programme Board was assured that these risks were being mitigated via close work with BSUH.
- Karen also wanted information about how the forecast delays could be overcome. Jonathan explained that there were opportunities to catch up and that the asbestos issue was now being closed off.
- Evelyn asked for assurance about how well the risks outlined were being managed. Jonathan provided information about the progress which was being made on these two issues.
- Peter requested information about the noise and dust mitigations, which was provided by Duane. Duane also outlined the liaison with local residents via Hospital Liaison Group (HLG) and with Infection Prevention and Control (IPC) with regard to risk to patients and local residents' issues. Peter said he had received very positive feedback from B&HCC regarding the team's work in this area. Dale added that Richard Beard within the team was particularly proactive in his work with local residents.
- Karen also asked for a less technical report next month, or at least one with an explanation of all the acronyms deployed in the report.

**JA/AB**

### **7. Environmental KPIs and Social Value**

There was a positive discussion about the LO'R Environmental and Sustainability plan. The Board looked forward to seeing progress on the stretch targets which were

included in the report.

## **RISKS AND ISSUES**

### **8. Risk report**

- The Risk Register report was accepted. There was a general discussion about the volume and acuity of the highest risks.
  - The new risk regarding the appointment of a specialist advisor for the NSR diversions could be closed (as recruitment had taken place).
  - It was agreed to present a report highlighting the financial risks at the next meeting.
  - A full report including post mitigation scores would also be presented for the next meeting.
  - The heat map was appreciated. Anna was asked to provide another one with post mitigation scores included.
  - Anna felt that the highest risk was of on-site co-ordination, which would be mitigated by the proposed capital projects board and the proposed liaison with the 3Ts team.
- 9.
- Anna was thanked for the improved clarity of the report.

**AB**

### **Management of multiple projects on site**

Duane outlined the current joint working arrangement across BAU in order to coordinate the multitude of projects on site currently. As discussed in 8 this requires oversight outside of 3Ts and with the 3Ts team. There was a brief discussion about the DIFF/Helideck construction project. It was suggested that Evelyn should join the helideck project steering group.

**EB**

## **UPDATE ON OTHER RELEVANT TRUST PROGRAMMES**

### **10. Workforce and Leadership Programme**

#### **10.1 Workforce Transformation Programme update**

Duane noted that the 3Ts 'pizza & planning' workshop on 31<sup>st</sup> May would be followed by an 'assurance' presentation to the June 3Ts Programme Board. The purpose of the workshop is to ensure that as 3Ts Stage 1 moves into operational timescales, Business As Usual (eg. workforce planning, HR/recruitment, commissioning/contracting, business/strategy) has factored 3Ts into its planning – to meet the deliverables agreed as part of the 3Ts Full Business Case (eg. repatriation of clinical activity, staffing).

#### **10.2 Clinical Service Transformation**

The CST Programme Manager was not in attendance and so an update could not be provided.

### **11. ASSURANCE**

#### **Key risks and issues for Trust Board**

None this month.

### **12. ANY OTHER BUSINESS**

Dale thanked LO'R for assistance regarding access to site in relation to the contaminated fuel episode in the Energy Centre recently.

### **13. CLOSE AND NEXT MEETING**

Kirstin thanked everyone for attending and closed the meeting.

The next meeting is due to be held on **Tuesday 27 June (2-3pm Boardroom SMH).**

# Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 20 April 2017**  
3pm to 4pm in SMH Board room

<b>Present:</b>	Jonathan Abbott Evelyn Barker Ross Hanson Dominic Ford Helen O'Dell Duane Passman Oliver Phillips Karen Geoghegan Helen Weatherill	Project Director, Laing O' Rourke (LOR) Managing Director, BSUH Director, Turner & Townsend (T&T) Director of Corporate Affairs, BSUH Chief Nurse, BSUH Director of 3Ts, BSUH Director of Service Transformation, BSUH Executive Director of Finance, BSUH Director of HR, BSUH
<b>In Attendance:</b>	Anna Barnes Steve Chudley Rob Brown  Nick Groves Kyle McClelland Gary Speirs Dale Vaughan	AD, 3Ts Governance, BSUH 3Ts Main Scheme Project Manager, BSUH BSUH Head of Capital Development & Decant Programme Manager BSUH AD, 3Ts Service Modernisation, BSUH Director, Turner and Townsend 3Ts Capital Project Manager, BSUH Director of Facilities and Estates, BSUH

## GENERAL BUSINESS

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

#### 1.1. Apologies were received from the following:

Kirstin Baker	Non-Executive Director and Chair of Programme Board, BSUH
Graham Dodge	Deputy Clinical Director, 3Ts BSUH
Mark Frake	3Ts Project Accountant, BSUH
Peter Larsen-Disney	3Ts Clinical Director, BSUH
Peter Landstrom	Executive Director of Delivery and Strategy, BSUH
Robert McEwan	Interim Chief Operating Officer, BSUH

### 2. Declarations of Interest

No further interests were declared.

### 3. Minutes of Previous Meeting

The Board received the minutes of the meeting held on 23 March 2017, copies of which had previously been circulated. Dale Vaughan had not been recorded as present (which had subsequently been amended). Once this omission was corrected, these minutes were approved as accurate. However, as the meeting was not quorate, these would still need to be carried forward to the next meeting.

### 4. Matters Arising

#### 4.1 Workforce

Duane confirmed that there would be a presentation to the June Programme Board following the 31st May planning workshop. The purpose of the

HW/NG

workshop is to ensure that workforce planning for 3Ts and wider corporate planning processes (e.g. Business/Operational Planning, contracts/commissioning) are fully aligned, and milestones/deadlines understood

**4.2 Faulty lifts in Courtyard Building**

Dale Vaughan reported that the lift had been recalibrated and was now working correctly.

**4.3 Workforce Transformation**

Nick reported that Bill Stronach (Deputy CFO) has asked Liz Cody (FBP) to provide Finance support to the Advanced Care Practitioner (ACP) and Foundation Degree (FD) trainee/secondment business cases. He flagged that it would now be very challenging to get business cases approved in time to meet the June deadline for University applications for the September 2017 course starts. This is the last intake for ACP trainees to graduate in 2020 (i.e. in time for 3Ts Stage 1 opening).

Helen W. then reported that there are ongoing discussions with Denise Farmer (Director of OD & Leadership). In response to a question from Karen, Nick confirmed that this business case and the two training commissions/secondment business cases are independent.

**5. Notes from Sub-Groups**

There was a brief report to note from the Site Logistics Group regarding the multitude of different construction projects on site (within and outside the 3Ts programme scope), and the complexities associated with managing them simultaneously without negatively impacting on clinical services. It was agreed that a report on this issue should be presented to both a future SMT and a future 3Ts Programme Board.

**DP/DV/  
OP**

**6.**

**Governance**

Duane suggested that the Terms Of Reference would need to be refreshed at the next meeting to reflect the new Trust Management arrangements.

**DP/AB/DF**

**PROGRESS ON SITE**

**7. Laing O'Rourke Monthly Progress Review**

Jonathan Abbott outlined the key activities that took place during the month of March 2017. He began by correcting an error on page 16 (4<sup>th</sup> column table one should be £396,909 not £936,909).

**South Service Road**

Deep bore soakaway 100% complete.

Temporary drainage to SSR 100% complete.

Storm drainage connection 100% complete.

Retaining Wall Extension Part-2 (West of SSR) 100% complete.

**Thomas Kemp Tower**

BMU concrete Wing wall removal completed.

Temporary water tank room wall 100% completed

Surveying for column head details in the plant room, is 40% complete.

Cutting up-stands & pockets for Steel connections in pop-up roof area L16 100% complete with water proofing works ongoing

Cutting holes in the water tank room walls 100% complete.

FM lift works complete.

Demolition of water tanks ongoing.

**Main Scheme**

Latilla building both asbestos removal & soft strip are 100% complete.

Latilla rear section hard demolition 100% complete.

Additional Asbestos has been found in Jubilee Building (NCE 28). Asbestos removal 100% completed & Demolition 60% completed for Jubilee building.

Nuclear Med was handed-over on 16th March 2017 with exception of room N028.

Asbestos removal Nuclear Med commenced on 21/03/17 and is 20% completed.

N028 Handover on 07th Apr-17.

Pile mat formation 90% completed & guide wall works 60% completed for NW. Envelope & Fitout Design packages review ongoing (currently with BDP to address comments and re-issue)

Close out of VE Items remains ongoing. Updated RDD and VE schedule has been issued to the Trust.

MEP PMAD information issue has commenced and this is being monitored via the agreed Tracker.

Jubilee 100% demolished.

Pile mat in progress.

## 7.1 Programme Board response:

Various points were made as follows:

- Duane said that he was following up the issue of programme acceptance with Steve Chudley. **DP/SC**
- There was a discussion about the S278 works. Jonathan confirmed that the additional zebra crossing would be in place by the end of July. He also reported that the Arundel road works would be complete by the end of September (currently waiting on B&HCC to respond).
- There was a brief discussion about the termination of live services during the preliminary works on the Energy Centre which requires urgent attention. **PR**
- Programme Board requested additional information about the environmental KPIs (air/dust/noise) next month, as well as more information on the Social Value Programme (employment of local people). It was agreed that this would be a separate agenda item. **JA/AB**

## RISKS AND ISSUES

### 8. Risk report

- The Risk Register report was accepted. There was a general discussion about the volume and acuity of the highest risks. Anna explained that, whilst site clearances were continuing, the effects on the operation of the service potentially problematic. However, these would be expected to reduce once the site was completely cleared. In addition, risk mitigation strategies were now being perceived to be effective (hence the number of risks on Datix had been reduced).
- There was a discussion about risk 7.39 (Radiopharmacy department not validated) which had resulted in the requirement to use external contractors in order to provide a service to BSUH patients. Rob reported that an action plan was now in place to achieve MRHA validation, but that this could take some time (end May).
- It was agreed to continue to meet weekly until this situation was resolved. **RSB**
- Lessons learned would be fed into the commissioning process for 3Ts, especially with regard to the radiopharmacy facility which will be provided in Stage 1. A short report will be brought to a future Programme Board. **DP/RSB**
- Duane noted that one of the linacs in the Sussex Cancer Centre is to be replaced over the Summer as per the planned replacement schedule funded from operational capital. It was likely that this would be the machine closest to the Stage 1 so, so there is the potential to mitigate the effects of running the service during construction.

## UPDATE ON OTHER RELEVANT TRUST PROGRAMMES

### 9. Workforce and Leadership Programme

#### 9.1 Helen W. gave some background:

- Workforce & Leadership is one of four corporate programmes established by the previous CEO/Executive Team, and includes Health & Wellbeing, Staff Survey/Engagement, Leadership Development, Recruitment & Retention and Workforce Transformation.
- Governance arrangements will be changing with the new CEO/Executive Team, but in the meantime the current programmes of work have been asked to continue.
- Workforce planning for 3Ts was 'mainstreamed' some years ago, ie. now sits as part of Business As Usual (BAU) workforce planning processes.
- The remit of the 3Ts Programme Board, and the purpose of the exception report, is for assurance that the necessary BAU actions are being taken to ensure 3Ts will be staffed, and associated workforce benefits delivered, as set out in the 3Ts FBC.

#### Helen flagged:

- The key risk currently is the ACP and FD training/secondment business cases (as discussed under Matters Arising). These staff are part of the workforce supply solution, but the associated education programmes have a long lead-in time. They are expected to deliver net pay cost reductions – but require a three to five year 'invest to save' perspective.

#### Key points from the discussion:

- Karen noted the challenges of both workforce supply and affordability, in particular for a Trust in Special Financial Measures. She referred to the planning assumption/risk that additional single rooms in 3Ts could be staffed with 'level transfer' of staff costs (with additional capacity costed at marginal rates).

### 9.2 Workforce Transformation Resourcing

- Helen flagged that the Workforce Transformation programme (which currently comprises 13+ projects/programmes) is funded on a fixed-term basis, with stitched-together resources – the significant majority from one-off external funding. Projects/staffing start to come to an end from mid-May '17, and without renewal the programme will largely have ceased by November '17. Programme Board agreed that the programme is starting to have a positive impact Trust-wide, and implementing new workforce models that will be needed for 3Ts.
- Evelyn noted the discussion with NHSI about learning from other major capital schemes and ensuring timely planning for workforce. Advice pending from Denise Farmer (Executive Director of OD & Leadership) on the format/scope of an investment case to continue/extend the workforce transformation programme.

HW/DF

### 10. Clinical Service Transformation

Duane explained that as for Workforce & Leadership, the 3Ts Programme Board has an assurance role with Clinical Service Transformation (one of the other four programmes established by the previous CEO/Executive Team) to ensure that it remains aligned with the 3Ts FBC Investment Objectives. Peter Larsen-Disney (also Clinical Director for 3Ts) co-leads this programme, which provides a helpful interface.

The CST Programme Manager was not in attendance and so an update could not be provided. As discussed at the last meeting, the focus of the programme to date has been on shorter-term goals (e.g. Winter Planning 2016/17).

11. **ASSURANCE**  
**Key risks and issues for Trust Board**  
None this month.
  
12. **ANY OTHER BUSINESS**  
There was a discussion about the forthcoming CQC visit and the need to brief contractors on site to ensure that they were aware of the visit.
  
13. **CLOSE AND NEXT MEETING**  
Duane thanked everyone for attending and closed the meeting.  
The next meeting is due to be held on **Thursday 18 May** (10-11 am, Boardroom SMH). **Attendees are asked to note the revised time for the meeting.**

A Barnes  
25/04/17

# Minutes

**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 23 March 2017  
11.30am to 12.30pm in SMH Board room**

<b>Present:</b>	Jonathan Abbott Kirstin Baker Evelyn Barker Ross Hanson Dominic Ford Peter Larsen-Disney Duane Passman Oliver Phillips Spencer Prosser Helen Weatherill	Project Director, Laing O' Rourke (LOR) Chair / Non-Executive Director, BSUH Interim Chief Executive, BSUH Director, Turner & Townsend (T&T) Director of Corporate Affairs, BSUH 3Ts Clinical Director, BSUH  Director of 3Ts, BSUH Interim Director of Strategy, BSUH Chief Financial Officer, BSUH Director of HR, BSUH
<b>In Attendance:</b>	Anna Barnes Steve Chudley Rob Brown  Nick Groves Kyle McClelland Gary Speirs Emma Tee Dale Vaughan	AD, 3Ts Governance, BSUH 3Ts Main Scheme Project Manager, BSUH Head of Capital Development & Decant Programme Manager BSUH AD, 3Ts Service Modernisation, BSUH Director, Turner and Townsend 3Ts Capital Project Manager, BSUH Transformation Delivery Manager, BSUH Director of Estates and Facilities, BSUH

## GENERAL BUSINESS

- 1.1 Welcome and Apologies**  
The Chair welcomed everyone to the meeting.
- 1.2 Declarations of Interest**  
No further interests were declared.
- 1.3 Apologies were received from the following:**
- |                |   |
|----------------|---|
| Graham Dodge   | Deputy Clinical Director, 3Ts BSUH                  |
| Mark Frake     | 3Ts Project Accountant, BSUH                        |
| Jan Lawry      | Programme Manager, PMO, BSUH                        |
| Helen O Dell   | Chief Nurse, BSUH                                   |
| Alison Perry   | Programme Manager for Clinical Transformation, BSUH |
| Bruce Wheatley | Interim Chief Information Officer, BSUH             |
- 1.4 Minutes of Previous Meeting**  
The Board received the minutes of the meeting held on 16 February 2017, copies of which had previously been circulated. These were approved as accurate.
- 1.5 Matters Arising**  
**Workforce**  
It was agreed that this presentation should be taken to the June Board instead. **HW**
- Internal Audit Report**  
To be discussed in part II.

## 1.6 Notes from Sub-Groups

There were none this month. However Duane reported that there had been a meeting with the Hospital Liaison Group the night before which had been very positive concerning liaison and communications with regard to the development.

## PROGRESS ON SITE

### 2.1 Laing O'Rourke Monthly Progress Review

Jonathan Abbott outlined the key activities that took place during the month of February 2017:

#### South Service Road

- Retaining wall extension north with backfill SSR to make up level with wall completed
- Installation Petrol interceptor for Helideck completed.
- Soakaway completed.

#### Thomas Kemp Tower

- Services diversions completed on TKT
- Concrete pop ups complete
- Plant maintenance Strategy in process
- Temporary weather proofing trials to roof area ongoing
- Cladding removal completed.
- Crash deck to north staircase L14-15 completed.
- FM lift commenced.

#### Main Scheme

- Latilla building demolition completed.
- S278 agreement almost signed off.
- Nuclear Medicine; One room left to hand over (some equipment and a "hot" drain still to be managed first although this should not have an impact on the critical path for construction)
- Bristol Gate drawings completed and plinth removal in process
- Jubilee soft strip to be completed by 26<sup>th</sup> April. 50% of the building demolished
- Plant maintenance Strategy in process
- Additional Asbestos has been found in Jubilee Building (NCE 28).
- Site wide services excavation commenced, tracker uploaded to Asite.
- Possible ACMs discovered in the services excavation are being investigated.
- Envelope Design package review ongoing (currently with BDP to address comments and re-issue)
- BDP have started issuing the Fitout package information and this process will be ongoing during the next reporting period.
- Piling to begin on 24<sup>th</sup> March.
- Equipping Process interface schedule (Big Ticket equipment only) planned for issue end of March 2017
- Equipping Process full equipment list planned for issue December 2017 incorporating changes to 1:50 loaded plans and RDS

### 2.2

#### Programme Board response:

Various points were made as follows:

- It was noted that the handover of Nuclear Medicine was on the critical path and required concerted attention from both BSUH and LO'R

The Board was pleased that the re-sequencing of Jubilee demolition had assisted in minimising delays to the programme

- The additional asbestos in Jubilee was noted to be a risk which could not have been mitigated until the full extent was known. An allowance has been made in the provisional sums
- Anna noted that the comments tracker was working more smoothly now and thanked LO'R for assistance in closing out many comments.
- Duane was satisfied with the reporting of Early Warning Notices (EWNs) within the report.
- Gary Speirs offered thanks and congratulations to both teams for handing over the vast majority of the Stage One site,
- Several Board members, however, expressed concern about the delays to the operation of the Radiopharmacy Department. This was having a detrimental impact of patients who were not able to be treated locally and was incurring significant costs to the organisation. Resolution of the outstanding issues was to be progressed as a matter of urgency.

DP/JA

2.3

- There was also concern about the repeated lift failures within the Courtyard building which had left patients and staff trapped on several occasions.
- A discussion took place as to whether this was a commissioning/snagging issue or operational problem. Duane requested a full report regarding the faulty lifts before the AAR which was scheduled for the following Wednesday.

RB/LO'R

## RISKS AND ISSUES

3.1

### Risk report

- The Risk Register report was accepted. Anna reported that a recent review of Datix risks with Lois Howell indicate broadly that there was satisfaction with the good progress in mitigating the top risks affecting Business As Usual on the RSCH site.
- There was a discussion about risk 14.53 (effect of having several capital projects running simultaneously at RSCH). Mitigations included the co-ordination being provided with Oliver Phillips with the ED works.
- The main immediate risk was 4.43 the relocation of ED consultants from portacabins on Bristol Gate. Duane re-iterated this although this was not within the 3Ts scope, he was confident that Rob Brown/Bridget McGee had found a solution for affected staff on the North Tennis Courts site.
- It was agreed that the risk 12.30 regarding the mix of loans/PDC should remain unchanged.
- Oliver suggested that risk 10.13 (changing the brief) should include some narrative around the STP process which may increase pressure to change the main scheme schedule of accommodation. Anna indicated that there is some flexibility engendered in the design of the new buildings, but radical change would need to be assessed according to the agreed change control process.

AB

## UPDATE ON OTHER RELEVANT TRUST PROGRAMMES

4.1

### Workforce and Leadership Programme

Helen W. updated on the programme (detailed in the Programme Dashboard – Part II). Key points from the discussion:-

- Helen reported that she/Duane are convening a stakeholder workshop on 31st May to map in detail the planning steps/timescales required to ensure 3Ts staffing is in place for 2020.

- In particular, integration/alignment with wider corporate planning processes (e.g. contracts/activity, business/Operational Plans, CIPs, workforce returns), Sustainability & Transformation Plan (eg. repatriation of activity, per 3Ts FBC) and Local Workforce Action Board (e.g. staffing for region services).
- As cited in 1.5, it was agreed to defer the Programme Board Workforce Planning/Transformation presentation to the June meeting, to summarise the output from the workshop on 31 May.

## 4.2

### Workforce Transformation Resourcing

- Helen flagged that the Workforce Transformation programme (which currently comprises 13+ projects/programmes) is funded on a fixed-term basis, with stitched-together resources – the significant majority from one-off external funding. Projects/staffing start to come to an end from mid-May '17, and without renewal the programme will largely have ceased by November '17. Programme Board agreed that the programme is starting to have a positive impact Trust-wide, and implementing new workforce models that will be needed for 3Ts.
- Evelyn noted the discussion with NHSI about learning from other major capital schemes and ensuring timely planning for workforce. Denise Farmer (Executive Director of OD & Leadership) is advising on the format for a business case to refresh/extend the programme.

HW/DF

## 4.3

### Education Commissions: September '17 Intake

- Nick advised that while exact staffing numbers/estimates are being refined, staffing 3Ts will require a step-increase in the number of (i) Band 7-8a Advanced Care Practitioners (ACPs), eg. for Neuro/General Critical Care and Acute Floor, and (ii) Band 4 Associate Practitioners/Nursing Associates (APs) within wards
- A case for investment in ACP and AP secondments/training would need to be approved rapidly to meet the University admission deadline in June '17 for the September '17 intake - and graduation for 3Ts Stage 1 in '20 (MSc/ACP).
- It was agreed that the cases should be progressed at pace. The key element will be the underpinning financial models. Upfront investment would be significant, e.g. 10 x ACP trainees would require c. £400k investment/year in Years 1/2 however the model suggests overall financial payback (cost of backfill for training vs reduced pay cost on graduation) in five years (for ACPs) or three years (for APs). Spencer agreed to identify a FBP to review the model and support the development of the cases. Evelyn noted the importance of hitting the June '17 deadline, and agreed to navigate the cases through Trust approvals processes once drafted.

SP/ED

## 4.4

### Clinical Service Transformation

- Emma outlined progress with the programmes described at the last meeting
- Winter Planning (nearing the end) and review of the Medical Day Unit function
- PRH increased capacity plan and improved patient flow (links with the STP)
- Front Door and ED redesign
- Right Care Right Place (reduced length of stay and discharge earlier in the day)
- Trauma (MTC) compliance (Barbara Rayner leading).
- The importance of integration with, and by, 3Ts was stressed.

## ASSURANCE

### 5.1

#### Key risks and issues for Trust Board

None this month.

- 5.2
- Duane reported that 3Ts has been profiled in the Health Estates Journal [3Ts development](#).
  - He also reported that 3Ts was to feature at the Hospital Innovation Conference on 25 April in relation to the work being undertaken in workforce development.
  - Duane highlighted the recent enquiry from NHSI about the agreed repatriation from London hospitals and that this would need to be progressed.

**CLOSE AND NEXT MEETING**

- 6.1
- Kirstin thanked everyone for attending and closed the meeting.  
The next meeting is due to be held on **Thursday 20 April (3-4pm, Boardroom SMH)**.

A Barnes  
23/03/17

Meeting:	Brighton and Sussex University Hospitals NHS Trust: 3Ts Programme Board
Date:	23 March 2017
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 February 2017.

Links to corporate objectives	<p>Link to Corporate Objective(s)</p> <ul style="list-style-type: none"> <li>• High performing;</li> <li>• Best and safest care and</li> <li>• Academic excellence.</li> </ul>
Identified risks and risk management actions	Risks and mitigations are more fully explained within the risk report.
Resource implications	As above.
Report history	Programme Board notes from February 2017.
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 1): 16 February 2017  
11.30am to 12.30pm in SMH Board room**

**Present:**

Jonathan Abbott	Project Director, Laing O' Rourke
Kirstin Baker	Chair / Non-Executive Director, BSUH
Evelyn Barker	Interim Chief Executive, BSUH
Ross Hanson	Director, Turner & Townsend
Dominic Ford	Director of Corporate Affairs
Peter Larsen-Disney	3Ts Clinical Director, BSUH
Helen O Dell	Chief Nurse
Duane Passman	Director of 3Ts, BSUH
Spencer Prosser	Chief Financial Officer, BSUH
Helen Weatherill	Director of HR, BSUH

**In Attendance:**

Anna Barnes	AD, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development & Decant Programme Manager, BSUH
Mark Frake	3Ts Project Accountant, BSUH
Nick Groves	AD, 3Ts Service Modernisation, BSUH
Kyle McClelland	Director, Turner and Townsend
Kevin Oxley	Director of Estates, Facilities and Capital Planning ST NHS Trust
Alison Perry	Programme Manager for Clinical Transformation
Dale Vaughan	Director of Facilities and Estates

**Apologies:**

Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Graham Dodge	Consultant Radiologist
Jan Lawry	Programme Manager, PMO
Oliver Phillips	Interim Director of Strategy
Gary Speirs	3Ts Capital Project Manager, BSUH
Bruce Wheatley	Interim Chief Information Officer, BSUH

**1.1 Welcome, Introductions & Apologies**

Kirstin welcomed everyone to the meeting and introductions were then made.

**1.2. Declarations of Interest**

No further interests were declared.

**1.3. Previous Minutes**

The minutes of 19 January were approved.

**1.4. Action Log/Matters Arising**

**1.4.1 Site Tour** for Kirstin

Still TBA.

**Action Duane Passman/Steve Smith**

**1.4.2 Internal Audit report**

This is still outstanding. Duane agreed to circulate when it is complete. Spencer would contact Grant Thornton for a progress report.

**Action: Spencer Prosser**

**1.4.3 Workforce**

Helen W offered to provide a presentation on the STP/HEKSS Local Workforce Action Board (LWAB) to the March meeting.

1.5. **Notes from sub groups**

1.5.1 **3Ts Programme Team**

**EPR:** Spencer requested a change to the notes as the EPR has not been cancelled; (Discussions are continuing regarding the future of the programme, which has been paused in the interim).

Action: Gary Speirs

1.5.2 **Internal governance (risk escalation):**

The Programme Team had had a discussion about the importance of making decisions within existing governance structures. This was brought to Programme Board as a risk escalation as there are currently several forums within BSUH which are discussing 3Ts construction works, without the ability to resolve problems. Programme Board noted that there is a clear, Trust Board agreed, governance structure for the 3Ts Programme which includes representation from operational clinical service and support functions. This structure needs to be utilised to ensure that risks and issues relating to the implementation of works in operational hospital areas can be discussed and managed appropriately. (Failure to do so can result in cost and time delays to the main works).

1.5.3 More positively, Peter added that he felt engagement with clinical teams was going well and people do feel well-informed.

1.6. **Internal Audit Report**

See item 1.4.3 (to be covered at the next Programme Board)

1.7 **MTC Compliance Review**

Spencer Prosser introduced this report, which outlined areas where the service is not meeting the requirements of a MTC. As the service had been integral to the 3Ts Business Case approval, this was considered relevant to the Board. In general, it was felt that this was a positive report as it clearly laid out the actions which would be needed to enable the service to meet its objectives. Oliver Phillips is the lead who will be taking forward implementation of the report.

1.7.1 Peter added that the additional MTC requirements did not have an impact on the 3Ts design.

1.8. **Laing O'Rourke Monthly Progress Review**

1.8.1 Jonathan Abbott outlined the key activities that took place during the month of January 2017:

**South Service Road**

- Retaining wall extension north with backfill SSR to make up level with wall
- completed
- Installation Petrol interceptor for Helideck completed.
- 1 deep bore soakaway completed. Remaining to be completed in Feb-17.
- Trust removed chillers from SSR in Jan-17.

**Thomas Kemp Tower**

- Services diversions 90% completed on TKT
- Temporary weather proofing trials to roof area ongoing
- BMU plinth removal part-1 completed, part 2 commence in Feb-17.
- AHU shutdown completed with insulation & lagging in Jan-17. Trust acceptance of
- AHU due.
- Cladding removal 98% completed.
- Crash deck to north staircase L14-15 completed.

## **Main Scheme**

- Latilla building soft strip 30% completed.
- Live water main in Jubilee building isolated by Trust 14/01/17.
- Jubilee soft strip to be completed by 26<sup>th</sup> April.
- Additional Asbestos has been found in Jubilee Building (NCE 28).
- Site wide services excavation commenced, tracker uploaded to Asite. Weekly meetings to co-ordinate isolations are taking place with Trust and LOR.
- 11KVA cable needs Isolation (EWN 71) (Trust Action).
- Possible ACMs discovered in the services excavation are being investigated.
- Trust confirmed handover dates of remaining buildings; Sussex cancer centre extension & Nuclear Medicine to be 13/02/17 & 20/03/17 respectively.
- Envelope Design package review ongoing (currently with BDP to address comments and re-issue)
- BDP have started issuing the Fitout package information and this process will be ongoing during the next reporting period.
- Piling to begin on 24<sup>th</sup> March.

### 1.8.2

#### **Programme Board response:**

Various points were made as follows:

- The additional asbestos in Jubilee was noted to be a risk which could not be mitigated until the full extent was known.
- There was a discussion about the hidden cables which were being found as site clearance continued.
- Jonathan noted that dust caused by demolition was still a risk, but that the team was working closely with IPC to ensure the risk to patients is minimised.
- Dust levels were also being monitored to ensure to ensure that they comply with the levels agreed by B&HCC.
- Jonathan reported that work with operational and clinical teams regarding the removal of the chillers and concerning the hot water supply had been excellent.
- Duane then reported that we are close to being able to accept the most recent programme (7) which had been issued.
- A piling presentation for operational services had taken place (at Site Logistics) and site visits to other operational hospitals were taking place.
- Duane asked if IPC had been in attendance at the piling presentation. This was confirmed.
- Anna reported that 50% of the open comments had been closed off from the BSUH comments tracker.
- Duane indicated that he felt that the second table on page 19 of the LOR Progress Report, which deals with EWNs, gave a potentially misleading impression and that this had been discussed at Programme Team the previous week. It was noted that an appendix contained the fine detail of progress in processing EWNs. It was agreed that the table in the main report should identify those requiring action from the Trust, those requiring action for LOR, those requiring joint action and also an assessment/indication of whether there were any overdue or approaching that status.

**Action: Jonathan Abbott**

### 1.9

#### **Risk Register**

#### 1.9.1

The Risk Register report was accepted. There was a discussion about the operational risks on site from taking the main passenger lifts out of operation during construction of stage 1. Duane explained that these lifts were due for replacement, and that the 3Ts programme made this possible. The programme specified that these lifts would be out of action only when the trauma lift was complete and the waste lift was available (as a short term measure). Unfortunately it would not be possible to replace the lifts separately as they shared the same shaft. These were programmed activities and would be discussed at both Site Logistics meetings and Two Week Look Ahead (the Tuesday meetings) with affected services.

**Action: Dale Vaughan**

1.10 **Workforce and Leadership Programme**

1.10.1 Helen W explained that the CQC inspection on 18<sup>th</sup>, 25<sup>th</sup> and 26<sup>th</sup> April would be the focus of attention in the coming month. Recruitment and retention would be key concerns for inspectors. With regard to 3Ts Helen acknowledged that strategic alignment was critical; especially with regard to educational commissioning so that posts were in the pipeline early enough for Stage One. This would be the focus of the Workforce/Leadership presentation at the next meeting.

**Action: Helen Weatherill.**

1.11 **Clinical Service Transformation**

1.11.1 Alison was aiming to have a more strategic approach to planning programmes across BSUH. She explained that she was re-launching the PMO, and refreshing existing programmes. She outlined some of the programmes within her portfolio:

- Winter Planning
- PRH plan
- Front Door
- Right care Right Place
- Trauma (MTC)

1.12 **Key risks and issues for Trust Board**

1.12.1 None this month

1.13. **Any Other Business**

1.13.1 Duane highlighted the recent press coverage which had seen the first phase of demolitions taking place: <http://www.juicebrighton.com/news/brighton-news/royal-sussex-regeneration-in-full-swing/> <http://www.brightonandhoveindependent.co.uk/news/health/marking-the-end-of-an-era-for-brighton-hospital-1-7819670>

1.14 **Close & Next Meeting**

Kirstin thanked everyone for attending and closed the meeting.

The next meeting is due to be held on **Thursday 23 March** (11.30am to 12.30pm, Boardroom, SMH).

Meeting:	Brighton and Sussex University Hospitals NHS Trust: 3Ts Programme Board
Date:	16 February 2017
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 January 2017.

Links to corporate objectives	Link to Corporate Objective(s) <ul style="list-style-type: none"> <li>• High performing;</li> <li>• Best and safest care and</li> <li>• Academic excellence.</li> </ul>
Identified risks and risk management actions	Risks and mitigations are more fully explained within the risk report.
Resource implications	As above.
Report history	Programme Board notes from January 2017.
Appendices	Nil
Action required by the Board Programme Board is invited to <u>agree, or correct</u> this report.	



**Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 19 January 2017  
11.30am to 12.30pm in SMH Board room**

**Present:**

Kirstin Baker	Chair / Non-Executive Director, BSUH
Peter Larsen-Disney	3Ts Clinical Director, BSUH
Rab McEwan	Chief Operating Officer, BSUH
Duane Passman	Director of 3Ts, BSUH
Spencer Prosser	Chief Financial Officer, BSUH
Lorissa Page	Deputy Director of HR, BSUH
Steve Smith	Senior Commercial Manager, Laing O' Rourke
Bruce Wheatley	Interim Chief Information Officer, BSUH

**In Attendance:**

Anna Barnes	AD, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development & Decant Programme Manager, BSUH
Mark Frake	3Ts Project Accountant, BSUH
Nick Groves	AD, 3Ts Service Modernisation, BSUH
Ross Hanson	Director, Turner & Townsend
Gary Speirs	3Ts Capital Project Manager, BSUH

**Apologies:**

Jonathan Abbott	Project Leader, Laing O'Rourke
Mark Angus	Interim Deputy Chief Operating Officer for Emergency Care, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Dominic Ford	Director of Corporate Affairs
Gillian Fairfield	Interim CEO, BSUH
Oliver Phillips	Director of Strategy (Interim), BSUH
Helen Weatherill	Director of HR, BSUH

**1.1 Welcome, Introductions & Apologies**

Kirstin welcomed everyone to the meeting and introductions were then made.

**1.2. Declarations of Interest**

No further interests were declared.

**1.3. Previous Minutes**

The minutes of 24 November were approved.

**1.4. Action Log/Matters Arising**

**1.4.1 Site Tour for Kirstin**

Still TBA.

**Action Duane Passman/Steve Smith**

**1.4.2 Decant After Action Review**

The report is in draft. Duane Passman and Rob Brown are in the process of reviewing it. Kirstin asked for the report to come to Programme Board in February.

**Action: Rob Brown / Duane Passman**

**1.4.3 Internal Audit report**

Duane noted the action plan had been discussed at the previous Programme Board, but that Grant Thornton had undertaken a further updated review, which is awaited. The updated report will be brought to a future Programme Board and will also be discussed at the Trust Audit Committee.

1.4.4 **Space for ED**

Rob informed the Board that his team were looking into space utilisation across the site prior to the deadline in March when the portacabins would have to be moved. Duane noted that this was outside the scope of the 3Ts Programme.

Action: Rob Brown

1.4.5 **Planning permission for NTC**

Duane reported that this was in process. A meeting was taking place with B&HCC that day regarding the Trust parking at Marina Way and LOR's plans for the site holding area.

1.4.6 **MTC compliance presentation**

This would be presented at the February Programme Board.

1.4.7 **Workforce**

Nick Groves said that the issue of staffing the helideck was being discussed with Barbara Rayner.

1.5. **Notes from sub groups**

**3Ts Programme Team**

• **CAB and UCC**

Rob reported that a meeting was scheduled to ensure that the two work streams were co-ordinated. He added that the works to implement the redesign of the UCC had been postponed until March for logistical reasons. Gary Speirs added that there had already been a meeting between LO'R and Galliford Try (CAB) to ensure that works on site were being appropriately coordinated.

Action: Gary Speirs

• **Clinical Assistants**

Duane was pleased to report that the Clinical Assistants (CAs) pilot, which was also commended in the recent HEE inspection as part of workforce modernisation, has been shortlisted for the prestigious Health Service Journal Value in Healthcare Award. Interviews will be held on 27th March, with the Awards Ceremony on 24th May. Duane congratulated Gareth Chan and the CAs. Nick thanked Spencer and Helen W. for extending the CA pilot by a further 7 months (to end August '17), which he hoped would allow time for consideration of the substantive business case, and further evidence/data in support.

1.6. **MTC Compliance Review**

See item 1.4.6 (to be covered at the next Programme Board)

1.7. **Laing O'Rourke Monthly Progress Review**

1.7.1 Steve Smith outlined the key activities that took place during the month of December 2016 :

**South Service Road**

- Wall to pile capping beam 100% complete and the retaining wall extension to the north will commencing in Jan-17.
- Storm drainage installation has commenced and is 10% completed.
- Chillers have now been moved.

**Thomas Kemp Tower**

- Installation of new Endoscopy ductwork is completed.
- Exploratory works, services diversions & Temporary weather proofing trials to roof area ongoing.
- BMU plinth removal part-1 completed.



- New Endoscopy AHU with the planned Shutdown 1, Shutdown 2 for Endoscopy AHU and Neo Natal shutdown completed with insulation & lagging due to be completing Jan-17.
- Cladding removal commenced on 09/11/16 and is 95% completed.

### **Main Scheme**

- Latilla was handed over on 22nd Dec 16 and the MRI link area between Barry & Jubilee building handed over on 23rd Dec 16.
- Stephen Rali hard demolition is completed including ground floor slab.
- Structural demolition to the Estates building is completed.
- Soft strip of Jubilee has started.
- Asbestos survey to undercroft took place. ACMs (asbestos containing materials) were found to be present. These were removed
- Additional asbestos has been found in Jubilee Building.
- Site wide services excavation commenced, tracker uploaded to Asite.
- Weekly meetings to co-ordinate isolations are taking place with Trust and LOR.
- Possible ACMs discovered in the services excavation are being investigated.
- LOR are awaiting confirmed dates from Trust for handover of remaining buildings; Sussex Cancer extension & Nuclear Medicine.
- Envelope Design package review ongoing (currently with BDP to address comments and re-issue)

### **Other**

- Close out of VE Items remains ongoing. Updated RDD and VE schedule has been issued to the Trust.
- MEP PMAD information issue has commenced and this is being monitored via the agreed Tracker

1.7.2

### **Programme Board response:**

Various points were made as follows:

- It was agreed to discuss potential delay within the context of the commercial settlement.
- The additional asbestos in Jubilee was also noted as a concern.
- More positively, all agreed that it was important to close out the Decant schemes and make a new start with regard to the main scheme.
- Duane then reported that we are close to being able to accept the most recent programme (7) which had been issued.
- It was noted that piling would start soon and would require improved liaison with operational services so as to mitigate any noise disturbance. A piling presentation for operational services was requested.

**Action: Gary Speirs/Jonathan Abbott**

- Anna asked for a more satisfactory method for answering the comments made by BSUH in relation to the monthly report. Ross offered to discuss the context of the Commercial meetings.

**Action: Ross Hanson**

1.7.3

Duane congratulated LO'R and Anna for the hoarding designs which had been a design project between University of Brighton Graphics Department and BSUH/LO'R.

1.8.

### **Risk Register**

1.8.1

The Risk Register report was accepted. Anna was asked to split the risk with regard to changing the brief into Stage 1 and Stage 2.

**Action: Anna Barnes**

1.8.2

There was a discussion about the findings of the November '16 HEE inspection, the risk being that the Trust's education/learning capability, senior leadership and governance is



not sufficiently developed to fully benefit from the 3Ts investment, and does not realise in full the benefits (e.g. income) assumed in the 3Ts FBC/Economic and Financial Case. Mitigation: HEE inspection report provides recommendations/requirements.

Kirstin agreed to escalate the need for senior leadership of (and Board engagement with) the Action Plan, and tracking of progress/implementation. It was also agreed to flag this to WSHFT management team.

**Action: Anna Barnes/Kirstin Baker**

1.8.3 Anna was asked to ensure that all BSUH risks had an identified owner.

**Action: Anna Barnes**

## 1.9 **Workforce and Leadership Programme**

1.9.1 Peter asked about workforce planning for 3Ts – he has been approached by a number of Clinical Directors asking about plans, recognising long lead-in time for specialist posts (and the need to start ‘growing own own’), and wanting to engage. Staffing proposals will benefit from constructive challenge, but in general Peter felt CDs were being realistic, and planning for staff increases based on capacity (eg. General and Neuro Critical Care).

1.9.2 It was noted that workforce planning for 3Ts is part of Trust-wide planning. Lorissa reported that the NHSI/HEKSS Workforce Planning/Forecast Demand return had been submitted (December '16), but is a work in progress and will need to be refined for 3Ts. Agreed that staffing the regional services in 3Ts will also need coordination across the STP area, and the HEKSS Local Workforce Action Board (LWAB) is presumably the appropriate forum. It was agreed to ask Helen W. to brief the next meeting on Trust engagement with the LWAB.

**Action: Helen Weatherill**

1.9.3. Nick noted the long lead-in time for specialist posts (eg. three years to train an Advanced Care Practitioner from Band 6 to Band 8a – so to be ready for 3Ts Stage 1, education would need to be commissioned in '16/17 to start in '17/18). It was agreed that the narrowing window to start in-house staff development represented an increasing risk to 3Ts Stage 1 delivery – agreed to escalate via Chair's Issues.

**Action: Anna Barnes/Kirstin Baker**

1.9.4 Lorissa/Nick were asked to update on workforce planning (incl. for 3Ts) at the March/April Programme Board – to refresh, and update new members on, planning timescales, lead-in time for 3Ts Stage 1, priority clinical areas in 3Ts (hard to recruit and/or step-increase in capacity), education commissioning implications, and fit within overall Trust Workforce Plan.

**Action: Lorissa Page/Nick Groves**

## 1.10 **Clinical Service Transformation**

1.10.1 See item 1.4.6 (to be covered at the next Programme Board)

## 1.11 **Key risks and issues for Trust Board**

1.11.1 It was agreed to escalate the workforce risk to Trust Board, as well as the HEE findings and the possible impact on teaching and research income: Programme Board discussed the education/research benefits assumed in the 3Ts FBC/Economic and Financial Cases. The HEE inspection (November '16) found inter alia a lack of senior leadership understanding of/engagement in education, and unclear education governance. The risk is that education capability will not be sufficiently developed to realise the 3Ts teaching benefits in full (eg. income) on opening of 3Ts Stage 1 in 2020. Mitigation: Board/Exec. Leadership of HEE Action Plan and progress to implement recommendations/requirements.

1.11 **A**

While much staff recruitment for 3Ts can be undertaken as 'business as usual' in '18-20, Programme Board discussed the long lead-in time for specialist posts and the narrowing window with Stage 1 opening in 2020 (eg. Advanced Care Practitioner takes three years to train – so need to commission in '16/17, to start in '17/18 and graduate in '19/20). Mitigation: 3Ts team able to provide specialist/design input to inform Trust-wide workforce planning process. Flag risk to WSHFT management team.

**Action: Kirstin Baker/Anna Barnes**

1.12.

**Any Other Business**

1.12.1

There was no other business.

1.13

**Close & Next Meeting**

Kirstin thanked everyone for attending and closed the meeting.

The next meeting is due to be held on **Thursday 16 February** (11.30am to 12.30pm, Boardroom, SMH).

Meeting:	Brighton and Sussex University Hospitals NHS Trust: 3Ts Programme Board
Date:	19 January 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 October 2016.

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

# A

## Minutes of RSCH Hospital Redevelopment Programme Board (Part 1): 24 November 2016 11.30am to 12.30pm in 3Ts Meeting Room, South Tennis Courts

### Present:

Kirstin Baker	Chair / Non-Executive Director, BSUH
Graham Dodge	Deputy 3Ts Clinical Director, BSUH
Helen O'Dell	Interim Chief Nurse, BSUH
Duane Passman	Director of 3Ts, BSUH
Oliver Phillips	Director of Service Transformation
Spencer Prosser	Chief Financial Officer, BSUH
Helen Weatherill	Director of HR, BSUH

### In Attendance:

Anna Barnes	AD, 3Ts Governance, BSUH
Richard Boyce	Senior Business Consultant NHS I
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Mark Frake	3Ts Project Accountant
Nick Groves	AD, 3Ts Service Modernisation, BSUH
Jan Lawry	Interim Programme Manager PMO
Kyle McClelland	Director, Turner & Townsend
Gary Speirs	Capital Project Manager, BSUH
Neil Saunders	Commercial Leader Laing O'Rourke
Justin York	Associate Director, Turner and Townsend

### Apologies:

Jonathan Abbott	Project Leader, Laing O'Rourke
Mark Angus	Interim Deputy Chief Operating Officer, for Emergency Care, BSUH
Rachel Cashman	Director of Strategy & Commercial Development, BSUH
Dominic Ford	Director of Corporate Affairs
Ross Hanson	Director, Turner & Townsend
Peter Larsen-Disney	Clinical Director
Gillian Fairfield	CEO, BSUH
Dale Vaughan	Director of Facilities & Estates, BSUH

#### 1.1 **Welcome, Introductions & Apologies**

Kirstin welcomed Richard Boyce from NHSI, who was present as an observer. Introductions were then made.

#### 1.2. **Declarations of Interest**

No further interests were declared.

#### 1.3. **Previous Minutes**

The minutes of 20 October were approved.

#### 1.4. **Action Log/Matters Arising**

##### 1.4.1 **Site Tour** for Kirstin Still TBA

**Action Duane Passman**

##### 1.4.2 **Use of chapel**

Steve reported that alternative proposals re the timing and relocation of the facsimile are expected imminently. These will be circulated for approval to the Programme Team not Programme Board,

**Action: Anna Barnes/Steve Chudley**

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- 1.4.3 **Decant After Action Review**  
The meeting has taken place and the report is in draft.  
**Action: Rob Brown / Anna Barnes**
- 1.4.4 **Review of risk register**  
Anna apologised for the delay with this, owing to a difficulty in aligning diaries. She reported that the construction risks would be now be reviewed in December, followed by the full risk register. To be reported back to PB in January.  
**Action: Anna Barnes**
- 1.5. **Notes from Subgroups**  
The notes of the Trust/HEKSS Workforce Stakeholder Board (16 November) were received. Graham reported that very good progress was being made on a variety of fronts with regard to role redesign and development.
- 1.6. **Internal Audit Action Plan**
- 1.6.1 **Update**  
Duane reported that the recommendations had been implemented in full, or were in progress except for recommendations 9 and 11. These concerned the re-tender for cost consultancy services and the recommendation regarding the revised duties of the cost advisor in relation to LO'R. Programme Board requested that this update be submitted to the Audit Committee in January.  
**Action : Duane Passman**
- 1.6.2 Duane explained the cost advisor duties were not due for retendering until after demolition had been completed, so this would take place in the Spring of 2017.  
**Action : Duane Passman**
- 1.6.3 Duane added that Grant Thornton were in the process of re-auditing 3Ts at present and would present their findings to the Audit Committee on 8 December.
- 1.7. **Laing O'Rourke Progress Review**
- 1.7.1 Four key events have impacted the forecast of Section 2 completions. These are:
- Jubilee Building forecast Possession is later than planned for C06 (due to extended Trust Decant & Decommissioning duration).
  - latilla Building and Nuclear Medicine Building forecast possessions are later than planned.
  - Additional Asbestos identified in the Estates Building following the destructive survey
  - Infection control linking of the Demolition activities to the decanting of the Jubilee Building.

Key Progress activities that have taken place during the month of October-16 can be summarised as:

### **South Service Road**

- Piling near ENT building is complete and pile caps to SSR piles are now 100% complete.
- Pile capping now 75% complete.
- Trust to remove chillers from SSR- As of the 05/12/16 this will put us in delay to do the final pile cap if chillers are not removed.

### **Thomas Kemp Tower**

- Installation of new Endoscopy MTHW in progress
- Exploratory works, services diversions & Temporary weather proofing trials to roof area ongoing.

# A

- BMU plinth removal 75% complete and waterproofing ongoing during demolition of the plinths.
- West Side copings/steel pitch pocket formation and Column B/7 remove cladding/form pitch pocket completed.
- First Endoscopy AHU Shutdown completed and handed back on time
- Chemical cleaning and flushing to commence 21/11/16
- Endoscopy Shutdown 2 booked for weekend 26/11/16 MTHW Valve cut in
- Endoscopy Shutdown 3 requested for weekend of the 17/12/16 (previously planned for the 3rd/4th of December 2016)
- Neo Natal AHU Shutdown cannot be carried out until Endoscopy shutdown 3 is complete thus planned for January 2017 date to be confirmed by the Trust

## Main Scheme

- Decant of patients complete and Demo of the Stephen Rali Building commenced
- Date for Handover of the Jubilee Building delayed EWN raised
- Handover of Mould Room Delayed EWN raised.
- Structural demolition on the Estates is now 90% complete
- Envelope Design package review ongoing.
- BDP have started issuing the Fit-out package information.
- Asbestos Surveys to undercroft of Estates have commenced
- Vacuum Excavation to locate site wide services has commenced.

## Other

- Close out of VE Items remains ongoing. Updated RDD and VE schedule has been issued to the Trust.
- Programme for Acceptance C06 submitted with commentary.
- MEP PMAD information issue has commenced and this is being monitored via the agreed Tracker
- BDP Continuing issue of MEP stage E+ drawings.

Various points were made as follows:

- PB queried whether the risks to Trust endoscopy procedures had been managed sufficiently as these could not be halted at weekends. Neil reported that a solution to this issue had been found and endoscopy procedures were able to continue
- Neil requested additional help from BSUH when isolating unforeseen underground services.
- Neil was questioned closely about the defects to the FCP (notably flooring). Neil said a report would be issued on this matter in order to resolve prior to handover. There was concern that this could delay handover of Hanbury Building which would have an adverse effect on the Main Scheme. Kyle noted that Turner & Townsend had advised the Trust not to accept Takeover of the Hanbury Building until a detailed report on the flooring issue and a recommendation on the corrective action necessary were available. – To be resolved after further discussion.
- Anna asked for a more satisfactory method for answering the comments made by BSUH in relation to the monthly report. Neil said he would discuss this with Gary Speirs.
- Duane asked when the Budget to Build would be available

**Action: Neil Saunders**

## 1.8. Risk Register

- 1.8.1 The Risk Register report was accepted. There was a discussion about the new risks in relation to the additional accommodation required by ED. Duane pointed out that this was not a 3Ts issue as such. Rob replied that his team were looking into space utilisation across the site prior to the deadline in February when the portacabins would have to be moved.

**Action: Rob Brown**

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- 1.8.2 There was a discussion about the planning permission risk with regard to the temporary accommodation on the South Tennis Courts. This would be applied for imminently:  
**Action: Steve Chudley**
- 1.8.3 Kirstin suggested that the risk regarding organisation change should be raised in recognition of the new Board arrangements shortly to be implemented.  
**Action: Anna Barnes**
- 1.9 **Common Causes of Project Failure**
- 1.9.1 Anna and Duane presented the revised paper looking at Common Causes of Project Failure in major projects as identified by the OGC. Good progress in avoiding these pitfalls was noted at the current time. There was a discussion about ensuring the STP embeds 3Ts (to be published this week). It was suggested that we track our progress across the RAG for the next review.  
**Action: Anna Barnes**
- 1.10 **Decant AAR**
- 1.10.1 This had been covered under item 1.4.3.
- 1.11 **Workforce and Leadership Programme**
- 1.11.1 As requested, Nick presented the refreshed 3Ts workforce planning timeline and key activities to Stage 1/2020. Key points:
- Much of the workforce planning for 3Ts will be managed through business as usual.
  - Some elements have a particular relationship with 3Ts design (eg. efficiencies through larger ward templates, ergonomic layout), and preparatory work is underway.
  - In a small number of areas (eg. general and neuro/critical care), there is a step-increase in capacity/activity in 3Ts and recognised national/local workforce supply issues; this will require planning across STP/LWAB.
  - Workforce planning for 3Ts is an iterative process, building on current modernisation work. For the Trust Operational Plan submission, 3Ts Stage 1 falls within the HEKSS five-year planning horizon, but not yet within the NHSI two-year horizon.
  - The plan was received. Agreed this should continue to be progressed through the Trust Workforce & Leadership programme. Duane suggested that the variance should be reported to the other relevant Boards as well as 3Ts to ensure read-across and transparency.
- 1.12 **Clinical Service Transformation**
- 1.12.1 Jan reported that she was working on the following:
- Winter plan
  - CQC Action Plan
  - MTC review
- 1.12.2 Jan also said that she would present the MTC compliance review in January.  
**Action: Jan Lowry**
- 1.13 **Chair's issues for Escalation**
- 1.13.1 It was agreed to escalate the handover of the Hanbury Building (caused by defective flooring).
- 1.14. **Any Other Business**
- 1.14.1 Duane thanked Anna and the rest of the members of the Connect Public Arts Programme for a very successful launch on Monday evening. Anna thanked Duane for his support for the programme and inspirational address.
- 1.15 **Close & Next Meeting**
- Kirstin thanked everyone for attending and closed the meeting.  
The next meeting is due to be held on **Thursday 19 January** (11.30am to 12.30pm, Boardroom, SMH).

**Minutes of RSCH Hospital Redevelopment Programme Board (Part I): 20 October 2016  
11.30am to 12.30pm in Boardroom, St Mary's Hall**

**Present:**

Jonathan Abbott	Project Leader, Laing O'Rourke
Kirstin Baker	Chair / Non-Executive Director, BSUH
Graham Dodge	Deputy 3Ts Clinical Director, BSUH
Dominic Ford	Director of Corporate Affairs
Helen O'Dell	Interim Chief Nurse, BSUH
Peter Larsen-Disney	Clinical Director
Lorissa Page	Assistant Director, HR
Duane Passman	Director of 3Ts, BSUH
Spencer Prosser	Chief Financial Officer, BSUH

**In Attendance:**

Anna Barnes	AD, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Nick Groves	AD, 3Ts Service Modernisation, BSUH
Ross Hanson	Director, Turner & Townsend
Jan Lawry	Interim Programme Manager PMO
Kyle McClelland	Director, Turner & Townsend
Gary Speirs	Capital Project Manager, BSUH
Dale Vaughan	Director of Facilities & Estates, BSUH

**Apologies:**

Mark Angus	Interim Deputy Chief Operating Officer, for Emergency Care, BSUH
Rachel Cashman	Director of Strategy & Commercial Development, BSUH
Gillian Fairfield	CEO, BSUH
Mark Frake	3Ts Project Accountant
Oliver Phillips	Director of Service Transformation
Helen Weatherill	Director of HR, BSUH

**1.1 Welcome, Introductions & Apologies**

Kirstin welcomed Peter Larsen-Disney as the new Clinical Director for 3Ts. Introductions were then made.

**1.2. Declarations of Interest**

No further interests were declared.

**1.3. Previous Minutes**

The minutes of 22 September were approved.

**1.4. Action Log/Matters Arising**

**1.4.1 Common Causes of Project Failure**

It was agreed to examine this within the context of the Oxley review at the next month's Board.

**Action: A Barnes**

**1.4.2 Site Tour** for Kirstin and Rachel  
Still TBA

**Action Duane Passman**

**1.4.3 Use of chapel**

Steve reported that a specialist contractor was on site that afternoon in order to generate proposals for its re-location.

**Action: Jonathan Abbott**

#### 1.4.4 **Decant After Action Review**

Duane took the opportunity, now that Courtyard had been handed over by LO'R to congratulate all those who had worked so hard to achieve this. It was agreed that it would offer a far better standard of patient accommodation. Rob said that the AAR was now scheduled to take place on 9<sup>th</sup> November

**Action: Rob Brown / Anna Barnes**

#### 1.4.5 **Review of risk register**

Anna reported that the construction risks would be reviewed initially, followed by the full risk register. To be reported back to PB in November.

**Action: Anna Barnes**

#### 1.4.6 **STP**

Spencer reported that NHS I would be considering the plan early in December. He did not think there were any concerns for 3Ts as the STP was broadly in line with the plans outlines within the FBC re tertiary services. Duane added that the National Programme Board had also been supportive of the progress now being made by 3Ts.

#### 1.4.7 **Smoking/littering in adjacent roads**

Anna reported that a message would be included in the ecomms Monday Message.

#### 1.5. **Notes from Subgroups**

- The notes of 3Ts Programme Team (14<sup>th</sup> October) were received.
- The notes of the Trust/HEKSS Workforce Stakeholder Board (30<sup>th</sup> September) were received. Nick reported that the scope/membership of the group may be extended, and reporting arrangements will be kept under review in light of evolving Trust PMO governance. Agreed that for the time being the Stakeholder Board should continue to report jointly to the 3Ts Programme Board and Trust Education & Knowledge Board.

#### 1.6. **Laing O'Rourke Progress Review**

##### 1.6.1 **Update**

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

##### **South Service Road**

- Final Foul connection completed (drainage work). This now enables stage 1 piling.
- Pile capping for trauma lift foundation completed.
- Piling near ENT building commenced on 27/09/16.
- Trust to remove chillers from SSR.

##### **Thomas Kemp Tower**

- Cowl /smoke extract work 65% completed which enabled big-foot construction and part 1 of Air handling unit to be placed on the roof.
- Exploratory works, services diversions & Temporary weather proofing trial to roof area ongoing. Please refer to document CHT-MEP-HE-SH-0001 rev
- C07 for more detail.
- Survey work completed for Copping North, East, and West to confirm the structure. Surveying continuing to column head details in plant room area.
- Asbestos remove complete for TKT cowl/Smoke vent.
- FM lift lobbies hoarding ongoing, 90% completed.
- Fire Alarm Extension completed.
- BMU plinth removal commenced and waterproofing ongoing during demolition of the plinths.
- Installation of new Endoscopy ductwork commenced.

## **Main Scheme**

- Additional asbestos removal works for Estates Building completed.
- Scaffolding to Estates building complete.
- Structural demo completed for ENT (545) building.
- Sussex Cancer Centre ramp asbestos removal commenced.
- Decant of the Jubilee Building is linked to the commencement of hard demolition of the Stephen Rali Building & Estates as per infection control agreement. This is 5% behind where it should be.

## **Other**

- Close out of VE Items remains ongoing. Updated RDD and VE schedule has been issued to the Trust.
- Envelope Design package review ongoing, BDP started issuing Fitout packages.
- Programme for Acceptance C06 submitted with commentary. Overall Programme review meeting held with Trust on 13th Sept. 16 followed by Helideck programme review meeting on 15th Sept.16.
- CDM review carried out for Helideck and Section 02 plant room areas (ongoing process).
- MEP commenced.
- Programme version C07 being submitted for acceptance.
- FCP (Hanbury) making good progress towards handover and water quality issues close to resolution.

### 1.6.2

#### **Discussion**

Key points from the discussion ( and the BSUH response enclosure F3):-

- Kirsten asked if the water quality issues had been resolved in the Courtyard Building. Rob replied that the quality was now satisfactory and that small counts were being monitored in Hanbury.
- Jonathan added that responsibility for automatic dosing for water quality would shortly transfer to BSUH for the Hanbury Building (subject to agreement).
- Kirstin asked if the value of the helideck package had changed. Duane replied that this package was currently under review.
- Graham asked if the lessons learned regarding controlling for aspergillus could be routinely applied for the next stage of the development. This was agreed.
- Anna commented that, as Jubilee patients were moving out of the building adjacent to the demolition site it was hoped that this risk was now mitigated to a certain extent.
- There was positive feedback that piling outside building 545 had been achieved without any significant noise disturbance.
- Duane finished the discussion by requesting that teams should be informed about the endoscopy shut down between 11<sup>th</sup> and 25<sup>th</sup> November.

**Action: Rob Brown.**

### 1.7.

#### **Risk Register**

#### 1.7.1

The Risk Register report was accepted. Graham asked if the aspergillus risks10/33 could be reduced. Duane asked for it to be maintained at the current level for the moment, until the demolition phase was complete.

## 1.8 **Workforce and Leadership Report**

- 1.8.1 Jan and Lorissa reported that a workshop is being held on 3<sup>rd</sup> November to develop the brief for the Workforce & Leadership programme, and that the programme itself will follow. This will encompass the workforce requirements for 3Ts (per 3Ts Benefits Realisation plan and Assumptions Log), incl. recruitment trajectory per DH FBC approval conditions. Agreed that the workforce delivery risks (3Ts Risk Register) should remain unchanged for the time being.

**Action: Helen Weatherill/Jan Lawry**

## 1.9 **Clinical Service Transformation Report**

- 1.9.1 Jan reported that the brief/programme for Clinical Service Transformation have been developed. Jan to check whether these cross-references 3Ts and the requirements for clinical service transformation in preparation for Stage 1 (per 3Ts Benefits Realisation plan and Assumptions Log). Again, agreed that the service/modernisation delivery risks (3Ts Risk Register) should remain unchanged for the time being.

**Action: Jan Lawry**

## 1.10 **Chair's issues for Escalation**

- 1.10.1 It was agreed to escalate the workforce and clinical service issues as follows:
- Delivery of the clinical/service and workforce transformation enablers for 3Ts (e.g. staffing availability, workforce efficiencies, new models of care) is being managed through PMO/four key programmes.
  - Once the programmes are fully scoped/developed, it will be possible to assure (i) integration of the 3Ts FBC Investment Objectives and benefits realisation plan, and (ii) any programme variances or risks to delivery, particularly for opening of 3Ts Stage 1 in 2019/20.

## 1.11. **Any Other Business**

- 1.11.1 Duane reported that Audiology had been handed over that week, and that the Vanguard Unit would therefore be taken out of service. The Latilla Annex had also been handed over. Kirstin commented that the progress with regard to 3Ts and decant was therefore increasingly positive and thanked all concerned.

## 1.12 **Close & Next Meeting**

Kirstin thanked everyone for attending and closed the meeting.  
The next meeting is due to be held on **Thursday 24<sup>th</sup> November** (11.30am to 12.30pm, Boardroom, SMH).

**Minutes of RSCH Hospital Redevelopment Programme Board (Part I): 22<sup>nd</sup> September 2016  
11.30am to 12.30pm in Boardroom, St Mary's Hall**

**Present:**

Jonathan Abbott	Project Leader, Laing O'Rourke
Kirstin Baker	Chair / Non-Executive Director, BSUH
Rachel Cashman	Director of Strategy & Commercial Development, BSUH
Graham Dodge	Deputy 3Ts Clinical Director, BSUH
Dom Ford	Director of Corporate Affairs, BSUH
Helen O'Dell	Interim Chief Nurse, BSUH
Duane Passman	Director of 3Ts, BSUH
Spencer Prosser	Chief Financial Officer, BSUH
Mark Angus	Interim Deputy Chief Operating Officer, for Emergency Care, BSUH
Helen Weatherill	Director of HR, BSUH

**In Attendance:**

Anna Barnes	AD, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Peter Griffiths	Trust Board Development Advisor, BSUH
Ross Hanson	Director, Turner & Townsend
Dale Vaughan	Director of Facilities & Estates, BSUH

**Apologies:**

Nick Groves	AD, 3Ts Service Modernisation, BSUH
Gillian Fairfield	CEO, BSUH
Mark Frake	3Ts Project Accountant
Kyle McClelland	Director, Turner & Townsend
Gary Speirs	Capital Project Manager, BSUH

**1.1 Welcome, Introductions & Apologies**

Kirstin welcomed everyone to the meeting.

**1.2. Declarations of Interest**

No further interests were declared.

**1.3. Previous Minutes**

The minutes of 25<sup>th</sup> August were approved.

**1.4. Action Log/Matters Arising**

**1.4.1 Use of chapel**

Duane reported that LO'R alternative proposals for the timing of the development are in progress.

**Action: Jonathan Abbott**

**1.4.2 Decant After Action Review**

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

**Action: Rob Brown / Anna Barnes**

**1.4.3 Re-wording of risks**

Meeting taking place that afternoon.

**Action: Anna Barnes**

## 1.5. **Notes from Subgroups**

The notes of 3Ts Programme Team (19<sup>th</sup> August) were received. Duane had requested that all sub-groups use the agreed risk escalation forms.

**Action: All subgroup chairs.**

## 1.6. **Laing O'Rourke Progress Review**

### 1.6.1 **Update**

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

#### **South Service Road**

- Final Foul connection completed (drainage work), this enables stage 1 piling.
- Piling near ENT building due to start on 26/09/16, after breaking ground floor entrance slab commences on 19/09/16.
- Pile capping for trauma lift foundation completed
- Trust to remove chillers from SSR, joint discussion been held for new location.

#### **Thomas Kemp Tower**

- Exploratory works, services diversions & temporary weather proofing trial to roof area ongoing.
- Survey work completed for Copping North, East and West to confirm the structure.
- Asbestos remove complete on TKT.
- Cowl /smoke extract work have commenced 50% complete by 16/09/16 to enable us to start AHU works.
- FM lift lobbies hoarding ongoing, 25% completed.
- Fire Alarm Extension completed.

#### **Main Scheme**

- Additional asbestos removal works for Estates Building ongoing (80% completed).
- Structural demo completed for Ent (545) building.
- Change in the possession date for Latilla & Nuclear Med.
- The programme has now been reworked to incorporate the new possession dates of Latilla, Nuclear medicine and Sussex Cancer buildings, also linking the decant of the Jubilee Building to the demolition of the Stephen Rali Building as per infection control agreement.

#### **Other**

- Close out of VE Items remains ongoing.
- Steelwork package placed.
- Envelop Design package review ongoing, BDP started issuing fit out packages.
- Programme for Acceptance C06 submitted with commentary. Overall programme review meeting held with Trust on 13<sup>th</sup> Sept. 16 followed by helideck programme review meeting on 15<sup>th</sup> Sept.16.

### 1.6.2 **Discussion**

Key points from the discussion:-

- Kirsten asked if the water quality issues had been resolved in the buildings which were being commissioned. Jonathan said that the testing cycles being undertaken were currently producing adequate results.
- Graham added that the new buildings would provide a far superior quality of accommodation compared to those in which staff had been providing care.
- Anna highlighted the accompanying BSUH report which outlined the key issues in relation to the programme from BSUH's' perspective.
- Helen asked for adequate notice of the commissioning period so clinical staff could prepare.

**Action: Rob Brown**

## 1.7. Risk Register

1.7.1 The Risk Register report was discussed .It was noted that one of the LO'R risks had materialised with regard to the insurance claim for the Courtyard Flooding. The risk was, however, kept open in case of another claim.

1.7.2 Duane suggested that the full register should be considered at a future meeting.

**Action: Anna Barnes**

## 1.8 Workforce and Leadership Report

1.8.1 Helen reported that the work programme required by the CQC report was underway. Work already undertaken by Nick Groves was fully integrated. The aim was to “future proof” in readiness for 3Ts.

## 1.9 Sustainability & Transformation Plan & MTC Compliance Review

1.9.1 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. An initial half-way report would be available in October.

**Action: Rachel Cashman**

## 1.10 Chair's issues for Escalation

1.10.1 These were repeated from last month:

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

## 1.11. Any Other Business

1.11.1 Duane reported that HLG had met that previous evening. Issues around smoking and littering on neighbouring streets had continued to dominate the discussion. B&HCC had suggested on the spot fines for those continuing with this anti-social behaviour. A communication from BSUH was agreed to be issued in advance of this action. The latest staff notification about smoking and littering on the boundaries of the site, including a warning about the issue of penalty notices, will go out as part of the mid-week all staff email on 19/10/16.

**Action: Richard Beard/Duane Passman**

1.11.2 Rachel and Jonathan reported that the principles meeting had taken place in the last week, and had been positive.

## 1.12 Close & Next Meeting

Kirstin thanked everyone for attending and closed the meeting.  
The next meeting is due to be held on **Thursday 20<sup>th</sup> October** (11.30am to 1.30pm, Boardroom, SMH).



**Minutes of RSCH Hospital Redevelopment Programme Board (Part I): 25<sup>th</sup> 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 28<sup>th</sup> 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 16<sup>th</sup> September, interviews 30<sup>th</sup> 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 HLG<sup>1</sup> 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 (19<sup>th</sup> 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 12<sup>th</sup> 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 5<sup>th</sup> September. The Trust has occupied the Ground and 2<sup>nd</sup> floor today (25<sup>th</sup> August)

##### 6.2 Discussion

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

# A

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 3Ts<sup>2</sup>. 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

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

# A

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 22<sup>nd</sup> September** (11.30am to 1.30pm, Boardroom, SMH).

**Risk Report Discussion**

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

**Minutes of RSCH Hospital Redevelopment Programme Board:  
28<sup>h</sup> July 2016  
11.00am to 1.00pm in Boardroom, St Mary's Hall**

**Present:**

Jonathan Abbott	Project Leader, Laing O'Rourke
Kirstin Baker	Non-Executive Director, BSUH (Chair)
Rachel Cashman	Director of Strategy and Commercial Development, BSUH
Graham Dodge	Deputy 3Ts Clinical Director, BSUH
Dom Ford	Director of Corporate Affairs, BSUH
Ross Hanson	Director, Turner & Townsend
Duane Passman	Director of 3Ts / Programme Board Chair, BSUH
Mark Smith	Chief Operating Officer, BSUH
Bill Stronach	Deputy Chief Financial Officer, BSUH
Helen Weatherill	Operational Director, HR, BSUH

**In Attendance:**

Hazel Belfield-Smith	Senior Analyst, 3Ts
Anna Barnes	AD, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Kyle McClelland	Director, Turner & Townsend
Gary Speirs	3Ts Capital Project Manager, BSUH
Dale Vaughan	Director of Facilities & Estates, BSUH

**Apologies:**

Nick Groves	AD, 3Ts Service Modernisation, BSUH
Gillian Fairfield	CEO, BSUH
Mark Frake	Project Accountant, 3Ts
Spencer Prosser	Chief Financial Officer, BSUH

**1.1 Welcome & Introductions**

Kirstin welcomed everyone to the meeting.

**1.2 Declarations of Interest**

No further interests were declared.

**1.3 Terms of Reference of the Programme Board**

These were approved.

**1.4 Previous Minutes**

The minutes of 17 June were approved.

**1.5. Action Log/Matters Arising**

**1.5.1 3Ts Clinical Director Job Description**

Gillian is still reviewing the job description. Duane to discuss when GF returns from A/L

**Action: Gillian Fairfield/Duane Passman**

**1.5.2 Risks to and arising from mental health patients on site**

LO'R requested to provide a report/assurance (and examples from other sites) regarding measures to prevent patients with mental health patients who are being assessed in A&E from coming to harm on the construction site.

**Action: Jonathan Abbott**

1.6 **Notes from sub-groups**

Programme Team notes were shared for information. Anna highlighted the discussion which had been held at Programme Team regarding the staging of the Chapel relocation. Duane had requested that this is re-programmed to take place once the Barry Building is decommissioned so that the patients and visitors are not left without a quiet contemplative space before the new Sanctuary space is open. LO'R was requested to investigate these options.

**Action: Jonathan Abbott**

1.7 **Proposed Governance Structure**

This structure was formally agreed. Duane felt that links with the Sustainability and Transformation Plan needed to be strengthened within the Health Economy. The links across to other programmes within BSUH also required further discussion. Rachel added that the changes at National Programme Board level would mean that 3Ts would be receiving additional attention from NSH Improvement. However there was still an unprecedented level of interest and support nationally to ensure that the project is delivered successfully.

1.8 **Grant Thornton Internal Audit action plan**

The action plan was presented to assess progress. It was noted that most actions were under way. One outstanding action was to set an after action review (lessons learned) regarding the decant projects. It was agreed that this would take place in September.

**Action: Anna Barnes/Rob Brown**

1.9 **LO'R Monthly Progress Report**

Jonathan highlighted the following areas:

**South Service Road**

- New Drainage Heading connection activities successfully completed
- Direction drilling nearing completion
- Services termination issued certificates now issued (part of Decommissioning Document LOR-CO-SW-SP-0014)

**Thomas Kemp Tower**

- Exploratory works and services diversions have commenced to enable the steelwork support system to take place for the Helideck .
- FM lift lobbies handover now forecast end of July 2016
- Scaffold protection activities continue with material lifting using the tower crane
- Biometric system activated
- Cowl alterations preventing installation of AHU to the roof area, Trust Issue.

**Main Scheme**

- HQ Building cabin removal progressing
- Additional asbestos identified during the Estates Building destructive survey. HSE asbestos notifications have been given
- Soft strip and salvage activities taking place in Building 545, Stephen Ralli and HQ in preparation for Deconstruction works
- Demolition package has commenced and is progressing on the basis of the forecast dates included in the recent programme assessment exercise.

**Other**

- Delivery of the modular accommodation to the South Tennis Courts is complete and works are on programme for the accommodation to be available for occupation by the team from 22nd August 2016
- Close out of VE Items still to take place
- Programme for Acceptance C004 submitted with commentary based on the recent
- Independent Programme Review which took place in conjunction with the Trust Project Team
- Social Value Work:
- Recruitment in the period (Fitout/Services planner from the local area (Started

4/7/16). Secretary/PA from the local area. (Started 18/07/16)

1.9.1 It was noted that two LO'R decant schemes (which have a critical inter-dependency with main schemed demolitions) had slipped owing to a) problems with water quality within the Hanbury Building and b) a flood in the Courtyard Building. Proposed mitigations were outlined by LO'R. However Duane said that he had little confidence that the water treatment measures proposed for Hanbury Building would be successful. Graham highlighted the unsatisfactory environment for patients in Jubilee and expressed the hope that the moves could be expedited. Jonathan replied that additional resources were now being deployed, so he was optimistic that the delays were coming to an end and that the mitigation measures proposed would be successful. Jonathan's report was accepted.

1.9.2 Rachel asked if she could have a tour of the site. This was agreed.

**Action: Jonathan Abbott**

### 1.10 Risk Report

Anna presented the risk report. She noted the comprehensive review of decant risk register had made the report more complex than usual. However it highlighted the dynamic movement of risks in month. There was a discussion regarding the top 17 risks. It was agreed that the two top decant risks (34/41 and 33/42) should be added to the issues log as they had materialised.

**Action: Anna Barnes**

Anna also highlighted two risks regarding staff and community engagement regarding the operation of the site during construction (14/55 and 24/20) . There was a discussion about the recent Hospital Liaison Group which had discussed the issues arising out of the demolition/diversions on site. However Programme Board noted that many of the issues raised were related to the operation of the hospital rather than 3Ts. There was therefore a need for estates representation at HLG to hear and action these issues appropriately.

**Action: Anna Barnes/Dale Vaughan**

1.10.1 Bill requested a new risk re the drawing down the capital allocation to be added to the risk register.

**Action: Anna Barnes**

1.10.2 In general the Board acknowledged that maintaining hospital operations during the demolition/construction phases was inherently difficult, but was being managed appropriately thus far with the assistance of clinical/operational staff. This report was received.

### 1.11 Common Causes of Project Failure

Members of Programme Board felt that this was an accurate assessment of the programme at the current time. It was agreed to re-examine the programme against this framework in October.

**Action: Anna Barnes**

### 1.12 Workforce Modernisation

Hazel gave a very useful presentation regarding the progress being made on workforce modernisation. She explained that the programme had been cascaded across many areas of BSUH, and was, to some extent bottom up in approach.

#### **Key points from the discussion:**

- Lead-in time for more significant developments (eg. two year Foundation Degree, three years for Advanced Care Practitioner) is significant but still achievable for 3Ts Stage 1 – with sufficient focus. There have been delays in Trust governance/approvals, and this has delayed delivery of benefits – but is not yet impacting 3Ts Stage 1 timeline.

- Working with a number of whole Directorates (per McKinsey emerging proposal) would significantly accelerate the modernisation programme, but requires investment in project infrastructure (draft submitted to McKinsey).
- Workforce numbers for 3Ts are due to be refreshed as part of the HEKSS (Health Education Kent, Surrey & Sussex) workforce return (1<sup>st</sup> August). Helen O'Dell (Deputy Chief Nurse, Workforce & Efficiencies) is working with Directorate Lead Nurses on nursing allocations within 3Ts. This will enable validation of the 3Ts FBC assumptions, and determine key workforce trajectories (DH 3Ts FBC approval condition).
- Staff retention is a significant determinant of the workforce/recruitment challenge. Work is being led Trust-wide by Beverley Thorp (Associate Director, Workforce Change) for HR/People Service.
- There is a number of significant risk areas within 3Ts (eg. Critical Care medical and nursing), where 3Ts represents a step-increase in capacity and there are recognised national recruitment challenges. This will require system-wide attention so recruitment to 3Ts does not denude/destabilise neighbouring providers – the Sustainability & Transformation Plan (STP) may provide the framework for this planning (and via Health Education Kent, Surrey & Sussex).
- It was agreed that this programme should be more closely tied in with the Integrated Business Plan. Rachel felt that it should be a priority for workforce, 3Ts and the overall modernisation activities of BSUH to be brought together. In the first instance there would need to be a meeting with DP, RC, NG and HW to discuss.

**Action: Rachel Cashman**

**1.13 Key risks and issues for BSUH Board of Directors.**

Three main issues had emerged from the discussion:

- Water quality issues within the decant building currently being commissioned
- Reassessment of strategic priorities in discussion with NHS I and commissioners/ cross-cutting strategic programmes within BSUH to maximise the opportunities provided by the 3Ts development.

**1.14 Any Other Business**

Kirstin asked if the next meeting could take place at 11am not 11.30. AB to check room availability.

**Action: Anna Barnes**

**1.15 Close & Next Meeting**

Kirstin thanked everyone for attending. The next meeting is due to be held on Thursday 25<sup>th</sup> August (11.30am to 13.00pm, SMH Board Room).

**Minutes of RSCH Hospital Redevelopment Programme Board: 17<sup>th</sup> June 2016  
11.00am to 1.00pm in Boardroom, St Mary's Hall**

**Present:**

Jonathan Abbott	Project Leader, Laing O'Rourke
Dom Ford	Director of Corporate Affairs, BSUH
Ross Hanson	Director, Turner & Townsend
Duane Passman	Director of 3Ts / Programme Board Chair, BSUH
Oliver Phillips – for Director of Strategy	Director of Service Strategy, BSUH
Andrew Stenton – Chief Operating Officer	Interim Deputy COO (Unscheduled Care), BSUH

**In Attendance:**

Anna Barnes	AD, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Mark Frake	3Ts Project Accountant, BSUH
Nick Groves	AD, 3Ts Service Modernisation, BSUH

**Apologies:**

Graham Dodge	Deputy 3Ts Clinical Director, BSUH
Sherree Fagge	Chief Nurse, BSUH
Gillian Fairfield	CEO, BSUH
Kyle McClelland	Director, Turner & Townsend
Spencer Prosser	Chief Financial Officer, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH

- 1.1 **Welcome & Introductions**  
Duane welcomed everyone to the meeting.
- 1.2. **Declarations of Interest**  
No further interests were declared. Duane Passman reported that his DoI had been sent to Amanda Fadero, and would now be represented to Gillian Fairfield.
- 1.3 **Previous Minutes<sup>1</sup>**  
The minutes of 20 May were approved with two corrections: Steve Chudley had sent his apologies and Ross Hanson was a member not an attendee.
- 1.4. **Action Log/Matters Arising**
- 1.4.1 **3Ts Clinical Director Job Description**  
Gillian is still reviewing the job description.  
**Action: Gillian Fairfield/Duane Passman**
- 1.4.2 **Internal audit- Grant Thornton review**  
Dom reported that this had been presented to the Audit Committee, which had noted the level of assurance at amber, and that increased operational representation would be a priority thenceforth. Duane asked that the GT Action plan be presented to the next meeting.  
**Action: Anna Barnes**
- 1.4.3 **KSS Air Ambulance**  
Duane confirmed that the Helideck Charity (the "Help Appeal" via the County Air Ambulance Trust) were still supporting a contribution to the overall cost of the helideck as set out in the FBC. The Charity had requested further information and this was being provided.  
**Action: Duane Passman**
- 1.5 **Notes from sub-groups- Programme Team**
- 1.5.1 Oliver Phillips asked if he could be sent a copy of the Clinical Senate Review  
**Action: Anna Barnes.**

<sup>1</sup> These were approved before the meeting was quorate. This occurred when Andrew Stenton joined the meeting at 11.20 am.

1.6. **3Ts Resources going forward**

Mark introduced the paper which outlined the resource profile which would be required as the programme moved into the next phase of construction. The Board congratulated Mark on the paper which was clear, comprehensive and extremely informative. It was noted that the contract management section looked light in view of the forthcoming programme of works. This would be reviewed as required.

1.7. **3Ts Programme Board TOR and Revised Governance Structure**

This structure was formally agreed. There was a brief discussion about the sub structure below Programme Board as, during the resource review discussed in 1.7, team members had suggested that time some meetings could be amalgamated. It was agreed that the implementation of this structure this would be discussed further at the first Programme Team meeting in July.

**Action: Anna Barnes**

1.8. **Laing O'Rourke Progress Report**

Jonathan gave a report of the progress up to the end of April. Key points:

- In spite of best efforts (trial pits, radar surveys, review of historic documentation etc.), a number of unchartered services have been found on the South Service Road and were being terminated as required
- The crane was installed on top of the TK Tower on 21 May
- On the main scheme, HQ has now been handed over; as have Stephen Ralli, Estates and Building 545.
- North Tennis Courts modular building has been handed over and fit-out is underway.
- The revised possession dates under discussion have now been given to the demolition contractor
- South tennis court portacabins will be installed as soon as possible, but negotiations are continuing with Brighton College, so as to ensure the least possible inconvenience
- It was planned that the Trust would be offered access to the Hanbury Building from 4 July to allow equipment installation, with final completion scheduled for 25 July;
- Courtyard building will be handed over 25 July subject to successful repair and remediation works and HTM compliant water quality;
- A re-sequenced construction programme for main scheme is being delivered to BSUH imminently.

**Action: Jonathan Abbott.**

Key points from the discussion:

- Andrew requested the site possession diagram with dates as he wanted to assist staff in the move/commissioning process by giving them as much information as possible

**Action: Jonathan Abbott**

- Andrew also requested that we give user groups as much notice as possible of possession/move dates so that the process can be sufficiently co-ordinated.

**Action: Gary Speirs**

1.9. **One and Six Month Look-Forward**

Jonathan's report was received.

1.10. **Dashboard**

This report was received. It was noted that PB reporting templates are being revised (currently in draft) and would be complete by the next meeting.

**Action: Anna Barnes/Mark Frake**

1.11. **Risk Report**

Anna presented the risk report. She noted that several more risks had been added to the Datix BSUH register, as the construction works were now imminent. However a reproduction error meant that the report was not readable. Anna gave a verbal report as a consequence. The following points were noted:

- Information required for planning: (risk ref 32/89) The CEMP still requires updating.
- Jonathan noted that a meeting with local residents in Woodingdean would take place at the end of June (Richard Beard to attend for BSUH).
- Steve Chudley reported that planning permission for the Helideck revised design had now been received.
- Dom raised a new risk concerning the construction works. He requested assurance that mental health patients being assessed in A&E would not be able to access the construction site. It was

agreed to provide a comprehensive risk assessment regarding this issue and to place this on the risk register.

**Action: Anna Barnes**

This report was received.

1.12

### **Workforce Modernisation**

Nick updated the meeting on the Trust-wide workforce modernisation programme, which includes planning for 3Ts-specific requirements (workforce numbers/skills, affordability etc.) and opportunities (eg. economies of scale).

Key points from the discussion:

- Workforce planning for 3Ts will be refreshed as part of the Trust-wide Workforce Plan (due to be submitted to HEKSS on 1st August), led by Director of People. Deputy Chief Nurse (Workforce & Efficiencies) is supporting Directorate Lead Nurses in operational planning of nursing allocations in 3Ts, and new models of care. Once complete, this will enable validation of 3Ts FBC workforce assumptions.
- Staff retention is a significant determinant of the workforce/recruitment challenge. A strategy is being developed by Associate Director (Workforce Change)/Director of People. Dom confirmed that there is no date currently for this to be presented to the Board of Directors. Planning assumptions for future turnover, when developed, will need to inform the workforce plan/trajectory (required as a DH 3Ts FBC approval condition).
- Oliver will make the link with the Sussex & East Surrey Sustainability & Transformation Plan (STP) to ensure strategic workforce issues (ie. where there is a step-increase in capacity in 3Ts, and recruitment risks denuding/destabilising neighbouring providers) are considered on a geographical/'place' basis.
- Duane noted that key milestones will need to be identified/tracked as part of the new programme tracker – to provide assurance up the governance structure (Trust Board of Directors, and 3Ts National Programme Board etc.). IT will also need to be consistent with the reporting being undertaken by the main Trust workstreams through the Trust Programmes Board to the Trust Board.

Duane asked whether there were particular areas of concern. Nick reported:-

- The Clinical Assistants pilot (supporting FY1 medical trainees) has provided successful financially, and delivered a range of other benefits. The pilot lapses at the end of July. Work is underway progress the business case, but timings are tight. It may be possible to extend the pilot for a further period pending a decision – this is with the Director of People and CFO to consider.
- Programmes of work/scope are emerging from PMO; workforce modernisation straddles both Leadership & Workforce (Director of People) and Financial Transformation (CFO), and supports the other Workstreams. McKinsey's work to identify financial opportunities from pay costs is also progressing. Until new governance/coordinating structures are operationalised, there is a risk of disconnect; this could be mitigated by greater engagement with the existing programme. Duane to follow up with key leads.

**Action: Duane Passman**

Programme Board received the report, noted the RAG rating (Amber), and endorsed the strategic direction and continuing programme of work.

1.13.

### **Any Other Business**

Nick Groves raised the issue of the forthcoming production of the Sustainability and Transformation Plan and how this would link with 3Ts commissioning assumptions. It was agreed to raise this risk on the 3Ts risk register, and to initiate discussion internally with McKinsey's, and externally with the STP governance arrangements.. It was noted that that 3Ts would support this work, but not lead it.

**Action: Anna Barnes/Duane Passman/Oliver Phillips**

1.14.

### **Close & Next Meeting**

Duane thanked everyone for attending. The next meeting is due to be held on Thursday 28<sup>th</sup> July (11.30am to 1.30pm, SMH Board Room).

**Minutes of RSCH Hospital Redevelopment Programme Board: 20<sup>th</sup> May 2016  
11.00am to 1.00pm in Boardroom, St Mary's Hall**

**Present:**

Jonathan Abbott	Laing O'Rourke
Gillian Fairfield	CEO, BSUH
Sherree Fagge	Chief Nurse, BSUH
Dom Ford	Director of Corporate Affairs, BSUH
Ross Hanson	Director, Turner & Townsend
Duane Passman	Director of 3Ts / Programme Board Chair, BSUH
Spencer Prosser (for Part II)	Chief Financial Officer, BSUH
Bill Stronach – for Spencer Prosser (for Part I)	Deputy Chief Financial Officer, BSUH
Andrew Stenton – for Mark Smith	Interim Deputy COO (Unscheduled Care), BSUH
Beverley Thorp – for Helen Weatherill	AD, Workforce Change, BSUH
Brendan Ward – for Amanda Fadero	Director of Change, BSUH

**In Attendance:**

Mark Frake	3Ts Project Accountant, BSUH
Nick Groves	AD, 3Ts Service Modernisation, BSUH
Kyle McClelland	Director, Turner & Townsend
Gary Speirs	3Ts Capital Project Manager, BSUH

**Apologies:**

Anna Barnes	AD, 3Ts Governance, BSUH
Steve Chudley	3Ts Main Scheme Project Manager, BSUH
Rob Brown	Head of Capital Development, BSUH
Graham Dodge	Deputy 3Ts Clinical Director, BSUH
Dale Vaughan	Director of Facilities & Estates, BSUH

**1. Welcome & Introductions**

Duane welcomed everyone to the meeting.

**2. Declarations of Interest**

No further interests were declared.

**3. Previous Minutes**

The minutes of 18<sup>th</sup> March and 15<sup>th</sup> April were approved.

**4. Action Log/Matters Arising**

**4.1 3Ts Clinical Director Job Description**

Duane reported that the Job Description/advert had been drafted, and approved by Vacancy Control Group to proceed to recruitment. The post is a priority in the Grant Thornton review of 3Ts governance and will be open to staff of any healthcare discipline. Gillian asked to review the Job Description and discuss with Duane before this proceeds – to ensure it aligns with the emerging Trust Clinical Directorate structure.

**Action: Gillian Fairfield/Duane Passman**

**4.2 Full Business Case (FBC) Publication**

Duane reported that comments/responses from the due diligence review have all been integrated into a refreshed version of the FBC, which reflects the case as approved. This is currently being uploaded and will be available on the public-facing website the w/c 23<sup>rd</sup> May.

#### 4.3 **3Ts Programme Office Resourcing: Forward View**

Duane confirmed that this would be presented at the June meeting.

**Action: Mark Frake**

#### 4.4 **Risk Register Actions**

Duane confirmed:

- Issues identified by the Procurement Team relating to the South Service road were discussed with Spencer and have been mitigated.
- The generator being supplied for the North Road Building will be used independently of the main supply.
- Identified risks associated with offsite staff parking have now been closed.
- Decant equipment schedules have been supplied – so the associated risk has been reduced to amber.
- Risks associated with the Trust-wide workforce programme, which therefore impact 3Ts staffing, were escalated to the Executive Team in April.

#### 5. **Trust and 3Ts Governance Arrangements**

The new Trust governance arrangements, approved by the Trust Board of Directors in April, were noted. Gillian summarised the changes for the 3Ts programme:

- The 3Ts Programme Board will remain a subcommittee of the Trust Board of Directors, but will be chaired by a Non-Executive Director (Kirstin Baker). Duane welcomed Kirstin's involvement, which reverts to the previous position where NEDs chaired or were directly involved in Trust Board subcommittees. He noted that the timings of meetings may therefore need to change.
- There will be a 'side link' to the new (temporary) Trust Programmes Board. This relationship will need to be described for the 3Ts Programme Board Terms of Reference – to be presented to the next meeting for approval.

**Action: Duane Passman/Anna Barnes**

Other internal changes to 3Ts programme governance/committee structures were approved. Anna to ensure Terms of Reference are updated.

**Action: Anna Barnes**

#### 6. **Internal Audit: 3Ts Governance & Assurance Review**

Duane summarised the findings of the Grant Thornton (Internal Audit) review of 3Ts programme governance and proposed Action Plan. Programme Board agreed that the findings, and overall 'amber' rating, were positive. The Action Plan was endorsed.

Gillian asked for an opportunity to review the report and Action Plan before sign-off (and presentation to the National Programme Board in June) to ensure consistency with the emerging Trust-wide governance arrangements. Agreed therefore to re-present the report and Action Plan (by exception) to the next 3Ts Programme Board.

**Action: Gillian Fairfield/Duane Passman**

#### 7. **Laing O'Rourke Progress Report**

Jonathan explained that the monthly reporting cycle was now out of sync with Programme Board dates, so gave a verbal update to the written report for March. Key points:

- In spite of best efforts (trial pits, radar surveys, review of historic documentation etc.), a number of unchartered services have been found on the South Service Road. This was not unexpected given the age of the site and paucity of historic records. It has delayed pile probing. HQ gas storage will be the next 'pinch point' in terms of the programme.
- Preparations have been completed to install the crane on top of the TK Tower the weekend of 21<sup>st</sup>/22<sup>nd</sup> May, subject to weather/wind conditions.
- On the main scheme, HQ has been partially handed over; Stephen Ralli, Estates and 545 Buildings are due for handover and decommissioning is underway; North Tennis Courts Building has been handed over and fit-out is underway.

Key points from the discussion:

- Ross reported that a significant amount of design work has been completed during the period and is on programme. MEP (Mechanical, Engineering & Plumbing) is slightly behind, but this would be expected and Ross was not overly concerned at this stage.
- Jonathan confirmed that the works package for the helideck would be let within the next day or so. Gillian asked about recent movements in steel prices/exchange rates. Ross confirmed that the ProCure21 contract includes a risk transfer/gain-share provision. Duane noted that the Trust should expect to receive a Freedom of Information request on the origin of the steel.
- Duane confirmed that once he had received updated cashflows, he would progress discussions with the KSS Air Ambulance Trust about their payment schedule.

**Action: Duane Passman**

- Duane noted that another Trust had recently had to delay opening of its completed helipad because staffing/operational arrangements had not been fully developed. He was confident that arrangements had been considered, and this would not therefore be the case, at BSUH.

Jonathan noted that the next written report is due on 23<sup>rd</sup> May. Depending on revised Programme Board timings, Duane will decide whether to take it at the next meeting or circulate it in advance.

**Action: Duane Passman/Anna Barnes**

#### 8. **1 and 6 Month Look-Forward**

Jonathan's report was received.

#### 9. **Closure of South Service Road**

Key points from the discussion:

- Sherree noted that the closure of the road/crossings has presented some operational difficulties, but this has been managed and will be mitigated once Stephen Ralli services are relocated.
- Initial issues with CSSD/Pharmacy access have been resolved.
- Duane reported that there had been some issues for local residents. He is due to be meeting the East Brighton Local Councillors on 23<sup>rd</sup> May, and the next meeting of the Hospital Liaison Group is 25<sup>th</sup> May.

#### 10. **Dashboard**

Duane presented the dashboard report (recommended by the 2014 Gateway Review). Key points from the discussion:

- There are continuing delays with handover/opening of the Courtyard Building – to be discussed in Part II.
- Programme Board agreed with Brendan that the opening of the Vanguard unit behind Sussex House as temporary accommodation for adult audiology had been a success.
- Use of £1.8m of Trust Operational Capital to expand the Clinical Administration Building to include ED offices (which is over and above the requirements for 3Ts decant) is pending approval by NHS Improvement.

The dashboard was received.

#### 11. **Risk Report**

Duane presented the 3Ts Risk Register: summary; top and urgent risks; new, changed and closed risks. (Notes included at **Appendix A**). The report was agreed.

#### 12. **Workforce Modernisation**

Nick presented the update on the Trust-wide workforce modernisation programme. This currently reports jointly to the Trust Education & Knowledge Board and (in light of the requirements of the new design and step-increase in capacity) 3Ts Programme Board. Key issues for escalation:

- The Band 3 Clinical Assistant pilot in Abdominal Medicine & Surgery appears to have succeeded in avoiding contract settlement payments (the basis of the 'spend to save' business case). The pilot will lapse in August, so a decision will be needed by July on whether to extend it/make it substantive.

- Nick reported that there have been some delays will full implementation of the Career Development Pathway (for Bands 1-4) following Staffside/Trust Council approval in April. However Beverley and Linda Lewis are progressing the necessary process changes within HR/People Service, and are expecting a full go-live mid June (with associated CIPs).
- Clare Pirie/Corporate Comms Team are providing ongoing support to promote the developments both internally and (for recruitment, and as positive publicity for the Trust) externally.

Key points from the discussion:

- Sherree, Brendan and the Programme Board felt the programme was starting to come together very well and secure real traction across the Trust, and thanked Nick for his work on this.
- Brendan noted that workforce change (as both a driver, and consequence) will feature as part of the Sustainability & Transformation Plan (STP).
- Nick is continuing to liaise with McKinsey and Alan Coffey/Jonathan Harris to ensure the programme is aligned with the emerging Trust Finance Stability (formerly CIPs) Plan and Programme Management Office (PMO) arrangements.

The workforce report was received.

13. **Any Other Business**

Gillian asked whether 3Ts Programme Board papers could in future have through-numbering.

**Action: Anna Barnes**

14. **Close & Next Meeting**

Duane thanked everyone for attending. The next meeting is due to be held on Friday 17<sup>th</sup> June (11am to 1pm, SMH Board Room), but dates may change to align with the Trust Board of Directors meetings and availability of the new NED Chair.

## Risk Report Discussion

Risk Report	Ref.	Title	Discussion	Action
Top & Urgent	33	Aspergillus	<ul style="list-style-type: none"> <li>Operational policy has been developed with Infection Control.</li> <li>Protocol is in place for risk assessment of individual patients.</li> </ul>	Nil
	24	South Service Road Closure	<ul style="list-style-type: none"> <li>Meeting with Brighton &amp; Hove City Council 23<sup>rd</sup> May.</li> <li>Duane thanked Kyle for his offer to attend – Duane to advise.</li> </ul>	Duane to update risk rating following meeting.
	55	Method statements	<ul style="list-style-type: none"> <li>Gary advised that issues have been ironed out.</li> </ul>	Duane to consider reducing the risk rating.
	4	Arts Strategy	<ul style="list-style-type: none"> <li>Risk that the Trust will breach its S106 agreement because of delays in procurement of Willis Newson services.</li> </ul>	Duane to progress.
	6	Decant Business Continuity	<ul style="list-style-type: none"> <li>Agreed that Facilities &amp; Estates and Trust Operations Team in particular need to stay in close touch with developments.</li> <li>Planning has been undertaken as fully as reasonably possible, but the discovery of unchartered services means this remains an evolving situation.</li> </ul>	Dale and Mark to stay in close touch with developments, and ensure their teams are fully briefed/engaged.
	30	Cost of Prudential Borrowings vs PDC	<ul style="list-style-type: none"> <li>Duane advised that this does not appear to be a high priority for the DH currently.</li> </ul>	Duane to discuss at next meeting with Spencer/Bill, Mark.
	20	Impact of construction on residents	<ul style="list-style-type: none"> <li>Duane reported back from the meeting with Woodingdean residents and Local Councillors to discuss the preferred construction traffic route. The package of measures includes sponsorship of the Crossing Guard ('Lollipop Person') at the local school.</li> <li>Residents had hoped for significantly restricted traffic hours. However this would impact traffic flows elsewhere. Discussions are ongoing, with a further meeting with residents at the end of June.</li> <li>Brendan noted that the issue may be raised at the Brighton &amp; Hove HOSC on 25<sup>th</sup> May.</li> </ul>	Ongoing discussions.
New	26	Business Continuity	<ul style="list-style-type: none"> <li>Duane confirmed that the risk, and associated mitigations, had been agreed with Tash Lentner.</li> </ul>	Nil
	8	Workforce planning	<ul style="list-style-type: none"> <li>Nick confirmed that workforce risks in Critical Care are not 'new'; this is a function of the formatting of the Risk Register and distillation of the existing workforce risks.</li> </ul>	Nil
Other	N/A	Brexit	<ul style="list-style-type: none"> <li>There was a brief discussion about Brexit, risks associated with EU workers' requiring visas, and potential impact on programme and workforce supply.</li> </ul>	Anna to add to the Risk Register.

**Minutes of RSCH Hospital Redevelopment Programme Board  
15 April 2016, 11.00-13.00 in the Board Room SMH**

**Present:**

Paul Lynchehaun	Project Director, LO'R
Duane Passman	Director of 3Ts (Chair), BSUH
Brendan Ward	Director of Change, BSUH

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH ( for part 2)
Steve Chudley	Project Manager, Turner and Townsend
Mark Frake	Project Accountant, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation
Ross Hanson	Director Turner and Townsend
Kyle McClelland	Director, Turner and Townsend
Oliver Phillips	Service Strategy Director, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH
Dale Vaughan	Director of Estates and Facilities , BSUH

**Apologies:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Sherree Fagge	Chief Nurse
Oliver Phillips	Director of Service Transformation, BSUH
Helen Weatherill	Operational Director, HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made. It was noted that the meeting was not quorate; Executive attendance was lacking as was clinical representation. Duane asked for his concerns to be formally noted. It was also noted that the recruitment of a new Clinical Director for 3Ts should be progressed. Nick Groves offered to draft a job description for the role.

**Action: Nick Groves**

**1.2 Declarations of interest**

The following Programme Board members and attendees declared interests as follows:

- Duane Passman (previously worked with current employees of LO'R, BDP and T & T on previous projects)
- Anna Barnes (previously worked with LO'R)
- Ross Hanson has also previously worked with Jonathan Abbott (LO'R).

**1.3** The notes of the meeting 18 March 2016 were agreed as accurate.

**1.4 Action Log/Matters arising**

The following were updated:

- **Action 1.6 FBC publication on BSUH web site.** Duane asked if this could be complete by 20/04/16.

**Action: Anna Barnes**

- **Action 1.10. 3Ts resources going forward:** To be on the agenda for May 2016

**Action: Mark Frake**

**1.5 Notes from Sub Groups**

There were none this month.

## 1.6 Risks report

Anna presented the top 30 risks with a score of 15 or greater, and then presented a sub-set of these risks filtered by urgency (which totalled 15). There was a discussion about the following risks:

- **Trust Business Continuity (24)**. Closure of South Service Road. An In depth, accurate assessment of current and proposed traffic movements is required in order to plan appropriate mitigations. Targeted communications will be offered to those affected; Dale and Duane both raised concerns that the proposed service solutions were not considered viable by some departments (Procurement for example). This would either severely affect the operational capacity of the hospital, or lead to delay to construction-related activities. It was agreed to escalate this to Spencer Prosser.

**Action: Duane Passman.**

- **Trust Business Continuity (19)** Site electrical Infra-structure is inadequate. NRB will provide additional energy and plans for a revised British Gas solution for energy provisions are being brought into line with 3Ts Energy Centre plans to ensure a smooth transition through the work phases; Dale asked if the NRB will include a transformer connected into the HV ring to supply additional power capacity from the grid. Duane stated that a generator would be supplied. Dale then requested confirmation whether this was being used independently from the main supply. Duane to confirm.

**Action: Duane Passman**

- **Design Process Main Scheme 2 (12)** 80 temporary staff parking spaces need to be provided during the construction period away from the RSCH site; the implementation of the off-site park and ride scheme had so far been very successful in reducing demand for parking at the RSCH site. This led to a decision by Programme Board to close this risk.

**Action: Anna Barnes**

- **Decant Equipment (6) That Trust supplied equipment FCP Groups 2,3,4 is delayed;** as full equipment schedules have been supplied, Programme Board agreed that this risk could be reduced to amber.

**Action: Anna Barnes**

- **Stakeholder engagement (20) Impact of construction.** There is a risk that stakeholders outside the Trust are unsatisfied with the construction, demolition, excavation and any other methodologies applicable for the delivery of the works as described in the Method Statements: This risk has been increased following the Hospital Liaison Group Meeting In March. Mitigations include re-issuing the CEMP and communicating mitigations to local residents. Concerns about construction traffic were being discussed, and strategies agreed with B&HCC as well as local bus companies.
- **Decant all (40) Staff unwillingness to relocate** to decant solutions permanently or temporarily, jeopardises main scheme start on site date. This will have severe contractual and financial consequences for main scheme. Mitigations include concerted Executive

Action which **will be undertaken** to ensure decant solutions are adhered to (changed emphasis from Brendan).

## 1.7 Dashboard

The dashboard report was accepted as providing an accurate visual report of the programme. With regard to Workforce Development, Nick reported steady but slow progress with translating the various workforce modernisation pilots/schemes, originally approved in October '15, into operational practice. Delays are not unique to the workforce schemes but a longer lead-in time and return on investment in the context of year-to-year financial/business planning has exacerbated the difficulties. A further tranche of schemes has been prepared and is pending a process/timetable for approving the Trust CIPs plan.

It was agreed that workforce therefore continues to represent a significant risk to 3Ts delivery, and the risk rating should remain pro tem. Brendan suggested that the process/approval issues be escalated again to the relevant Exec. Director(s) first, and then the Trust Board (via 3Ts governance). The Exec. Lead for workforce modernisation will presumably be identified in the new corporate structure.

**Action: Nick Groves**

## 1.8 Three month look ahead

Paul gave a visual presentation of the main activities which were due to take place in the next three - six months. The main focus was still on the on the site handover date of 22<sup>nd</sup> April 2016 which would require the closure of the South Service Road. The next tower crane would also be arriving in May. The Energy Centre works would also be progressing, which would necessitate changes in access to TKT and across the RSCH site. Progressive release of the Stage one site would also be taking place subject to resolution of the remaining decant "orphans".

Duane thanked Paul for the presentation.

## 1.9 Any Other Business

Duane provided the Board with an update regarding the proposed changes in the governance arrangements across BSUH. It was likely that a non-Executive Director would take over the chair of the 3Ts Programme Board. Duane asked for two other agenda items to be included on the agenda in May 2016:

- Common Causes of Project Failure
- Closure of South Service Road

## 1.10 Part 2 (covered in part 2 minutes)

**Date of the next meeting:** The next meeting will be held on **Friday, 20 May 2016, 11:00-13:00, Board Room St Mary's Hall.**

**Minutes of RSCH Hospital Redevelopment Programme Board  
18 March 2016, 11.00-13.00 in The Board Room SMH**

**Present:**

Dominic Ford	Director of Corporate Affairs
Paul Lynchehaun	Project Director, LO'R
Duane Passman	Director of 3Ts (Chair), BSUH
Andrew Stenton	For Mark Smith, Chief Operating Officer
Bill Stronach	For Spencer Prosser, Chief Financial Officer BSUH

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	Project Manager, Turner and Townsend
Mark Frake	Project Accountant, BSUH
Ross Hanson	Director Turner and Townsend
Neil Saunders	Senior Commercial Manager, LO'R
Oliver Phillips	Service Strategy Director, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH
Dale Vaughan	Director of Estates and Facilities , BSUH

**Apologies:**

Sherree Fagge	Chief Nurse
Nick Groves	Associate Director, 3Ts Service Modernisation
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Kyle McClelland	Director, Turner and Townsend
Spencer Prosser	Chief Financial Officer, BSUH
Brendan Ward	Director of Change, BSUH
Helen Weatherill	Operational Director, HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Declarations of interest**

The following Programme Board members and attendees declared interests as follows:

- Duane Passman (previously worked with current employees of LO'R, BDP and T & T on previous projects)
- Anna Barnes (previously worked with LO'R)
- Gary Speirs (had previously worked with Jonathan Abbott shortly to be Project Director, LO'R for 3Ts)
- Ross Hanson has also previously worked with Jonathan Abbott.

**1.3** The notes of the meeting 19 February 2016 were agreed as accurate with the exception of a typo (pseudomonas) which had been corrected.

**1.4 Action Log/Matters arising**

The following were updated:

- **Action 1.4 Business Continuity Site Electrical Infrastructure** (risk 19). Duane reported that the report had been received and would be considered in more depth prior to any change to the risk
- **Action 1.6 FBC.** To be published on the 3Ts website (part of BSUH) ASAP

**Action: Anna Barnes/Nick Groves**

- **Action 1.9. Gateway review:** Duane reported that NHS England was setting up a Gateway Hub.

## 1.5 Notes from Sub Groups

The Programme Team notes from 04/03/16 were received.

## 1.6 Risks report

Anna presented the top 13 risks with a score of 15 or greater;

- **Trust Business Continuity (24).** Closure of South Service Road. An In depth, accurate assessment of current and proposed traffic movements is required in order to plan appropriate mitigations. Targeted communications will be offered to those affected;
- **Design Process 1 (33).** This risk refers to the possible impact of construction on immuno-compromised patients. The mitigation includes the following: Review of evidence from other construction sites and further testing as work on site progresses. Risk and method statements are to be developed in partnership between the contractor and the Trust teams (including infection control) to identify key risks and strategies for mitigation whilst construction is underway. Good progress is being made in developing practical solutions to this issue;
- **Design Process 2 (53).** Interfaces/impacts from other projects on site during Decant - Trust/PFI/utilities contractors / capital works (LOR, Willmott Dixon infrastructure, Children's hospital, audiology) - Leads to delay (piling and ground anchors, leads to interference on other projects and start claims). Mitigation includes effective and timely communications, the main vehicle for which is the Site Logistics Group which has good operational attendance;
- **Design Process 2 (55).** There is a risk that stakeholders within, and outside, the Trust are unsatisfied with the construction, demolition, excavation and any other methodologies applicable for the delivery of the works as described in the Method Statements, causing significant delay to construction. Mitigation includes early identification of key stakeholders and formal sign off of method statements. Clear authorisation for works on site, or any requests to cease work on site is also imperative. Preparatory work is underway on the identification of these issues and detailed work has started on the development of the risk and method statements;
- **Workforce Planning 2 risks (4 and 2).** One risk is a revenue risk, one is a service/operational risk.. Trust LTFM and 3Ts FBC assume 3% year-on-year pay cost reductions, and 3Ts staffing at marginal cost (50-75%). 3Ts design (single rooms, floor area) will also require new staffing models. A significant programme of workforce modernisation is therefore required. Long lead-in time, requires Trust-wide action. Current slow progress in implementing approved schemes is significant risk to 3Ts delivery. From '16/17, workforce modernisation and CIPs schemes to be fully integrated, and considered as part of Business Planning. However challenge of funding 'invest to save' in current NHS financial climate remains;
- **Decant all (9).** Failure to maintain all services whilst they are decanted is a business continuity risk. Mitigation includes detailed operational commissioning plans to be developed. Fully detailed operational plans are being drawn up;

- **Trust Business Continuity (19)** Site electrical Infra-structure is inadequate. NRB will provide additional energy and plans for a revised British Gas solution for energy provisions are being brought into line with 3Ts Energy Centre plans to ensure a smooth transition through the work phases;
- **Main Scheme Capital (6)** Failure to sign up partner Trusts / Medical School /CCG to the brief. Negotiations with BSMS close to fruition re financial settlement for the cost of this space;
- **Main Scheme Capital (30)**. Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £15.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position. Mitigations include ensuring borrowing is under best possible terms for BSUH and the release of the final approval letter should frame the discussions on this;
- **ICT (28). Continuing Alignment with Trust IM&T developments.** Mitigation includes discussions about the potential for savings within ICT developments, as well as the initial costs of implementation;
- **Business Continuity (22) Commissioners cannot afford scheme (changes in the size and allocation of resources for health care) which undermines FBC.** Mitigating this risk includes further discussions and negotiations via Strategic Partnership Board and National Programme Board. Downside scenarios have been outlined within FBC and now require further modelling;
- **Main scheme Capital (1)** Support with transitional costs is withdrawn. Transitional costs have been agreed with commissioners to be funded by 2% top slice. Invoice has been raised for 2014/2015 and monies received. Mitigations will be included in the negotiations regarding the FBC approval;

Anna then highlighted the risks which had changed following a comprehensive review by Programme Team. Dale requested that a new risk should be added of staff being unwilling to move to the required decant locations. This would have severe financial consequences. Anna was also requested to increase risk Design Process Main Scheme 2 (12) re staff parking back to 16 (red) as the impact of the staff park and ride scheme was still under review ( it had only been in operation for a week).

**Action: Anna Barnes**

## 1.7 Dashboard

The dashboard report was accepted as providing an accurate visual report of the programme. However, Engagement with staff was noted to be Amber rather than Green because of the issues with decanting staff off the main site.

## 1.8 Three month look ahead

Paul gave a visual presentation of the main activities which were due to take place in the next three - six months. The main focus was still on the on the site handover date of 22<sup>nd</sup> April 2016 which would require the closure of the South Service Road. The next tower crane would also be arriving in May. Programme Board members then discussed the projected delay to handover owing to the difficulties in decanting the remaining "orphans". Decommissioning of these building (such as Nuclear Medicine) would also be challenging.

Paul also alluded to potential budget pressures on the main scheme (such as the Chapel relocation).

Duane thanked Paul for the paper and felt the discussion had been helpful.

### **1.9 Update on Governance**

Duane provided the Board with an update regarding the proposed changes in the governance structure. As Decant activities come to an end, the Programme Team meeting will take the place of both Main Scheme Delivery Group and Decant delivery Group. Anna raised some queries regarding the ability of the Programme Office to service 18 different sub groups (most of which already exist). It was agreed to investigate more effective methods of exception reporting and to share the reporting across the team. Duane asked for comments to be forwarded within the next week.

**Action: PB members/Anna Barnes**

### **1.10 3Ts resources going forward**

Mark Frake gave a presentation of the current resource allocation within the 3Ts team. He noted that 20% of 3Ts staff was spent on Trust wide projects, and 80% on 3Ts specific projects. The presentation demonstrated that several staff members were over capacity at the current time, and that this was likely to continue. The next steps were identified as follows:

- Collect revised IT, M&E & Workforce files
- Collect Procurement files
- Reconsolidate data for revised presentation at May Programme Board
- Revisit as a team the areas of concern
- Make recommendations for May Programme Board
- Check activities against overall programme, amend accordingly & flag issues

**Action: Mark Frake**

Duane thanked Mark for the very clear presentation.

### **1.11 Part 2 (covered in part 2 minutes)**

**Date of the next meeting:** The next meeting will be held on **Friday, 15 April 2016, 11:00-13:00, Board Room St Mary's Hall.**

**Minutes of RSCH Hospital Redevelopment Programme Board  
19 February 2016, 11.00-13.00 in The Board Room SMH**

**Present:**

Caroline Davies	For Sherree Fagge Chief Nurse, BSUH
Lisa Kelly	For Mark Smith Chief Operating Officer
Paul Lynchehaun	Project Director, LO'R
Duane Passman	Director of 3Ts (Chair), BSUH
Spencer Prosser	Chief Financial Officer BSUH
Brendan Ward	Director of Change

**In**

**Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	Project Manager, Turner and Townsend
Nick Groves	Associate Director, 3Ts Service Modernisation
Kyle McClelland	Director, Turner and Townsend
Abigail Pride	3Ts Change Consultant
Justin York	Associate Director Turner & Townsend

**Apologies:**

Amanda Fadero	Deputy Chief Executive, BSUH
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Mark Frake	Project Accountant, BSUH
Ross Hanson	Director, Turner & Townsend
Oliver Phillips	Service Strategy Director, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Declarations of interest**

The following Programme Board members and attendees had already declared interests:

- Duane Passman (previously worked with current employees of LO'R, BDP and T & T on previous projects)
- Anna Barnes (previously worked with LO'R)

Duane requested that Board members should declare interests via the link which had been circulated.<sup>1</sup>

**Action: Duane Passman**

- 1.3** The notes of the meeting 15 January 2015 were agreed as accurate with the addition of Justin York's organisation.

**1.4 Action Log/Matters arising**

The following were updated:

- **Action 1.4 Paths onto site** Gary Steen/Phillip Rolf to resolve the issue of the data cables **which** had been found under the site: Now scheduled for completion by the end of March.
- **Action 1.4 Business Continuity Site Electrical Infrastructure** (risk 19). Duane asked for a report by the time of the next meeting.

**Action: Steve Chudley/P.T.Rolf**

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<sup>1</sup> <http://apps.bsuh.nhs.uk/sites/DeclarationofInterest/SitePages/Home.aspx>

- **Action 1.5 Decant risks and issues** to be discussed under part 11.
- **Action 1.6 FBC.** To be published on the 3Ts website (part of BSUH) by the end of February.

**Action: Anna Barnes/Nick Groves**

- **Action 1.7 Risks register review:** Review date set for 31<sup>st</sup> March 2016.
- **Action 1.9. Gateway review:** Duane to liaise with NHS England re new arrangements for Gateway reviews.

**Action: Duane Passman**

## 1.5 Notes from Sub Groups

The Programme Team notes from 05/02/16 and the Workforce Stakeholder Board notes from 16/01/16 were received.

## 1.6 3Ts resources

Duane Passman presented some slides which outlined the proportion of Trust-wide work which had been carried out by members of the 3Ts. He explained that the priority had always been 3Ts related ( as per the funding agreed with the TDA ) , but, when necessary 3Ts staff had worked across the organisation in order to pursue Trust wide objectives which were also pertinent to 3Ts .

Some examples were as follows:

- Nick Groves- Trust wide workforce issues
- Hazel Belfield-Smith- bed –modelling and capacity planning
- Anna Barnes: Values and Behaviours and arts/heritage
- Mark Frake- LTFM.

Duane added that 3Ts also contributed £170k to the CIP programme on an annual basis. Brendan thanked Duane for the presentation. Duane concluded by saying that the next Programme Board would identify resources/workstreams required for the next phase of the programme.

**Action: Duane Passman**

## 1.7 Risks report

Anna presented the top 10 risks with a score of 15 or greater; reduced from 13 last month following to a comprehensive review of the risk register post FBC approval.

- **Design Process 1 (33).** This risk refers to the possible impact of construction on immuno-compromised patients. The mitigation includes the following: Review of evidence from other construction sites and further testing as work on site progresses. Risk and method statements are being developed in partnership between the contractor and the Trust teams (including infection control) to identify key risks and strategies for mitigation whilst construction is underway. Paul updated the Board that demolition contractor interviews are being held within the next 2 weeks;
- **Design Process Main scheme. Interfaces/impacts from other projects (30)** Trust/PFI/utilities contractors / capital works leads to delay (piling and ground anchors for example), leads to interference on other projects. The complexity of numerous contractors being on site simultaneously has led to 3Ts/Capital Developments setting up a site master programme to track the various projects in order to mitigate uncoordinated works on site;
- **Design Process 2 (55).** There is a risk that stakeholders within, and outside, the Trust are unsatisfied with the construction, demolition, excavation and any other methodologies applicable for the delivery of the works as described in the Method

Statements, causing significant delay to construction. Mitigation includes early identification of key stakeholders and formal sign off of method statements. Clear authorisation for works on site, or any requests to cease work on site is also imperative. Detailed work has started on the development of the risk and method statements. Duane and Brendan briefly discussed the structural collapse within Howard 2 which was unrelated to 3Ts (although obviously part of the justification for the redevelopment). The outbreak of pseudomonas in the Courtyard building had also led to delays to completion of this decant facility which had resulted in increased stakeholder dissatisfaction;

- **Trust Business Continuity (19)** Site electrical Infra-structure is inadequate. NRB will provide additional energy and plans for a revised British Gas solution for energy provisions are being brought into line with 3Ts Energy Centre plans to ensure a smooth transition through the work phases. This had been discussed under 1.4 and a report is required;
- **Main Scheme Capital (6)** Failure to sign up partner Trusts / Medical School /CCG to the brief. Negotiations with BSMS close to fruition re financial settlement for the cost of this space;
- **Main Scheme Capital (30).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £15.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position. Mitigations include ensuring borrowing is under best possible terms for BSUH and the conditions within the final approval letter will frame the discussions on this;
- **ICT (28). Continuing Alignment with Trust IM&T developments.** Mitigation includes discussions about the potential for savings within ICT developments, as well as the initial costs of implementation;
- **Business Continuity (22) Commissioners cannot afford scheme (changes in the size and allocation of resources for health care) which undermines FBC.** Mitigating this risk includes further discussions and negotiations via Strategic Partnership Board and National Programme Board. Duane reported that the Stakeholder Partnership Group would be meeting quarterly;
- **Main scheme Capital (1)** Support with transitional costs is withdrawn. Transitional costs have been agreed with commissioners to be funded by 2% top slice. Invoice has been raised for 2014/2015 and monies received. Mitigations will be included in the negotiations regarding the FBC approval;
- **Workforce planning (4)** Trust LTFM and 3Ts FBC assume 3% year-on-year pay cost reductions, and 3Ts staffing at marginal cost (50-75%). 3Ts design (single rooms, floor area) will also require new staffing models. A significant programme of workforce modernisation is therefore required. With a long lead-in time, this requires Trust-wide action. Current slow progress in implementing approved schemes is significant risk to 3Ts delivery. From '16/17, workforce modernisation and CIPs schemes are to be fully integrated, and considered as part of Business Planning. However the challenge of funding 'invest to save' in current NHS financial climate remains;

Anna then highlighted the risks which had been reduced or closed following a review of the decant risks, She also outlined the two risks which had materialised; **Failure to implement the decant plan (4/57)** and **Delay to start on site (12/3)** which were now being managed as issues and would be discussed under part 2. This report was accepted.

## 1.8 Dashboard

The dashboard report was accepted as providing an accurate visual report of the programme. The discussion noted that communications with stakeholders would benefit from continued focus and effort.

## 1.9 Workforce

Nick presented a paper setting out workforce workstreams, timescales and risks in preparation for 3Ts Stage 1. This is a subset of Trust-wide workforce planning/modernisation, but 3Ts has some specific requirements (eg. additional capacity/staffing, new models of care to fit the design, assumed efficiencies). He noted the long lead-in time for workforce change/education, eg:

- Band 4s/Assistant Practitioners (likely a mainstay of future ward staffing) graduating in 2019 will need to start the course in September 2017 – these commissions will need to be placed in May/June 2016.
- Band 6 Critical Care nurses generally need 3 years at Band 5 (to complete Foundation, mentorship, Critical Care modules etc.) – so Band 5s ready for appointment to Band 6 in 3Ts Stage 1 will need to be recruited by Autumn 2016.

Key points from the discussion are as follows:

- Caroline noted the importance of practical/emotional support for staff in adapting to new environments/staffing models (cf. RACH experience) – this will need planning/resourcing.
- Justin asked whether Facilities & Estates staffing is included in the workforce plan (to reflect increases in capacity, additional bathrooms/toilets, larger floor areas etc.). Nick confirmed that the FBC made a provision based on ERIC data, and assumed efficiencies. F&E staff projections for 3Ts should also be included in the '16/17 refresh of the five-year Trust Workforce Plan (TDA/HEKSS submission).
- Duane asked about the status of the workforce strategy drafted for the Operational Plan '16/17. Brendan noted that the first draft OP had been submitted to the TDA on 8/2 – the final draft (aligned with contracts) is due for submission on 11/4.

Nick noted a number of positives, including a shared vision between Chief Nurse, Therapy Heads, Director of Education; the close partnership with HEKSS; staff and Staffside engagement; developed plans/pilots. He thanked Spencer/Brendan for approving implementation of the Voluntary Services and Ward Modernisation pilots from April (as part of a package expected to deliver a net CIP). However the workforce risks to 3Ts delivery are increasing:-

- Slippage on the Trust workforce programme;
- Rising levels of staff turnover (esp. nursing);
- 'Grow your own' staff development is much lower risk than 'recruit anew' – but uplift for training/backfill in ward budgets, and education commissions, are reducing;
- Workforce CIPs for '16-19 are not yet developed, so the number/shape of the workforce moving into 3Ts in '19/20 is unknown.

Duane thanked Nick for the paper and felt the discussion had been helpful. It was agreed to Increase the workforce planning Risk Rating to 20 on the 3Ts Risk Register. Anna was also asked to ensure that this risk was on both Datix and BAF.

**Action: Anna Barnes**

Duane also agreed to convene a small working group (Spencer Prosser, Kalidasan Varadarajan, Brendan Ward, Helen Weatherill, Sherree Fagge and Nick Groves) to discuss the workforce issues in more detail, in order to mitigate the risk. Duane stressed that the process was not an opportunity to reduce historic staffing deficits.

**Action: Duane Passman**

The group would agree the mechanics/timescales for producing the Recruitment & Development Strategy ('with agreed trajectories for improvement by staff group to support workforce transformation') – a DH condition of 3Ts approval.

**Action: Duane Passman /Nick Groves**

#### **1.10 3-Month “look ahead”**

Paul provided the Board with an update regarding the immediate priorities over the next 3 months. He outlined the works with regard to the Thomas Kemp Tower, the Front Car Park the South Service Road, and the various investigations which would be required in order to meet the date for beginning demolition at the end of April. It was noted that some of the dates may have to slip owing to continual delays to the Decant Programme; BSUH to send an Early Warning Notice to LOR.

**Action: Steve Chudley/Gary Speirs.**

#### **1.11 Public Art Strategy**

Abigail Pride gave an update regarding the changes to the 3Ts Public Arts Strategy. She outlined the history of approvals and assurance regarding the appointment of Willis Newson to draft the Strategy, and then their appointment to implement it (including widespread public engagement). Abigail then explained how several commissions had changed over time, particularly following the design pause during the FBC approval process. This had led to new commissions with regard to way-finding, the cessation of the Deep Courtyard commission, and improvements to the Welcome Space and Sanctuary.<sup>2</sup> The Board noted that lessons from Southmead Hospital had been incorporated into these schemes as this had also been a Willis Newson project.

Abigail finished by updating the Board about the staff/public engagement communications strategy to be entitled “Connect”. The current Hoardings commission with the University of Brighton Graphics Department was a good example of the type of project which would take place under this umbrella. Programme Board was asked to note that the Public Arts Strategy was a Section 106 agreement with Brighton and Hove City Council and therefore a planning requirement.

Duane thanked Abigail for this presentation.

#### **1.12 Planning Conditions Tracker**

Steve Chudley presented the conditions tracker spreadsheet which highlighted chronologically when the conditions are required to be discharged. It was noted that all immediate conditions such as the provision of cycle racks, the local employment strategy and the removal of the Bristol Gate Piers were in process. B&CC had therefore noted that the conditions were being appropriately discharged. Duane thanked Steve for this presentation.

#### **1.13 AOB**

Duane alerted the Board to an interview he had given to a local TV station (latest TV: [Latest TV](#) ).

#### **1.14 Part 2** (covered in part 2 minutes)

**Date of the next meeting:** The next meeting will be held on **Friday, 18 March 2016, 11:00-13:00, Board Room St Mary’s Hall.**

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<sup>2</sup> <https://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=552350&type=full&servicetype=Attachment>

**Minutes of RSCH Hospital Redevelopment Programme Board  
15 January 2016, 10.30-12.00 in 3Ts Meeting Room**

**Present:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Dominic Ford	Director of Corporate Affairs
Paul Lynchehaun	Project Director, LO'R
Duane Passman	Director of 3Ts (Chair), BSUH
Oliver Phillips	Service Strategy Director, BSUH
Bill Stronach	Deputy Chief Financial Officer (for Spencer Prosser)

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	Project Manager, Turner and Townsend
Mark Frake	Project Accountant, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation
Kyle McClelland	Director, Turner and Townsend
Neil Saunders	Senior Commercial manager, LO'R
Gary Speirs	3Ts Capital Project Manager, BSUH
Justin York	Associate Director, Turner & Townsend

**Apologies:**

Ian Arbuthnot	Director of Health Informatics
Amanda Fadero	Deputy Chief Executive, BSUH
Ross Hanson	Director, Turner & Townsend
Sherree Fagge	Chief Nurse, BSUH
Spencer Prosser	Chief Financial Officer
Mark Smith	Chief Operating Officer
Helen Weatherill	Operational Director HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Declarations of interest**

The following Programme Board members and attendees declared interests:

- Duane Passman (previously worked with current employees of LO'R, BDP and T & T on previous projects)
- Anna Barnes (previously worked with LO'R)
- Gary Speirs (had worked with BDP on the Royal Alexandra Children's Hospital).

Duane reported that he was working on an appropriate declaration of interest form for the next stage of implementation.<sup>1</sup>

**Action: Duane Passman**

**1.3 Notes of the meeting in September 2015**

These were agreed as accurate except for one amendment:

**Risks and Issues 1.7:** Duane corrected the notes so that this reads as follows:

***Decant overarching (38).*** *The meeting was informed that paediatric audiology was now staying in the current location and Adult Audiology was relocating to Sussex House, so this risk could now be closed. However Paediatric Audiology was still required to be located in RACH, so the relocation of CIRU out of RACH was still a long term objective;*

<sup>1</sup> <http://apps.bsuh.nhs.uk/sites/DeclarationofInterest/SitePages/Home.aspx>.

There was a subsequent discussion that the “closure” of the Audiology risk was actually an issue because the main scheme works might possibly being impacted by work stoppages as a result of having paediatric audiology remaining this close to the main works site.

#### 1.4 Action Log/Matters arising

The following were updated:

- **Action 1.4 Revised Public Art Strategy:** Anna reported that the draft Communication Strategy would be discussed on Tuesday 19<sup>th</sup> January with Richard Beard, Anna Barnes, Jane Willis and Abigail Pride. Duane requested that this be closed off by the next Programme Board meeting, and a report to follow to the next Programme Board.

**Action: Anna Barnes/Richard Beard/Willis Newson**

- **Action 1.4 Paths onto site** Gary Steen/Phillip Rolf to resolve the issue of the data cables **which** had been found under the site (by next meeting).

**Action: Gary Steen**

- **Action 1.6 Business Continuity Site Electrical Infrastructure** (risk 19). Duane asked for an update by the time of the next meeting.

**Action: Gary Speirs**

- **Action 1.4 Main Scheme Capital BSMS capital costs** (risk 6). Duane reported that a sub group including Amanda Fadero and Spencer Prosser had been set up to work on the capital cost element of the scheme payable by BSMS and to regularise the financial flows.

#### 1.5 Notes from Sub groups

**Programme Team notes 4/12/15** were received and the following points were noted:

**Item 0.33: Relocation of the Waste Compound** led to a broader discussion about the remaining decant issues. There were a significant number which were unresolved which seemed increasingly likely to threaten stage one site clearance and demolition (scheduled to begin on 22 April 2016). Dominic also highlighted that the forthcoming CQC visit required a resolution of the site wide waste issues. Rob explained that it was exceptionally difficult to clear the site when key stakeholders were resistant to alternative solutions (citing alternative solutions for procurement/deliveries as an example). Duane asked for a comprehensive report regarding the remaining decant risks and issues by the time of the next meeting:

**Action Rob Brown**

#### 1.6 DH Approval letter and response

Duane outlined the content of the approval letter and Matthew Kershaw’s response. Whilst the approval was welcome, there was some concern about the ability of the Trust to discharge the conditions. Nick and Graham raised concerns about the workforce modernisation requirements (at marginal rates and against an increasingly tight deadline to meet the workforce requirements for stage one opening in 2019). Duane asked Nick to produce a paper for the next Programme Board outlining the required process to discharge the workforce modernisation conditions, and Anna was asked to raise the workforce risks on the Risk Register.

**Action: Nick Groves/Anna Barnes**

Anna also asked for clarification about the process for publishing the FBC. Duane cited The Royal Liverpool as best practice, as we need to publish everything except what is commercially confidential. Dom said he would issue advice accordingly.

**Action: Dominic Ford**

## 1.7 Risks and Issues

Anna presented the top 13 risks with a score of 15 or greater, with the following observations:

- **Main Scheme Capital (24)**. Trust do not vacate all of site in a timely manner as part of the decant leads to delay to start of construction, cost of inflation, increased duration of decant and associated costs (discussed under 1.5);
- **Design Process 1 (33)**. This risk refers to the possible impact of construction on immuno-compromised patients. The mitigation includes the following: Review of evidence from other construction sites and further testing as work on site progresses. Risk and method statements are being developed in partnership between the contractor and the Trust teams (including infection control) to identify key risks and strategies for mitigation whilst construction is underway. Good progress is being made in developing practical solutions to this issue;
- **Design Process 2 (55)**. There is a risk that stakeholders within, and outside, the Trust are unsatisfied with the construction, demolition, excavation and any other methodologies applicable for the delivery of the works as described in the Method Statements, causing significant delay to construction. Mitigation includes early identification of key stakeholders and formal sign off of method statements. Clear authorisation for works on site, or any requests to cease work on site is also imperative. Preparatory work is underway on the identification of these issues and detailed work has started on the development of the risk and method statements;
- **NRB P21 GT (8)** Stage 3 Approvals and Contracts not implemented in time leading to delayed design deliverables for the Clinical Administration Building (CAB);
- **Affordability Capital (4)**. FBC has been approved by PB and Trust Board. The HMT approval letter was received on 02/12/15. However capital is still not available which has adversely affected BSUH liquidity during December/January. Mitigations include the arrangements which are being set up to release the capital as soon as possible.

Duane suggested this risk could be closed as the capital will be available imminently. However, following on from an issue raised by Neil Saunders from LO'R, he requested a new risk should be created regarding the impact of late payment of the LO'R bills (as had happened twice in the autumn/winter of 2015). This could lead to a surcharge of circa 8% on top of the bill and, at worst case, LO'R standing down;

**Action: Anna Barnes**

- **Trust Business Continuity (19)** Site electrical Infra-structure is inadequate. NRB will provide additional energy and plans for a revised British Gas solution for energy provisions are being brought into line with 3Ts Energy Centre plans to ensure a smooth transition through the work phases;
- **Main Scheme Capital (6)** Failure to sign up partner Trusts / Medical School /CCG to the brief. Negotiations with BSMS close to fruition re financial settlement for the cost of this space;
- **Main Scheme Capital (30)**. Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £15.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position. Mitigations include ensuring borrowing is under best possible terms for BSUH and the release of the final approval letter should frame the discussions on this;

- **Design Process Main scheme. Interfaces/impacts from other projects (30)** Trust/PFI/utilities contractors / capital works leads to delay (piling and ground anchors for example), leads to interference on other projects. The complexity of numerous contractors being on site simultaneously has led to 3Ts/Capital Developments setting up a site master programme to track the various projects in order to mitigate uncoordinated works on site;
- **ICT (28). Continuing Alignment with Trust IM&T developments.** Mitigation includes discussions about the potential for savings within ICT developments, as well as the initial costs of implementation;
- **Decant all (6) Failure to implement Decant Plan.** Operational staff now engaged and a range of solutions are being worked through for the "orphans" although some double decanting will now be necessary;
- **Business Continuity (22) Commissioners cannot afford scheme (changes in the size and allocation of resources for health care) which undermines FBC.** Mitigating this risk includes further discussions and negotiations via Strategic Partnership Board and National Programme Board. Downside scenarios have been outlined within FBC and now require further modelling;
- **Main scheme Capital (1)** Support with transitional costs is withdrawn. Transitional costs have been agreed with commissioners to be funded by 2% top slice. Invoice has been raised for 2014/2015 and monies received. Mitigations will be included in the negotiations regarding the FBC approval;

Duane asked for a small group comprising 3Ts programme team, and representatives from T&T to look at the entire risk register in more detail, as a sense check for proceeding with the phase 4 contract.

**Action: Anna Barnes**

This report was accepted.

## 1.8 Dashboard

Various amendments were made to the dashboard report. Notably the remaining decant schemes were revised from amber to red on the reporting tool. Workforce was also revised from amber to red for the overall assessment and budget.

Duane requested a paper from Dena Vadgama regarding the progress of procurement of equipment for the decant schemes.

**Action: Anna Barnes/Dena Vadgama**

Duane also requested a monthly slot from LO'R on the Programme Board agenda which would be a 3 month look ahead. This would complement the resourcing paper which was being compiled for the next Programme Board.

**Action: Anna Barnes/Jo Ingram**

## 1.9 AOB

Anna asked Duane if a Gate Zero Gateway review would be required as part of the FBC approval process. Duane offered to check, although he noted that the DH Gateway function had been discontinued in April 2015.

**Action: Duane Passman**

## 1.9 Part 2 (covered in part 2 minutes)

**Date of the next meeting:** The next meeting will be held on **Friday, 19 February 2016, 11:00-13:00**, Meeting Room A St Mary's Hall. Please note change of time for all future meetings.

**Minutes of RSCH Hospital Redevelopment Programme Board  
20 November 2015, 10.30-12.00 in SMH Board Room**

**Present:**

Ian Arbuthnot	Director of Health Informatics
Dominic Ford	Director of Corporate Affairs
Paul Lynchehaun	Project Director, LO'R
Duane Passman	Director of 3Ts (Chair), BSUH
Oliver Phillips	Service Strategy Director, BSUH
Bill Stronach	Deputy Chief Financial Officer (for Spencer Prosser)

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Steve Chudley	Project Manager, Turner and Townsend
Mark Frake	Project Accountant, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation
Ross Hanson	Director, Turner & Townsend
Philip Major	LCFS/Compliance Manager
Neil Saunders	Senior Commercial manager, LO'R
Gary Speirs	3Ts Capital Project Manager, BSUH

**Apologies:**

Amanda Fadero	Deputy Chief Executive, BSUH
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Kyle McClelland	Director, Turner and Townsend
Sherree Fagge	Chief Nurse, BSUH
Spencer Prosser	Chief Financial Officer
Mark Smith	Chief Operating Officer
Helen Weatherill	Operational Director HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Declarations of interest**

The following Programme Board members and attendees had previously declared interests:

- Duane Passman (previously worked with current employees of LO'R and with BDP)
- Anna Barnes (previously worked with LO'R)

Duane reported that he was still working on an appropriate declaration of interest form.

**Action: Duane Passman**

**1.3 Notes of the meeting in September 2015**

These were agreed as accurate.

**1.4 Action Log**

All actions were complete (except those to be considered under Part 2) and the following were updated:

- **Action 1.4 Revised Public Art Strategy:** Willis Newson to discuss Communications Strategy with Richard Beard. Anna reported that the draft Communication Strategy would be discussed on Monday 23 November at the next Joint Arts Group (JAG). Duane requested that this be closed off by the next Programme Board meeting.

**Action: Anna Barnes/Richard Beard/Willis Newson**

- **Action 1.4 Paths onto site** Gary Steen/Phillip Rolf to resolve the issue of the data cables **which** had been found under the site (by Christmas 2015).

**Action: Gary Steen**

- **Action 1.6 Business Continuity Site Electrical Infrastructure** (risk 18). Duane reported that the meeting with F&E colleagues was in the process of being set up.

**Action: Duane Passman**

- **Action 1.6 Main Scheme Capital BSMS capital costs** (risk 6). Duane reported that this was to be discussed at the Trust Board and an update would follow at the next Programme Board.

**Action: Duane Passman**

## 1.5 Notes from Sub groups

None this month.

## 1.6 Presentation of the Bribery Act

Philip Major gave a brief presentation concerning the Bribery Act 2011<sup>1</sup>. He outlined the three main offences as follows:

- Active Bribery
- Passive Bribery
- Failing to prevent Bribery (Section 7)

The main theme of his presentation was the need to demonstrate compliance with the Act via the use of robust procedures, due diligence and through cultural awareness of some of the common pitfalls. Philip gave some examples such as receiving gifts above a certain financial level or enjoying hospitality at high profile sporting events.

It was agreed that the Declaration of Interest policy would be helpful and that BSUH Board members (both contractors and Trust) should refuse any gifts/hospitality which could be perceived as an inducement to let a contract or to encourage anti-competitive behaviour in any way. It was also agreed that this did not relate to catering for meetings, or other minor social events.

Duane added that a reference to the Act would be included in the Phase 4 contract.

**Action: Neil Saunders/Duane Passman**

## 1.7 Risks and Issues

Anna presented the top 11 risks with a score of 16 or greater, with the following observations:

- **Decant overarching (38)**. Delay to paediatric audiology relocation and remodelling of the audiology/ENT Building which has now crystallised as noted above. This could delay planned commencement of works for paediatric audiology which then delays decant completion and vacation of stage one site. The meeting was informed that paediatric audiology was now staying in the current location and Adult Audiology was relocating to Sussex House, so this risk could now be closed. However Paediatric Audiology was still required to be located in RACH, so the relocation of CIRU out of RACH was still a long term objective;

**Action: Anna Barnes**

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2010/23/contents>

- **Design Process 1 (33).** This risk refers to the possible impact of construction on immuno-compromised patients. The mitigation includes the following: Review of evidence from other construction sites and further testing as work on site progresses. Anna updated the meeting that a joint statement between LOR and BSUH was to be included in the Contract in order to mitigate this risk;
- **Main scheme Capital (1)** Support with transitional costs is withdrawn. Transitional costs have been agreed with commissioners to be funded by 2% top slice. Invoice has been raised for 2014/2015 and monies received. Mitigations will be included in the negotiations regarding the FBC approval;
- **Main Scheme Capital (24).** Trust do not vacate all of site in a timely manner as part of the decant leads to delay to start of construction, cost of inflation, increased duration of decant and associated costs;
- **Main Scheme Capital (30).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £15.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position. Mitigations include ensuring borrowing is under best possible terms for BSUH;
- **Design Process Main Scheme 2 (1)** Design delay: The detail of the design should be developed within an agreed framework and timetable. A failure to do so may lead to additional design and construction costs. Mitigation includes ensuring all parties are aware of framework and timetable prior to commencement;
- **Design Process 2 (55).** There is a risk that stakeholders within, and outside, the Trust are unsatisfied with the construction, demolition, excavation and any other methodologies applicable for the delivery of the works as described in the Method Statements, causing significant delay to construction. Mitigation includes early identification of key stakeholders and formal sign off of method statements. Clear authorisation for works on site, or any requests to cease work on site is also imperative. Preparatory work is underway on the identification of these issues and detailed work has started on the development of the risk and method statements. Anna updated that a regular Site Logistics Meeting was being set up so that these issues could be worked through in a timely fashion;
- **NRB P21 GT (8)** Stage 3 Approvals and Contracts not implemented in time leading to delayed design deliverables;
- **NRB P21 GT (82).** There may be a lack of resource (funds, time or people) to complete the FBC document effectively. The meeting was informed that this document was now complete;
- **ICT (28). Continuing Alignment with Trust IM&T developments.** Mitigation includes discussions about the potential for savings within ICT developments, as well as the initial costs of implementation;
- **FBC drafting (2)** .There is significant uncertainty about the HMT approval period and the consequent impact on the programme. Mitigation includes close working with DH Capital Lead to establish the complete list of the approval conditions; It was agreed that this risk could be closed once the final signed letter from DH had been received;

This report was accepted.

## 1.8 Paths onto site

Paul Lynchehaun gave a presentation regarding the sequence of handover dates for the main scheme, beginning in January 2016. The phased hand over would be as follows:

North Road Building	Forecast handover to Trust 31/03/16	Decanted areas: South Service Road closure Estates (OH) Stephen Rali	All 3 areas released to LOR on 22/04/16
Courtyard	Forecast handover to Trust 18/12/15	Decanted area: Jubilee Bldng	Released to LOR on 01/04/16
Front Car Park	Forecast handover to Trust 22/04/16	Decanted area: Nuclear Medicine Latilla House Latilla Annexe	All 3 areas released to LOR on 20/05/16
Close Cancer Centre Car Park	Forecast handover to Trust 03/01/16	Decanted area: Front Cancer Centre Car Park	Released to LOR on 04/01/16
Comms/data Cables (North-South)	Forecast handover to Trust on 18/12/15	Decanted area: Stage 1A	Released to LOR on 04/01/16
Thomas Kemp Tower Access	Forecast handover to Trust 04/01/16	Decanted area: Thomas Kemp Tower	Released to LOR on 04/01/16
Energy Centre Access	Forecast handover to Trust 04/01/16	Decanted area: Energy Centre	Released to LOR on 04/01/16

The Board thanked Paul for the presentation which clearly laid out the various project interdependencies.

## 1.9 Dashboard (3Ts Gateway Action)

Anna gave a brief update regarding the Gateway Action Plan Dashboard. This was a summarised version of the lengthier spreadsheet presented under 1.7.

## 1.10 Monthly Finance Summary

Ross Hanson highlighted several aspects of the report:

- The FBC letter has now being received ( but not the signed copy)
- GMP has been agreed at £363m including £3.7 sunk costs).
- Main Scheme contact documents are nearing completion
- Decant works budget review has been completed.
- Preliminary works for NRB are progressing. GMP for Stage 4 near agreement.
- Vat recovery is currently at risk. Costings and options to address are currently under review.

## 1.11 AOB

Programme Board dates were circulated for 2016. Dom offered to circulate Trust Board dates to ensure that the reporting mechanisms are still in line.

**Action: Dominic Ford**

## 1.12 Part 2 (covered in part 2 minutes)

**Date of the next meeting:** The next meeting will be held on **Friday, 15 January 2016, 10.30-12.30 Meeting Room A St Mary's Hall.**

**Minutes of RSCH Hospital Redevelopment Programme Board  
11 September 2015, 10.30-12.00 in SMH Meeting Room A**

**Present:**

Ian Arbuthnot	Director of Health Informatics
Amanda Fadero	Deputy Chief Executive, BSUH
Dominic Ford	Director of Corporate Affairs
Paul Lynchehaun	Project Director, LO'R
Duane Passman	Director of 3Ts (Chair), BSUH
Bill Stronach	Deputy Chief Financial Officer (for Spencer Prosser)

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Grahame DeBanks-Hirst	Director, Turner & Townsend
Nick Groves	Associate Director, 3Ts Service Modernisation
Steve Chudley	Project Manager, Turner and Townsend

**Apologies:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Mark Frake	Project Accountant, BSUH
Oliver Phillips	Service Strategy Director, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH
Ross Hanson	Director, Turner and Townsend
Steve Lloyd	Commercial Leader, LO'R
Sherree Fagge	Chief Nurse, BSUH
Spencer Prosser	Chief Financial Officer
Helen Weatherill	Operational Director HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Declarations of interest**

The following Programme Board members and attendees had previously declared interests:

- Duane Passman (previously worked with current employees of LO'R and with BDP)
- Anna Barnes (previously worked with LO'R)

Graham DeBanks-Hirst's wife had now retired from BSUH so this interest is no longer declarable.

Duane reported that he was still working on an appropriate declaration of interest form.

**Action: Duane Passman**

**1.3 Notes of the meeting in July 2015**

These were agreed as accurate.

**1.4 Action Log**

All actions were complete (except those to be considered under Part 2) and the following were updated:

- **Action 1.6 Revised Public Art Strategy:** Willis Newson to discuss Communications Strategy with Richard Beard.

▪ **Action: Richard Beard/Willis Newson**

- **Action 1.8 Paths onto site** Gary Steen/Phillip Rolf to resolve the issue of the data cables which had been found under the site (by Christmas 2015).

**Action: Gary Steen/Phillip Rolf**

## 1.5 Notes from Subgroups

The notes from Programme Team on 7 August and 4 September were presented for information. These were received.

## 1.6 Risks and Issues

Anna presented the top risks, with the following observations:

- **Design Process 2 (55)**. There is a risk that stakeholders within, and outside, the Trust are unsatisfied with the construction, demolition, excavation and any other methodologies applicable for the delivery of the works as described in the Method Statements, causing significant delay to construction. Mitigation includes early identification of key stakeholders and formal sign off of method statements. Clear authorisation for works on site, or any requests to cease work on site is also imperative. Preparatory work is underway on the identification of these issues and detailed work is about to start in the development of the risk and method statements. Duane updated the meeting that the CEMP had now been agreed which contained methods statements and construction traffic routes ("paths onto site"). In addition, a small group including representatives from operational /clinical staff were meeting regularly to review the CEMP and work through any difficult operational issues;
- **Main Scheme Capital (24)**. Trust do not vacate all of site in a timely manner as part of the decant leads to delay to start of construction, cost of inflation, increased duration of decant and associated costs. The mitigation here includes phased handover of the Stage 1 site which was discussed further in part 2 of this meeting;
- **Design Process 1 (33)**. This risk refers to the possible impact of construction on immuno-compromised patients. The mitigation includes the following: Review of evidence from other construction sites and further testing as work on site progresses. Risk and method statements are being developed in partnership between the contractor and the Trust teams (including infection control) to identify key risks and strategies for mitigation whilst construction is underway. Dom added that the recent meeting with the Health and Safety Committee which considered these issues had gone very well;
- **FBC drafting (2)**. There is significant uncertainty about the HMT approval period and the consequent impact on the programme. Mitigation includes close working with DH Capital Lead to establish review schedule and process;
- **Main Scheme P21 (1)** Third party insurance claims (Public Liability) on adjacent properties (Children's hospital, neighbours) caused by construction. Cost may be covered with insurance apart from the excess amount. This relates to land ownership issues and the potential interface with RACH. The mitigation is principally financial and is included within the scheme's contingency allowance;
- **Main Scheme Capital (16)**. Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Mitigations include discussion with TDA re exact mix of PDC versus PDL;

- **NRB P21 GT (8)** Stage 3 Approvals and Contracts not implemented in time leading to delayed design deliverables. The contract still awaits sign off, to be discussed under Part 2 of the meeting;
- **NRB P21 GT (82)**. There may be a lack of resource (funds, time or people) to complete the FBC document effectively. As above;
- **Decant overarching (38)**. Delay to paediatric audiology relocation and remodelling of the audiology/ENT Building which has now crystallised as noted above. This could delay planned commencement of works for paediatric audiology which then delays decant completion and vacation of stage one site. The mitigation is to revisit the sequencing of works for this building and seek alternative locations for paediatric audiology/ENT;
- **Trust Business Continuity (18)** Site electrical Infra-structure is inadequate. Mitigation includes the allowance made in the Trust's Operational Capital programme for 2014/15 which was approved by TBoD on 31/03/14 with additional monies coming from 3Ts to cover off the Courtyard electrical loading requirements. Plans for a revised British Gas solution for energy provisions is being brought into line with 3Ts Energy Centre so as to ensure a smooth transition through the work phases Duane said that he would be meeting shortly with Estates and Facilities colleagues re the Energy Solution;

**Action Duane Passman**

- **Main Scheme Capital (6)** Failure to sign up partner Trusts / Medical School /CCG to the brief. This risk was discussed with reference to the lack of formal commitment by BSMS to providing the capital costs for their element of the scheme. Duane explained that he was meeting Matthew Kershaw to brief him on this issue that afternoon and would provide more detail at the next meeting;

**Action Duane Passman**

- Several risks associated with **Decant (Galiford Try)** were also discussed in advance of part 2 of the meeting. It was noted with reference to **risk ID 16/6 Planning Consent** would be sought at the meeting on 7 October 2015. Duane also informed the Board that he was meeting with local councillors on the 22 September to discuss the impact of construction on local residents and methods for mitigating this impact;
- Nick gave an update regarding the **workforce related risks**. He outlined how the Trust now has an integrated '15-18 workforce development/CIPs programme, with Amanda as SRO. This has been discussed with the TDA as part of 3Ts due diligence, and is due to be presented to the September Trust Board. The Trust has secured £154k (over two financial years) from HEKSS for a 3Ts/Local Health Economy workforce programme; Bryn Thomas (Programme Manager) started mid-August. It has also secured £200k AHSN 3Ts innovation monies, which will fund a two-year project on workforce/other innovations in Imaging & Nuclear Medicine. Amanda noted the importance of planning for the future – not just '16-18 pay CIPs, but the longer-term development required for 3Ts and other strategic priorities – as well as managing in-year pressures. She reiterated that the organisation was required to demonstrate an explicit commitment to workforce modernisation. It was agreed to increase the overall risk rating to reflect in-year financial pressures, and proximity of 3Ts Stage 1 to operational timescales;
- Finally Anna reported that there were 49 additional decant construction risks which, she had realised, had not been reviewed for several months. This was principally because these were under the responsibility of LO'R and had been on the joint register, but had

not been picked up on the summary risk sheet. Anna said that they would all be reviewed and either closed or actioned by the date of the next meeting, in conjunction with LO'R.

**Action: Anna Barnes.**

This report was accepted.

### **1.7 Dashboard (3Ts Gateway Action)**

Anna gave a brief update regarding the Gateway Action Plan Dashboard. This was a summarised version of the lengthier spreadsheet presented under 1.6. Amanda requested a change to the ratings for workforce which she felt were less positive than in reality (red when they should be amber), especially with recent workforce specialist appointments having been made.

**Action: Anna Barnes**

### **1.8 Monthly Finance Summary**

In the absence of T&T Duane highlighted several aspects of the report:

- The market testing process for the main scheme is now complete.
- Package procurements are being evaluated.
- FBC approval is still awaited.
- The contingency/risk workshop has taken place and will affect the final account.
- Vat recovery is being progressed for SMHS
- The inflation risk and market conditions are an area of particular focus
- Contract discussions are being finalised.
- Contract signing is currently scheduled for 17<sup>th</sup> October.

### **1.9 AOB**

- Duane reported that Graham DeBanks-Hirst is taking a sabbatical. He thanked him for his work over the past five years.
- Duane also thanked the various teams (3Ts/LO'R and Clinical Ops) for achieving sign-off of the 1:50s; (3 700 rooms) a "significant milestone."
- Amanda thanked the team for contributing to the Workforce Plan which is also an important step forward.

### **1.10 Part 2 (covered in part 2 minutes)**

**Date of the next meeting:** The next meeting will be held on **Friday, 9 October 2015, 10.30-12.30 Sussex House Board Room. Please note the extraordinary meeting on the 22 September has been cancelled.**

**Minutes of RSCH Hospital Redevelopment Programme Board  
17 July 2015, 10.30-12.00 in SMH Meeting Room A**

**Present:**

Ian Arbuthnot	Director of Health Informatics
Sherree Fagge	Chief Nurse, BSUH
Paul Lynchehaun	Project Director, LO'R
Duane Passman	Director of 3Ts (Chair), BSUH
Oliver Phillips	Service Strategy Director, BSUH (for Amanda Fadero)
Bill Stronach	Deputy Chief Financial Officer (for Spencer Prosser)
Brendan Ward	Director of Patient Services

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Grahame DeBanks-Hirst	Director, Turner & Townsend
Mark Frake	Project Accountant, BSUH
Ross Hanson	Director, Turner and Townsend
Gary Speirs	3Ts Capital Project Manager, BSUH
Jane Willis	Director, Willis Newson
Steve Woodward	Director, Turner & Townsend

**Apologies:**

Nick Groves	Associate Director, 3Ts Service Modernisation
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Amanda Fadero	Deputy Chief Executive, BSUH
Steve Lloyd	Commercial Leader, LO'R
Spencer Prosser	Chief Financial Officer
Helen Weatherill	Operational Director HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Declarations of interest**

The following Programme Board members and attendees declared interests:

- Duane Passman (previously worked with current employees of LO'R and with BDP)
- Anna Barnes (previously worked with LO'R)
- Grahame De Banks-Hirst (spouse works at RACH)
- Ross Hanson (previously worked with LO'R)
- Gary Speirs (previously worked with BDP)
- Jane Willis (previously worked with LOR and BDP)

All Programme Board members and attendees would be asked to complete a declaration of interest which will be circulated before the next meeting and updated thereafter by exception.

**Action: Anna Barnes**

**1.3 Notes of the meeting in June 2015**

These were agreed as accurate. The notes from May 2015 were re-presented and were also agreed (the May meeting had not been quorate).

**1.4 Action Log**

All the actions were in progress. Two items required additional work as follows:

- **Action 1.5 Galliford Try to be invited to PB:** This is to be rescheduled.  
**Action: Rob Brown**
- **Action 1.6 P21 dashboard** Anna Barnes to undertake additional work to align the BSUH and P21 dashboards, where this was appropriate, by the next meeting.  
**Action: Anna Barnes**

### 1.5 Notes from Subgroups

There were no reports from sub groups this month.

### 1.6 Revised Public Arts Strategy

Jane Willis presented the revised Public Arts Strategy for discussion and agreement.

Jane began by outlining the aims of the Strategy which were as previously, to enhance the patient experience but with some additional ones encompassing:

- Creativity
- Culture
- Community
- Care

Several commissions remained unchanged such as the following:

- Reception and Welcome Space (stage 1 and 2): Kate Blee
- Roof Gardens: Marion Brandis
- Sanctuary multi faith space: Sharon Ting

Jane then explained the major changes to the Strategy, which were as follows:

- The Deep Courtyard commission was not going ahead
- The wayfinding wall/ceiling graphics likewise
- The façade commission was not progressing.

Jane explained that these changes had been made to incorporate a more integrated approach to the arts strategy implementation, coupled with advances in technology which meant that there were opportunities to take advantage of advances in digital reproduction techniques. She added that we also have the advantage of learning from the more integrated approach used at Southmead hospital (another BDP scheme):

- An integrated approach to design within the ward areas and other public spaces
- Feature walls
- Integrated signage incorporating agreed motifs, as a way to improve wayfinding
- Increased opportunities to work in partnership with local artists and the University on the various commissions.

Jane also highlighted another significant change:

- Willis Newson to be employed via BSUH as opposed to LO'R
- A budget reduction from £1.4m - £1m had been achieved.

Duane thanked Jane for a clear presentation. There were several questions:

- Ian asked Jane about the procurement process for arts tendering, which Jane explained in detail, including the pros and cons of open competitive tendering versus using an established supply chain and researching the field prior to inviting expressions of interest.
- Steve outlined the need to resolve the issue of VAT recovery for fees, and the danger of integrated commissions incurring a higher rate which excludes VAT relief on fees.
- Sherree asked Jane to ensure liaison with the Patient Experience Panel.

**Action Anna Barnes/Jane Willis**

Anna asked if the meeting was in agreement that this revised Public Arts Strategy could be adopted. This was agreed.

## 1.7 Risks and Issues

Anna presented the top risks, with the following observations:

- **Design Process 2 (55).** There is a risk that stakeholders within, and outside, the Trust are unsatisfied with the construction, demolition, excavation and any other methodologies applicable for the delivery of the works as described in the Method Statements, causing significant delay to construction. Mitigation includes early identification of key stakeholders and formal sign off of method statements. Clear authorisation for works on site, or any requests to cease work on site is also imperative. Preparatory work is underway on the identification of these issues and detailed work is about to start in the development of the risk and method statements. Duane updated the meeting that the risk and method statements were in the process of being drafted. Paul Lyncehaun suggested that there may be value in splitting the risk into internal and external stakeholders, which was supported by Programme Board.

**Action: Anna Barnes**

- **Design Process 1 (33).** This risk refers to the possible impact of construction on immuno-compromised patients. The mitigation includes the following: Review of evidence from other construction sites and further testing as work on site progresses. Risk and method statements are to be developed in partnership between the contractor and the Trust teams (including infection control) to identify key risks and strategies for mitigation whilst construction is underway;
- **FBC drafting (2)** .There is significant uncertainty about the HMT approval period and the consequent impact on the programme. Mitigation includes close working with DH Capital Lead to establish review schedule and process;

Anna explained that this risk had been raised in the last month as the process felt very risky at the time of drafting the report. Duane took the opportunity to update the Board on the approvals process. He reported that the TDA had approved the FBC on Wednesday 15<sup>th</sup> July and that, subject to the GMP negotiations and other conditions being met, the FBC would be finally approved towards the end of July and this had been agreed at the National Programme Board. Brendan congratulated Duane on a “significant milestone and achievement”. Duane thanked all everyone involved in the development of 3Ts over the last 7 years for the part they had played to get to this point.

- **Main Scheme Capital (16).** Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Mitigations include Discussion with TDA re exact mix of PDC versus PDL;
- **NRB P21 GT (8)** Stage 3 Approvals and Contracts not implemented in time leading to delayed design deliverables. Rob has a draft contract, so this risk will reduce by next month;
- **NRB P21 GT (82).** There may be a lack of resource (funds, time or people) to complete the FBC document effectively. As above.
- **Decant overarching (38).** Delay to paediatric audiology relocation and remodelling of the audiology/ENT Building which has now crystallised as noted above. This could delay

planned commencement of works for paediatric audiology which then delays decant completion and vacation of stage one site. The mitigation is to revisit the sequencing of works for this building and seek alternative locations for paediatric audiology/ENT;

Duane reported that a meeting had taken place with the team during the week and that possible solutions are now being proposed.

- **ICT (28). Continuing Alignment with Trust IM&T developments.** Mitigation includes discussions about the potential for savings within ICT developments, as well as the initial costs of implementation;
- **Design Process Main Scheme 2 (1)** Design delay: The detail of the design should be developed within an agreed framework and timetable. A failure to do so may lead to additional design and construction costs. Mitigation includes ensuring all parties are aware of framework and timetable prior to commencement;
- **Main Scheme Capital (30).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £15.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position. Mitigations include ensuring borrowing is under best possible terms for BSUH;
- **Main Scheme Capital (1).** Support with transitional costs is withdrawn. Transitional costs have been agreed with commissioners to be funded by 2% top slice. Ongoing support with transitional costs requires confirmation as part of FBC approval process;
- **FBC drafting (5).** Commissioners cannot afford scheme (changes in the size and allocation of resources for health care) which undermines FBC. Mitigating this risk would include a regular updates/commissioning interface to confirm costs and affordability as the scheme progresses. There is also a need to ensure that the scheme keeps to its brief and that there are robust plans in place to ensure that BSUH's efficiency programme delivers its savings;

There was a brief discussion about other risks, notably the **risk 7 (decant equipment)** where funding had now been agreed for the Spec CT and Gamma cameras, so this risk could be reduced.

**Action: Anna Barnes**

The meeting then discussed the NRB risks. Rob updated the meeting about the likely GMP date (early August) and said that the risk and method statement for demolition were in process. Duane stressed that these needed to be fully agreed by Infection Prevention and Control and Risk Management. Rob added that he anticipated planning consent by the end of August. Duane also asked Rob to discuss **NRB P21+GT (84)** risk re delay to planning approval with DDG.

**Action: Rob Brown**

This report was accepted.

## **1.8 Paths onto site (Presentation)**

Paul gave a presentation about the paths onto site, with a proposed schedule, programme and accompanying visual demonstration of the proposed trajectory. Some key points in time included the following:

- July: GMP submission
- September: Enabling works including South Service Road (move Telephony/data cables). Park and ride discussions with B&HCC to be resolved.
- January: Begin helipad early works

- January - May: total stage one site possession
- Mid-year: Crane bases in place.

It was agreed that the meeting with operational leads should be progressed as soon as possible to enable this schedule to be adhered to. Duane also asked IT to liaise with 3Ts to resolve the issue of the data cables which had been found under the site.

**Action: Duane Passman**

Rob asked Paul to add the detail of the existing cancer centre to the schematic diagram.

**Action: Paul Lynchehaun**

Duane thanked Paul for this presentation.

### **1.9 Dashboard (3Ts Gateway Action)**

Anna gave a brief update regarding the Gateway Action Plan Dashboard. This was a summarised version of the lengthier spreadsheet presented under 1.7. Duane felt that this was a helpful summary.

### **1.10 MPA return**

Anna presented the Major Project Authority report, which had been required monthly. Duane reported that 3Ts would no longer be reporting to the MPA but to DH, so this return might now be obsolete. This report was accepted.

### **1.11 Monthly Finance Summary**

Steve Woodward presented this report which was received. The following points were noted:

- The market testing process for the main scheme is now complete.
- Package procurements are being evaluated. There are a large number of queries outstanding.
- FBC approval is still awaited.
- The contingency/risk workshop has been programmed for 22<sup>nd</sup> July.
- Value Engineering workshops and discussions are ongoing (one more workshop scheduled for the end of July)
- Vat recovery is being progressed for SMHS
- Contract clauses are being drafted
- The inflation risk and market conditions are an area of particular focus
- Infrastructure discussions for both the decant and main scheme require resolution.
- Contract discussions to be finalised.

### **1.12 AOB**

Duane thanked Steve Woodward for his support over the past 6 years, as he is moving on to a new post outside Turner & Townsend. Steve added that he had enjoyed working in this project, and wished the team luck moving forward. Ross was welcomed as the replacement for Steve.

Duane said that the next meeting might be rescheduled, depending in the outcomes of discussions regarding the 3Ts National Programme Board. This would be confirmed.

**Action: Anna Barnes**

### **1.10 Part 2 (covered in part 2 minutes)**

**Date of the next meeting:** The next meeting will be held on **Friday, 14<sup>th</sup> August 2015, 10.30-12.30 Meeting Room A St. Mary's Hall**

**Minutes of RSCH Hospital Redevelopment Programme Board  
19 June 2015, 10.30-12.00 in SMH Meeting Room A**

**Present:**

Dominic Ford	Director of Corporate Affairs, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation
Steve Lloyd	Commercial Leader, LO'R
Lorissa Page	Assistant Director - HR, BSUH (for Helen Weatherill)
Duane Passman	Director of 3Ts (Chair), BSUH
Oliver Phillips	Director of Service Transformation, BSUH (for Amanda Fadero)

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Grahame DeBanks-Hirst	Director, Turner & Townsend
Paul Lynchehaun	Project Director, LO'R
Gary Speirs	3Ts Capital Project Manager, BSUH

**Apologies:**

Rob Brown	Head of Capital Development, BSUH
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Amanda Fadero	Deputy Chief Executive, BSUH
Sherree Fagge	Chief Nurse, BSUH
Mark Frake	Project Accountant, BSUH
Spencer Prosser	Chief Financial Officer
Steve Woodward	Director, Turner & Townsend

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made. It was noted that the meeting was not quorate.<sup>1</sup> Duane expressed concern that attendance was poor for such a large project and urged all members to attend in future.

**1.2 Notes of the meeting in May 2015**

These were agreed as accurate.

**1.3 Action Log**

All the actions were in progress. An update for items not on the agenda was provided as follows:

**Risks and Issues (item 1.5):**

- **Risks and issues;** Simulation Suite now signed off and fully funded according to email from Varadarajan Kalidasan
- **Site Logistics:** Steve Lloyd reported that the draft Construction Environmental Management Plan is now available<sup>2</sup>.

**1.4 Notes from Subgroups (Programme Team 5<sup>th</sup> June 2015).**

These were provided for information and were received.

<sup>1</sup> The quorum necessary for the transaction of business shall be five and should include at least one of the Chief Financial Officer and Chief Operating Officer, and at least one of the Senior Users.

<sup>2</sup> Comments being compiled by Gary Speirs for BSUH

## 1.5 Risks and Issues

Anna presented the top risks, with the following observations:

- **Design Process 2 (55).** There is a risk that stakeholders within, and outside, the Trust are unsatisfied with the construction, demolition, excavation and any other methodologies applicable for the delivery of the works as described in the Method Statements, causing significant delay to construction. Mitigation includes early identification of key stakeholders and formal sign off of method statements. Clear authorisation for works on site, or any requests to cease work on site is also imperative. Preparatory work is underway on the identification of these issues and detailed work is about to start in the development of the risk and method statements;

Anna reported that this had now been escalated onto the Datix/Board Assurance framework (Datix reference still awaited). It was agreed that Dom and Duane would discuss further in order to mitigate this more effectively.

**Action: Dominic Ford/Duane Passman**

- **Design Process 1 (33).** This risk refers to the possible impact of construction on immuno-compromised patients. The mitigation includes the following: Review of evidence from other construction sites and further testing as work on site progresses. Risk and method statements are to be developed in partnership between the contractor and the Trust teams (including infection control) to identify key risks and strategies for mitigation whilst construction is underway;
- **Decant overarching (38).** Delay to paediatric audiology relocation and remodelling of the audiology/ENT Building which has now crystallised as noted above. This could delay planned commencement of works for paediatric audiology which then delays decant completion and vacation of stage one site. The mitigation is to revisit the sequencing of works for this building and seek alternative locations for paediatric audiology/ENT;

It was noted that no solution to this problem was yet available. There was now a strong probability that this would affect the critical path. There was also a discussion about the less urgent risks, notably the following:

- **Design Process Main 2 (11).** Hospital Operations in TKT are disrupted by noise and vibration from either Helideck or TKT construction sequence. Testing now completed - Mitigations have included Level 15 drilling at the proposed major trauma location: A test of percussive drilling was carried out in the south-east corner of the TKT and sound and vibration were measured both at the source and at various points within the closest clinical area. With lobby doors closed there was no detection of either sound or vibration in the clinical areas, confirming there was no concern to patients, staff or visitors. It was agreed that mitigations during construction could include constant communication with affected wards, real time patient monitoring in the Trevor Mann Baby Unit and relocation of vulnerable patients, or staged drilling for the limited period when it would be necessary (6 weeks);
- **ICT (28) New Risk:** Continuing Alignment with Trust IM&T developments. It was agreed that this should be rated more highly (3 x 5= 15) because of the risk that this could incur higher costs.

**Action: Anna Barnes**

- Issue 24) **trust does not vacate all of site in a timely manner**. It was agreed that this should be discussed at the next Programme Board (paths onto site).

**Action: Anna Barnes**

The main construction risks associated with the North Road Building were also discussed. It was agreed that Galliford Try should be invited to the next Programme Board meeting (part 2) and that the risks/issues associate with NRB should be updated.

**Action: Anna Barnes/Rob Brown/Grahame de-Banks Hurst.**

Duane then led a discussion about the contingency/construction risks. The discussion outlined the key mitigations required to prevent these risks materialising with their associated costs. It was agreed that a workshop with representatives from LO'R, Trust Operations and 3Ts should take place in order to ensure realistic values could be set aside within the contingency allowances<sup>3</sup>. This would be required prior to contract signing (therefore the end of September). Anna requested operational input for this.

**Action: Anna Barnes**

This report was accepted.

#### **1.6 Dashboard (3Ts Gateway Action)**

Anna gave a brief update regarding the Gateway Action Plan Dashboard. This was a summarised version of the lengthier spreadsheet presented under 1.5. This was generally felt to be helpful. Steve Lloyd asked Anna to check that it aligned with the P21 dashboard.

**Action: Anna Barnes.**

#### **1.7 MPA return**

Anna presented the new-style Major Project Authority report, which was now required monthly. It was agreed to align the milestones more closely following GMP.

**Action: Anna Barnes/Steve Lloyd**

This report was accepted.

#### **1.8 Monthly Finance Summary**

Grahame DeBanks-Hirst presented this report which was received. The following points were noted:

- The market testing process for the main scheme is nearly complete.
- Package procurements are being integrated.
- FBC approval is still awaited.
- NRB – Galliford Try pre-contract works are progressing, albeit slower than expected
- The CTYD and FCP buildings are behind programme and mitigations are being explored.
- Value Engineering workshops and discussions are ongoing (one more workshop required at the end of July)
- Infrastructure discussions for both the decant and main scheme require resolution.
- Contract discussions to be finalised.

#### **1.9 AOB**

There was no other business.

#### **1.10 Part 2 (covered in part 2 minutes)**

**Date of the next meeting:** The next meeting will be held on **Friday, 17 July 2015, 10.30-12.30 Meeting Room A St. Mary's Hall.**

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<sup>3</sup> Meeting arranged for 27 July.

**Minutes of RSCH Hospital Redevelopment Programme Board  
15 May 2015, 10.30-12.00 in SMH Meeting Room A**

**Present:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Amanda Fadero	Deputy Chief Executive, BSUH
Dominic Ford	Director of Corporate Affairs, BSUH
Steve Lloyd	Commercial Leader, LO'R
Duane Passman	Director of 3Ts (Chair), BSUH
Bill Stronach	Deputy CFO (for Spencer Prosser)
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Grahame DeBanks-Hirst	Director, Turner & Townsend
Mark Frake	Project Accountant, BSUH
Paul Lynchenhaun	Project Director, LO'R

**Apologies:**

Ian Arbuthnot	Director of Health Informatics, BSUH
Sherree Fagge	Chief Nurse, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation
Oliver Philips	Director of Service Transformation
Spencer Prosser	Chief Financial Officer
Gary Speirs	3Ts Capital Project Manager, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Notes of the meeting in March 2015**

These were agreed as accurate, except under item 1.5, Steve Woodward informed the meeting that Building Price Inflation Indices should be replaced with Building Cost Information Service. He also pointed out that SAFOR stands for *Simulated Assessment For Operational Readiness* not *Simulated Assessment Of Operational Readiness*.

**1.3 Action Log**

All the actions were in progress. An update for items not on the agenda was provided as follows:

**Rep from Business as usual (item 1.4);** Sherree Fagge to attend PB as designated rep.

**Risks and Issues (item 1.6):**

- **Construction risks register;** to be reviewed by MSDG in May/June and then by Programme Board.
- **Noise impact of helipad;** please see separate report in **appendix A**.
- **Energy requirements;** Duane reported that a solution re energy is under discussion.
- **Stakeholder support;** Amanda reported that liaison arrangement with CCGs were in the process of being refreshed.
- **Programme issue;** expected on Wednesday 20<sup>th</sup> May.
- **SAFOR (item 1.10);** See appendix A. The team agreed that this approach would be appropriate for the simulation suite, but not the total build. Amanda agreed to have an initial discussion with the key individuals;

**Action: Amanda Fadero**

- **Workforce bid (item 1.12)**; the timescale is 24 months.

#### 1.4 Notes from Subgroups (Programme Team 10<sup>th</sup> April 2015).

These were provided for information and were received.

#### 1.5 Risks and Issues

Amanda asked Anna to provide further clarity on the remaining education risk by the next meeting.

**Action: Anna Barnes**

Anna presented the top risks, with the following observations:

- **Design Process 2 (55)**. There is a risk that stakeholders within the Trust are unsatisfied with the construction, demolition, excavation and any other method statements applicable causing significant delay to construction. Mitigation includes early identification of key stakeholders and formal sign off of method statements. Clear authorisation for works on site, or any requests to cease work on site is also imperative;
- *It was agreed that this risk should be placed on the Datix (Board level) risk register and that it should be escalated to the Executive Team. Amanda stressed the need for an integrated risk assessment between BSUH operational staff and 3Ts.*

**Action: Anna Barnes/Amanda Fadero**

- **Design Process 2 (33)** Risk of aspergillus to immuno compromised patients exacerbated by the impact of construction on the RSCH site. This risk refers to the possible impact of construction on immune-compromised patients. The mitigation includes the following: Review of evidence from other construction sites and further testing as work on site progresses. A sub group is being set up to oversee this with infection control involvement. More comprehensive clinical involvement is required with immediate effect;
- **Main Scheme Capital (24)**. Delay to site possession: May not vacate in order to start stage 1 due to Trust (Jubilee block and cancer care), caused by delay of Decant, leads to delay of start, cost of inflation. Mitigation: Ensure operational leads involved in logistical discussions so as to avoid further delays to the programme;
- *It was agreed that this becomes an issue rather than a risk (as the risk has materialised) and should therefore be placed on the issues log.*

**Action: Anna Barnes**

- **FBC drafting (2)**. There is significant uncertainty about the HMT approval period and the consequent impact on the programme. Mitigation: close working with DH Capital Lead;
- **Decant overarching (38)**. Delay to paediatric audiology caused by clinical ops use of space. Clinical ops will be using space on level 10 RSCH to meet clinical needs until 1 April 2015. This could delay planned commencement of works for paediatric audiology which then delays decant completion and vacation of stage one site. Mitigation: Revisit the sequencing of works for building 545 and seek alternative locations for PA;
- *Graham voiced his concern about this risk. Amanda said that a solution would need to be developed in discussion with Trust clinical operations.*

**Action: Amanda Fadero**

- **Design Process 2 (1).** Design delay: the detail of the design should be developed within an agreed framework and timetable. A failure to do so may lead to additional design and construction costs. Mitigation: Ensure all parties aware of framework and timetable prior to commencement;
- **Main Scheme Capital (30).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £15.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 40 year repayment term would create an overdraft of £44m by 2022/23. Mitigation includes ensuring borrowing is under the best possible terms for BSUH; Discussions with HMT have focused on the availability of Public Dividend Capital as a preference. Final mix of PDC/PBL is a key aspect of the FBC. Mitigation: Ensure borrowing is under best possible terms for BSUH;
- **Main scheme Capital (1)** Support with transitional costs is withdrawn. Transitional costs have been agreed with commissioners to be funded by 2% top slice. Invoice has been raised for 2014/2015 and monies received. Ongoing support with transitional costs requires confirmation as part of FBC approval process;
- **Main Scheme Capital (16).** Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Negotiations with LOR have resulted in lower prices and revised valuation from DV has reduced the affordability risk. Discussion with TDA re exact mix of PDC versus PDL continue;
- **FBC drafting (5).** Commissioners cannot afford scheme (changes in the size and allocation of resources for health care) which undermines FBC. Mitigating this risk would include a regular updates/commissioning interface to confirm costs and affordability as the scheme progresses. There is also a need to ensure that the scheme kept to its brief and that there are robust plans in place to ensure that BSUH's efficiency programme delivers its savings and to see if more savings can be delivered above those already identified.

This report was accepted.

## 1.6 Site Logistics

Steve Lloyd gave a brief presentation of the site logistics which used computer generated images to show the phasing of the construction over 10 years. The siting of the cranes was also shown for both phases. There were several comments about the probable pinch points and logistical problems which lay ahead. For instance, the requirement to re designate some of the fire exits across the site. It was felt to be a helpful presentation. Duane requested a more detailed one for discussion with Executive and Operational Teams. Amanda also requested the involvement of SECamb at the earliest opportunity.

**Action: Steve Lloyd**

## 1.7 Gateway Action Plan

Anna gave a brief update regarding the progress on implementing all the recommendations from the November 2014 Gate 3 review. This report was accepted.

## 1.8 MPA return

Duane and Anna presented the new-style Major Project Authority report, which would now be required monthly. Steve Lloyd commented that the milestones were not in line with the latest projections from LO'R, which had led to an urgent meeting being set up to align the different trajectories. This meeting was scheduled to take place on 20<sup>th</sup> May 2015. Following this meeting, the new LO'R programme would be issued for acceptance, and the BSUH Development Control Plan would be updated.

**Action: Anna Barnes/Steve LLOYD**

## **1.9 Monthly Finance Summary**

Steve Woodward presented this report which was received. The following points were noted:

- The market testing process has commenced. Package procurements are being integrated.
- FBC approval is still awaited.
- NRB – Galliford Try have been appointed and pre-contract works are progressing well. This will be a volumetric solution rather than a modular build.
- The CTYD and FCP buildings are behind programme.
- Value Engineering workshops and discussions are ongoing.
- Infrastructure discussions for both the decant and main scheme are progressing.
- Contract discussions are still progressing
- The energy centre discussions are progressing well.

## **1.10 AOB**

There was no other business.

## **1.11 Part 2 (covered in part 2 minutes)**

## **1.12 Date of the next meeting**

The next meeting will be held on **Friday, 19 June 2015, 10.30-12.30 Meeting Room A St. Mary's Hall.**

**Appendix A**

<p>1.6</p>	<p><b>Design process Main Scheme 2 (11):</b></p> <p>Noise Impact of the Helipad on TKT. Mitigation actions now include drill testing (31/03/15) to assess the effects of drilling and vibration on the higher levels of the Thomas Kemp Tower (TMBU especially) to agree the best options for completing the works. TMBU Leads are being kept up to date with progress.</p>	<p>Test drilling completed and generally well received. Summary Position (from Gary B) –</p> <p><i>Level 15 drilling, to test the impact on TMBU: The test works carried out on 31/03/15 showed that the diamond drilling method caused little to no sound or vibration within the clinical areas, and as such posed no concern to either patients, visitors or staff.</i></p> <p><i>Percussive drilling was found to be minimally invasive and the clinical lead explained that this could be disruptive to staff and in turn patients, should it be for extended periods of time. As the requirement for percussive drilling is limited to short bursts it is felt that this can be planned in a manner that creates little disruption.</i></p> <p><i>Next steps:</i></p> <ul style="list-style-type: none"> <li>- GB to take the official SRL acoustician report to the TMBU senior management meeting in early June (due to leave) to discuss the findings and gather further feedback.</li> <li>- LO'R to arrange a visit with GB to the Hilti centre to assess the sound and vibration levels of the sawing device which will be used in the south-east corner of the TKT for the trauma lift works.</li> </ul> <p><i>Level 15 drilling at the proposed major trauma location: A test of percussive drilling was carried out in the south-east corner of the TKT and sound and vibration were measured both at the source and at various points within the closest clinical area. With lobby doors closed there was no detection of either sound or vibration in the clinical areas, confirming there was no concern to patients, staff or visitors.</i></p> <p><i>In addition: None of the test works carried out on level 15 were measurable on level 13.</i></p>
<p>1.6</p>	<p><b>Design Process Main Scheme 2 (10):</b></p> <p><b>Vibration disruption to Linacs during construction of stage 1:</b></p> <p>A Workshop is being scheduled (early April) to discuss and agree mitigation options.</p>	<p>Workshop held 10<sup>th</sup> April, Notes issued April 14<sup>th</sup></p> <p>Trust subsequently provided Royal London acoustic solution details, with the following response (and current holding position) received:</p> <p><i>As discussed at our meeting on 10<sup>th</sup> April 2015, we will be undertaking the recommendations of the 3 reports produced by WSP: Assessment of Potential Vibration Impacts on Sensitive Equipment within the LINAC Bunkers, Barry Building and the Front Car Park Modular Units, which also references BS5228.</i></p> <p><i>By following the recommendations from the well-researched reports and using modern, well maintained noise-efficient and silenced plant, we are confident that the noise and vibration can be controlled and maintained at acceptable levels.</i></p> <p><i>We would not anticipate utilising the level of acoustic shielding used at Royal London Hospital, which is not included in the current cost plan.</i></p>

<p>1.7</p>	<p><b>Update on Strengthening Works for TKT/Impact on Helipad</b></p> <p>LOR (Steve Lloyd) has noted that a (surveys) revisit to the Thomas Kemp Tower is required to confirm the nature of alternations carried out since stand-down. This follows provision of a list of works completed by Phill Rolf. Surveys are underway. Duane asked that this is brought to an early conclusion. Gary to check with Steve Lloyd.</p> <p><b>Action: Gary Speirs/Steve Lloyd</b></p>	<p>Steve Lloyd reports that -</p> <p><i>Survey Carried out - Seven partnership are creating a BIM model for WSP /BDP to check against the current scheme as drafted for the level 14 service void.</i></p> <p><i>We also need (Trust) agreement on the location of the Roof level accommodation level 16, and agreement that BMU solution on TKT is based reuse of the existing system where possible and not a new installation to enable final structural modelling to be carried out. (GS – BMU referred to Phill)</i></p> <p><i>There are a number of other intrusive surveys required. These where raised by WSP late April and we are reviewing the scope to advise requirements for access.</i></p> <p><i>Main survey next week is Service in the Energy Centre on the pump flows</i></p> <p><i>The other structural ones I am trying to get closed out with the team to validate the structural assumption. Dave Osborne is leading</i></p>
<p>1.10</p>	<p>Duane asked what was meant, in scope terms, by ‘SAFOR (Simulated Assessment of Operational Readiness), raised by the Simulation Team? Gary to look into this suggestion further.</p>	<p>In request, Amit Mishra has provided the following response (NB - this is outside current planned design activity...):</p> <p><i>SAFOR is a simulation exercise where we replicate the size and design of a facility and test it using equipment and end-users.</i></p> <p><i>At the architect stages, it would involve Duck-taping a large car park to mimic the rooms, sinks, chairs, etc and then navigating trolleys etc through them. Major issues are usually captured at this stage.</i></p> <p><i>At the commissioning stage, it would involve running a trial of staff and patient / candidate activity in a centre, and making minor adaptations to the area in preparation for day to day activity.</i></p> <p><i>All activity is recorded on cameras. Feedback is collected from end users (staff / candidates / patients) of the facility to make it fit for purpose. All such feedback is collated and submitted as a report, along with the video recordings.</i></p> <p><b><i>There will be a cost</i></b> implication to fund the time and equipment transport for the day and for production of the report, <b><i>but it should not be too onerous.</i></b></p> <p><b><i>Amit reports that it could be available to all areas but that they would definitely like to do it for the Simulation Suite for architect discussions and commissioning stages.</i></b></p>

**Minutes of RSCH Hospital Redevelopment Programme Board 20 March 2015  
10.30-12.30 in 3Ts Meeting Room**

**Present:**

Amanda Fadero	Deputy Chief Executive, BSUH
Bill Stronach	Deputy CFO (for Spencer Prosser)
Dominic Ford	Director of Corporate Affairs, BSUH
Duane Passman	Director of 3Ts (Chair), BSUH
Ian Arbuthnot	Director of Health Informatics, BSUH
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Gary Speirs	3Ts Capital Project Manager, BSUH
Grahame DeBanks-Hirst	Director, Turner & Townsend
Mark Frake	Project Accountant, BSUH
Rob Brown	Head of Capital Development, BSUH

**Apologies:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Helen Weatherill	Operational Director, HR, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation
Sherree Fagge	Chief Nurse, BSUH
Steve Lloyd	Commercial Leader, HealthCare Sector LO'R

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Notes of the meeting in February 2015**

These were agreed as accurate, except for an amendment re attendance (Steve Lloyd duplicated). *(NB – Subsequently noted that the minutes were dated February 2014 and that the next meeting had March and November noted – both corrected).*

**1.3 Action Log**

All the actions were in progress. An update for items not on the agenda was provided as follows:

**Gateway 3 Review items (both Ref 1.7)** – ‘ASAP’ to be replaced with May 2015 for the Governance Structure and April 2015 for the Assumptions Tracker.

**Action: Anna Barnes**

**1.4 Notes from Subgroups (Programme Team 6 March 2015).**

These were provided for information and were received, with one comment:

**Ref 001 (Programme Team “Business as Usual” representative)** Duane noted that it has been agreed that Rick and/or Sherree will attend. Sherree is also assessing Nursing / Infection Control representation.

**Action: Duane Passman/Sherree Fagge**

## 1.5 Meetings 'Spring Clean'

Duane noted that the corporate request to review the number of meetings being held, has been discussed at each of the meetings that ultimately report to Programme Board and that none of the current meetings (Design Development Group, Main Scheme Delivery Group, Decant Delivery Group, Programme Team and Programme Board) are considered superfluous at this time. The meeting agreed.

Ian suggested that the noted robustness of 3Ts governance was a standard worth sharing in the re-wiring of project governance across the Trust.

## 1.6 Risks and Issues

Duane presented the top risks, with the following observations:

- **Design Process 1 (33):** Risk of Aspergillus to immuno-compromised patients exacerbated by the impact of construction on the RSCH site. Mitigation will now include a joint (Trust/PSCP) review of all associated construction risks for the main scheme, reviewing all potential hazards with agreed mitigations, for sign-off by all parties.  
**Action: Duane Passman/Steve Lloyd**
- **Main Scheme P21 Delivery (1):** Unforeseen Third Party Claims. Contract discussions (towards sign-off) are now part of the mitigation for this risk.  
**Action: Duane Passman/Steve Lloyd**
- **Design process Main Scheme 2 (11):** Noise Impact of the Helipad on TKT. Mitigation actions now include drill testing (31/03/15) to assess the effects of drilling and vibration on the higher levels of the Thomas Kemp Tower (TMBU especially) to agree the best options for completing the works. TMBU Leads are being kept up to date with progress.  
**Action: Gary Speirs**
- **Design Process Main Scheme 2 (12):** Temporary Car Parking Spaces. Duane noted that discussions are continuing with B&HCC.  
**Action: Duane Passman**
- **Business Continuity (19): Site Electrical Infrastructure is inadequate:** Duane noted that the plans for a revised British Gas solution for energy provisions is being brought into line with 3Ts Energy Centre plans to ensure a smooth transition through the work phases. A proposed solution has been requested by 17/04/15.  
**Action: Duane Passman/Steve Lloyd**
- **Main Scheme Capital (30): Ensure borrowing is under best possible terms for BSUH:** Mark Frake will align this risk description with the FBC.  
**Action: Mark Frake**
- **FBC Drafting (4): PUBSEC Index Varies:** Steve Woodward advised that PUBSEC should now be replaced by 'Building Price Inflation Indices'. Duane agreed this change.  
**Action: Anna Barnes**
- **Stakeholder Support (18): Public Sector Partners do not continue to support Business Case:** Amanda advised that Oliver Phillips is setting up shared care governance arrangements for Sussex Tertiary Services and that a paper would follow and also that CCG discussions are on-going ref links to 3Ts. Further engagement meetings will follow when arrangements are agreed.  
**Action: Amanda Fadero**

- **Design Process Main Scheme 2 (10): Vibration disruption to Linacs during construction of stage 1:** A Workshop is being scheduled (early April) to discuss and agree mitigation options.

**Action: Gary Speirs**

- **Design Process Main Scheme 2 (28): Sign-off not achieved to programme dates:** Gary noted that a revised design programme (taking us to the end of June) to meet the GMP programme has been discussed this week and is due to be issued to us today or Monday for agreement.

**Action: Steve Lloyd**

- **Main Scheme Capital (1): Support with transitional costs is withdrawn:** Mark Frake said that the NHSE have confirmed funding of 3Ts Core Team through to 2019/2020 and that the CCGs' funding arrangements are being discussed with Spencer. Normally the approach is to invoice in April of the Financial Year, but Duane Passman said he understood that the invoicing of Other Transitional Costs to CCGs would be on an incurred basis.

The following observations were made on the Changed Risks:

- **Design Process Main Scheme 2 (1): Design Delay (framework and timetable):** Duane noted that this risk will be reduced following the imminent programme approval.

**Action: Anna Barnes/Gary Speirs**

- **Main Scheme Capital 2 ((27): Introduction of Private Finance 2 (PF2):** Rob asked if this risk can be reduced. Duane responded that it will be able to as we gain further assurance of public sector funding.

**Action: Duane Passman**

#### 1.7 Update on Strengthening Works for TKT/Impact on Helipad

LOR (Steve Lloyd) has noted that a (surveys) revisit to the Thomas Kemp Tower is required to confirm the nature of alternations carried out since stand-down. This follows provision of a list of works completed by Phill Rolf. Surveys are underway.

Duane asked that this is brought to an early conclusion. Gary to check with Steve Lloyd.

**Action: Gary Speirs/Steve Lloyd**

#### 1.8 Report into any further possible Main Scheme capital delay risks (covered in Part 2 minutes)

#### 1.9 Decant Finance Status Update (covered in part 2 minutes)

#### 1.10 1:50 Engagement Assessment

Gary presented the Change Team's collation of responses to two engagement questions raised on the back of recent EPR learning; namely for comments on project engagement to date and whether we are engaging with the right staff and could increase the number of frontline staff involved.

The schedule of responses capture 3 main themes: an advance briefing (especially given the project down-time and staff changes), advance notification (always a conflict due to the contracted nature of the programme) and wider sharing of drawings (shared directory set-up). On the whole, comments were positive, but we are aware of the points raised and are aiming to improve in each of those areas.

Duane asked what was meant, in scope terms, by 'SAFOR (Simulated Assessment of Operational Readiness)', raised by the Simulation Team? Gary to look into this suggestion further.

**Action: Gary Speirs**

### 1.11 Monthly Finance Summary

Steve Woodward presented this report which was received. The following points were noted:

- SMH VAT recovery has been resolved subject to final approval from HMRC.
- Decant Modular layout amendments are being finalised.
- NRB – Galliford Try have been appointed and pre-contract works are progressing.
- In principle, LOR are agreeable to take the inflation risk for Stage 1 (finalising figures).
- Cashflow is back in line with expenditure.
- Value Engineering workshops and discussions are ongoing.
- Infrastructure discussions for both the decant and main scheme are progressing.
- Contract discussions have progressed, further meetings with LOR required.
- Risk Workshops have been held with latest output awaited.

### 1.12 AOB

#### **3Ts/LHE Workforce Project Manager Bid**

Duane presented (for information) a funding bid developed by Nick Groves to HEKSS (Health Education Kent, Surrey and Sussex) for a Local Health economy Workforce Project Manager.

Amanda asked for clarity on what dates this bid covers (start/end)

**Action: Nick Groves**

### 1.13 Part 2 (covered in part 2 minutes)

### 1.14 Date of the next meeting

The next meeting will be held on **Friday, 15 May 2015, 10.30-12.30 Meeting Room A St. Mary's Hall.**

(April meeting cancelled due to clash with 3Ts TDA Project Board Meeting)

**Minutes of RSCH Hospital Redevelopment Programme Board 20 February 2015  
10.30-12.30 in 3Ts Meeting Room**

**Present:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Dominic Ford	Director of Corporate Affairs, BSUH
Duane Passman	Director of 3Ts (Chair), BSUH (by speaker phone)
Brendan Ward	Interim Chief Operating Officer (for Amanda Fadero)
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Grahame De-Banks Hirst	Director, Turner and Townsend
Rob Brown	Head of Capital Development, BSUH
Mark Frake	Project Accountant, BSUH
Steve Lloyd	Commercial Leader, HealthCare Sector LO'R
Gary Speirs	3Ts Capital Project Manager, BSUH

**Apologies:**

Ian Arbuthnot	Director of Health Informatics, BSUH
Amanda Fadero	Deputy Chief Executive, BSUH
Sherree Fagge	Chief Nurse, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation,
Spencer Prosser	Chief Financial, BSUH
Helen Weatherill	Operational Director, HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Notes of the meeting in October 17**

These were agreed as accurate, except for an amendment re item: 1.4 **risks and issues** the text should read as follows: "*One new consultant is in post and the other vacancy is currently outsourced*".

**1.3 Action Log**

All the actions were in progress. An update was provided as follows:

**MRI scanner on level 4** (strengthening works for TKT/impact on helideck); Steve Lloyd would report back at the next meeting.

**Action: Steve Lloyd**

**1.4 Notes from Subgroups (Programme Team 7 November 2014 and 6 February 2015).**

These were provided for information and were received.

**1.5 Risks and Issues**

Anna presented the top risks, which had been recently reviewed by MSDG/DDG and Programme Team. The top risks were as follows:

- **Main Scheme Capital (24).** Delay to site possession: May not vacate in order to start stage 1 (Jubilee block and cancer care), caused by delay of Decant, leads to delay to start, cost of inflation. Mitigation includes liaison with Trust operational staff to ensure any further delays

are prevented, and there is clear accountability regarding who has the authority to cease construction.

- **FBC drafting (2).** There is significant uncertainty about the HMT approval period and the consequent impact on the programme. The OBC was approved on 01/05/14 but the path to FBC approval requires constant pressure to ensure that the 3Ts programme is not compromised by a change in government.
- **Decant all (38).** Delay to paediatric audiology caused by clinical operations use of space. Clinical ops are currently using level 10 RSCH space to meet clinical needs until 01/04/15. This could delay planned commencement of works for paediatric audiology which delays decant completion and vacation of stage one site. Mitigations include re-phasing of the works for Building 545;
- **Main Scheme Capital (30).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £15.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 40 year repayment term would create an overdraft of £44m by 2022/23. Mitigation includes ensuring borrowing is under the best possible terms for BSUH; Discussions with HMT have focused on the availability of Public Dividend Capital as a preference. Final mix of PDC/PBL is a key aspect of the FBC ;
- **Design Process Main Scheme (53) Interfaces/impacts** from other projects on site during Decant - Trust/PFI/utilities contractors / capital works (LOR, Willmott Dixon infrastructure, Children's hospital, audiology) - Leads to delay (piling and ground anchors, leads to interference on other projects and start claims). Mitigation measures include careful tracking /monitoring of the different projects across RSCH and a Trust wide approach to project/programme management.
- **Main Scheme Capital (1).**Support with transitional costs is withdrawn: Transitional costs have been agreed with commissioners to be funded by 2% top slice. Invoice has been raised for 2014/2015 and monies received. Ongoing support with transitional costs requires confirmation as part of FBC approval process;
- **Main Scheme Capital (16).** Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Negotiations with LOR have resulted in lower prices and revised valuation from DV has reduced the affordability risk. Exact mix of PDC and PBL will be informed by HMT approval;
- **FBC drafting (5).** Commissioners cannot afford scheme (changes in the size and allocation of resources for health care). Mitigating this risk would include a regular update of the business case to confirm costs and affordability as the scheme progresses and to ensure that the scheme keeps to its brief and that there are robust plans in place to ensure that BSUH's efficiency programme delivers its savings and to see if more savings can be delivered above those already identified;
- **Stakeholder support (18).** Public sector partners do not continue to support Business Case. CCG /Area Team reps now engaged via Commissioner Oversight' Meeting. National Programme Board meeting regularly and letters of support for FBC have been received. Further work is required with CCGs re business continuity during decant/construction.

There was a lengthy discussion about the top risk **Main Scheme Capital (24) delays to start on site.** Following the delays to decant which had occurred in December 2014, the Decant programme was delayed which could impact on the proposed start date for main scheme. This would result in financial penalties for BSUH. Several actions were proposed following this discussion:

- Brendan Ward would support Duane in his report to the Trust Board regarding the two decant schemes which were forecasting delay.

**Action: Duane Passman/Brendan Ward**

- Duane asked for a paper to the next Programme Board regarding the risk of further delays; notably paediatric audiology moving into RACH. Duane also requested completion of the Interface register re Decant for the March Programme Board, and for the whole trust for the May Programme Board.

**Action: Rob Brown**

- Duane asked Anna to reduce the **risk 12/27** re the introduction of PF2 as the FBC had been approved by the TDA as a PDC/Loan package (and the value for money argument had been accepted), therefore effectively reducing this risk from materialising.
- Duane also asked Anna to add a new risk to the Decant risk register regarding the lack of availability of RPA inspectors. Rob Brown to discussion mitigations re Decant.

**Action: Anna Barnes/Rob Brown**

## 1.6 Update on Decant

### **Decant Communications plan**

This plan (prepared by Richard Beard) was well received. Duane thanked Richard and the rest of the team for the excellent work, encapsulated in this report. The weekly briefing in particular was found to be very useful. However, Duane recommended that, wherever possible, it was still invaluable to discuss face-to face with operational staff.

### **Interface Register- story board**

The story board (which had been updated following the 2014 issue) was discussed at length. Duane made several suggestions for further improvement:

- Closed decant scheme options to be removed (e.g. BGH)
- “widows and orphans” to be added (procurement/linen)
- Temporary mortuary to be added
- CIRU to be added

It was agreed that a paper would be provided by the next Programme Board in more detail re decant delays (see item 1.5). Duane also requested that the complete Decant Interface Register would be finalised for the next meeting, and across the Trust for all capital projects by May. Duane would also brief Spencer Prosser.

**Action: Rob Brown**

**Action: Duane Passman**

## 1.7 Gate 3 review

Anna presented the November Gateway Review for discussion. In general the review had been positive regarding 3Ts, which had received an amber/green rating. There was a discussion about the required actions:

- **Dependencies Map:** Duane to discuss the Better Care Fund dependencies map with Andrew Demetriades and Beverly Thorpe. Hazel Belfield Smith to continue to reflect CCGs’ latest BCF plans in the Trust-wide bed model. Anna Barnes to keep the 3Ts Risk Register updated to reflect the potential impact on 3Ts capacity (ie. if the BCF over/under-delivers. Julie Nerney’s findings to be fed into this work.
- **Commissioner Oversight Forum:** Duane Passman to continue to engage with commissioners re these meetings (although the last one had been cancelled by the CCGS).

- **Governance structure:** Duane Passman to consider the best structure for the programme post FBC approval, and the skill mix required for the team asap.
- **Assumptions tracker/dashboard:** Anna Barnes to progress these reporting mechanisms asap.

**Action: Duane Passman/Anna Barnes**

### **1.8 MPA submission**

This was received for information. It was agreed that it would be submitted immediately after the meeting. Steve Lloyd agreed to cross check the milestones against the latest LO'R assumptions.

**Action: Steve Lloyd**

### **1.9 Design Change Request Process**

Gary Speirs presented this for discussion and agreement. This was accepted in principle as it was acknowledged that there was a need for a more structured and transparent approach to design changes in order to prevent scope creep/cost escalation. Steve Woodward also suggested that it would be useful to include delegated limits for financial authority.

### **1.10 Monthly Finance Summary**

Steve Woodward presented this report which was received. The following points were added:

- SMHS – a positive response received re VAT recovery
- TDA queries had been responded to as soon as they had been received
- Decant delays were highlighted as they were negatively impacting on the target costs
- NRB procurement process underway (P21+) and interviews were being held in the 1<sup>st</sup> week of March
- Market testing was ongoing for main scheme
- Productive discussions had taken place regarding the main scheme contract which was being drafted (notably regarding inflation).

### **1.11 Any other business**

Dominic Ford requested that the Election Briefing be sent out to other Programme Board members. This was agreed.

**Action: Anna Barnes**

### **1.12 Date of the next meeting**

The next meeting will be held on **Friday, 20 March from 10.30-12.30 Meeting Room A St. Mary's Hall.**

**Minutes of RSCH Hospital Redevelopment Programme Board 17 October 2014  
10.30-12.30 in Meeting Room A St Mary's Hall**

**Present:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Amanda Fadero	Deputy Chief Executive (for Sandy Spencer)
Duane Passman	Director of 3Ts (Chair), BSUH (by speaker phone)
Spencer Prosser	Chief Financial Officer (BSUH) (by speaker phone)
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Graham De-Banks Hurst	Director, Turner and Townsend
Mark Frake	Project Accountant, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation, BSUH
Lorissa Page	Assistant Director HR (for Helen Weatherill)
Paresh Patel	Deputy Chief Financial Officer
Gary Speirs	3Ts Capital Project Manager, BSUH

**Apologies:**

Ian Arbutnot	Director of Health Informatics, BSUH
Steve Lloyd	Commercial Leader, HealthCare Sector, LOR
Paul Maitland	Director, Turner and Townsend

**1.1 Welcome & Introductions**

Graham welcomed everyone to the meeting and introductions were made.

**1.2 Notes of the meeting in September 26th**

These were agreed as accurate.

**1.3 Action Log**

All the actions had been either complete or were in progress. Updates were provided as follows:

**Decant Courtyard** (enabling works could disrupt clinical services); Rob reported that LOR had provided a possible solution to the possible structural problems which had been identified, but that this was not feasible on cost grounds. Rob would provide an update at the next meeting.

**Action: LOR/Rob Brown/WSP**

**MRI scanner on level 4** (strengthening works for TKT/impact on helideck); Rob said he was awaiting a structural engineer's report so that he could provide assurance that this was not a risk in practice. He would provide further detail of the mitigation at the next meeting.

**Action: LOR/Rob Brown/WSP**

**Communications plan** (decant); this was also in progress. Amanda requested that 3Ts/decant, Site Reconfiguration and 'winter pressures' planning communications messages be coordinated to provide services with a single plan for on-site changes.

**Action: Richard Beard/Rob Brown**

## 1.4 Risks and Issues

Anna presented the top risks, which had been incorporated into the FBC. This had required the involvement of members of both decant and main scheme delivery groups. The top risks were as for the previous month:

- **Main Scheme Capital (17).** *Delayed programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Value Management exercise to bring scheme back into budget, Value Management exercise has identified a long list of options which were under consideration, however, none of these could have been achieved without compromising the clinical benefits to be delivered by 3Ts;*
- **Workforce Planning (2).** *Affordability gap between LTFM and Workforce plans as projected by bottom up review equates to a significant revenue gap. New projections will be based on a mix of bottom up calculations and benchmarking from other high-performing trusts. External support sourced to undertake workforce calculations for FBC; and the mitigation was to use speciality-specific marginal rates to calculate staffing.*
- **Stakeholder Support (18).** *Public sector partners do not continue to support Business Case. CCG /Area Team reps are now engaged via Commissioner Oversight Meeting. National Stakeholder Board has been set up to steer FBC along with associated workshops/events which have been set up to secure the approvals;*
- **FBC drafting (2).** There is significant uncertainty about the HMT approval period and the consequent impact on the programme. The OBC was approved on 01/05/14 but the path to FBC approval requires constant pressure to ensure that the approval date of late February/early March 2015 is achieved.
- **Engagement Staff (6). Project Team Retention.** *There is a need to maintain team size in order to fulfil the demands of both the design process and FBC production. One change consultant has now been appointed who started in August 2014. One new consultant in post and the other vacancy is currently outsourced.*
- **Main Scheme Capital (30).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £7.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 25 year repayment term would create an overdraft of £39.5m by 2021/2. Mitigation includes ensuring borrowing is under the best possible terms for BSUH; Discussions with DH have focused on the availability of Public Dividend Capital as a preference. Final mix of PDC/PBL will be a key aspect of FBC approval;
- **FBC drafting (3).** FBC is not within 10% of capital cost compared with OBC (in real terms). This could trigger the need for TDA to re-approve the OBC. Mitigating this risk includes a regular update of the business case to confirm costs and affordability as the scheme progresses and to ensure that the scheme kept to its brief. If the risk materialised options would be to reduce the scope of the scheme; work with Commissioners to assess the possibility of increasing their financial support through increased commissioning; a value re-engineering exercise to reduce costs;
- **Trust Business Continuity (18).** Overall affordability (revenue): The level of savings required remains challenging. 'Do nothing' option has been worked up, and quantified within the FBC;

Amanda requested that risks associated with main scheme drafting (17) workforce planning (2) and (Stakeholder support (18) and Engagement Staff (6) in italics above should be reduced as a) the FBC was now complete, b) workforce planning was well underway c) stakeholder support had been evidenced within the FBC submission and d) recruitment has occurred. Anna said the FBC would be updated by the next Programme Board.

**Action: Anna Barnes**

Anna also presented the key issues for information (which had reduced from 72-21). These were accepted.

**1.5 Items for agreement from August.**

- 25 July /22 August Minutes
- 25 July / 22 August Action Log
- 22 August Action Log

These items were agreed.

**1.6 Any other Business**

There was no other business.

**1.8 Date of the next meeting**

The next meeting will be held on **Friday, 21<sup>st</sup> November from 10.30-12.30 Meeting Room A St. Mary's Hall.**

**Minutes of RSCH Hospital Redevelopment Programme Board 26 September 2014  
10.30-12.30 in Meeting Room A St Mary's Hall**

**Present:**

Dominic Ford	Director of Corporate Affairs
Duane Passman	Director of 3Ts (Chair), BSUH

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Mark Frake	Project Accountant, BSUH
Paul Maitland	Director, Turner and Townsend
Paresh Patel	Deputy Chief Financial Officer
Steve Woodward	Director, Turner & Townsend

**Apologies:**

Ian Arbuthnot	Director of Health Informatics, BSUH
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Sherree Fagge	Chief Nurse
Nick Groves	Associate Director, 3Ts Service Modernisation, BSUH
Peter Hale	Clinical Chief of 3Ts, BSUH
Karen Hicks	Project Leader, HealthCare Sector, LOR
Spencer Prosser	Chief Finance Officer, BSUH
Gary Speirs	3Ts Capital Project Manager, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made. It was noted that the meeting was not quorate again. Duane agreed that the meeting should continue and any items requiring board approval should be re-presented at the next meeting in October. Duane said that he would discuss the difficulty in achieving a quorum with other members of the Executive Team.

**Action: Duane Passman**

**1.2 Notes of the meeting in August**

These were agreed as accurate subject to the requirement to be represented when the meeting was quorate.

**1.3 Action Log**

All the actions had been either complete or were in progress. Updates were provided as follows:

• **FBC Commercial Case: Procurement & Equipping Strategy**

Duane noted that this chapter was now nearing completion and would be submitted as part of the FBC.

• **Do nothing scenario**

Anna reported that Hazel/Mark had continued to re work the model using a partial not full closure of the Barry Building. Duane asked for an update at the next meeting.

**Action: Mark Frake/Hazel Belfield-Smith.**

- **FBC drafting**

Duane recorded his thanks to members of the wider Trust (including James Blythe and Dominic Ford) who had contributed to the review of the draft FBC.

#### 1.4 Risks and Issues

Anna presented the monthly update which was had comprehensive as required for the FBC. This had required the involvement of members of both decant and main scheme delivery groups. The top risks were as the previous month:

- Main Scheme Capital (16). Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Work is underway to identify the path to GMP given remobilisation;
- Workforce Planning (2). Affordability gap between LTFM and Workforce plans as projected by bottom up review equates to a significant revenue gap. New projections will be based on a mix of bottom up calculations and benchmarking from other high-performing trusts. External support sourced to undertake workforce calculations for FBC;
- FBC drafting (2). There is significant uncertainty about the HMT approval period and the consequent impact on the programme. The OBC was approved on 01/05/14 but the path to FBC approval requires constant pressure to ensure that the 3Ts programme is not compromised by a change in government.
- *FBC drafting (8). Completion of FBC delayed as resources are required to remobilise the design team towards GMP and timing is critical. TDA not releasing resource for mobilisation, so BSUH will draw down internal funds as required. The approval letter from HMT does provide some detail about what level of assurance will be required to secure FBC approval;*
- Stakeholder Support (18). Public sector partners do not continue to support Business Case.CCG /Area Team reps are now engaged via Commissioner Oversight' Meeting. Key Stakeholder Board being set up to steer FBC along with associated workshops/events which have been set up to secure the approvals;
- Engagement Staff (6). Project Team Retention. There is a need to maintain team size in order to fulfill the demands of both the design process and FBC production. One change consultant has now been appointed who starts in August 2014. We will have to appoint externally for the 2nd post;
- Main Scheme Capital (30). Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £7.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 25 year repayment term would create an overdraft of £39.5m by 2021/2. Mitigation includes ensuring borrowing is under the best possible terms for BSUH; Discussions with HMT have focused on the availability of Public Dividend Capital as a preference. Final mix of PDC/PBL will be a key aspect of the FBC;
- FBC drafting (3) .FBC is not within 10% of capital cost compared with OBC. This could trigger the need for TDA to re-approve the OBC. Mitigating this risk includes a regular update of the business case to confirm costs and affordability as the scheme progresses and to ensure that the scheme kept to its brief. If the risk materialised options would be to reduce the scope of the scheme; work with Commissioners to assess the possibility of increasing their financial support through increased commissioning; a value re-engineering exercise to reduce costs;
- *FBC drafting (7). FBC is delayed because of reliance on other key strategic inputs within BSUH such as LTFM, Clinical Strategy and Estates Strategy. Close working with executive leads to ensure FBC timetable is realistic and achievable and that other strategic inputs are made available when required;*

- Trust Business Continuity (18).Overall affordability (revenue): The level of savings required remains challenging. 'Do nothing' option being worked up, which will quantify the impact of 3Ts on activity/income during the FBC process;

Duane requested that FBC drafting (7) and (8) (in italics above) should be closed as they had effectively been realised and were now being managed as issues.

**Action: Anna Barnes**

He also requested that the remaining trauma risks be transferred to the trauma risk register.

**Action: Anna Barnes**

Anna explained how the joint review with LOR (which was required to refresh the contingency figures) had also led to some rationalisation and changes in scoring. In addition many decant risks had been closed as Brighton BGH was not progressing as a decant scheme. Anna thanked the team for the work in month to review the 246 risks (down from 302 in June 2014).

There was a discussion about Decant Courtyard (1) and the risk that enabling works could disrupt clinical services. Duane also asked Rob for an update about the column strengthening works which he had been advised were required .Rob replied that out of the 30 columns, only 3 required further strengthening. This was underway, but LOR WSP needed to provide a satisfactory plan as to how this could be achieved with minimal disruption to clinical services.

**Action: LOR/ROB Brown/WSP.**

Duane then requested that a new risk should be logged, that the new MRI scanner on level 4 could be incorporated with minimal impact on Thomas Kemp Tower, bearing in mind the need to ensure so that the infrastructure for TKT would be sufficient for the Helideck. Rob said that he could provide assurance that this was not a risk in practice, Duane asked for Anna to log the risk, and for Rob to provide detail of the mitigation for the next meeting.

**Action: LOR/ROB Brown/WSP.**

Duane also requested that the Comms plan for Decant should be refreshed (for instance outlining what works would be taking place in the front car park site).

**Action: Rob Brown/Richard Beard**

## **1.5 Finance Report**

Steve Woodward highlighted the main areas of expenditure in month, noting that the decant and main scheme expenditure were slightly behind what had been forecast. The main scheme offer from LOR had also been received and was the subject of review and commercial discussions both internally and externally.

This was further discussed in **Part 2** of the meeting.

## **1.6 Items for agreement from August.**

These items were accepted without further comment.

## **1.7 Part 2**

Duane outlined the process for reviewing the FBC following his meeting with the national board on the 25<sup>th</sup> September 2014. He reported that the TDA would be appointing a quality team to review the case. The TDA would also be appointing an independent cost advisor to check the cost breakdown; particularly any changes from OBC to FBC. It was expected that the TDA review team would begin on the 6<sup>th</sup> October. Duane was planning to take the FBC to the Trust Board for sign off on the 20<sup>th</sup> October which would take place in tandem with this review.

**Any other Business**

Duane agreed to discuss the quorum issue with the other executive programme board members (already noted in 1.1).

**1.8 Date of the next meeting**

The next meeting will be held on **Friday, 17 October from 10.30-12.30 Meeting Room A St. Mary's Hall.**

**Minutes of RSCH Hospital Redevelopment Programme Board 22 August 2014  
10.30-12.30 in Meeting Room A St Mary's Hall**

**Present:**

Dominic Ford	Director of Corporate Affairs
Duane Passman	Director of 3Ts (Chair), BSUH

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Hazel Belfield-Smith	Senior Information Analyst
Rob Brown	Head of Capital Development, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation, BSUH
Paresh Patel	Deputy Chief Financial Officer
Gary Speirs	3Ts Capital Project Manager, BSUH

**Apologies:**

Ian Arbuthnot	Director of Health Informatics, BSUH
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Sherree Fagge	Chief Nurse
Mark Frake	Project Accountant, BSUH
Peter Hale	Clinical Chief of 3Ts, BSUH
Karen Hicks	Project Leader, HealthCare Sector, LOR
Steve Lloyd	Commercial Leader, LOR
Paul Maitland	Director, Turner and Townsend
Nikki Luffingham	Chief Operating Officer, BSUH
Spencer Prosser	Chief Financial Officer, BSUH
Steve Woodward	Director, Turner & Townsend

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made. It was noted that the meeting was not quorate owing to seasonal annual leave. Duane agreed that the meeting should continue and any items requiring board approval should be re-presented at the next meeting in September.

**1.2 Minutes of the meeting in July**

These were formally agreed as accurate except Dominic Ford had sent his apologies which had not been recorded. Anna agreed to amend the minutes to this effect, and the minutes could then be approved.

**1.3 Action Log**

• **Design development risk**

This is in progress and will be incorporated into the FBC in September.

**Action: Duane Passman, Steve Woodward and Karen Hicks**

• **3Ts Procurement, 'Due Regard' & Social Value Act**

See 1.9

• **Benefits Realisation**

Anna is meeting with benefit 'owners' for sign off prior to FBC submission, including the proposed 3Ts CIPs. Anna is also liaising with Sherree Fagge and Steve Holmberg to sign off the Quality Impact Assessment (QIA) on the 3Ts CIPs, which Hazel had drafted. Nick Groves suggested that Stephen Drage should also sign off the QIA. This was agreed.

**Action: Anna Barnes**

- **Downside scenarios**

Duane reported that he had not heard back from Richard Boyce and would follow this up.

**Action: Duane Passman**

#### **1.4 Presentations and matters of interest to the Programme Board**

There were none this month.

#### **1.5 Revised TOR following OBC approval**

There was a discussion about the draft Terms of Reference for the following groups:

- Programme Team (PT)
- Main Scheme Delivery (MSDG)
- Decant Delivery Group (DDG)

The terms of reference and accountability outlined were formally approved.

It was agreed that there would need to be other sub groups which required their own TOR. There was then a more detailed discussion about the quorum for PT and MSDG. It was agreed that this should be broadened to contain additional representation (notably the Associate Director for Service Modernisation) to ensure appropriate cover in case of annual leave or sickness. It was also agreed that representatives from the wider Trust ("business as usual") could include deputies providing they were a) suitably senior and b) empowered to make decisions rather than refer back. Anna agreed to alter the TOR to this effect.

**Action: Anna Barnes**

#### **1.6 Critical Risks and Mitigations**

This had been covered in 1.5 and would begin to be reported again under the new arrangements.

#### **1.7 Stage D Design Development Risk**

This had been covered in 1.3.

#### **1.8 FBC Commercial Case Update**

Addressed under 1.12 (FBC Action Plan).

#### **1.9 FBC Commercial Case: Procurement & Equipping Strategy**

Nick conveyed Dena's apologies that this paper/FBC section is not yet complete, in particular how the Trust will meet/evidence compliance with its statutory obligations for Due Regard (Equality) and Social Value through the 3Ts procurement. Duane confirmed that this will need to be completed as part of the final FBC, so for the September Programme Board.

**Action: Dena Vadgama**

#### **1.10 Monthly Finance summary**

This was not available because of annual leave, but would be updated next month.

**Action: Mark Frake**

#### **Turner and Townsend report**

Duane asked Rob to ensure that the decant figures were fed into this report, now that several decant schemes were moving forward. This was agreed.

**Action: Rob Brown.**

### 1.11 Do nothing scenario

Nick introduced this paper on Mark's behalf. The FBC apparently does not require a Do Nothing scenario but this enables work that is required for the FBC and supports progress reporting to the Major Projects Authority. Hazel talked through the impact of the modelling/scenarios for inpatient bed availability. Key points from the discussion:

- Paresh noted that a paper on 3Ts 'sunk costs' had recently been submitted to the TDA. He suggested referencing this in the Do Nothing paper, and asked for confirmation that the two papers are aligned.

**Action: Mark Frake**

- Reversal of 3Ts benefits (incl. CIPs) and financial treatment of 'sunk costs' is fairly easy to quantify. There was a discussion about the more strategic assumptions and the potential domino effect on other services/activity outside the 3Ts scope. The paper proposes that under the Do Nothing scenario, the Barry Building inpatient facilities would need to close in 2019/20 because of Quality & Safety considerations. Programme Board felt that this may be too extreme an assumption, and a reduction in beds (and increase in maintenance costs, and staffing cost per bed) would be the more likely outcome, potentially then leading to a rebuild of the Barry Building alone. This should reference the recent CQC report and compliance action on patient privacy and dignity, and the OBC 'do minimum' option. Mark was asked to revisit this for the next iteration. Hazel was asked to check that the bed projections then align with this.

**Action: Mark Frake / Hazel Belfield-Smith**

Mark and the wider 3Ts team were thanked for their work on this.

### 1.12 FBC Action Plan

Nick presented the monthly update/Delivery Confidence Assessment. Key points:

- The Strategic and Management Cases are subedited/formatted and largely complete; these are the most 'static' chapters. James Blythe has provided some helpful input and this has been incorporated. Further work is needed to nail down the details, especially the Case for Change/associated benefits. Any further input from Programme Board/Directors in advance of the sign-off meeting would be welcome – Nick is happy to receive comments by email or can arrange 1:1 meetings to review.

• **Action: All**

- Nick noted that the Trust does not currently have the Trust-wide Workforce Development or Organisational Development Strategies that the then SHA specifically requested be provided in advance of 3Ts FBC submission – to provide context for the 3Ts plans. Helen Weatherill (Operational Director of HR) is aware of this, and although work is underway (eg. through the Trust Values & Behaviours programme), a narrative will be needed for the FBC.
- The Commercial Case is mostly complete, but not yet subedited. The key issue is the source of funding for IM&T where this is outside the scope of 3Ts: £5m for the Data Centre transfer, £1m for telephony equipment relocation and £2.8m other costs, which may need to be earmarked *pro tem* from Trust Operational Capital.
- The key risk is still the very narrow window between receipt of the Laing O'Rourke Target Cost data on 2<sup>nd</sup> September and completion of the Finance and Economic Case chapters for submission to Programme Board on 19<sup>th</sup> September (and sooner for Duane/Spencer's review), including the Trust three-year rolling CIPs.

The report was accepted.

### 1.13 Reports from other Trust Programmes

There were none this month.

### 1.14 Decant Programme Update

Rob presented the revised programme for the funded decant schemes which were now in progress. Duane said awarding the contract for the Front Car Park and Courtyard schemes was a really significant moment for BSUH and was of strategic importance for the larger 3Ts programme. He thanked the team for their work to get to this point.

There were several questions about interdependencies with the sub programmes, notably the equipment procurement for SPEC-CT and radio-pharmacy. Rob was asked to provide assurance that the business case was making sufficient progress to mitigate this potential risk.

**Action: Rob Brown**

Anna said that this programme would need to be integrated into the overall site master plan and the interface register before the next meeting. This was agreed.

**Action: Anna Barnes and Rob Brown**

### 1.15 Workforce Planning for 3Ts

Nick reported that this work is in train, using an external consultant. The expectation is that the work will be complete and comparative workforce data available for the Strategy & Business Planning Group (SBPG) on 10<sup>th</sup> September. Miles MacDonald (Trust LTFM Project Accountant) is refreshing the workforce CIPs assumption, ie. the percentage by which the baseline and 3Ts workforce costs need to be reduced to provide comparative figures in line with LTFM pay cost assumptions.

Nick highlighted two particular risks for this work:-

- The record of services' returning workforce planning data for the annual refresh of the Trust-wide ten-year Workforce Plan is poor, and this is now exacerbated by summer holidays and the organisational restructure. A number of managers who had signed up for the workforce workshops the previous day then didn't attend, which Nick felt did not bode well.
- The completed analysis (which will triangulate national guidance, benchmarking from other Trusts, the external consultant's own professional judgement and Trust staff's views) could show an increased cost per bed. The SBPG and 3Ts Programme Team/SRO may need to think about a strategy for managing this. Duane noted that 'bottom up' costings inevitably encompass current establishment shortfalls as well as changes that are proportionate to changes in activity/capacity; this will need to be assessed.

This report was received.

### 1.16 Any other Business

There was no other business.

### 1.19 Date of the next meeting

The next meeting will be held on **Friday, 26 September from 10.30-12.30 Meeting Room A St. Mary's Hall.**

**Minutes of RSCH Hospital Redevelopment Programme Board 25 July 2014  
11.00-13.00 in Meeting Room A St Mary's Hall**

**Present:**

Ian Arbutnot	Director of Health Informatics, BSUH
Steve Lloyd	Commercial Leader, LOR
Duane Passman	Director of 3Ts (Chair), BSUH
Spencer Prosser	Chief Financial Officer, BSUH
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
James Blythe	FT Programme Director
Rob Brown	Head of Capital Development, BSUH
Mark Frake	Project Accountant, BSUH
Karen Hicks	Project Leader, HealthCare Sector, LOR
Gary Speirs	3Ts Capital Project Manager, BSUH

**Apologies:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Sherree Fagge	Chief Nurse
Nick Groves	Associate Director, 3Ts Service Modernisation, BSUH
Peter Hale	Clinical Chief of 3Ts, BSUH
Paul Maitland	Director, Turner and Townsend
Nikki Luffingham	Chief Operating Officer, BSUH
Graeme White	Director of HR, BSUH
Dominic Ford	Director of Corporate Affairs

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made.

**1.2 Minutes of the meetings in May**

These were formally agreed as accurate.

**1.3 Action Log**

• **Visit to Southmead**

This is taking place on 1<sup>st</sup> August.

• **Design Development Risks**

This paper is in progress.

**Action: Steve Woodward and Karen Hicks**

• **3Ts Procurement, 'Due Regard' & Social Value Act**

To be complete for the August Programme Board

**Action: Dena Vadgama**

• **Benefits Realisation**

Anna meeting with Executive owners of the benefits for sign off prior to FBC submission

**Action: Anna Barnes**

- **Key Activities from OBC to FBC**

Ian and Gary confirmed that there is regular liaison to ensure any overlaps between the two programmes will not adversely affect those staff taking part.

#### **1.4 Presentations and matters of interest to the Programme Board**

There were none this month.

#### **1.5 Revised TOR following OBC approval**

Duane outlined the new structures below Programme Board which would ensure due diligence and appropriate focus at all levels. A new Programme Team which would oversee both the main scheme and the various decant projects. This structure was agreed and Anna was asked to begin setting up the relevant meetings. Gary Speirs asked if the 3Ts Clinical Planning Manager could be included in the Programme Team. This was agreed. Any further queries about TOR/suggestion for inclusion/amendments would need to be sent through to Anna.

**Action: Anna Barnes**

#### **1.6 Approval Letter and Conditions**

Duane reported that conditions for approval of the OBC had been received from DH and that a response to the approval conditions had been provided within the required timescale. It was noted that there was likely to be further clarifications sought by DH on our response and this would be actioned appropriately.

#### **1.7 Risk Profile Assessment**

Anna presented the key points from the RPA which is required as part of the FBC. She explained that the last one had been completed in August 2011 prior to planning permission being granted and OBC approval being received. This had reduced some of the risk ratings. However, the volatility of construction market conditions coupled with the pressures on the FBC timetable meant that the rating was still at medium. This was a conservative assessment in order to maintain appropriate focus on relevant risk mitigation strategies. This RPA was agreed.

#### **1.8 Critical Risks and Mitigations**

Anna outlined the key risks and mitigation strategies for consideration by Programme Board (scored at 20 or more):

- **Main Scheme Capital (17).** Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Value Management exercise to mitigate cost increases has identified a long list of options which are under consideration;
- **FBC drafting (8).** Completion of FBC delayed as resources are not yet available to remobilise the design team towards GMP and timing is critical. TDA not releasing resource for mobilisation;
- **Workforce Planning (2).** 3Ts assumptions have to align with BSUH LTFM. Affordability gap between LTFM and Workforce plans as projected by bottom up review equates to a significant revenue gap. New projections will be based on a mix of bottom up calculations and benchmarking from other high-performing trusts. External support being provided to undertake this work;
- **Main Scheme Capital (20).** Cost Improvement plan requires efficiency savings from 3Ts, (currently £170k pa) but this may not be sustainable as the programme is extended (owing to lengthy approval process);
- **Main Scheme Capital (31).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £7.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 25 year repayment term

would create an overdraft of £39.5m by 2021/2. Mitigation includes ensuring borrowing is under the best possible terms for BSUH;

- **FBC drafting (2).** There is significant uncertainty about the HMT approval period and the consequent impact on the programme. Close working with capital leads is continuing and the establishment of a 3Ts programme at TDA /Stakeholder Board level will provide the mechanism for this approval process;
- **Stakeholder Support (18).** Public sector partners do not continue to support Business Case. We need to ensure all documentation available and processes are rigorously followed and partners kept informed of progress via formal partnership meetings such as the Commissioners' Forum/Stakeholder Board.

There was a detailed discussion about these risks and mitigations. Spencer asked for explanation about why the risk 17 had been escalated and raised. Anna explained that this was owing to pressure on the programme and on the capital costs. The full programme team (including the internal team and the PSCP) was working on all available options to maintain affordability. This report was accepted.

### 1.9 FBC update

Anna presented the first two chapters which require review prior to completion of the FBC (Strategic and Management Case). It was noted that within the management case there was a need to update some of the structures in the light of changes to the sub structure of Programme Board.

**Action: Anna Barnes**

Within the Strategic Case, James made several comments about the need to align the narrative with more recent developments within BSUH, notably the development of hyper-acute stroke units, and other service developments. He also queried some of the growth assumptions and the need to ensure that the current pressures are accurately reflected. James said he would feedback comments (and had already made some provisional ones) directly to Nick. Spencer added that it was essential that the workforce numbers dovetail with the efficiency programme.

**Action: James Blythe/Nick Groves**

Duane explained that following his meeting with the TDA it had been agreed that the TDA checklist would form the basis of the NHS England and TDA approval process. In general the TDA were extremely supportive of the work being undertaken in readiness for FBC submission, for example over a shared view regarding construction cost inflation to out-turn.

Regarding the Economic Case, Mark explained that these chapters would not be available until September because of the interdependency with the remobilisation of the supply chain. Following his meeting with the TDA, Duane reported that there would be a need to refresh the activity and income assumptions from the OBC, including downside scenarios. It was suggested that further clarity about the specific down side scenarios should be sought from Richard Boyce. Duane would also check with DH regarding the PSC/PFI comparator.

**Action: Duane Passman**

Duane added that he would be very grateful for any input from members of the Board within the next month, prior to completion. Nick had also offered to meet members individually to go through the drafts and take comments. Alternatively a Word version could be provided for amendment using 'track changes'.

**Action: All**

### 1.10 Monthly Finance summary

Mark presented the monthly finance summary, as well as a paper outlining the contribution made by 3Ts to the service development/modernisation activities across the Trust. It was noted that this resource was no longer available which may have an impact across the Trust. James mentioned the support with the Clinical Strategy which had been provided by Mathew Coleman and Hazel Belfield-Smith has been excellent. Mark made the following points:

- On Capital side Decant is behind the schedule and programme assumed in Trust Annual Plan
- Escalation is now assumed to be during August pushing programme and costs into 2015/16.
- Decant contract cash flows will be reflected in forecasts once available
- As part of the Decant planning the BGH budget will transfer into FCP as we won't be using BGH as a Decant home.
- TDA have advised Trust to get a loan for balance of 2014/15 Capital spend and an application for £20.8m is being considered by the Independent Trust Finance Facility (ITFF).
- The repayment terms on this loan will be 40 years.
- Main scheme has not remobilised as fast as the Plan had anticipated, but as the programme of works is under consideration no change has been made to Month 3 Forecast.
- The FBC timetable remains extremely tight and depends heavily on "target cost" data being produced 2 September 2014.
- Activity schedules and cash flows for Main Scheme for work to September were expected early July and remain outstanding.
- 2015/16 Forecast and Out-Turn data will be updated as part of the FBC work.
- On the Revenue side the Core team contribution remains £170k for 2014/15.
- NHSE have been invoiced via the AT and the cash is in the pipeline.
- As part of the FBC work calculations for Capital Charges will be updated post 2 September

### Turner and Townsend report

Steve Woodward added that the main areas of work this month had included Value Management, Occupancy Analytics, and the GMP generation process. The debate continued regarding the relative merits of designing to stage D or stage E which would be the subject of a paper to Programme Board (already discussed at 1.3 **Design Development Risks**).

### 1.11 Remobilisation- Resources (Capital Loan application to TDA)

Duane presented the key points from the TDA application. It would provide sufficient resource for remobilisation, and was required so that the decant projects could be completed and Stage One could be started. This had been provided for information and was accepted.

### 1.12 MPA return

Anna provided this for information. She explained that the governance structures now needed updating in the light of the new programme sub-structure. This report was accepted.

**Action: Anna Barnes**

### 1.13 Decant report-Modular Build

Rob outlined the key points from this report which would be discussed at Trust Board. This report explained how market conditions had led to a £4.6m increase over the projected budget. However, this had been successfully mitigated by an underspend at SMH, bringing forward the cycle racks from main scheme (£80k), including all the BGH decant schemes within the Courtyard building and the relocation of the MRI.

There was a discussion regarding the reasons for this rise in costs of modular buildings, and the rigour of the market testing exercise. It was accepted that this price rise had been unavoidable, and it was hoped that any residual value from the modular building post

occupancy could further mitigate this cost increase. Rob said that he would be working with LOR to reduce the delay that the delay to GMP exercise had caused to the programme, so that there would be no impact on the Main Scheme. This report was accepted.

#### **1.14 Common Causes of Project Failure**

Anna took Programme Board through this report, which explained how the red/amber risks from the November assessment had been mitigated. The main vehicle for this mitigation had been the work on values and behaviours and the development of the Clinical Strategy at BSUH. This had led to closer working between 3Ts and the rest of the Trust, and easier communication across programmes. This report was accepted.

#### **1.15 OBC-FBC Action Plan**

This report was accepted as an update. There was general consensus that the timetable for approval remained tight. Duane would be agreeing the approvals choreography with the TDA.

**Action: Duane Passman**

#### **1.16 Report from other Trust programmes**

Duane asked for agreement that this paper was an accurate reflection of issues between and across programmes. This was agreed. As the key issues had been discussed elsewhere on the agenda, there were no further questions/comments.

#### **1.17 Workforce Planning for 3Ts FBC**

This report was presented for information in Nick's absence. It was thought that the Service Development Team being set up within the new structure (reporting to the Transformation Board) would be able to take on some of the functions required to modernise the workforce /deliver programmes across the Trust. Duane noted that it would be important to manage the span of control of the Transformation Board based on a discussion he had had with another Trust. This report was accepted.

#### **1.18 Any other Business**

There was no other business.

#### **1.19 Date of the next meeting**

The next meeting will be held on **Friday, 22 August from 10.30-12.30 Meeting Room A St. Mary's Hall.**

**Minutes of RSCH Hospital Redevelopment Programme Board 23 May 2014  
10.30am-12.30pm in the 3Ts Meeting Room**

**Present:**

Ian Arbuthnot	Director of Health Informatics, BSUH
Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Dominic Ford	Director of Corporate Affairs, BSUH
Karen Hicks	Project Leader, HealthCare Sector, LOR
Paul Maitland	Director (Turner and Townsend)
Duane Passman	Director of 3Ts (Chair), BSUH
Spencer Prosser	Chief Financial Officer, BSUH

**In Attendance:**

Anna Barnes	Associate Director, 3Ts Governance, BSUH
Nick Groves	Associate Director, 3Ts Service Modernisation, BSUH
Mike Naylor	Senior Commercial Manager, LOR
Gary Speirs	3Ts Capital Project Manager, BSUH
Steve Woodward	Director, Turner & Townsend

**Apologies:**

Rob Brown	Head of Capital Development, BSUH
Peter Hale	Clinical Chief of 3Ts, BSUH
Mark Frake	Project Accountant, BSUH
Nikki Luffingham	Chief Operating Officer, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting and introductions were made. Duane commenced the meeting by announcing that OBC approval had been given on the 1<sup>st</sup> May 2014. He explained that due diligence and scrutiny was always going to be complex as this was probably the largest publicly-funded hospital scheme for a generation (probably since Medway Maritime was approved in the early to mid-1990's). Duane thanked everyone who had contributed to the successful progress from SOC to OBC approval.

**1.2 & Minutes of the meetings in January and March**

**1.3** These were formally agreed as the meeting was now quorate.

**1.4 Minutes of the meeting in April**

These were agreed as accurate with one correction: Karen had been present at the March meeting; this had been written as April but had now been corrected.

**1.5 Action Log**

• **Quorum**

Duane had discussed the problems in achieving a quorum with Dominic. They had agreed that a revised set of Terms of Reference would be put to the Board of Directors on 16 June which removed the requirement that at least one of the two senior users (currently Peter Hale and Graham Dodge) be present for a quorum to be achieved. Duane was keen to stress that this would be reinstated at the earliest opportunity as he felt that senior clinical involvement was essential to the scheme. Programme Board supported the proposal.

**Action: Duane Passman**

- **Visit to Bristol**

As the hospital was now open, Gary would be arranging a visit. Duane also asked for details of their mobility scooters policy (Gary confirmed that he had already asked for this and that they did not have one). Duane said he would also follow up with the Royal Liverpool Hospital.

**Action: Gary Speirs/Duane Passman.**

- **Governance Review and sub structure**

This would be complete for the June Programme Board.

**Action: Anna Barnes/Duane Passman**

- **Design Development Risks**

This paper would be complete for the June Programme Board.

**Action: Steve Woodward and Karen Hicks**

- **3Ts Procurement, 'Due Regard' & Social Value Act**

Anna was asked to liaise with Dena Vadgama to secure a date for this paper and to discuss the LOR approach to "up streaming" local labour requirements via schools and colleges.

**Action: Anna Barnes**

- **Board Seminar re Tier One borrowings**

To be arranged for September.

**Action: Mark Frake and Jo Ingram**

- **Key activities from OBC to FBC**

Duane explained that the exact choreography of approvals (i.e precise dates) with the CCGs was still to be confirmed. Duane also confirmed that the notes from the last 3Ts Commissioner Oversight Forum meeting had not yet been received. It was reported that the Trust team and LOR would be meeting on 30 May to progress further detailed planning.

**Action: Duane Passman**

- **Estates Strategy Work**

Further discussions on progressing the refresh of the Estates Strategy, to complement the FBC, would be held on 27 May.

**Action: Nick Groves**

- **Decant: Next Steps**

Duane thanked Richard Beard and Rob Brown for the liaison and communication re the enabling works for Decant which was going smoothly.

## **1.6 Lessons Learnt/Presentation on Matters of Interest to Programme Board**

There were no presentations this month.

## **1.7 Letter of approval**

Duane explained although the OBC had been approved, the letter was still being drafted at the TDA. He thought that there were three items of substance which required clarification:

- The procurement issue of using the P21 framework
- The assurance and mechanisms for capping the £420m expenditure
- The affordability within the context of the CIPs programme and the overall financial viability of the Trust over the length of the programme.

**Action: Duane Passman**

## **1.8 Critical Risks and Mitigations**

Anna presented the top risks:

- **Engagement staff- project team retention (6).** The project team does not have the capacity or skill-set to ensure tasks are completed within the timeframe. There is a possibility that there will be lack of Change Consultant resource to complete the design process. We need to maintain the team size in order to fulfil demands of design process and FBC production. We could appoint internally or resource externally (the latter is more costly);
- **OBC/FBC drafting (8).** Completion of FBC delayed as resources are not yet available to remobilise the design team towards GMP and timing is critical. TDA not releasing resource for mobilisation. A submission is being made on 23rd May to the TDA for onward transmission to ITFF. A decision not likely until August;
- **Workforce Planning (2).** 3Ts workforce planning is a subset of the Trust-wide plan; this has to align with the LTFM and CIPs programme.
- **Main Scheme Capital (17).** Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Work is underway to identify the path to GMP given likely remobilisation dates following approval of the OBC;
- **Main Scheme Capital (30).** HMT requirement to significantly reduce size and scope of scheme. Continued pressures to change the scope and size of the building from whatever quarter will be the subject of the change process mechanism;
- **Main Scheme Capital (31).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £7.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 25 year repayment term would create an overdraft of £39.5m by 2021/2. Mitigation includes ensuring borrowing is under the best possible terms for BSUH;
- **Stakeholder Support (18).** Public sector partners do not continue to support Business Case. We need to ensure all documentation available and processes are rigorously followed and partners kept informed of progress via formal partnership meetings such as the Commissioners' Forum. The funding for the three approved decant schemes has now been received and implementation plans are being finalised;

Anna also described the 13 risks which had been altered since the last meeting which mainly concerned the approval processes and the progress of the decant schemes. One risk was **not** accepted as lowered by Programme Board: **Trust Business Continuity (19)** electrical site infrastructure, as, although the substation is being replaced there is a wider question about the ongoing viability of the power supply to the site when the capital works begin Duane requested that this be reviewed again for the next meeting.

**Action: Anna Barnes**

There was also a discussion about the costs of the modular build for FCP (**Decant overarching 35- costs of modular build**) and the lack of progress on appointing the replacement Change Consultants (**Engagement Staff 6- Project Team Retention**). Spencer asked for further discussions on these two risks. Finally the closed risk re the 3Ts CIPs contribution (**Main Scheme Capital 20 CIP**) was also not agreed to be closed as it required further discussion between Duane, Mark and Spencer.

**Action: Duane Passman, Mark Frake and Spencer Prosser**

Anna highlighted a cut and paste error (Trust Business Continuity 2) the title of which should have read **Failure to Obtain OBC approval not FBC delayed**. It was agreed that this risk could be closed following the approval on 1<sup>st</sup> May.

## 1.9 MPA return

This had been tabled for information. Duane noted that the next one was due to be returned on 2<sup>nd</sup> June and would be provided for the next Programme Board.

#### **1.10 Procurement, 'Due Regard' and Social Value**

Nick had presented a paper to the March Programme Board on the 3Ts Equality (now 'Due Regard') and Social Value obligations. As there were no further questions, this paper was formally agreed. The next step will be to tease out any further opportunities to progress these objectives through the 3Ts Procurement process.

**Action: Dena Vadgama**

#### **1.11 Internal Audit Report**

This had previously been circulated for information.

#### **1.12 Design development risks**

This was deferred to the June meeting.

**Action: Karen Hicks, Steve Woodward and Mark Frake**

#### **1.13 Monthly Finance Report**

Mark's report was presented in his absence. Mark would be providing a full report on the projections for 2014-2015 for the next meeting.

It was noted that Mark had not received an update for the Tier 1 scenario, but that this would be produced for the next Programme Board.

Duane and Spencer then discussed the progress of the loan application which was due to be submitted later that day in order to secure the resource to progress the Full Business Case and the remaining decant schemes. It was reported that a formal response would not be provided by the Independent Trust Financing Facility until August at the earliest. However, to maintain the project momentum, it had been agreed between the CEO, CFO and SRO that this would be cash flowed from the existing decant scheme loans which would provide the necessary resource until September. On this basis Duane then requested LOR to begin the process of remobilising the main scheme team as soon as possible.

A paper would be taken to the Board of Directors on 16 June setting out this approach and seeking formal Board approval to the request for the loan.

**Action: Duane Passman**

Steve's monthly finance update was noted. There was a lengthy discussion about the site wide infrastructure issues (already noted in 1.8). Steve added that expenditure on Decant was behind what had been planned because of delays in reaching agreement about the GMP. However, enabling works were continuing whilst resolution was being sought. He also highlighted a risk that market conditions and inflation could affect mitigation of the design development risk for main scheme.

#### **1.14 Benefits Realisation and Efficiency Programme**

Anna outlined key points from the benefits realisation work which would be fed into the FBC. She explained that whilst there was an agreed overlap with the CIP, 3Ts benefits would not be realised until after the building was complete, whereas the CIPs were being delivered pre 3Ts. However, 3Ts was in line with the overall quality and productivity agenda within BSUH on which the CIP was based.

There was a general discussion about how to measure some of the benefits such as sickness and retention rates. Although data from RACH had been useful, Duane requested that further information was sourced from the Queen Elizabeth Hospital in Birmingham, Southmead and from Pembury. The data on FM and portering efficiencies was also discussed in some detail. The challenge of whether such benefits were cash releasing would require further consideration (whether through natural wastage or through redeployment).

**Action: Anna Barnes**

Duane then discussed assessing the possible financial effect of the scheme 6 months before Stage 1 completion and 6 months after to ensure the Trust had sufficient safeguards to be able to go live.

Dominic suggested further work on the cash releasing benefits of reducing complaints and compliance notices, including those associated with cost avoidance e.g. reducing falls and accident avoidance. Anna was asked to liaise with Dominic further on these potential benefits.

**Action: Anna Barnes and Matt Coleman**

Nick raised the issue of workforce modernisation in 3Ts (and more widely). Although there are pockets of innovative practice within the Trust, and the Clinical Strategy talks about role extension in a couple of areas, there has not been a systematic programme of workforce modernisation Trust-wide (e.g. new roles, role extension, greater use of non-professionally registered staff, role of volunteers). 3Ts developed a report on this in 2010, which had significant support from frontline clinicians/managers, and the Delivery Unit started a project in 2012; however neither of these found traction. Programme Board asked Nick to produce a paper exploring the possibilities for its June meeting.

**Action: Nick Groves**

### **1.15 Societal and radiated benefits**

This paper provided further detail about the largest category of benefits which were not cash releasing, but were societal and/or radiated benefits. Whilst the findings of the paper were accepted that the societal benefits should be considered within the Economic Case rather than the Financial Case as they were not cash realising to BSUH, Duane requested further work on the issue of the QALYs<sup>12</sup>. He understood why the calculations were not utilised within the main financial case, but, as they had been recommended by DH, he requested that these calculations be redone prior to FBC submission, and further liaison with DH on their use or otherwise.

**Action: Mark Frake**

### **1.16 Common Causes of Project Failure**

Duane requested that this be refreshed in the light of OBC approval prior to the June meeting. He noted good progress towards mitigation of the red/amber ratings.

**Action: Anna Barnes**

### **1.17 Key activities from OBC to FBC**

Gary presented his schedule of activities required up until FBC. As flagged in the 'Issues Arising from other Trust Programmes' paper, Gary will liaise with Judith Steen to ensure that 3Ts remobilisation/user engagement and the recast EPR rollout programme are coordinated. Duane thanked Gary for an extremely useful summary.

**Action: Gary Speirs**

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<sup>1</sup> The quality-adjusted life-year (QALY) is a generic measure of health-related quality of life that takes into account both the quantity and the quality of life generated by interventions. The invention and further development of the QALY was a response to the treatment of health outcomes solely in terms of survival without any weight being given to the quality of the additional years of life.

<sup>2</sup> QALYs demonstrate the financial benefit the Insurance industry places on a death which has been prevented or on an improved outcome following critical illness or major trauma.

### **1.18 Update on FBC-Action Plan for checklists**

Nick presented the May progress report. Duane had asked for a first draft of the FBC by 19th May, and all but one of the section-owners had done so (or provided a narrative where there are material outstanding questions, eg. the nature of the Quality Impact Assessment).

The updated FBC timetable provided for the Loan Application indicates that the FBC will start/complete Trust approvals and be submitted to the TDA in September 2014, and assumes TDA and NHSE approvals in November 2014 and HMT/DH approval in February 2015.

The four top risks for FBC completion are: (i) timing/choreography of commissioner approval of service developments/repatriation assumptions; (ii) refreshing the Trust Estate Strategy and other 'estate' documents; (iii) the volume of financial data required; and (iv) bottom-up workforce costings for 3Ts. These were all discussed under other items on the agenda.

The Action Plan was agreed.

### **1.19 Report from other Trust programmes**

Nick presented the May update. The key issues had been discussed elsewhere on the agenda and there were no further questions/comments. The paper was agreed.

### **1.20 Workforce Planning for 3Ts FBC**

Nick reported that following discussions at Programme Board in March and April, Duane and he had met Spencer, Graham and Simon Selby on 6<sup>th</sup> May to discuss the requirement for 3Ts FBC (per NHSE/TDA checklists) and the need for alignment between the Trust LTFM, CIPs plans and Workforce Plan.

The conclusion was that bottom-up workforce costings would need to be undertaken/refreshed for 3Ts. These should then be compared to the 2014/15 position to identify the WTE/financial impact (and reflected accordingly in 3Ts CIPs plans). However this assumes that CIPs and LTFM efficiency assumptions for the intervening years (five years to Stage 1, eight years to Stage 2) can be applied equally to the 'pre' and 'post' 3Ts positions, which is a significant caveat.

Programme Board discussed the likely resource implications and the risk that a bottom-up assessment process alone may prove overly cautious (and therefore unaffordable). The preferred approach would therefore be to engage 3Ts services but also to draw on benchmarking (eg. QE Hospital, Birmingham; Royal Gwent Hospital, Newport; Royal Liverpool Hospital, Merseyside) and any national guidance (e.g. minimum nurse: patient ratios) to arrive at an affordable, evidence-based position.

It was suggested that if additional resourcing is required (given current 3Ts Change Consultant vacancies), the £36k pa 3Ts transfers to HR for workforce planning support could potentially be used.

Nick was asked to report back on progress with planning/resourcing this work at the next Programme Board.

**Action: Nick Groves**

### **1.21 Any other Business**

There was no other business.

### **1.22 Date of the next meeting**

The next meeting will be held on **Friday, 27<sup>th</sup> June from 10.30-12.30 Meeting Room A St. Mary's Hall.**

**NOTES of discussion held**  
**RSCH Hospital Redevelopment Programme Board 25 April 2014**  
**10.30am-12.45pm in The Board Room, Trust HQ, St. Mary's Hall**

**Present:**

Ian Arbuthnot	Director of Health Informatics, BSUH
Dominic Ford	Director of Corporate Affairs, BSUH
Karen Hicks	Project Leader, HealthCare Sector, LOR
Duane Passman	Director of 3Ts (Chair), BSUH
Spencer Prosser	Chief Financial Officer, BSUH
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Anna Barnes	Associate Director, Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Mark Frake	Project Accountant, BSUH
Nick Groves	Associate Director, Service Modernisation, BSUH
Mike Naylor	Senior Commercial Manager, LOR
Abigail Pride	Change Consultant, BSUH
Gary Speirs	Capital Project Manager, BSUH

**Apologies:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Peter Hale	Clinical Chief of 3Ts, BSUH
Nikki Luffingham	Chief Operating Officer, BSUH
Graeme White	Director of HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting. It was noted that the meeting was again inquorate and therefore no formal decisions could be taken based on the papers presented to the meeting. It was agreed to discuss the rest of the business and re-present papers to the May meeting. There was a suggestion that the Programme Board Terms of Reference might need to be amended to include a more appropriate quorum, and to consider whether deputies could become voting members.

**Action: Duane Passman and Dominic Ford**

**1.2& Minutes of the meetings in March and April & Action Log**

**1.3/4** These could not be formally agreed. It was agreed that they would be noted and presented for approval at the next meeting. Karen asked to be listed on the attendees for the March meeting. Anna apologised and agreed to amend the master file.

**Action: Anna Barnes**

**1.5 Minutes of the Commissioner Oversight Forum December 2013**

These were not yet available and would be circulated as soon as they had been received and agreed. Duane added that this group was meeting on 9th May, so he thought the notes would be available during the next week.

**Action: Duane Passman**

## 1.6 Lessons Learnt/Presentation on Matters of Interest to Programme Board

Abigail Pride gave a presentation which distilled the key lessons from all the site visits which had taken place.<sup>1</sup> Sites visited included Pembury, Southmead, Karolinska (Sweden) as well as the Queen Elizabeth Hospital Birmingham. Key points included the following:

- The importance of storage
- The need to standardise wherever possible in order to create future flexibility
- The importance of intuitive way-finding utilising everyday language and avoiding jargon
- Value for money in procurement, and not necessarily purchasing institutional furniture
- Abigail described the importance of art and interior design in creating a therapeutic environment for both patients and staff
- She stressed designing from the patient's perspective to create a human as well as an efficient experience (for example employing staff to assist visitors as well as using patient self-check in kiosks)
- She also stressed the importance of FM and staff only areas which needed to be as well designed as the front-of-house areas.

Duane thanked Abigail for the presentation which had been extremely interesting. It was agreed that some members of the team should return to Southmead in Bristol once it was open, to see the hospital in operation to continue with the learning.

**Action: Gary Speirs**

## 1.7 Governance Presentation

Duane explained that he had received generally positive feedback about the proposed model. Nikki had suggested two additional groups for the helipad and site-wide infrastructure. Duane would be taking this forward after FBC approval as the structure he had proposed was only to be in place until the FBC was approved. He noted that the Terms of Reference for the sub-Programme Board structure will need to be refreshed.

**Action: Duane Passman**

## 1.8 MPA return

This was noted for information.

## 1.9 Internal Audit Report 2013/2014

This was noted for information, as 3Ts had once more received "significant assurance" for its governance processes.

## 1.10 Critical Risks and Mitigations

Anna presented the top risks:

- **OBC FBC drafting (2).** The key critical risk is the timing of OBC approval which determines the exact sequence of the work programme subsequently. We continue to liaise closely with the TDA concerning this issue.
- **Workforce Planning (2).** 3Ts assumptions have to align with BSUH LTFM. There is a need to continue to review so that CIPs and workforce plans are aligned.
- **Main Scheme Capital (17).** Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Work is underway to identify the path to GMP given likely remobilisation dates; Key Activities list (1 side of A4) leading up to GMP to be provided for the next meeting;
- **Main Scheme Capital (20).** The loss of key staff as part of 3Ts staff review in 2013/2014 is within the CIPs plan but an additional CIP is required on an on-going basis (currently £170k pa). This CIP ceases in 2015/2016.
- **Main Scheme Capital (30).** HMT requirement to significantly reduce size and scope of scheme. Continued pressures to change the scope and size of the building from whatever quarter will be the subject of the change process mechanism.

<sup>1</sup> [T:\3T\CAPITAL PLANNING\Site Visits & business cases\SITE VISITS - LESSONS LEARNED \(2013\)\Site Visits Lessons Learnt PB update.pdf](T:\3T\CAPITAL PLANNING\Site Visits & business cases\SITE VISITS - LESSONS LEARNED (2013)\Site Visits Lessons Learnt PB update.pdf).

- **Main Scheme Capital (31).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £7.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 25 year repayment term would create an overdraft of £39.5m by 2021/2. Mitigation includes ensuring borrowing is under the best possible terms for BSUH.
- **Stakeholder Support (18).** Public sector partners do not continue to support Business Case. We need to ensure all documentation available and processes are rigorously followed and partners kept informed of progress via formal partnership meetings such as the Commissioners' Forum).

Anna also described the risks which had been altered since the last meeting:

- The risks associated with the change consultant vacancies had been reduced (**Main Scheme capital ID 4** and **Engagement Staff ID 6**) as the posts now out to advertisement.
- However the risks associated with drafting the FBC (**Design process ID 4** and **OBC/FBC drafting ID 1**) were raised because of inconsistencies in the check lists between the TDA and NHS England.
- Another risk regarding scope drift (**Main Scheme Capital 14**) was raised following the production of the Clinical Strategy which may necessitate some changes to the 3Ts design.

These changes were noted and Duane added that he had a meeting with the TDA on the 9<sup>th</sup> May to discuss these issues. Duane requested a more detailed paper regarding the design development risk noted above (**Design Process1 ID 4**) for the May Programme Board.

**Action: Karen Hicks, Steve Woodward and Anna Barnes**

#### **1.11 Impact of Changes in VAT Reclaim Regime**

Mark and T&T tabled a joint paper which indicated that Capital Costs and Revenue Costs of 3Ts, could increase with changes to the Contracted Out Services (COS) headings. Proposed changes were effective from 1 April 2014. Working with the Trust, SWalker Associates assists the Trust to ensure HMRC honour P21 agreements which have allowed 3Ts to reclaim VAT on professional fees. However, there is a risk that historic reclaimed VAT may also be impacted by the proposed changes. The delay in OBC approval by HMT and the absence of a GMP, increase the impact of this risk. There is still uncertainty and considerable pressure from Trusts and companies affected by the proposed changes and therefore the Trust needs to keep informed and maintain the open dialogue with HMRC. The Trust will continue not to reclaim VAT and the FBC will make it clear what VAT assumptions have been made.

There followed a general discussion about this risk. It was agreed that there was a need to continue the open dialogue with HMRC and clarify for FBC the impact on the historic VAT reclaimed on the Capital side. Duane asked for a further paper explaining the worst possible scenario for the next meeting.<sup>2</sup>

**Action: Mark Frake**

#### **1.12 Equality Impact Assessment for 3Ts ('Due Regard' and Social Value)**

Nick presented this paper, which summarised action to date to meet statutory obligations and align with best practice, and proposed next steps. He thanked Barbara Harris (Trust Head of Equality, Diversity & Human Rights) and Dena Vadgama (Commercial Business Partner, Procurement) in particular for their input.

The external Equality Impact (now 'Due Regard') Assessment commissioned in 2011 concluded that 3Ts would improve access for groups with protected characteristics, and that the Trust was meeting its statutory duties under the 2010 Act.

<sup>2</sup> Subsequent to the Programme Board meeting, the Trust received news that HMRC will not be imposing the COS changes from 1 April 2014, but it remains unclear whether this is a permanent reversal or whether this will be revisited at a later date.

In addition to continuing to progress the 'Due Regard' and Trust *Commitment to Change* Action Plans, the next step will be to explore how the 3Ts procurement mechanism could be used to further these objectives. Dena is due bring a paper on 3Ts procurement to a future Programme Board meeting, following discussion with Duane as SRO and Richard Hawtin.

**Action: Dena Vadgama**

Duane noted that the various Impact Assessments (Equality/Due Regard, Quality etc.) appear to be an increasingly important part of the TDA's business case approval process.

The paper was noted, pending a quorate meeting.

### **1.13 Monthly Finance Report**

Mark presented his report. Key points are listed below:

#### **Capital**

- Decant contract discussions are in progress
- market tested prices causing some budgetary concern
- Repayment of Operational Capital of £7.71m is subject to receipt of PDC on OBC approval
- Other Decant schemes need to be progressed
- In order to meet the tight FBC timetable Main Scheme will need to remobilise fairly quickly in 2014/15.

#### **Revenue**

- The Core team contribution in 2013/14 was £170k and was delivered.
- Capital Charges are slightly higher than anticipated due to a low level of Year End accruals
- The Year End position is unaudited but I'm not aware of any late changes or Audit issues
- An invoice for 2014/15 has been requested from Finance colleagues.

Steve's monthly finance update was noted.

Mark then gave an update on the scenarios in the OBC including the Trust's Downside scenario and the Tier 1 scenario. Duane asked that the current Tier 1 borrowings already committed or earmarked, be brought to a future Programme Board. Some of these scenarios will need to be repeated in the FBC and a full list needs to be confirmed once OBC Approval has been received and the Trust knows the structure of funding. Mark explained that the inputs to the FBC would be required from different Income Models which are completed by Finance colleagues and the latest LTFM. The TDA would expect the LTFM to be a current version and as the June 2014 IBP version of the LTFM is based on a February 2014 Balance Sheet this may not be seen as current by TDA. A later version of the LTFM will probably be required for FBC and Marks's report indicated a June or July 2014 Balance Sheet may be sufficient. Timing of LOR inputs is also key as a Base Case LTFM will need to be completed before scenario modelling. A key action is for a Downside scenario to be updated and this may require a Trust Board seminar (last year's seminar was led by James Blythe and Karen Geoghegan). Timing of the key inputs to the FBC was therefore tricky and required adding to the risk register

**Action: Anna Barnes re: risk register**

**Action: Mark Frake re: Tier 1 borrowings**

**Action: Spencer Prosser re: LTFM and Income models timetable**

**Action: Duane Passman and Spencer Prosser re: Board seminar**

#### **1.14 Benefits Realisation and Efficiency programme**

This paper was discussed at the previous meeting but was being re-presented because that meeting had been inquorate. The paper was noted again and was deferred until the next meeting.

#### **1.15 Common Causes of Project Failure**

This was deferred until the next meeting for the reasons cited above.

#### **1.16 Key activities from OBC to FBC**

Gary presented his schedule of activities required up until FBC. Duane thought it extremely useful and requested that the schedule be updated and presented at Programme Board every month, with the inclusion of a RAG rating.

**Action: Gary Speirs**

#### **1.17 Update on FBC-Action Plan for checklists**

Nick noted that at the last meeting Programme Board had asked for an Action Plan for the 3Ts FBC drafting against the NHS England/TDA business case checklists. He presented the plan, and thanked the wider team for their input to this. Key points:-

- The Action Plan distils the NHS England and TDA checklists, which run to 100+ pages (excl. Infection Control), into five, and clusters the 200+ checklist items into 34 sections.
- Each of the sections now has an identified drafting lead at sub-SRO level (with the exception of CIPs, which Nick has emailed Spencer about separately).
- Each section is RAG-rated (using the five-point Gateway rating scale) on the basis delivery by the mid-May deadline. Critical dependencies are also identified.

Nick said that the action planning process had identified **four key risks** to delivery:-

i) The volume of financial data required.

ii) A resource to complete the Sustainable Development and Estates Planning section, over and above the refresh of the Trust Estate Strategy that Nick is supporting. Duane asked Nick to scope the additional work, so it could be subcontracted if needed. Duane also asked that the Estate Strategy refresh be completed by June.

**Action: Nick Groves**

iii) Workforce costing (as discussed at the previous Programme Board). Duane confirmed that he is meeting Graham, Spencer and Nikki on 6<sup>th</sup> May to discuss.

iv) Timing/choreography of commissioner approval of repatriation and other service developments. Duane noted that he had flagged this issue to commissioners in the 'OBC to FBC route map' presentation. The next 3Ts Commissioner Oversight Forum is on 9<sup>th</sup> May, and he will raise it again then, including the issue of a mechanism within NHS England for approval of repatriation between Area Teams.

Duane asked for the Action Plan to be updated for each Programme Board meeting. He said that he is aiming to agree the FBC content list with the TDA in advance; he is meeting them on 9<sup>th</sup> May and will send them this Action Plan in preparation. He also said that he would be discussing this with the Commissioner Oversight Forum.

The paper was noted, pending a quorate meeting. Anna was asked to update the risk register accordingly.

**Action: Anna Barnes**

### 1.18 Decant: Next steps on site

Rob Brown gave a brief presentation on the immediate steps to progress the funded decant schemes.<sup>3</sup> The first activities included changing the vehicular access at the front of the Barry Building so that the Front Car Park construction could commence. This work would commence on the 6<sup>th</sup> May and continue until the first week of June. Duane asked Rob to work with Richard Beard on the communication strategy.

**Action: Rob Brown**

### 1.19 Report from other Trust programmes

Nick presented this standing report. Key points from the discussion:-

- Duane noted that he is meeting Nikki on 28<sup>th</sup> April to discuss the Medicine Division's 'whole Level 5' review project, which could impact on 3Ts scope/design.
- Ian confirmed that as set out in the Health Informatics section, the EPR programme is currently being recast and it will be important to ensure that the EPR and (once it remobilises) 3Ts clinical engagement programmes are coordinated.

The paper was noted, pending a quorate meeting.

### 1.20 Workforce Planning for 3Ts FBC

This paper was discussed at the previous meeting but was being re-presented because that meeting had been inquorate. The paper was noted again. Duane said that he was expecting his meeting with Director colleagues on 6<sup>th</sup> May to provide some direction on the issues raised.

### 1.21 Any other Business

There was no other business.

### 1.22 Date of the next meeting

The next meeting will be held on **Friday, 23 May from 10.30-12.30 in the 3Ts Meeting Room, Sussex House (please note change of venue owing to CQC visit).**

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<sup>3</sup> <T:\3T\GOVERNANCE\Programme Board\Programme Board 2014\April 2014\Decant First steps Presentation PB 250414.pptx>

**NOTES of discussion held**  
**RSCH Hospital Redevelopment Programme Board 25 April 2014**  
**10.30am-12.45pm in The Board Room, Trust HQ, St. Mary's Hall**

**Present:**

Ian Arbuthnot	Director of Health Informatics, BSUH
Dominic Ford	Director of Corporate Affairs, BSUH
Karen Hicks	Project Leader, HealthCare Sector, LOR
Duane Passman	Director of 3Ts (Chair), BSUH
Spencer Prosser	Chief Financial Officer, BSUH
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Anna Barnes	Associate Director, Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Mark Frake	Project Accountant, BSUH
Nick Groves	Associate Director, Service Modernisation, BSUH
Mike Naylor	Senior Commercial Manager, LOR
Abigail Pride	Change Consultant, BSUH
Gary Speirs	Capital Project Manager, BSUH

**Apologies:**

Graham Dodge	Deputy Clinical Chief of 3Ts, BSUH
Peter Hale	Clinical Chief of 3Ts, BSUH
Nikki Luffingham	Chief Operating Officer, BSUH
Graeme White	Director of HR, BSUH

**1.1 Welcome & Introductions**

Duane welcomed everyone to the meeting. It was noted that the meeting was again inquorate and therefore no formal decisions could be taken based on the papers presented to the meeting. It was agreed to discuss the rest of the business and re-present papers to the May meeting. There was a suggestion that the Programme Board Terms of Reference might need to be amended to include a more appropriate quorum, and to consider whether deputies could become voting members.

**Action: Duane Passman and Dominic Ford**

**1.2& Minutes of the meetings in March and April & Action Log**

**1.3/4** These could not be formally agreed. It was agreed that they would be noted and presented for approval at the next meeting. Karen asked to be listed on the attendees for the March meeting. Anna apologised and agreed to amend the master file.

**Action: Anna Barnes**

**1.5 Minutes of the Commissioner Oversight Forum December 2013**

These were not yet available and would be circulated as soon as they had been received and agreed. Duane added that this group was meeting on 9th May, so he thought the notes would be available during the next week.

**Action: Duane Passman**

## 1.6 Lessons Learnt/Presentation on Matters of Interest to Programme Board

Abigail Pride gave a presentation which distilled the key lessons from all the site visits which had taken place.<sup>1</sup> Sites visited included Pembury, Southmead, Karolinska (Sweden) as well as the Queen Elizabeth Hospital Birmingham. Key points included the following:

- The importance of storage
- The need to standardise wherever possible in order to create future flexibility
- The importance of intuitive way-finding utilising everyday language and avoiding jargon
- Value for money in procurement, and not necessarily purchasing institutional furniture
- Abigail described the importance of art and interior design in creating a therapeutic environment for both patients and staff
- She stressed designing from the patient's perspective to create a human as well as an efficient experience (for example employing staff to assist visitors as well as using patient self-check in kiosks)
- She also stressed the importance of FM and staff only areas which needed to be as well designed as the front-of-house areas.

Duane thanked Abigail for the presentation which had been extremely interesting. It was agreed that some members of the team should return to Southmead in Bristol once it was open, to see the hospital in operation to continue with the learning.

**Action: Gary Speirs**

## 1.7 Governance Presentation

Duane explained that he had received generally positive feedback about the proposed model. Nikki had suggested two additional groups for the helipad and site-wide infrastructure. Duane would be taking this forward after FBC approval as the structure he had proposed was only to be in place until the FBC was approved. He noted that the Terms of Reference for the sub-Programme Board structure will need to be refreshed.

**Action: Duane Passman**

## 1.8 MPA return

This was noted for information.

## 1.9 Internal Audit Report 2013/2014

This was noted for information, as 3Ts had once more received "significant assurance" for its governance processes.

## 1.10 Critical Risks and Mitigations

Anna presented the top risks:

- **OBC FBC drafting (2).** The key critical risk is the timing of OBC approval which determines the exact sequence of the work programme subsequently. We continue to liaise closely with the TDA concerning this issue.
- **Workforce Planning (2).** 3Ts assumptions have to align with BSUH LTFM. There is a need to continue to review so that CIPs and workforce plans are aligned.
- **Main Scheme Capital (17).** Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Work is underway to identify the path to GMP given likely remobilisation dates; Key Activities list (1 side of A4) leading up to GMP to be provided for the next meeting;
- **Main Scheme Capital (20).** The loss of key staff as part of 3Ts staff review in 2013/2014 is within the CIPs plan but an additional CIP is required on an on-going basis (currently £170k pa). This CIP ceases in 2015/2016.
- **Main Scheme Capital (30).** HMT requirement to significantly reduce size and scope of scheme. Continued pressures to change the scope and size of the building from whatever quarter will be the subject of the change process mechanism.

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<sup>1</sup> [T:\3T\CAPITAL PLANNING\Site Visits & business cases\SITE VISITS - LESSONS LEARNED \(2013\)\Site Visits Lessons Learnt PB update.pdf](T:\3T\CAPITAL PLANNING\Site Visits & business cases\SITE VISITS - LESSONS LEARNED (2013)\Site Visits Lessons Learnt PB update.pdf)

- **Main Scheme Capital (31).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £7.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 25 year repayment term would create an overdraft of £39.5m by 2021/2. Mitigation includes ensuring borrowing is under the best possible terms for BSUH.
- **Stakeholder Support (18).** Public sector partners do not continue to support Business Case. We need to ensure all documentation available and processes are rigorously followed and partners kept informed of progress via formal partnership meetings such as the Commissioners' Forum).

Anna also described the risks which had been altered since the last meeting:

- The risks associated with the change consultant vacancies had been reduced (**Main Scheme capital ID 4** and **Engagement Staff ID 6**) as the posts now out to advertisement.
- However the risks associated with drafting the FBC (**Design process ID 4** and **OBC/FBC drafting ID 1**) were raised because of inconsistencies in the check lists between the TDA and NHS England.
- Another risk regarding scope drift (**Main Scheme Capital 14**) was raised following the production of the Clinical Strategy which may necessitate some changes to the 3Ts design.

These changes were noted and Duane added that he had a meeting with the TDA on the 9<sup>th</sup> May to discuss these issues. Duane requested a more detailed paper regarding the design development risk noted above (**Design Process1 ID 4**) for the May Programme Board.

**Action: Karen Hicks, Steve Woodward and Anna Barnes**

#### **1.11 Impact of Changes in VAT Reclaim Regime**

Mark and T&T tabled a joint paper which indicated that Capital Costs and Revenue Costs of 3Ts, could increase with changes to the Contracted Out Services (COS) headings. Proposed changes were effective from 1 April 2014. Working with the Trust, SWalker Associates assists the Trust to ensure HMRC honour P21 agreements which have allowed 3Ts to reclaim VAT on professional fees. However, there is a risk that historic reclaimed VAT may also be impacted by the proposed changes. The delay in OBC approval by HMT and the absence of a GMP, increase the impact of this risk. There is still uncertainty and considerable pressure from Trusts and companies affected by the proposed changes and therefore the Trust needs to keep informed and maintain the open dialogue with HMRC. The Trust will continue not to reclaim VAT and the FBC will make it clear what VAT assumptions have been made.

There followed a general discussion about this risk. It was agreed that there was a need to continue the open dialogue with HMRC and clarify for FBC the impact on the historic VAT reclaimed on the Capital side. Duane asked for a further paper explaining the worst possible scenario for the next meeting.<sup>2</sup>

**Action: Mark Frake**

#### **1.12 Equality Impact Assessment for 3Ts ('Due Regard' and Social Value)**

Nick presented this paper, which summarised action to date to meet statutory obligations and align with best practice, and proposed next steps. He thanked Barbara Harris (Trust Head of Equality, Diversity & Human Rights) and Dena Vadgama (Commercial Business Partner, Procurement) in particular for their input.

The external Equality Impact (now 'Due Regard') Assessment commissioned in 2011 concluded that 3Ts would improve access for groups with protected characteristics, and that the Trust was meeting its statutory duties under the 2010 Act.

<sup>2</sup> Subsequent to the Programme Board meeting, the Trust received news that HMRC will not be imposing the COS changes from 1 April 2014, but it remains unclear whether this is a permanent reversal or whether this will be revisited at a later date.

In addition to continuing to progress the 'Due Regard' and Trust *Commitment to Change* Action Plans, the next step will be to explore how the 3Ts procurement mechanism could be used to further these objectives. Dena is due bring a paper on 3Ts procurement to a future Programme Board meeting, following discussion with Duane as SRO and Richard Hawtin.

**Action: Dena Vadgama**

Duane noted that the various Impact Assessments (Equality/Due Regard, Quality etc.) appear to be an increasingly important part of the TDA's business case approval process.

The paper was noted, pending a quorate meeting.

### **1.13 Monthly Finance Report**

Mark presented his report. Key points are listed below:

#### **Capital**

- Decant contract discussions are in progress
- market tested prices causing some budgetary concern
- Repayment of Operational Capital of £7.71m is subject to receipt of PDC on OBC approval
- Other Decant schemes need to be progressed
- In order to meet the tight FBC timetable Main Scheme will need to remobilise fairly quickly in 2014/15.

#### **Revenue**

- The Core team contribution in 2013/14 was £170k and was delivered.
- Capital Charges are slightly higher than anticipated due to a low level of Year End accruals
- The Year End position is unaudited but I'm not aware of any late changes or Audit issues
- An invoice for 2014/15 has been requested from Finance colleagues.

Steve's monthly finance update was noted.

Mark then gave an update on the scenarios in the OBC including the Trust's Downside scenario and the Tier 1 scenario. Duane asked that the current Tier 1 borrowings already committed or earmarked, be brought to a future Programme Board. Some of these scenarios will need to be repeated in the FBC and a full list needs to be confirmed once OBC Approval has been received and the Trust knows the structure of funding. Mark explained that the inputs to the FBC would be required from different Income Models which are completed by Finance colleagues and the latest LTFM. The TDA would expect the LTFM to be a current version and as the June 2014 IBP version of the LTFM is based on a February 2014 Balance Sheet this may not be seen as current by TDA. A later version of the LTFM will probably be required for FBC and Marks's report indicated a June or July 2014 Balance Sheet may be sufficient. Timing of LOR inputs is also key as a Base Case LTFM will need to be completed before scenario modelling. A key action is for a Downside scenario to be updated and this may require a Trust Board seminar (last year's seminar was led by James Blythe and Karen Geoghegan). Timing of the key inputs to the FBC was therefore tricky and required adding to the risk register

**Action: Anna Barnes re: risk register**

**Action: Mark Frake re: Tier 1 borrowings**

**Action: Spencer Prosser re: LTFM and Income models timetable**

**Action: Duane Passman and Spencer Prosser re: Board seminar**

#### **1.14 Benefits Realisation and Efficiency programme**

This paper was discussed at the previous meeting but was being re-presented because that meeting had been inquorate. The paper was noted again and was deferred until the next meeting.

#### **1.15 Common Causes of Project Failure**

This was deferred until the next meeting for the reasons cited above.

#### **1.16 Key activities from OBC to FBC**

Gary presented his schedule of activities required up until FBC. Duane thought it extremely useful and requested that the schedule be updated and presented at Programme Board every month, with the inclusion of a RAG rating.

**Action: Gary Speirs**

#### **1.17 Update on FBC-Action Plan for checklists**

Nick noted that at the last meeting Programme Board had asked for an Action Plan for the 3Ts FBC drafting against the NHS England/TDA business case checklists. He presented the plan, and thanked the wider team for their input to this. Key points:-

- The Action Plan distils the NHS England and TDA checklists, which run to 100+ pages (excl. Infection Control), into five, and clusters the 200+ checklist items into 34 sections.
- Each of the sections now has an identified drafting lead at sub-SRO level (with the exception of CIPs, which Nick has emailed Spencer about separately).
- Each section is RAG-rated (using the five-point Gateway rating scale) on the basis delivery by the mid-May deadline. Critical dependencies are also identified.

Nick said that the action planning process had identified **four key risks** to delivery:-

i) The volume of financial data required.

ii) A resource to complete the Sustainable Development and Estates Planning section, over and above the refresh of the Trust Estate Strategy that Nick is supporting. Duane asked Nick to scope the additional work, so it could be subcontracted if needed. Duane also asked that the Estate Strategy refresh be completed by June.

**Action: Nick Groves**

iii) Workforce costing (as discussed at the previous Programme Board). Duane confirmed that he is meeting Graham, Spencer and Nikki on 6<sup>th</sup> May to discuss.

iv) Timing/choreography of commissioner approval of repatriation and other service developments. Duane noted that he had flagged this issue to commissioners in the 'OBC to FBC route map' presentation. The next 3Ts Commissioner Oversight Forum is on 9<sup>th</sup> May, and he will raise it again then, including the issue of a mechanism within NHS England for approval of repatriation between Area Teams.

Duane asked for the Action Plan to be updated for each Programme Board meeting. He said that he is aiming to agree the FBC content list with the TDA in advance; he is meeting them on 9<sup>th</sup> May and will send them this Action Plan in preparation. He also said that he would be discussing this with the Commissioner Oversight Forum.

The paper was noted, pending a quorate meeting. Anna was asked to update the risk register accordingly.

**Action: Anna Barnes**

### 1.18 Decant: Next steps on site

Rob Brown gave a brief presentation on the immediate steps to progress the funded decant schemes.<sup>3</sup> The first activities included changing the vehicular access at the front of the Barry Building so that the Front Car Park construction could commence. This work would commence on the 6<sup>th</sup> May and continue until the first week of June. Duane asked Rob to work with Richard Beard on the communication strategy.

**Action: Rob Brown**

### 1.19 Report from other Trust programmes

Nick presented this standing report. Key points from the discussion:-

- Duane noted that he is meeting Nikki on 28<sup>th</sup> April to discuss the Medicine Division's 'whole Level 5' review project, which could impact on 3Ts scope/design.
- Ian confirmed that as set out in the Health Informatics section, the EPR programme is currently being recast and it will be important to ensure that the EPR and (once it remobilises) 3Ts clinical engagement programmes are coordinated.

The paper was noted, pending a quorate meeting.

### 1.20 Workforce Planning for 3Ts FBC

This paper was discussed at the previous meeting but was being re-presented because that meeting had been inquorate. The paper was noted again. Duane said that he was expecting his meeting with Director colleagues on 6<sup>th</sup> May to provide some direction on the issues raised.

### 1.21 Any other Business

There was no other business.

### 1.22 Date of the next meeting

The next meeting will be held on **Friday, 23 May from 10.30-12.30 in the 3Ts Meeting Room, Sussex House (please note change of venue owing to CQC visit).**

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<sup>3</sup> <T:\3T\GOVERNANCE\Programme Board\Programme Board 2014\April 2014\Decant First steps Presentation PB 250414.pptx>

**NOTES of discussion held**  
**RSCH Hospital Redevelopment Programme Board 28<sup>th</sup> March 2014**  
**10.30am-12.30pm in Meeting Room A, Trust HQ, St. Mary's Hall**

**Present:**

Nikki Luffingham	Chief Operating Officer, BSUH
Karen Hicks	Project Leader, HealthCare Sector LOR
Duane Passman	Director of 3Ts (Chair), BSUH
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Anna Barnes	Associate Director, Governance, BSUH
Rob Brown	Head of Capital Development, BSUH
Mark Frake	Project Accountant, BSUH
Nick Groves	Associate Director, Service Modernisation, BSUH
Gary Speirs	Capital Project Manager, BSUH

**Apologies:**

Peter Hale	Clinical Director of 3Ts, BSUH
Mike Naylor	Senior Commercial Manager, LOR
Spencer Prosser	Chief Financial Officer, BSUH

**1 Welcome & Introductions**

Duane welcomed everyone to the meeting. It was noted that the meeting was inquorate and therefore no formal decisions could be taken based on the papers presented to the meeting. It was agreed to discuss the rest of the business and re-present papers to the April meeting.

**2 Minutes of the last meeting**

These could not be formally agreed. It was agreed that they would be noted and presented for approval at the next meeting.

**3 Matters arising (not on the agenda)**

3.1 **Transitional support;** Mark asked Anna to correct the typo. The figures should read £32m not £3.2m.

**Action: Anna Barnes**

3.2 **Route Map to FBC, downside scenarios:** Mark reported that more work would be undertaken prior to production of the FBC. Duane asked for this to be discussed in more detail at the next meeting. Mark offered to provide some scenarios which would need to be discussed at an Executive level for this purpose.

**Action: Mark Frake**

**4 Minutes of the Commissioner Oversight Forum December 2013**

These were not yet available and would be circulated as soon as they had been received and agreed.

**Action: Duane Passman**

**5 Lessons Learned Presentation**

This has been included on the agenda a month early and the presentation was due to be made at the April meeting.

**6 MPA return**

This was noted for information.

**7 Critical Risks and Mitigations**

Anna presented the top 7 risks scoring over 20 and a discussion took place as follows:

- **Main Scheme Capital (20).** The loss of key staff as part of 3Ts staff review in 2013/2014 is within the CIPs plan but an additional CIP is required on an on-going basis (currently £170k pa).

Vacant posts are now out to advert and appointments will be made on a fixed term or secondment basis until the OBC is formally approved at which point approval will be sought to make all 3Ts posts permanent appointments.

Mark was asked to provide detail about the support which had been provided to other Trust activities over the last few years by the 3Ts team.

Mark noted that the £170,000 pa which was being required of the 3Ts budget as a Cost Improvement contribution could not be committed until the end of the programme as the programme timescales have been extended significantly, or additional transitional support would be required.

**Action: Mark to provide details of 3Ts support to other Trust programmes**

- **OBC FBC drafting (2).** The key critical risk is the timing of OBC approval which determines the exact sequence of the work programme subsequently. We continue to liaise closely with the TDA concerning this issue. Duane asked for an Action Plan against the NHS England (incl Estates) and TDA business case approval checklists for the production of the FBC. Nick to draft this, liaising with the 3Ts team. This will be presented to the next meeting.

**Action: Nick Groves**

- **Main Scheme Capital (17).** Delay programme to get to GMP leads to higher delivery cost, caused by Trust, Third Parties or LOR. Work is underway to identify the path to GMP given likely remobilisation dates; Key Activities list (1 side of A4) leading up to GMP to be provided for the next meeting;

**Action: Gary Speirs**

- **Main Scheme Capital (30).** HMT requirement to significantly reduce size and scope of scheme. Continued pressures to change the scope and size of the building from whatever quarter will be the subject of the change process mechanism. It was noted that this issue would be mitigated post formal approval being received.

- **Main Scheme Capital (31).** Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £7.6m to CIPs programme over next 10 years and have an adverse effect on Trust's liquidity position e.g. loan with 25 year repayment term would create an overdraft of £39.5m by 2021/2. Mitigation includes ensuring borrowing is under the best possible terms for BSUH. The OBC Executive Summary including the Max Debt scenario to be brought to May Board for information;

**Action: Mark Frake**

- **Stakeholder Support (18).** Public sector partners do not continue to support Business Case. We need to ensure all documentation available and processes are rigorously followed and partners kept informed of progress via formal partnership meetings such as the Commissioners' Forum). The funding for the three approved decant schemes has now been received and implementation plans are being finalised;

**Work is on-going with Commissioner Oversight Forum**

- **Workforce Planning (2).** 3Ts assumptions have to align with BSUH LTFM. We need to continue to review to ensure that CIPs and workforce plans are aligned.

**On agenda for discussion**

**8 Monthly Finance Report**

Mark presented his report. Key points are listed below:

8.1 Capital

- Most of 2013/14 expenditure was St Mary's Hall;
- A final account is being worked through on St Mary's Hall with Kiers;
- Any underspend will go back into the Decant contingency pot to be used against others schemes;
- The projected expenditure for Decant is still £33.68m;
- Decant contract discussions are underway and there are some inflationary pressures;
- Decant FBC was approved by Trust and SHA based on prices from 2011. Funding has only recently been released;
- Following Board approval in November 2013 Operational Capital continues to be utilised with an overall repayment of £7.71m expected in 2014/15.

8.2 Revenue

- The Core Team contribution in 2013/14 was £170k;
- Core Team costs assume no year-end adjustment is made to capitalisation entries
- The majority of Transitional Costs will now arise in 2014/15
- An invoice to Area Team will be raised early April.
- The YTD and Forecast costs relate to St Mary's Hall.

Duane commented that main scheme budget would need to be split into phases on mobilisation. Steve added that the optimism bias would need to be converted into a contingency allowance at FBC.

**9 Update arising from other Major Trust programmes**

Nick presented the March summary of issues arising from other major Trust programmes. Key points:

- Duane confirmed that Development Control Plans for the sites would need to be included in the refreshed Estate Strategy – enabled by the development of a Clinical Strategy.

**Action: Duane Passman**

- Duane noted that the 3Ts FBC will need to show a clear and seamless transition between the Clinical Strategy and 3Ts (activity/capacity plans etc.)
- Duane had agreed that the initial study/design costs for the Site Reconfiguration project could be funded temporarily from 3Ts. In addition, £1.7m of 3Ts capital could be brought

forward for the bi-planar angiography equipment for neurosurgery. Mark advised that the temporary costs have been charged to Site Reconfiguration directly.

Programme Board noted the report.

## **10 3Ts Benefits Realisation and relationship to Efficiency Programme**

Anna presented the key points from the paper which outlined the overlap between the benefits projected within 3Ts and the Cost Improvement Programme. In summary the paper identified that there was alignment between the two programmes, but that the savings within CIP were to be realised within a shorter timescale and that 3Ts would be an enabler for further efficiencies in the longer term.

Duane commented that this was a useful paper and requested further work as follows:

- A further paper on the relationship between QALYS/societal benefits
- Further detail on radiated benefits from 3Ts
- Revisions regarding the projected monetised benefits in the light of the efficiencies which may have “eroded” these benefits financially.

**Action: Anna Barnes/Mark Frake**

## **11 Workforce Planning in 3Ts**

Nick thanked colleagues for their help with drafting the options paper, which he summarised.

- The principal risk is that bottom-up workforce costing for 3Ts would be resource intensive (for the 3Ts team and clinical services) and produce an output of little value/reliability until Trust workforce/pay plans for the intervening years are developed. In addition, the LTFM, CIPs and Trust Workforce Plan are not currently aligned;
- The two-year Operating Plan and five/ten-year IBP are expected to align LTFM, CIPs and Workforce Plans. Duane noted that the Trust would be expected to provide a three-year rolling CIPs plan, eg. detailed plans for 2014/15 and 2015/16, and outline plans for 2016/17. It may also be required to provide outline plans for subsequent years.
- Nikki noted that the actual ward staffing/pay increase at Pembury Hospital (c. £1m additional ward costs for 500 beds) was significantly lower than the initial, bottom-up estimate (c. £5m).
- Duane and Nikki to meet Graham and Spencer as soon as possible to agree the approach to workforce planning for the 3Ts FBC.

**Action: Duane Passman/Nikki Luffingham/Spencer Prosser**

Programme Board noted the report and recommendations.

## **12 Common Causes of Project Failure**

This would be discussed at the next meeting and was deferred.

## **13 Governance Assurance**

Duane presented his proposed assurance framework for discussion.<sup>1</sup> He explained that there would be a Programme Team jointly with the PSCP (LOR) but main scheme and decant would

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<sup>1</sup> <T:\3T\GOVERNANCE\Programme Board\Programme Board 2014\March 2014\3ts Programme Governance and Assurance Version 1.0 28 March 2014.ppt>

be separated. He also outlined the need for the re-establishment of the various sub groups for both speedy decision making and appropriate senior accountability.

There were comments regarding the need to build in increase communications with the Health and Well-Being Board but in principle these proposals were welcomed.

**14 Decant**

This would be discussed at the next meeting and was deferred.

**15 Any other Business**

There was no other business.

The next meeting will be held on **Friday, 25 April from 10-12 noon in Meeting Room A** at St Mary's Hall.

**RSCH Hospital Redevelopment Programme Board 30<sup>th</sup> January 2014**  
**10.30am-12.30pm in F110 Trust HQ**

**Present:**

Ian Arbuthnot	Director of IT, BSUH
Dominic Ford	Director of Corporate Affairs, BSUH
Karen Hicks	Project Lead, Laing O'Rourke
Nikki Luffingham	Chief Operating Officer, BSUH
Duane Passman	Director of 3Ts (Chair), BSUH
Spencer Prosser	Chief Financial Officer, BSUH
Graham White	Director of HR, BSUH
Steve Woodward	Director, Turner & Townsend

**In Attendance:**

Anna Barnes	Associate Director, Governance, BSUH
Mark Frake	Project Accountant, BSUH
Nick Groves	Assistant Director, Service Modernisation, BSUH
Mike Naylor	Senior Commercial Manager, Laing O'Rourke
Gary Speirs	Capital Project Manager, BSUH

**Apologies:**

Peter Hale	Clinical Director of 3Ts, BSUH
Paul Maitland	Director, Turner & Townsend

**1 Welcome & Introductions**

Duane welcomed everyone to the meeting.

**2 Minutes of the last meeting**

These were agreed as accurate except for the date of FBC production which said May 2013 (item 7.1) when it should have read May 2014. Anna agreed to correct the FBC master file.

**3 Matters arising (not on the agenda)**

- 3.1 **Common format for reporting;** Ian reported that Anna and Judith Steen were meeting to discuss the format for reporting across programmes.

**Action: Anna Barnes**

- 3.2 **Change Consultant vacancies:** Duane reported that he had discussed this with Matthew Kershaw and would be bringing the two vacant change consultant posts to vacancy control for approval to recruit. Duane noted that failure to fill these vacancies in a timely way could impact of the ability of the team to undertake the tasks necessary to deliver the Full Business Case once OBC approval had been secured.

**Action: Duane Passman**

- 3.3 **Transitional support;** Duane explained that transitional support for the Core Team and the revenue impacts of scheme implementation had been approved by NHS South of England in May 2012 when it reapproved the OBC.

NHS England Area Team (to whom the responsibility for funding transitional support has now passed) are honouring that commitment, but are currently only approving funds on a year by

year basis. Support for 13/14 has been received, but further discussions will be required to secure the funding for 14/15.

**Action: Duane Passman/Spencer Prosser**

- 3.4 **MPA return;** Anna reported that the MPA return would be circulated for information prior to the next meeting on 4<sup>th</sup> March 2014.

**Action: Anna Barnes**

- 3.5 **Market Forces Factor (MFF) update;** Mark reported that Dan Bourdon's research on Market Forces Factor (MFF) included input from the Trust's former Interim Deputy CFO, Andy Stephens. Andy has raised similar questions on other building schemes and agreed that the logic and argument is sound. Therefore the Trust should, in theory, see an increase in MFF as 3Ts goes live to recognise the "unavoidable costs" being borne by the Trust and the local health economy. However, in Andy's experiences with PFI schemes, the DoH had not approved such changes.

Mark commented on the recent CCG allocations and on checking with NHSE, confirmed that the MFF rates are included within CCG allocations. These MFF rates will still be based on 2013/14 rates which are calculated using 2008-2010 base data.

Mark said he had not seen any change to rules and understood that the Advisory Committee for Resource Allocations (ACRA) would still calculate MFF rates and therefore would take into consideration local unavoidable costs. Unavoidable costs include costs of Land and Buildings.

Mark said he had also emailed the NHSE authors of the 2014/15 CCG allocations to check whether there would be any changes to the MFF calculations and if there is no change, then unavoidable costs remain part of allocation rules.

**Action: Mark Frake**

#### **4 Minutes of the Commissioner Oversight Forum 4<sup>th</sup> October 2013**

These minutes were circulated for information. Duane reported that there had been another meeting in December but that minutes were not yet agreed. The oversight meetings seem to be covering a range of issues, not just 3Ts and this is being managed by Duane and Matthew. It was felt that the meetings were positive and would be a crucial element in the continued support for the development across the health economy and in the development and eventual approval of the FBC.

#### **5 3Ts Service/Workforce modernisation plans**

Nick explained that a service/workforce modernisation plan is required for the 3Ts FBC (per TDA guidance) and to ensure full realisation of the benefits set out in the OBC. The November Programme Board had approved the high-level plan and Nick had been asked to provide further detail, particularly around the work involved, outputs/products and opportunities for early realisation of benefits.

Nick presented the more detailed plans. He has discussed these with the Divisional teams, who support the plans and see opportunities for realisation of benefits in advance of 3Ts Stage 1 opening (particularly around recruitment/retention and workforce modernisation).

Key points from the discussion:

- Graham asked about cost and value for money. Duane noted the posts identified to support this were part of the agreed 3Ts Core Team establishment (as set out in the OBC approved by the Board) and were not additional costs to the organisation. Duane also explained that the Change Team has design and service/workforce modernisation responsibilities, the responsibilities for which flex through the life of the programme (planning and implementation). The 3Ts programme could not be delivered without this. Two of the 3Ts Change Consultant posts are currently vacant; these will be brought back to Vacancy Control

Group for approval to recruit. The posts are already within the 3Ts budgeted establishment, funded externally (as is the whole Core Team) through NHSE Transitional Funds (as discussed under item 3.2).

- Graham asked whether further detail could be provided on the work involved and benefits. Nick noted that the project plans do list the work involved, products/outputs, benefits, opportunities for early realisation of benefits etc. He was happy to look at this again, however some of the projects would not start for four or five years and the level of detail necessarily reflected this. For projects due to start sooner, the benefits (e.g. savings from filling vacant posts substantively) have been noted but would need to be quantified as part of the detailed project scoping. Duane sought assurance with regard to the level of detail set out in the plans. Nick confirmed that these compared favourably with other Full Business Cases for other major developments which had been reviewed by the team. Nick also confirmed that they contained a level of detail which was consistent with the Royal Liverpool Appointment Business Case (ABC) which had been approved recently.
- Duane asked about any key learning from the Royal Liverpool's ABC. Nick said that the most significant point was that their LTFM, CIPs and Workforce Plan are apparently fully aligned, which BSUH's are not yet. Nick said he would be bringing a more detailed paper on this to the March meeting and would be working with Mark, Simon Selby and Dan Bourdon.

**Action: Nick Groves**

- Graham asked about governance for the projects. Nick said that this was summarised in each of the workstream plans. The 3Ts team's work would be undertaken on an 'internal consultancy' basis, ie. Duane would be accountable for the quality of the consultancy, as agreed with Divisions in each project brief, but this would not alter existing governance/accountabilities. (These are often already shared, eg. ward staffing levels are currently the responsibility of the Ward Manager, Divisional Management Team, Chief Operating Officer, Chief Nurse and Graham as Director of HR etc.).
- Anna confirmed that the proposed timetable had been uploaded into the overarching 3Ts programme so that the modernisation work could be seen alongside the design/GMP activities.

The plans were agreed, and Nick was asked to progress the next steps as set out in the paper.

**Action: Nick Groves**

## **6 Critical Risks and issues**

- 6.1 Anna outlined the key risks and issues at the current time, which (as last month) were principally concerned with confirming the path from OBC-FBC and the approvals required to progress to meet the challenging FBC development and approval timetable.
- 6.2 More positively Anna was able to confirm the release of decant funding for the first 3 decant schemes (via a loan), which would mean that they could be progressed this spring. This mitigated some of the decant risks, but it was imperative that the remaining unapproved decant schemes be progressed as soon as possible so as to ensure the critical path to main scheme was unaffected.
- 6.3 Anna confirmed that several risks had been closed concerning St. Mary's Hall project and that another risk regarding the Decant Courtyard Scheme was also closed as survey information had provided assurance re the emerging design.
- 6.4 With regard to changed risks, the helipad design risk had been reduced following a recent wind tunnel survey which confirmed that the design as it stood was viable. Similarly a trauma risk had been reduced following the activity to implement the Palmer report. Finally the inflation risk has been increased following reports that the economy was heading out of recession, which may adversely affect costs. This will require further detailed work upon OBC approval.

6.5 Duane thanked Anna for these reports which were helpful. He suggested that Programme Board spend more time on the top 5 risks the following meeting in order to work on mitigation strategies. The risks and ratings were agreed.

**Action: Anna Barnes**

## **7 Monthly Finance Report**

Mark presented his monthly report as follows:

### **7.1 Capital**

- Decant loans have now been approved
- Delays have affected the 2013/14 spend with Month 9 Forecast as £9.25m against an original plan of £29.09m.
- Most of this spend is St Marys where a £6.8m loan was made available for 3Ts aspects
- Market testing is under way for Front Car Park and Courtyard modular builds.
- Cash flows have been reflected in the Xmas version of the LTFM and this still assumes Decant spend of 33.68m and an overall total spend of £420.11m.
- Following Board approval in November 2013 Operational Capital continues to be utilised with an overall repayment of £8.84m expected in 2014/15
- St Marys' final account may release 3Ts funding beforehand and this is being reviewed with Rob Brown and T&T

### **7.2 Revenue**

- The Core team contribution in 2013/14 continues to be £170k
- Transitional Support for 2013/14 has been invoiced and paid, however with the delays most of the Transitional Costs will now arise in 2014/15 and not in 2013/14 and a Deferred Income position against NHSE was reported in Month 9.
- The Trust will manage this position and ensure budgets in 2014/15 are available to 3Ts.
- The YTD and Forecast removal costs relate to St Marys.

### **7.3 Human Resources**

Mark confirmed that at present there is no cross charging for work completed by 3Ts team members.

7.4 Anna suggested that Spencer might find it useful to attend the Decant Site Logistics presentation on 10<sup>th</sup> March. Duane asked Anna to ensure that an invite is sent to him.

**Action: Anna Barnes**

7.5 Steve Woodward presented the draft report from Turner and Townsend which showed income and expenditure trends over the life of the programme, also comparisons between forecasts and actual expenditure. The report was presented so that PB members could give feedback on both style and content. Members agreed that this was a helpful summary which was very clearly presented. Duane asked if optimism bias could be added and to make sure there was clear read-across to the risk register.

**Action: Steve Woodward/Anna Barnes**

## **8 Route Map to FBC**

8.1 Duane provided Programme Board with the presentation which went to the Commissioner Oversight Forum outlining the critical path to FBC approval in the spring of 2015. The Board felt it was very helpful. However, there were questions about the feasibility of obtaining the inputs required by the summer of 2014 in order to be ready to seek Board approval in the autumn of 2014. It was agreed that some of the capital costs would need to be based on the OBC as necessary. Duane agreed to discuss this with Spencer and Mark in further detail. Mark

also thought that more work would be required on the downside scenarios and Executive input into these would be crucial.

**Action: Spencer Prosser/Mark Frake and Duane Passman**

- 8.2 Spencer asked Anna to add a new risk to the register that the OBC-FBC timetable would be compromised if the BSUH inputs were not ready in sufficient time.

**Action: Anna Barnes**

## **9 Progress against milestones OBC/FBC timetable**

Anna outlined the more detailed programme from OBC-FBC (based on Duane's presentation and the MPA return). It described the inputs required across BSUH as well as executive leads for the various chapters. It was agreed that clear guidance would be required prior to the draft being fully prepared (following OBC approval) to ensure complete alignment with HMT approval requirements. Nikki asked for chapters in advance of the final submission, but not as a constant stream. Moreover, any alterations to the text post executive sign-off would be carefully controlled via an authorised change process.

## **10 Update on issues arising from other Trust programmes**

- 10.1 Nick noted that one of the key themes of the Selim governance review (May 2013) was the importance of alignment between the Trust's major programmes. The October 2013 Programme Board had therefore asked for a regular report identifying issues for 3Ts arising from other Trust programmes, and vice versa.

Nick presented the report for January 2014. He agreed with Nikki that this was inevitably a snapshot in time and that ongoing work would be needed to ensure continuing alignment.

Ian asked how the report had been compiled. Nick said that issues are sometimes identified from other Programme Board meetings he attends (eg. EPR) and sometimes in discussion with the responsible Director/AD. Duane sought assurance from Programme Board members that the summary and identified impacts were appropriate. Nikki, Ian and Graham confirmed that they recognised the issues being flagged in the report for their areas of responsibility.

Programme Board noted the report. Duane thanked Nick.

## **11 Proposed programme structure, governance and assurance**

Duane explained that he proposed to discuss this with individual members first prior to presenting this to Programme Board in March. This was agreed.

**Action: Duane Passman**

## **12 Any other Business**

There was no other business

## **13 Date of next meeting**

The next meeting will be held on **Tuesday, 4<sup>h</sup> March from 10-12 noon in Meeting Room A St Mary's Hall** (please note change from previous meeting date of **28<sup>th</sup> February 2014**).

**RSCH Hospital Redevelopment Programme Board 22<sup>nd</sup> November 2013**  
**10.30am-12.30pm in F110 Trust HQ**

**Present:** Ian Arbuthnot, Anna Barnes, Dominic Ford, Mark Frake, Karen Geoghegan, Nick Groves, Peter Hale, Nikki Luffingham, Paul Maitland (Turner and Townsend) Duane Passman (Chair), Gary Speirs, and Steve Woodward (Turner and Townsend).

**Apologies:** Karen Hicks

**1 Welcome & Introductions**

Duane welcomed everyone to the meeting.

**2 Minutes of the last meeting**

These were agreed as accurate.

**3 Matters arising**

3.1 Duane explained that he would send through the notes from the 3Ts Oversight Meeting once they had been agreed (there was a meeting that afternoon).

**Action: Duane Passman**

3.2 Ian and Duane agreed to discuss a common format for the reporting from EPR and 3Ts to Trust Board.

**Action: Duane Passman/Ian Arbuthnot**

3.3 Steve and Mark agreed to provide an Executive Summary Finance Report to future Programme Board meetings, which would then be submitted to Trust Board.

**Action: Mark Frake/Steve Woodward**

3.4 Duane agreed to circulate the revised terms of reference for Core Team by the following meeting.

**Action: Duane Passman**

**3.5 Common Causes of Project Failure**

The Board considered this re-drafted report. The ratings were agreed, although it was noted that the amber/red for the “approvals” question was outside of the control of 3Ts (relating as it does to HMT approval) and would be difficult to influence. Duane requested that an action plan be drawn up for the amber/red risks and that this item be reconsidered at the March Programme Board, and revisited quarterly thereafter. Anna agreed to add another column so that progress could be tracked.

**Action: Anna Barnes**

**4 Critical Risks and issues**

4.1 Anna re-introduced the new style risk and issue reporting. It was agreed that this was helpful although more detail regarding the mitigating actions was required. She then outlined the key risks by urgency and value. These were much the same as in previous months.

4.2 Several new risks had been added regarding the commissioning process (Design Process ID 50), slow progress with regard to the teaching “T” (Education, Research and Simulation ID 1), and in workforce planning (re the critical Care vacancy rate; Workforce Planning ID 7). There were two new risks regarding the commissioning process during preparations for moving into the new building in the case of a major incident, however a mitigation strategy had been worked out within conjunction with Natasza Lentner. These new risks were accepted.

- 4.3 There was a more detailed discussion about the changed risks. In particular the risks re staff availability (to both manage and participate in the design process post mobilisation) had increased. This was due to several factors such as the vacancy freeze and the on-going work on both Site Reconfiguration and the Clinical Strategy, which threatened to divert attention from 3Ts. The commissioning support risks had also increased as the commitment to transitional support needed to be reconfirmed following the changes to the commissioning structures. It was agreed that Duane Passman would discuss the on-going 3Ts vacancies with Matthew Kershaw. Karen added that she would discuss the on-going revenue with Amanda Fadero and Marie Farrell.

**Action: Duane Passman/Karen Geoghegan**

## **5 Monthly Finance Report**

Mark presented his monthly report as follows:

### **5.1 Capital**

- Delays continue to affect the 2013/14 forecast spend with Month 7 Forecast being £9.76m against an original plan of £29.09m.
- Decant spend in Month 7 mainly relates to the 3Ts element of St Marys.
- Decant programme continues to be delayed by contractual issues.
- Loans for other approved Decant schemes are expected in January 2014 and these loans will repay Operational Capital for sunk costs the Trust has funded (£1.78m)
- Operational Capital continues to be utilised with an overall repayment of £9.05m to be made.

### **5.2 Revenue**

- The Core Team 'CIPs' contribution in 2013/14 continues to be £170k.
- NHS SEC committed to funding £19.25m across the life of the project and Duane will need to review the requirements as part of FBC preparation.
- Transitional Support for 2013/14 has been invoiced, but with the delays most of the Transitional Costs will now arise in 2014/15 and not in 2013/14. It is therefore expected that a Deferred Income position will be available at year end and will impact upon the amount invoiced in 2014/15.
- The Risk scores covering Transitional Support have been increased to reflect the need to reconfirm with NHS England the commitments made by SHA and NHS Sussex.

Karen agreed to ensure that the CCGs and/or NHS England were appropriately invoiced for these costs.

**Action: Karen Geoghegan**

- 5.3 There was a general discussion about the TDA and HMT queries, which were still being addressed. It was agreed that the Trust Capital Programme would need to be reimbursed once the Decant funding was released. Karen and Duane agreed to discuss the mechanisms for this.

**Action: Duane Passman/Karen Geoghegan**

## **6 Benefits Realisation Summary**

- 6.1 Anna presented the Benefits Realisation Summary and asked for confirmation that the projected benefits were the critical success factors (as referred to in the Common Causes of Project Failure document) against which the success of 3Ts would be judged. The Board agreed with this assessment and added that this was a useful summary of the more detailed benefit matrix spreadsheet. Dom suggested that the summary include the evidence for major trauma benefits, which Anna confirmed was available.

**Action: Anna Barnes**

- 6.2 Board members asked for more detail regarding the QALY methodology. Karen thought that the financial benefits would require further detailing within the FBC. Mark explained that QALYs are Quality Adjusted Life Years, which have been adapted from the Department of

Transport. They provide a monetary value to be used in Discounted Cash flows. They assume an individual killed in a transport accident would mean a loss to the general economy of £60k per year. In the OBC Economic Case the QALYs led to some significant numbers and though 3Ts team found research that suggested lower annual values, the DH insisted on usage of £60k per year. The problem with using QALYs in a Benefits Realisation tool is that their size could dwarf other benefits and therefore could lead to delivery issues. It was agreed that benefits should be stratified as local (cash-releasing vs non cash-releasing), regional/health economy and societal (ie. the wider QALY/economic benefits).

**Action: Mark Frake and Anna Barnes**

- 6.3 Peter suggested that the Keogh/Willett review<sup>1</sup> should be incorporated into the FBC since the proposal to establish a smaller number of Major Emergency Centres was entirely consistent with the thrust of 3Ts. This was also agreed.

**Action: Anna Barnes**

- 6.4 Karen noted that the cash-releasing/income-generation benefits of 3Ts would in due course need to be incorporated into the three-year rolling CIPs programme, although it was recognised that most of these benefits would not be realised until 3Ts Stage 1 opens (current assumption 2019). There was also a discussion about 'radiated' benefits, i.e. both the benefits to clinical services not in 3Ts (per evidence around Major Trauma Centres) and the work the Trust is doing that it would not be doing without the planning for 3Ts.

**Action: Anna Barnes**

## **7 OBC/FBC timetable**

- 7.1 Anna presented a report which outlined the timetable from OBC to FBC, with a view to finalising the FBC in May 2014. The Board discussed some of the critical dependencies to hit this milestone such as the LTFM, Clinical Strategy and the refreshed Estates Strategy. Karen asked that the next version of the timetable show these critical dependencies so the respective owners were aware and Programme Board understood the dependencies. It would also be important to align the FBC with the emerging FT Integrated Business Plan (IBP), eg. consistent source data.

**Action: Anna Barnes**

- 7.2 Mark suggested that the Value for Money case may need to be split into two parts: The Economic Case will be a re-confirmation of OBC assumptions (no revisit of options appraisal as that decision is an OBC one). This may include DH monetised benefits. The Commercial Case/VFM of Building Contract/GMP will be the responsibility of T&T as Trust Cost Advisor. However the timeline may be adversely affected by LOR's offering (indicative GMP), which won't be available until April/May 2014. The affordability case will be made via the LTFM and the LOR offering will need to be incorporated into LTFM (April/May 2014). The Risk Chapter should also have Trust author as there is Trust-side risk in terms of Capital and Revenue aspects. As this showed considerable administrative complexity, Anna was asked to come back in January with a more detailed project plan.

**Action: Anna Barnes**

## **8 MPA return**

Mark outlined the process for generating the MPA return to the Major Projects Authority. Duane asked Anna/Mark to revisit the timings of the 2014 Board meetings so the Board could review the returns before they were submitted. The return was provided for information on this occasion. Anna was also asked to ensure that the format was readable (although it was password-protected by MPA).

**Action: Anna Barnes/Mark Frake**

## **9 Transformational Service and Workforce Changes**

Nick presented a paper explaining the service/workforce modernisation work that would need to be undertaken to achieve the 3Ts benefits underpinning the OBC. He noted that he had

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<sup>1</sup> <http://www.england.nhs.uk/2013/11/13/keogh-urgent-emergency/>

shared this with the Divisions and it had the in-principle support of Medicine, Specialised, Neurosciences and [following the meeting] Surgery.

After some discussion, it was agreed that:

- 3Ts is both a major capital scheme and a transformation programme (as highlighted by the Selim governance review<sup>2</sup>);
- to fully realise the benefits underpinning the 3Ts OBC, service/workforce modernisation will need to be undertaken;
- the 3Ts Programme Board will retain oversight of the planning and delivery of this programme. In addition, projects that are cash-releasing/income-generating will be overseen by the Trust Delivery Unit / Efficiency Steering Group as part of the three-year rolling CIPs programme.

Nick was asked to provide further details at the January meeting around:

- the scope of the proposed activity (in particular 3Ts team support vs 'business as usual', and 3Ts services only vs Trust-wide);
- outcomes/deliverables;
- prioritisation; and
- opportunities to deliver benefits in advance of 3Ts Stage 1 opening.

Nick was also asked to follow up with Graham to understand any remaining suggestions he might have, following confirmation that the paper was not proposing an increase in the 3Ts team establishment.

**Action: Nick Groves**

## **10 Update on issues arising from other Major Trust Programmes**

10.1 Nick's report was noted. It was agreed that strong links needed to be maintained across other Trust wide programmes. Nick was asked to provide Programme Board with regular updates on material issues and risks arising for 3Ts from other programmes (and vice versa).

**Action: Nick Groves**

## **11 Any other Business**

Mark asked for advice about approaching the DH with regard to the Market Forces Factor (MFF). This could work in favour of BSUH because of its location in the South of England and the change in "unavoidable costs" driven by 3Ts Buildings costs. London Trusts are between 20% and 29% and currently BSUH is 7.44% and one of main differences would be the relatively low Buildings costs at BSUH. A 2% change in MFF could add £5m and it was agreed that it is worth further investigation. As Monitor has now taken over responsibility for this, it was agreed to discuss this initially with the TDA. Karen said she would discuss this initially with Dan Bourdon before making an approach to the TDA.

**Action: Karen Geoghegan**

## **12 Date of next meeting**

The next meeting will be held on **Friday, 24<sup>th</sup> January 2014** from 10.30am to 12.30pm in **Room F110 Trust Headquarters RSCH.**

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<sup>2</sup> Prof. Georges M. Selim, May 2013. *Review of the Governance and Assurance of Major Programmes: Report of a Diagnostic Investigation Commissioned by Brighton & Sussex University Hospitals NHS Trust*

**RSCH Hospital Redevelopment Programme Board 26<sup>th</sup> July 2013**  
**10.30am-12.30pm in the F110 Trust HQ**

**Present:** Anna Barnes, Nicky Bentley (Area team, NHS England), Karen Geoghegan, Nick Groves, Peter Hale, Rachel Harrington (Surrey and Sussex Area Team, NHS England), Matthew Kershaw (Chair), Bianca Kokkolas (representing Sue Braysher; NHS Horsham and Mid Sussex Clinical Commissioning Group), Mike Lander (NHS England Specialised Commissioning), Julie Nerney and Duane Passman.

**Apologies:** Sue Braysher, Sheree Fagge, Mark Frake, Steve Gallagher, Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Nikki Luffingham, Iain McFadyen, Paul Maitland (Turner and Townsend), Iain McFadyen, Tim McMinn (Brighton and Hove Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Minesh Patel (Horsham and Mid Sussex Clinical Commissioning Group), Pippa Robinson (BSMS), Phil Thomas and Debra Wheeler (NHS Horsham and Mid Sussex Clinical Commissioning Group).

**1 Welcome & Introductions**

Matthew welcomed everyone to the meeting and introductions were made.

**2 Minutes of Previous Meeting**

Re the notes from 26<sup>th</sup> June, Rachel Harrington asked that the statement *Rachel confirmed that the 3Ts development was aligned with existing CCG plans* should be amended to

*Rachel confirmed that the 3Ts development was aligned with specialist commissioning intentions*

This was agreed and the notes were accepted subject to this amendment being made.

**3 Matters Arising – Programme Board minutes**

**3.1 Repatriation of haematology/oncology patients**

Nikki and Duane reported that the Cancer Services Strategy report had been received and further consideration could now be given to this item.

**Action: Duane Passman/Nikki Luffingham**

**3.2 Transitional support for 3Ts**

The meeting to discuss transitional support had taken place in July. This had led to appropriate assurances being issued to BSUH regarding funding for the 3Ts Core Team and for the approved funded decant schemes. Matthew reiterated that support for 3Ts (as per the earlier discussion re the notes from the last meeting) was still being actively pursued with the CCGs.

**3.3 Selim Review**

Following the review of major programmes which had been undertaken by Professor Georges Selim at Cass Business School, Matthew outlined the main recommendations which would, if adopted, lead to changes regarding the governance of major programmes within BSUH. The review had made several recommendations to 3Ts as follows:

- Duane Passman to be the Senior Responsible Officer instead of Matthew Kershaw for increased Executive assurance of the programme;
- 3Ts programme Board should henceforth be reporting direct to the Trust Board;
- The position of non-executive directors would need to be clarified if this was the case;

- 3Ts Programme Board would be reconstituted as a smaller Executive body, comprising BSUH staff;
- In order to facilitate greater collaborative working between the Trust and commissioners (CCGs and NHS England), a Commissioners' Forum will be established to ensure congruence of views with regards to activity and finance between now and the submission of the Full Business Case. This concept had been agreed in outline at the meeting held with commissioners on 11 July.

These proposals would be discussed in greater detail in the Closed Session of the BSUH Board meeting on Monday 29<sup>th</sup> July.

#### 3.4 **SMHS savings**

Duane reported that Jim Taylor had just sent through the revised financial schedule. This would be analysed so that the issue of the possible risk of non-delivery of the savings could be investigated and mitigated if necessary.

**Action: Duane Passman/Karen Geoghegan**

### 4 **Programme Director's Report**

Duane presented his written report as follows:

#### 4.1 **Main scheme**

Following the submission to the Trust Development Authority (TDA) on 31 May 2013, a response had been received on 19<sup>th</sup> June regarding the need for clarification on various areas of the report. Responses had been provided to the TDA on 2<sup>nd</sup> July. A meeting with the HMT /TDA was scheduled for 20<sup>th</sup> August which would scrutinise this information prior to approval in September, if all outstanding queries had been addressed. The Selim Review of Governance (see 3.3. above) would lead to some changes in the reporting structures for both main scheme and decant.

#### 4.2 **Decant**

Duane reported that the 3Ts team was continuing to work through details for the following areas of work:

- The programme of works in order to complete the Front Car Park Scheme.
- The programme of works to complete the Courtyard building;
- The programme of works to complete the paediatric audiology department within RACH.

Duane added that he intended to pursue the remaining decant approvals with the TDA as the necessary transitional support for the three schemes approved conditionally by NHS South of England has now been secured, which is also applicable to the remaining decant schemes.

#### 4.3 **Key Programme Risks**

Duane outlined the top risks (by score):

- **OBC/FBC drafting- ID 2-There is significant uncertainty about the HMT approval period and the consequent impact on the programme.** As described above, the return to the TDA is part of the process of securing an OBC approval which, eventually, will reduce and close off this risk;
- **Workforce Planning ID 2-** 3Ts assumptions have to align with BSUH LTFM. This has been discussed with reference to the TDA submission;
- **Main Scheme Capital ID 17- The continuing delay to programme and formulation of the GMP leads to higher delivery cost,** Work is underway to identify the path to GMP given likely remobilisation dates. Mitigation includes close liaison with the TDA as described above. Market testing work is nearly complete, which will reduce any possible delays once approval is received;

- **Main Scheme Capital ID 20- Loss of key staff as part of 3Ts staff review** scheduled for 2013/2014 within CIPs plan. This will affect our ability to manage the transition to the decant and new facility and the impact and management of this risk has been described with the mitigation being the on-going recruitment to the team;
- **Main Scheme Capital ID 30- HMT requirement to significantly reduce size and scope of scheme.** The full justification of building size and scope has been provided to HMT, however, this risk is not yet closed off;
- **Main Scheme Capital ID 31- Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £6.0m to CIPs programme over next 10 years.** The mitigation includes ensuring borrowing is under best possible terms for BSUH;
- **Stakeholder support- main scheme ID 18- Public sector partners do not continue to support Business Case.** Work continues to ensure all partners are kept informed of progress via formal partnership meetings and support for the scheme maintained during the design pause;
- **Design Process 2 ID 4 – Uncertainty of design due to going to GMP at Stage D. Leads to increased time and cost of design and construction.** This risk has been increased following the halt on main scheme design activities which has left many issues unresolved. None of these is insurmountable, but resolution will add time to the programme and therefore cost more once we remobilise.
- **RACH ID 3 – Failure to build to design.** Will be covered legally by inclusion in a Supplementary Agreement covering this project.
- **Trust Business Continuity ID 4 Affordability-** BSUH needs to be seen to be delivering its financial plan in 2012/2013/2014/2015 to provide confidence for approval;
- **Trust Business Continuity ID 14 Reconfiguration of local Health Economy/CCG priorities and impact of required efficiencies -** BSUH needs to ensure strategic fit with emerging commissioner priorities.
- **Trust Business Continuity ID 19 – Site electrical infra-structure is inadequate.** There is a need to invest in the proposed TKT substation in order to progress decant and the main scheme.
- **Main Scheme Capital ID 6- Failure to sign up partner Trusts / Medical School / CCGs to the brief.** We need to continue to foster our relationships across the health economy in order to realise the potential of the scheme particularly in the light of increased demand for our emergency services;
- **Design Process Main Scheme ID 11- Noise Impact of the helipad on TKT.** There is a risk that hospital operations are disrupted by noise and vibration from Helipad construction sequence. This will need to be investigated further once OBC approval is secured. Mitigations are included in the HIA report which was part of our planning application;
- **Design Process Main Scheme ID 12- 80 temporary car parking spaces will need to be provided during the construction period away from the RSCH site.** The council are now engaged in working with us to secure a resolution prior to Stage 1 construction;
- **Trust Business Continuity ID 13- Unclear requirements from NHS England and other health sector agencies in the light of Operating Framework and continued financial pressures on the health economy.** The mitigation includes increased dialogue with CCG and other partner organisations regarding their strategic intentions.

- **Trust Business Continuity ID 18 – Overall Affordability (revenue).** BSUH has to make savings of £267m between 2011/12 and 2020/21 and 3Ts added £20m to this (down from £30m). There is therefore an overall risk on affordability.
- **Main Scheme Capital ID 28- Introduction of PF2 -** Delays may be less than previous PFI (circa 18 months rather than 3-4 years) nevertheless this could be significant and requires attention.
- **Design Process Main Scheme ID 10- Vibration disruption to linacs during construction of stage one .** Investigations have been underway to determine the impact. Further work will be undertaken upon remobilisation.
- **Design Process Main Scheme ID 28- Sign off not achieved to programme dates for 1:50 non-standard rooms.** This could lead to increased time and cost of design and construction. To be discussed on mobilisation.

#### 4.4 Patient, Staff and Public Engagement

Duane finished by saying that there had been no formal engagement activities this month, pending further news from HMT and that the next HLG is scheduled for September 2013.

Matthew thanked Duane for his report which was received.

### 5 Verbal Update on progress of work with TDA and HMT

As discussed under 4.1 Duane gave more detail about approval process henceforward.

- 5.1 The meeting with both TDA and HMT would take place in August after which it the process and timescales to OBC approval should become clearer.
- 5.2 A further meeting is being arranged with the TDA and the NHS England major projects team to ensure that the requirements of both approvers could be better understood, as well as their respective roles, responsibilities and approval processes to inform the preparation of the Full Business Case.
- 5.3 Duane was confident that the regular meetings with commissioners would assist in the passage of the FBC and ensure financial risks were appropriately mitigated. Karen added that Michael Schofield was leading on this within the locality.
- 5.4 Matthew recorded his thanks to the Area Team who, in partnership with the CCGs, had provided assurance to Jim Lusby of the TDA in writing since the last Programme Board meeting had taken place. Julie asked if there was a danger of parallel process in approval taking place, given the need to progress the FBC imminently at a higher level than the OBC (for which the bar had been set very high). Matthew said that he thought that the level of assurance being required by the TDA was appropriate given the significant financial resource which would be drawn down, and the level of change which had recently taken place within senior echelons of the NHS. This meant that familiarity with the scheme could not be taken for granted.
- 5.5 Anna reported that the team was already involved in refreshing the policy context and strategic case in order to reflect clinical developments and policy changes since the original OBC submission in 2009. Karen added that the bed model and the LTFM would also need refreshing for the FBC.

### 6 Verbal Update on Decant

Duane outlined the process for progressing decant as follows:

- Front Car Park modular build (18 month programme)
- Site diversions

- Gas diversions
- Nuclear medicine decant and de-commissioning of existing premises

6.1 He explained that he would work closely with the Clinical Operations Team in order to minimise disruption to clinical services when these schemes go live. The modular building would include sufficient beds to ensure that capacity would not be negatively affected.

6.2 Duane asked for clarity about the process for drawing down the loans for these schemes

**Action: Duane Passman/Karen Geoghegan.**

6.3 As previously reported, St Mary's Hall School would be ready for occupation at the end of September.

6.4 Rachel and Bianca asked if the Communications Plan had been drafted in order to reassure patients and the general public, particularly concerning changes to the Front Car Park. Duane agreed that this would be a priority once we were able to provide a firm programme for commencing the works. There was a discussion about how the complaints process across the CCGs was still bedding down, but that BSUH would ensure that patients and the public were informed and had an opportunity to make any concerns known during this process.

**Action: Duane Passman/Nick Groves**

6.4 Matthew thanked Duane for these updates.

## **7 Onward Arts Business Plan**

7.1 Anna outlined the progress which had been made towards establishing an arts programme across BSUH following the success of the 3Ts Public Arts Strategy<sup>1</sup>. She explained that there was a need to equalise the resources given to the Arts across BSUH as, whilst 3Ts was an exemplar scheme, it had raised expectations for Arts input across the other sites. Staff, patients and the public had been requesting assistance which could not be given without a budget. Moreover, the existing arts and cultural heritage was at risk as it was not currently maintained or curated. Whilst staff gave time when they could, clinical and operational pressures meant that assistance was not consistent or sustainable in the longer term.

7.2 The paper requested support for a bid to be formulated to BSUH charitable funds for some core funding for a limited period (2 years) so the arts programme could be established on a more sustainable basis. This was agreed. Anna was asked to work with Mark Frake to produce this paper for the September Charitable Funds meeting.

**Action: Anna Barnes/Mark Frake**

## **8 Chapel Business Plan**

8.1 Anna provided a written update to the Board following the Heritage Paper which had been presented to the Board in February 2013. This paper had described how the plan to create a Heritage Centre in the Chapel had fallen through following the failed Heritage Lottery Bid.

8.2 Anna explained that preserving the Chapel was part of the Section 106 agreement with BSUH, and it would require a new purpose. Fortunately market research had demonstrated that the preserved Chapel could be used as a meeting/teaching/performance/social space and would be able to cover its costs. This could be in partnership with the other local churches such as St Georges and St Marks at SMHS. Peter asked if this could be achieved within the constraints laid down by the planners. Duane said that there was a need to preserve the interior but that it would lend itself to alternative use without compromising the architectural heritage. Programme

<sup>1</sup> <http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/3t-documents/>

Board agreed that this was a practical way forward. Anna added that the name would need to be changed so as to avoid confusion with the new Sanctuary Space within 3Ts.

- 8.3 Matthew thanked Anna for this report which was received and its recommendation for change of use of the Chapel accepted.

## 9 3Ts summary report and key risks

- 9.1 Anna took the Board through summary report and the key risks, and the top eight risks which were both urgent and of a high value. As last month, these mainly concerned the approvals process and its likely impact on the programme. There was a new risk concerning the site infrastructure (electrical load) which could be mitigated given appropriate investment. One of the design related risks had also increased following the unavoidable decision to stand down the design process until OBC approval and additional resources were made available. Matthew asked if this would have an impact on the programme post mobilisation. Duane replied that the design issues were numerous, but of a minor nature and could be resolved fairly quickly post mobilisation. Anna then presented the urgent, new, closed and changed risks for approval by Programme Board as follows:

- **High risks:** There were 20 risks scoring 15 or over as per the Director's report. These mainly concerned the continuing uncertainty regarding the approval process for the OBC as stated under 9.1.
- **Closed risks:** There were 3 closed risks which were design related, and had been closed earlier in the year, but required formal ratification by the Board.
- **Changed risks:** There was one increased risk as described in 9.1 and one reduced risk relating to the site for the additional bicycle spaces which were required as part of the planning conditions. A site had been identified at North Road Building (NRB) so this risk could be reduced.

- 9.2 Julie asked if a solution to the risk concerning the need to identify 80 temporary parking spaces (Design Process 2 ID 12) was any further forward. Duane replied that he was seeing the appropriate officer at B&HCC imminently.

**Action: Duane Passman**

- 9.3 Programme Board accepted this report and approved these changes to the risk register.

## 10 Financial Exception Report

- 10.1 Karen presented the Finance report with key messages being:

- Delays in approvals have affected the 2013/14 forecast spend with Month 3 Forecast being £20.5m against an original plan of £29.1m.
- Decant spend in Month 3 mainly relates to the 3Ts element of St Marys.
- Decant loans for other schemes will be organised in due course
- The Decant programme has been delayed both by funding confirmation and contractual issues.
- Decant will impact on Main Scheme's delivery dates, but this is yet to be reflected in this report and an update to overall programme and cash flows is not expected until remobilisation.
- The forecast for 2013/14 assumes OBC approval early Autumn with a remobilisation of the full Supply Chain in November 2013.
- Trust Board approved the continued use of Operational Capital through to October 2013, with a repayment of £8.11m assumed to be in 2013/14.
- The Core team contribution in 2013/14 continues to be £170k and is shown as recurrent.
- CIPs across period remain at £14.45m and the main driver continues to be the need to pay PDC before any buildings are brought into use

- Transitional Support is being progressed and the current year arrangements have been invoiced in Month 4.

10.2 Julie asked if the Public Dividend anomaly was any closer to being resolved as this put BSUH on a worse financial footing than a PFI comparator. Duane indicated that he would raise this further with the TDA.

**Action: Duane Passman**

10.3 Matthew thanked Karen for this report which was received.

#### **11 Date of next meeting**

Matthew asked Board members if they were prepared to move towards the new system of reporting (as described in 3.3) in September, or whether another meeting of this Board would be required in August. The Board agreed to move towards the new system as soon as possible, therefore the meeting of the new Programme Board will be held on from 10.30am to 12.30pm in **Room F110 Trust Headquarters RSCH on Friday 27 September 2013.**

**RSCH Hospital Redevelopment Programme Board 28<sup>th</sup> June 2013**  
**10.30am-12.30pm in the F110 Trust HQ**

**Present:** Chris Adcock (Chair), Anna Barnes, Sue Braysher (Horsham and Mid Sussex Clinical Commissioning Group), Christa Beesley (Brighton and Hove Clinical Commissioning Group), Richard Boyce<sup>1</sup> (for Jim Lusby from the TDA), Karen Geoghegan, Peter Hale, Rachel Harrington (Surrey and Sussex Area Team, NHS England), Nikki Luffingham, Paul Maitland (Turner and Townsend) and Duane Passman.

**Apologies:** Mark Frake, Steve Gallagher, Nick Groves, Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Geraldine Hoban (B&H CCG), Matthew Kershaw, Jim Lusby (TDA) Iain McFadyen, Tim McMinn (B&H CCG), Xavier Nallentamby (B&H CCG), Julie Nerney, Minesh Patel (Horsham and Mid Sussex Clinical Commissioning Group) and Pippa Robinson (BSMS).

**In attendance:** Steve Chudley, Karen Hicks and Mathew Inglis from Laing O Rourke.

**1 Welcome & Introductions**

Chris welcomed everyone to the meeting and introductions were made.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The notes from 26<sup>th</sup> April were accepted to be accurate.
- The core team notes from 10<sup>th</sup> May and 7<sup>th</sup> June were then received.

**3 Matters Arising – Programme Board minutes**

**3.1 Repatriation of haematology/oncology patients**

Nikki and Duane reported that the report would be completed following the receipt and consideration of the Cancer Services Strategy. This would take a few weeks longer.

**Action: Duane Passman/Nikki Luffingham**

**3.2 Level 5 works**

Duane reported that the brief was being finalised and a project team was being set up to take this forward.

**3.3 Arts Business Plan and Alternative use of Chapel**

This was deferred for another month because of pressures on the agenda.

**3.4 Transitional support for 3Ts**

There was a discussion about the urgent need to resolve the issue of transitional financial support for 3Ts in 2013/14 and 2014/15. Rachel explained that a meeting had been planned between the Area Team of the NHS England and BSUH for the 11<sup>th</sup> July. Karen stressed the urgency of resolving this, as costs were being incurred by both the 3Ts Project Team and Design Team for which there was no funding source at BSUH. Rachel asked for more detail about the level of financial support required (circa £2.3 million in 2013/2014). Karen said that more detailed information would be available for discussion at the planned meeting. It was agreed to resolve this as soon as possible. Although the specialist commissioners would not be able to attend the meeting, Rachel confirmed that the 3Ts development was aligned with existing area team commissioning plans.

**Action: Karen Geoghegan /Rachel Harrington**

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<sup>1</sup> By speaker phone

### 3.5 **Financial information for TDA**

Karen explained that she had met with Richard Boyce and Dan Bourdon to go through this information during the month. Richard confirmed that he had been sufficiently briefed.

### 3.6 **Background to 3Ts and history of design development**

A presentation was being arranged for key people in the Area Team. Duane added that in addition he would be more than happy to outline the development history to any group which would like to receive the presentation, or to ask a member of the 3Ts team to do the same.

## 4 **Programme Director's Report**

Duane presented his written report as follows:

### 4.1 **Main scheme**

The most significant milestone achieved by the Trust corporately since the last meeting was the submission to the Trust Development Authority (TDA) on 31 May 2013. The submission encompassed:

- An updated and refreshed Long-Term Financial Model (LTFM) for the ten year planning period;
- Detailed cost improvement plans (CIPs) for the financial years 2013/14 and 2014/15;
- Higher level CIPs for the financial year 2015/16;
- A set of downside scenarios for the LTFM and the proposed mitigations for these;
- A revised workforce plan for the period which links explicitly to the 3Ts programme and the CIPs over the period;
- The proposed governance of the CIP delivery and the process for identifying and gaining internal assurance on the quality and safety impacts of these.

This reflected a significant amount of work undertaken across the Trust and particularly by the Finance Team and the Delivery Unit in drawing the work together and by corporate and divisional teams in drawing the plans up in the first place. The work was supported efficiently and effectively by KPMG and funded from the 3Ts core team budget. This is work the Trust would have been required to undertake regardless of 3Ts but, was also a necessary precursor to assuring the TDA of continued financial stability and viability during the implementation of 3Ts. Once the TDA has the necessary assurance, it would progress the approval of the OBC with HM Treasury.

Duane added that the Trust has expended a significant amount at risk since the Planning Submission was submitted in September 2011 and whilst the OBC is being considered for approval. A series of options were considered by the Board of Directors on 24th June to identify the optimal way to secure continued progress whilst managing cost and risk to the Trust. The Board agreed to continue using Operational Capital pending resolution of the transitional costs funding issue.

### 4.2 **Decant**

Duane reported that the decant programme had already been partially approved within the NHS SoE delegated limit. 3Ts team was working through the details for the following sub-programmes:

- The programme of works in order to complete the Front Car Park Scheme. Duane stressed that this was on the critical path;

- The programme of works to complete the Courtyard building;
- The programme of works to complete the paediatric audiology department within RACH.

The programme of works for St Marys Hall was still on track to be complete in September 2013. He added that he intended to pursue the remaining decant approvals with the TDA once the position for transitional support for the three schemes approved conditionally by NHS South of England has been clarified, and therefore applicable to the remaining decant schemes.

#### 4.3 Key Programme Risks

Duane outlined the top risks (by score):

- **OBC/FBC drafting- ID 2-There is significant uncertainty about the HMT approval period and the consequent impact on the programme.** As described above, the return to the TDA will be part of the process of securing an OBC approval which, eventually, will reduce and close off this risk;
- **Workforce Planning ID 2-** 3Ts assumptions have to align with BSUH LTFM. This has been discussed with reference to the TDA submission;
- **Main Scheme Capital- ID 17- The continuing delay to programme and formulation of the GMP leads to higher delivery cost,** Work is underway to identify the path to GMP given likely remobilisation dates. Mitigation includes close liaison with the TDA as described above. Market testing work is nearly complete, which will reduce any possible delays once approval is received;
- **Main Scheme Capital- ID 20- Loss of key staff as part of 3Ts staff review** scheduled for 2013/2014 within CIPs plan. This will affect our ability to manage the transition to the decant and new facility and the impact and management of this risk has been described with the mitigation being the on-going recruitment to the team;
- **Main Scheme Capital ID 30-HMT requirement to significantly reduce size and scope of scheme.** The full justification of building size and scope has been provided to HMT, however, this risk is not yet closed off;
- **Main Scheme Capital ID 31- Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £6.0m to CIPs programme over next 10 years.** The mitigation includes ensuring borrowing is under best possible terms for BSUH;
- **Stakeholder support- main scheme –ID 18- Public sector partners do not continue to support Business Case.** Work continues to ensure all partners are kept informed of progress via formal partnership meetings and support for the scheme maintained during the design pause;
- **Design Process Main scheme ID 11- Noise Impact of the helipad on TKT.** There is a risk that hospital operations are disrupted by noise and vibration from Helipad construction sequence. This will need to be investigated further once OBC approval is secured. Mitigations are included in the HIA report which was part of our planning application;
- **Design Process Main scheme ID 12-80 temporary car parking spaces will need to be provided during the construction period away from the RSCH site.** The council are now engaged in working with us to secure a resolution prior to Stage 1 construction;
- **RACH ID 3 – Failure to build to design.** Will be covered legally by inclusion in a Supplementary Agreement covering this project.

- **Trust Business Continuity - ID 4 Affordability-** BSUH needs to be seen to be delivering its financial plan in 2012/2013/2014/2015 to provide confidence for approval;
- **Trust Business Continuity -ID 14 Reconfiguration of local Health Economy/CCG priorities and impact of required efficiencies -** BSUH needs to ensure strategic fit with emerging commissioner priorities.
- **Trust Business Continuity- ID 19** Site electrical infrastructure is inadequate. Mitigations include bringing forward site infrastructure investment.
- **Main Scheme Capital ID 6- Failure to sign up partner Trusts / Medical School / PCTs to the brief.** We need to continue to foster our relationships across the health economy in order to realise the potential of the scheme particularly in the light of increased demand for our emergency services;
- **Design Process Main Scheme ID 10-** Vibration disruption to linacs during construction of stage one . Investigations have been underway to determine the impact. Further work will be undertaken upon remobilisation;
- **Design Process Main Scheme ID 28-Sign off not achieved to programme dates for 1:50 non-standard rooms.** This could lead to increased time and cost of design and construction. To be discussed on mobilisation;
- **Trust Business Continuity ID 13- Unclear requirements from NHS England and other health sector agencies in the light of Operating Framework and continued financial pressures on the health economy.** The mitigation includes increased dialogue with CCG and other partner organisations regarding their strategic intentions;
- **Main Scheme Capital ID 28- Introduction of PF2.** Delays may be less than previous PFI (circa 18 months rather than 3-4 years) nevertheless this could be significant and requires attention.

#### 4.4 Patient, Staff and Public Engagement

Duane finished by saying that it had been agreed to cancel the Hospital Liaison Group meeting in June. In place of this, a letter was sent out to all residents on the mailing list with an update.

Chris thanked Duane for his report which was received.

#### 5 Common Causes of Project Failure

Duane introduced the paper. Its purpose was to remind Programme Board members of the “Common Causes of Project Failure” that were identified by the former Office of Government Commerce (OGC) in the early 2000’s and were also agreed with the National Audit Office. Duane elaborated that these form the backdrop to all Gateway Reviews and other Major Project Reviews undertaken across Government and therefore the Gateway success/failure criteria were used in the initial assessment which had been circulated. Duane had led this exercise with the 3Ts team as this was best practice and something he recommended whilst undertaking the review of another major capital programme. In order to aid the Programme Board discussion the template had been *provisionally* filled out by members of 3Ts Core Team.

It was interesting to note that the ratings (allowing for optimism bias) had given the scheme an Amber /Green which was the same rating as the previous Gateway Review. Duane suggested that the amber ratings would require mitigation strategies, which would be brought back to a future meeting. Chris suggested that it would be a useful for both the Executive Team and the Hospital management Board to consider the report prior to the mitigations to be discussed at Programme Board.

**Action: Chris Adcock/Duane Passman**

Paul asked when the next Gateway Review was due. Duane replied at the last Gateway Review in August 2011, the Review Team had recommended that the next Review would be a Gate 3, prior to commencement of construction. Duane asked Board members to respond to the report in writing if that would be preferable. Chris thanked Duane and the team for the report.

## **6 Construction logistics- presentation<sup>2</sup>**

Mathew Inglis gave a presentation which broke the programme into its major phases as follows:

### **6.1 Construction (426 week programme):**

- Decant including diversions
- Works to be brought forward including helipad and TKT
- Foundations
- Superstructure
- Precast cladding, curtain walling, windows and louvers
- Fit Out activities
- Final commissioning
- Stage 1 Completion

This sequence to be repeated for stages 2 and 3.

### **6.2 Logistics**

Mathew explained that at the peak of construction there would be 430 operatives on site at any one time and, over 7 months this was likely to be around 350. Traffic would also peak at around 80 vehicles a day. There would be 3 tower cranes for between 60-80 weeks of the programme. He added that the impact on the neighbourhood would be mitigated through such measures as off-site parking and the use of an off-site materials and vehicle holding area.

6.3 There was a general discussion regarding the need to work through the impact for patients who would not be able to use the site as now (way-finding and navigation would be altered during the construction period). However, extensive consultation with patients and residents had been taking place as was required during the planning application. Duane had been reassured that hospitals such as Barts and the London and Chelsea and Westminster had been built successfully with minimal disruption to clinical services. He noted that since the latter had been completed building technology had advanced considerably (such as the use of precast cladding). This had reduced the number of operatives on site by as much as 75% during the peak period.

6.4 Nikki asked if there was a contingency plan if services were adversely affected once the demolition/construction work began, especially given the age of the building and the difficulty in knowing the site. Steve replied that a 3D laser survey would be undertaken for this purpose and extensive surveys had already been undertaken on site. Anna added that this issue was also on the construction risk register and had been included in the contingency reserves.

6.5 Chris thanked LOR for this clear presentation.

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<sup>2</sup> <http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=502538&type=full&servicetype=Attachment>

## 7 TDA Submission

Duane reported that feedback has been provided by the TDA on the submission at the end of May and work is underway to respond to these comments, to be complete by Monday 1st July. Richard confirmed that the review was progressing well and quickly.

## 8 Selim Governance Review

Duane reported that the governance of the programme had been reviewed this month by Professor Georges Selim of Cass Business School and that this review was currently being assessed. A report and action plan to Programme Board would follow after discussion at Trust Board.

**Action: Duane Passman**

## 9 3Ts summary report and key risks

9.1 Anna took the Board through summary report and the key risks, including a new report of the top seven risks which were both urgent and of a high value. These mainly concerned the approvals process and its likely impact on the programme. There were also some more operational risks concerning the decant scheme which required resolution. Anna noted that the 3Ts team had worked hard this month to close off risks around SMHS and RACH when possible, which was reflected in the report. Team members had also flagged new risks as appropriate around the electrical infrastructure of the site and the possible non-delivery of savings at SMHS. She then presented the urgent, new, closed and changed risks for approval by Programme Board as follows:

- **High risks:** There were 18 risks scoring 15 or over as per the Director's report. These concerned the continuing uncertainty regarding the approval process for the OBC, some planning compliance related risks, and some risks regarding the complexities of the decant projects.
- **New risks:** There were 2 new risks as described above and one that the CIP programme might result in the building being too small to meet the needs of the local population. Mitigation of this risk was beyond the scope of 3Ts.
- **Closed risks:** There were 5 closed risks related to the relocation of paediatric audiology and the generally good progress of the conversion of SMHS.
- **Changed risks:** The 11 reduced risks mainly around the decant programme, and also one around the potential alternative uses for the Chapel.

9.2 Karen asked Anna to forward the SMHS non delivery of savings risk to the Delivery Unit. Duane suggested that further work was required to define the extent of the problem first.

**Action: Anna Barnes/Duane Passman**

9.3 Programme Board accepted this report and approved these changes to the risk register.

## 10 Financial Exception Report

10.1 Karen presented the Finance report with key messages being:

- All data including cash flows & capital charges have been used in the latest LTFM (May 2013)
- Outturn Capital Costs remain based on the OBC's £420m.
- With delays on Decant, the programme & therefore cash flows have moved out to 2014/15 & may have an impact on Main Scheme delivery dates (delays are due to funding and contractual issues including one contractor pulling out of the modular tender exercise).
- The overall programme assumes OBC approval summer 2013 with a remobilisation of the full Supply Chain in September 2013.
- Key dates are now: Stage 1 fully operational Aug 2018, Stage 2 Oct 2021 & Stage 3 Dec 2022.

- Demolitions & Build costs move out to 2014/15 to align with the completion of Decant.
- It is assumed that Trust's Operational Capital will be repaid in 2013/14 and recent Board discussions have decided to limit the Trust's exposure. Due to timing the Month 2 Finance report did not explicitly recognise this restriction.
- The LTFM Base Case remains PDC funded apart from those Decant loans already approved (SHA's "3 schemes " £17.48m and St Marys £6.8m).
- Core Team funding is based upon the SHA's commitment of £16m from 2012/13 to end of scheme & resource plans are continuously reviewed so that they match the different stages of 3Ts development.
- The Core Team contribution in 2013/14 is assumed to be recurrent, so that each year Core Team funds contribute £170k to the overall Trust position & it was agreed at April 2013 Programme Board that the Programme Director shall keep this under review.
- Using the OBC's Do Nothing scenario an estimate has been made of "Enabled Growth" & Operating Costs have been based on a hybrid marginal rate.
- CIPs were previously estimated at an out-turn of £30m, but these now stand at £14.45m given the benefit of Enabled Growth & the continued development of FBC.
- The main driver for CIPs is the need to pay PDC before any buildings are brought into use (this is a recognised accounting inconsistency which has been queried with DH/HMT).

10.2 Chris thanked Karen for this report which was received.

#### 11 Date of next meeting

The next meeting will be held on **Friday, 26<sup>th</sup> July 2013** from 10.30am to 12.30pm in **Room F110 Trust Headquarters RSCH.**

**Document Information Cover Sheet**

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Issued to accompany the Trust's Board Meeting Minutes of the same date.

# Brighton 3Ts Programme Overview



March 2013

# Construction Programme Overview

**March 2013**

# Decant Plan

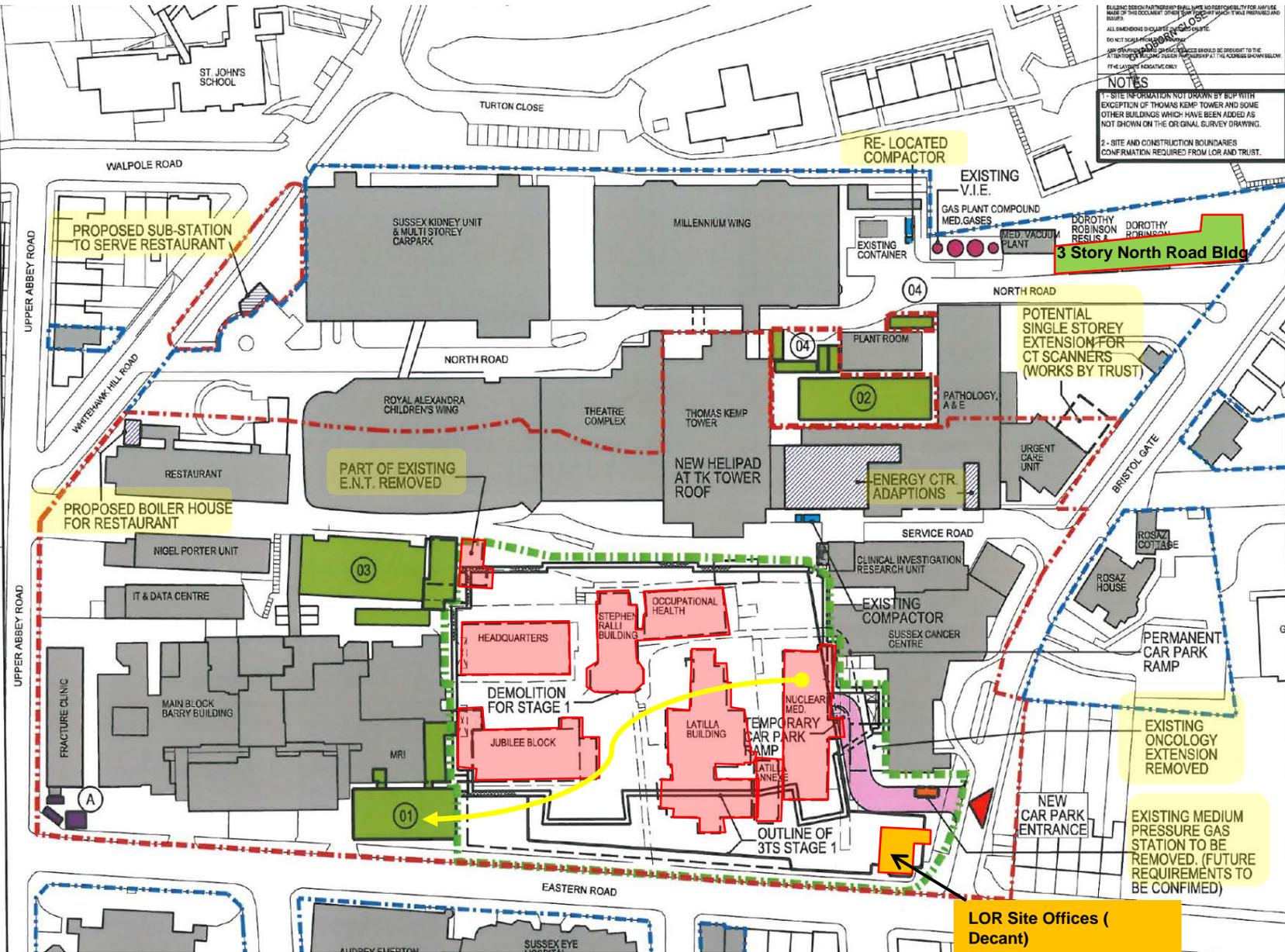
## KEY:

- - - BSUH 3Ts SITE BOUNDARY (INCLUDING EXTENT OF GROUND ANCHORS)
- - - BSUH WHOLE SITE BOUNDARY
- - - 3Ts STAGE 1 BOUNDARY AND SITE HOARDING LINE

- EXISTING BSUH BUILDINGS
- EXISTING V.I.E.
- EXISTING MEDIUM PRESSURE GAS STATION
- EXISTING COMPACTOR
- PROPOSED RELOCATED EXISTING COMPACTOR
- PROPOSED NEW PLANT ENCLOSURES OR ADAPTION WORKS

## DECANT BUILDINGS:

- 01 FRONT CAR PARK
- 02 COURTYARD
- 03 BUILDING 545
- 04 LINEN STORE
- A TEMPORARY ELEC. SUB-STATION TO SERVE FRONT CAR PARK DECANT + TEMPORARY GENERATOR & GAS BOTTLE STORE



**NOTES**

1. SITE INFORMATION NOT DRAWN BY BUP WITH EXCEPTION OF THOMAS KEMP TOWER AND SOME OTHER BUILDINGS WHICH HAVE BEEN ADDED AS NOT SHOWN ON THE ORIGINAL SURVEY DRAWING.

2. SITE AND CONSTRUCTION BOUNDARIES CONFIRMATION REQUIRED FROM LOR AND TRUST.





# PROGRAMME OVERVIEW: Stage 1 Main Scheme

## Week 1:

Start site establishment: hoardings, welfare facilities, crossovers.

## Week 5:

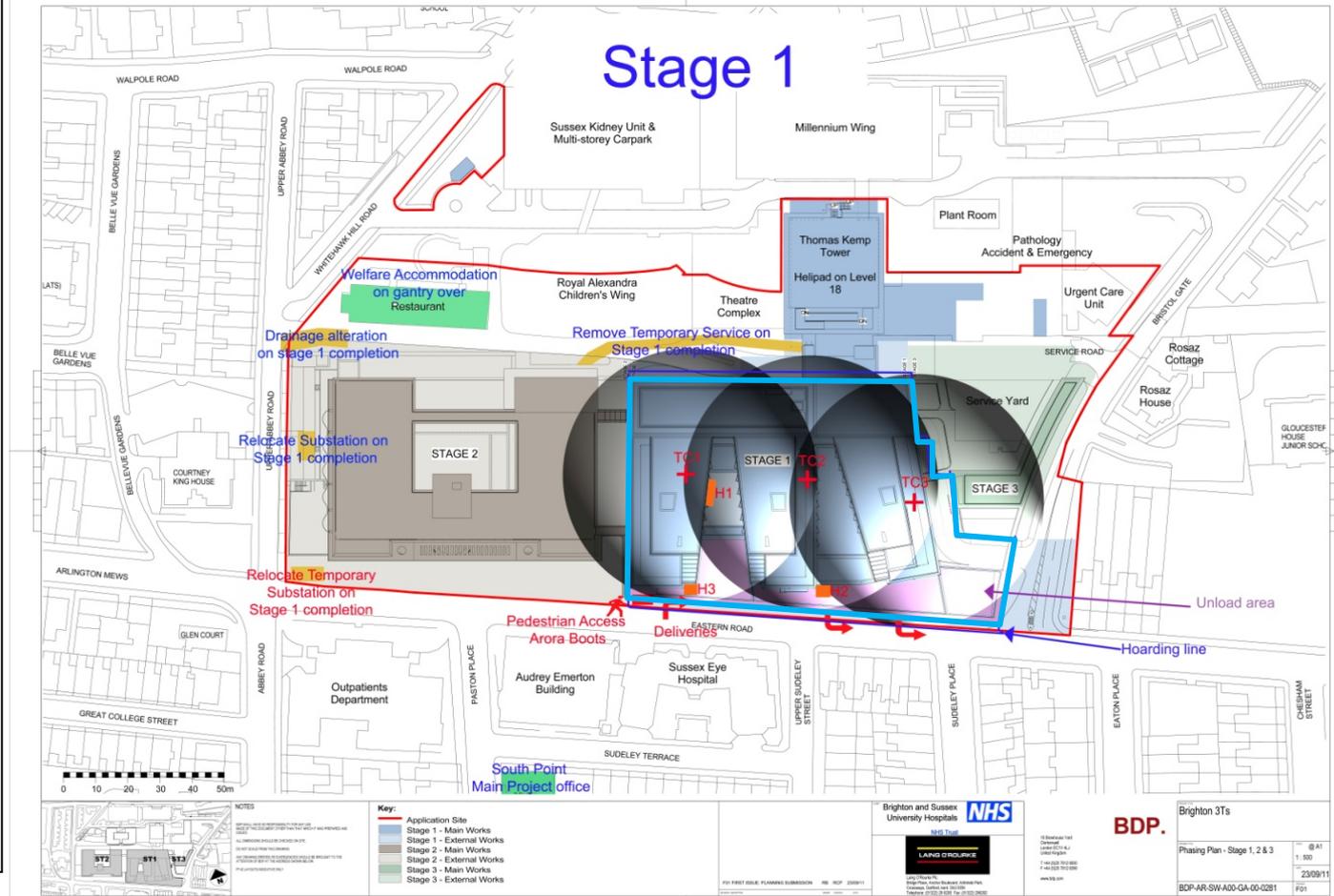
Commence demolition activities and site clearance

## Week 18:

Commence contiguous piling activities and external drainage.

## Week 35:

Commence bulk excavation and installation of ground supports (anchors)



## PROGRAMME OVERVIEW: Stage 1 Key dates

**Week 39:** Commence foundations

**Week 58:** Commence superstructure

**Week 82:** Commence precast cladding, curtain walling, windows and louvers

**Week 84:** Commence Fit Out activities

### **Fit Out Strategy:**

- Internal fit out activities will progressed across defined floor areas that are aligned with services installation and testing.
- Fit out periods vary: circa 70 wks for theatre floors, 62 weeks for ward floors
- Clear 3 month period from completion of fit out to completion for final system commissioning and validation

**Week 77:** Plant room works commence

**Week 86:** First service riser module delivered

**Week 132:** Testing and commissioning commences

**Week 196: Stage 1 Completion**

# PROGRAMME OVERVIEW: Stage 2

## 21 Week Trust migration period

Start site establishment: hoardings, welfare facilities, crossovers.

## Week 220:

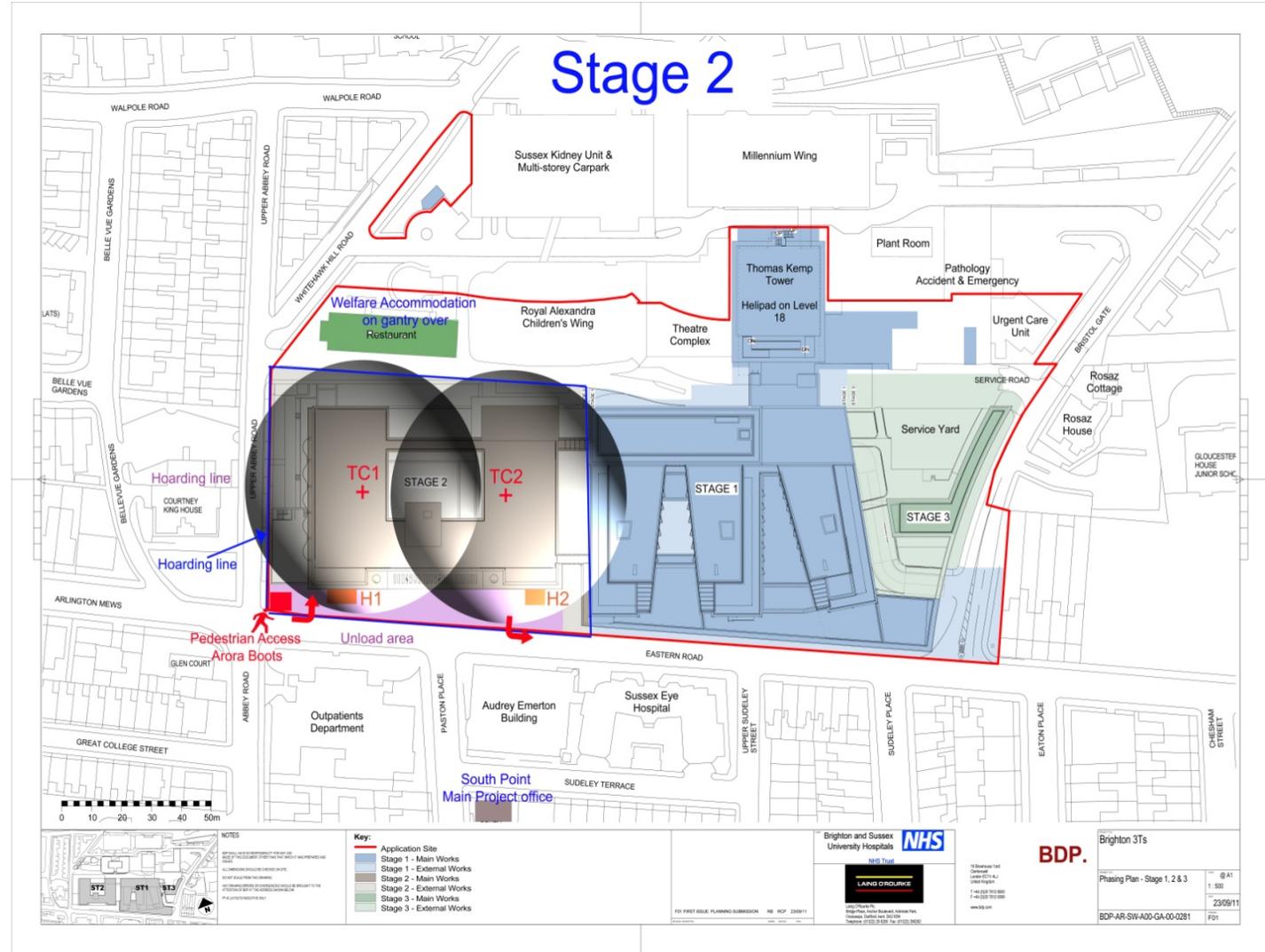
Commence demolition activities and site clearance

## Week 229:

Commence contiguous piling activities and external drainage.

## Week 242:

Commence bulk excavation and installation of ground supports (anchors)



## PROGRAMME OVERVIEW: Stage 2 Key Dates

**Week 273:** Commence foundations

**Week 277:** Commence superstructure

**Week 291:** Commence Fit Out activities

**Week 299:** Commence precast cladding, curtain walling, windows and louvers

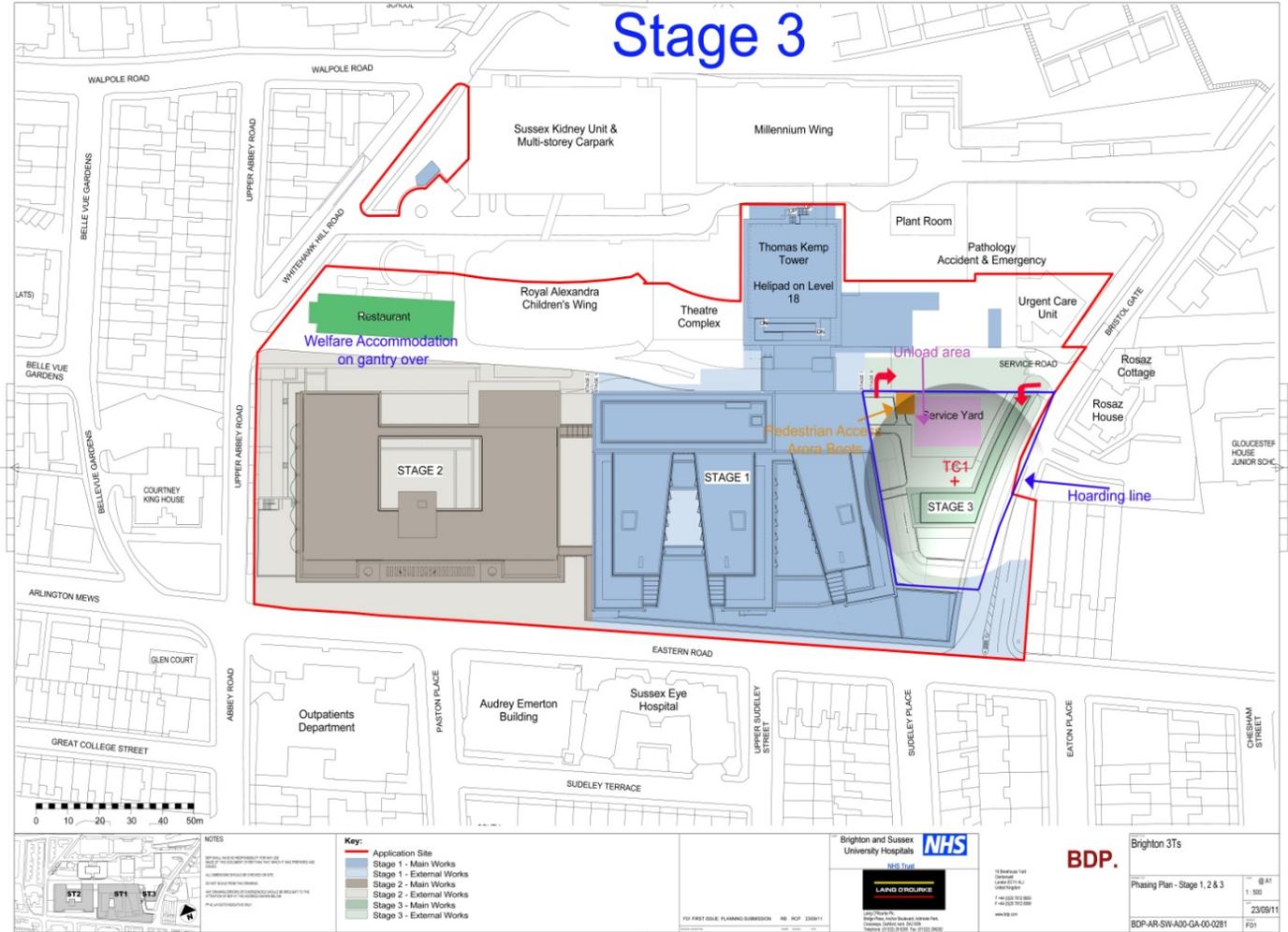
**Week 301:** Plant room works commence

**Week 315:** Testing and commissioning commences

**Week 363: Stage 2 Completion**

# PROGRAMME OVERVIEW: Stage 3

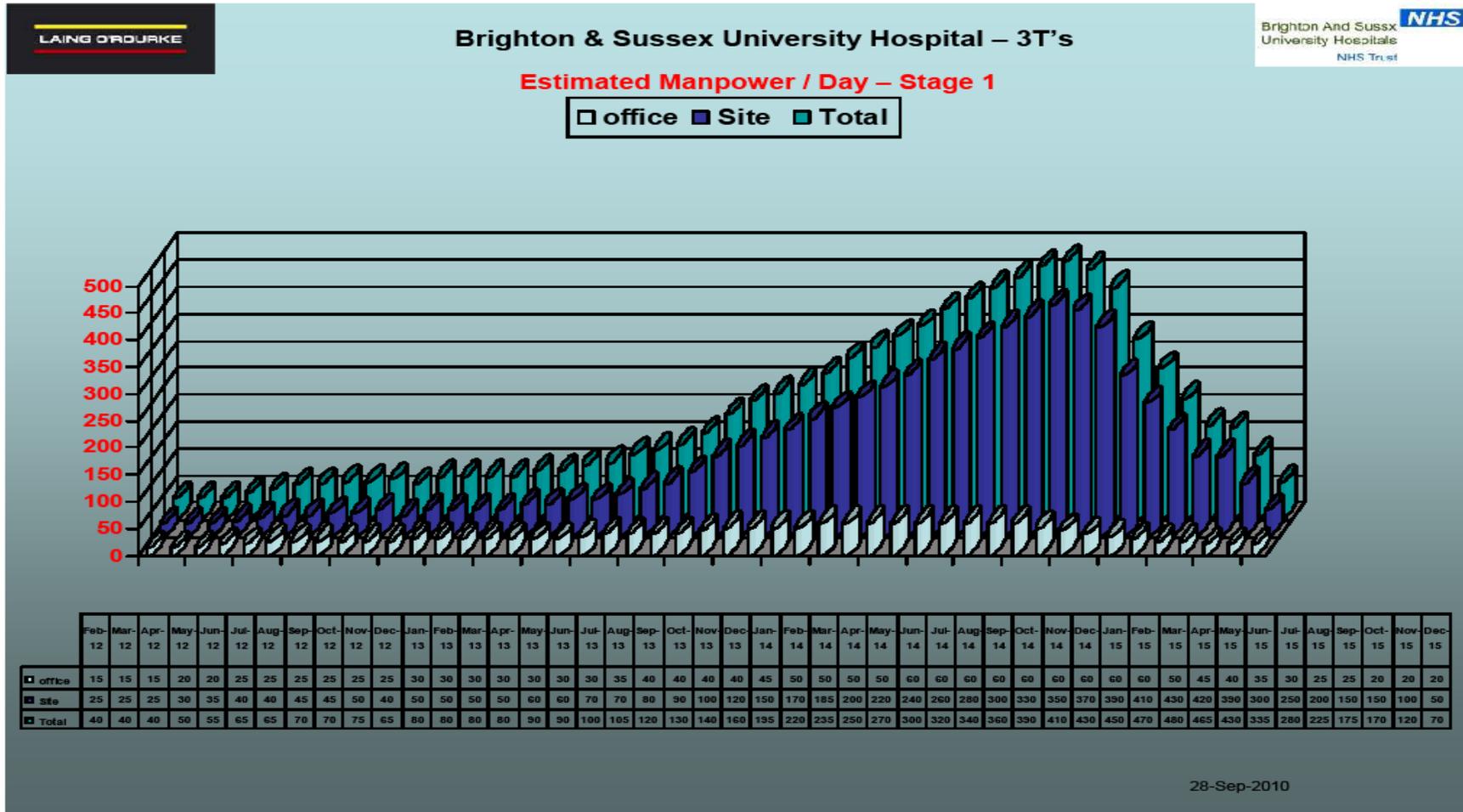
- Week 376:**  
Commence demolition
- Week 390:**  
Commence piling
- Week 403:**  
Commence structural works
- Week 412:**  
Commence fit out
- Week 426:**  
Project Completion



# Site Logistics Overview

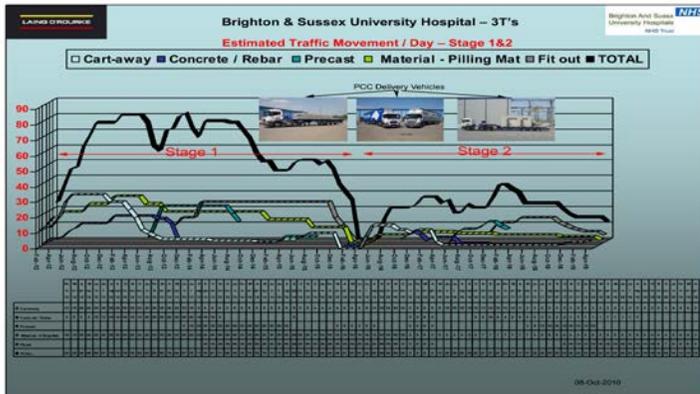
**March 2013**

# PROGRAMME OVERVIEW : Labour / Staff Loading



Peak labour = 430 no. Greater than 350 no. for a period of over 7 months

## PROGRAMME OVERVIEW: Vehicle Movements



Eastern Road looking East



Eastern Road looking West

**Peak vehicle movements** = 80 per day (permitted by the Planning Conditions)

**Estimated peak traffic movements** (per day) – Stage 1

- Cart-away = 80
- Concrete / rebar = 20
- Pre-cast = 25
- General materials (cladding etc) = 30
- Fit Out = 25

**Vehicle holding area** (Consolidation Centre) required by the Planning Consent. Location not yet identified. Required to even out the flow of traffic to site and hold vehicles when the crane out of operation (wind)

**Off site parking** required with crew buses to ferry personnel to site (local residents parking)

## **PRELIMINARIES: Major Plant, Logistics, and Lifting Plan**

### **Major Plant:**

**Tower cranes:** 15% downtime allowance for wind

### **Thomas Kemp Tower**

Tower crane: Comedil 231 'saddle' 6.5t @ 40m

Hoisting provided by use of internal lifts (FM & Trauma)

### **Stage 1**

3 Tower Cranes:

- 2 Comedil 430 'luffing' 40 m jib 11.5t @ 40m with strengthened mast sections
- 1 Comedil 430 'luffing' 45m jib 9.75t @ 40m with strengthened mast sections

3 Twin Passenger / Goods Hoists:

- 1 no. Alimak APF 35/75 Transport Platform Goods Hoist + 650 26/30 Passenger / Goods
- 2 no. Alimak 650 26/30 Passenger / Goods

## **PRELIMINARIES: Major Plant, Logistics, and Lifting Plan**

### **Major Plant:**

#### **Stage 2**

2 Tower Cranes: Comedil 430 'luffing' 40m jib 12t @ 40m

2 Twin Alimak 650 26/30 Passenger / Goods

#### **Stage 3**

Tower Crane: Comedil 260 'luffing' 30m jib 9.8t @ 30m

## **PRELIMINARIES: Major Plant, Logistics, and Lifting Plan**

### **Tower Crane Utilisation:**

The tower cranes will be used for the following operations:

#### **Thomas Kemp Tower:**

- Removal of redundant roof plant
- Installation of new roof plant
- Unload, pre-assembly and erection of helipad structure, frame and associated elements
- Erection of Trauma lift steel frame

#### **Stages 1, 2 and 3**

- Erection of precast frame elements
- Erection of the precast facade panels
- Installation of service risers
- Loading out bathroom pods
- Erection of the steel frame to the plant rooms.
- Lifting of the cladding / louvres for the plant room facade.

## **PRELIMINARIES: Major Plant, Logistics, and Lifting Plan**

### **Tower Crane Utilisation:**

#### **Thomas Kemp Tower**

**TC 1: East Block : (In use 60 wks)**

#### **Stage 1**

**TC 1: East Block : (In use 68 wks)**

**TC 2: Centre Block: (In use 80 wks)**

**TC 3: West Block: (In use 80 wks)**

#### **Stage 2**

**TC 1: East Block : (In use 44 wks)**

**TC 2: West Block: (In use 54 wks)**

#### **Stage 3**

**TC 1: East Block : (In use 26 wks)**

Erection and dismantling of TC's

Thomas Kemp Tower: 500t mobile located in the South Service Road

Stage 1, 2 and 3 will be undertaken from Eastern Road.

**RSCH Hospital Redevelopment Programme Board 26<sup>th</sup> April 2013**  
**10.30am-12.30pm in the F110 Trust HQ**

**Present:** Ian Arbuthnot, Anna Barnes, Christa Beesley (Brighton and Hove Clinical Commissioning Group), Richard Boyce (Trust Development Authority) Mark Frake, Karen Geoghegan, Peter Hale, Rachel Harrington (Surrey and Sussex Area Team, NHS England) Julie Nerney, Nick Groves, Matthew Kershaw (Chair), Paul Maitland (Turner and Townsend), Duane Passman and Sarah Weston (Crawley & Mid Sussex CCG).

**Apologies:** Steve Gallagher, Chris Gurtler (Haven & Lewes Clinical Commissioning Group), , Geraldine Hoban (B&H CCG), Jim Lusby (TDA) Iain McFadyen, Tim McMinn (B&H CCG), Xavier Nallentamby (B&H CCG), Minesh Patel (Mid Sussex Practices Commissioning Group)

**1 Welcome & Introductions**

Matthew welcomed everyone to the meeting and introductions were made.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- Richard asked that the agenda be changed as the date of the core team notes cited on the agenda was listed in error as 22<sup>nd</sup> March when it should in fact be the 15<sup>th</sup> March. The notes were accepted as accurate once this change was made.
- The core team notes from 15<sup>th</sup> March were then received.

**3 Matters Arising – Programme Board minutes**

**3.1 Repatriation of haematology/oncology patients**

Duane noted that his outline feasibility report would be forwarded to Nikki Luffingham for discussion in advance of the next meeting. However, it was noted that this was not a 3Ts issue strictly speaking, and was part of a wider clinical strategy within BSUH.

**Action: Duane Passman/Nikki Luffingham**

**3.2 Level 5 works**

Duane said that the discussion regarding the scheduling of the works had not yet occurred, but that he understood a project team was being set up to take this forward. Matthew asked for a report at the next meeting.

**Action: Duane Passman**

**3.3 Fundraising Strategy**

Anna explained that she was planning to present an item concerning the Arts across BSUH (not just 3Ts) in June, as well as a business plan for the Chapel once it was no longer in use for religious purposes.

**Action: Anna Barnes**

Julie added that the paper regarding fundraising for the Arts within 3Ts had been taken to the Charitable Funds Committee. She said that it had been agreed to appoint a corporate/charitable fundraiser for BSUH who would take forward the fundraising targets for 3Ts as part of their role. Anna asked if she could be involved with this. Julie said that she would keep Anna informed.

**Action: Julie Nerney**

### 3.4 **Core Team notes of 15th March**

These notes were provided for information. Nick Groves confirmed that he would be the link between the 3Ts and EPR programmes.

## 4 **Programme Director's Report**

Duane presented his written report as follows:

### 4.1 **Main scheme**

A handover meeting on the overall scheme (main and decant) had taken place between NHS South of England, the Trust and the Trust Development Authority on 21 March. The outcome of this meeting was agreement regarding the information required to secure approval. A revised mobilisation date in September 2013 has been assumed (subject to this approval).

The team had completed a review of the 1:50 drawings in partnership with LOR and BDP in preparation for restarting the design process once the OBC was approved and resources made available to continue.

The team had also produced a fully costed risk register including the PSCP construction related risks. This was under review to ensure that consistency with the tender/market testing process which took place in April.

The ensuing discussion with the PSCP would then focus on the mitigation strategies so that the contingency allowance remains affordable. The costs of mitigation would be included within the GMP.

The programme leading up to a draft Guaranteed Maximum Price for the whole scheme (as at the point of Full Planning Consent submission in September 2011 – broadly speaking RIBA Stage D) is still under development as noted above. Drafting of the FBC is on-going as reported at 3Ts Programme Board in January 2013.

The governance of the programme (and other major Trust programmes) is currently the subject of a review by Professor Georges Selim of Cass Business School.

Duane explained that KPMG had been appointed to give support in generating the report for the TDA. A series of workshops was currently taking place which would refresh the LTFM and provide the information regarding the Trust's future financial plans which had been requested. This would be complete by the end of May.

### 4.2 **Decant**

The decant programme had already been partially approved within the NHS SoE delegated limit. 3Ts team was working through the details for the following sub-programmes:

- The programme of works in order to complete the Front Car Park Scheme;
- The programme of works to complete the Courtyard building;
- The programme of works to complete the paediatric audiology department within RACH.

Duane expected funds could be drawn down for these elements in June 2013, subject to fulfilment of some conditions which had been put in place by the SHA. The programme of works for St Marys Hall was still on track to be complete in September 2013.

The approval of the remaining elements of the Decant Full Business Case was still therefore being progressed. The team was continuing to develop the Guaranteed Maximum Price for the rest of decant with Laing O'Rourke, advised by Turner & Townsend.

### 4.3 Key Programme Risks

Duane outlined the top risks by score as follows:

- Programme all- ID 35- The continuing delay to programme and formulation of the GMP may lead to higher delivery cost.
- OBC/FBC drafting-ID 2-The on-going uncertainty regarding the HMT approval process and consequent impact on the programme.
- Programme all ID 5 Affordability- BSUH needs to be seen to be delivering its financial plan in 2012/2013 to provide confidence for approval.
- Programme all- ID 38- Loss of key staff as part of 3Ts staff review scheduled for 2013/2014 within CIPs plan. This will affect ability to manage the transition to the decant and new facility.
- Programme all- ID 48-HMT requirement to significantly reduce size and scope of scheme. The full justification of building size and scope has been provided to HMT.
- Programme all ID 49- Prudential Borrowings used as procurement route instead of Public Dividend Capital could add £6.6m to CIPs programme over next 10 years.
- Workforce Planning ID 1-3Ts assumptions have to align with BSUH LTFM.
- Design process main scheme ID 11- Noise Impact of the helipad on TKT. There is a risk that Hospital Operations are disrupted by noise and vibration from Helipad construction sequence and a possible impact of needing to decant TKT.
- Design Process 2 ID20 -Warrantees to the adjacent SPV for the children's' hospital and possible delays to GMP.
- Design process main Scheme ID 12-80 temporary car parking spaces will need to be provided during the construction period away from the RSCH site.
- Programme all ID16- Failure to sign up partner Trusts / Medical School / PCTs to the brief. Following negative publicity this month, this risk has been increased.
- Programme all ID 24-Potential reconfiguration of local SHA / PCTs priorities and impact of required efficiencies.
- Several other risks concerning the construction programme at RACH had been added to the register.

### 4.4 Patient, Staff and Public Engagement

Duane finished by saying that the Hospital Liaison Group had met on 15 April where there had been some discussion about the delay to the approval of the Business Case for the main scheme and whether the decant programme was required in this case. Reassurance had been provided that redevelopment of the site to the East of the Barry Building was needed regardless of the approval of the main scheme.

### 4.5 There were several questions from the Board concerning the report:

- Julie asked why the market testing process had been flagged as a risk. Duane replied that a rigorous process was underway comparing the market tested packages with what had been included in the cost plan. This would be cross checked by Turner and Townsend. The financial risks would then be reviewed (and hopefully reduced) at the end of this process.
- Ian asked if planning permission for change of use re Elliott House had been secured. Duane gave some background information regarding this issue. He explained that, whilst the booking hub at Elliott House was a strategic priority for BSUH, B&HCC was concerned about the possible loss of residential accommodation on the site. Duane said that, although this would mean the loss of 4 units, the net gain was still 17 units in the locality. Duane confirmed that full planning permission would be required for the outpatient booking hub and that this was in process.
- Julie asked for more feedback concerning the recent Health and Wellbeing OSC of Brighton & Hove City Council meeting. Mathew said that he thought the discussion at the Health and Wellbeing OSC of Brighton & Hove City Council (including the debate concerning the

pressures on A&E services) was useful. Duane said that with regard to 3Ts, members had continued to be supportive, whilst keen to see it progressed as soon as possible. Some concerns had been expressed that there would be loss of capacity during the decant phase. Duane had been able to reassure them that this would not be the case. Matthew had explained that the message about demonstrating financial viability prior to 3Ts approval had been received and understood. Duane added that the Chair of Health and Wellbeing OSC of Brighton & Hove City Council had summarised the discussion by noting the continued cross-party support for the scheme. Peter observed that there had been unanimous support for the redevelopment at B&HCC during the planning approval meeting (which was virtually unheard of) and that he was pleased that this support was still in place.

Matthew thanked Duane for his report which was received.

## 5 Presentation on US Cancer Unit

5.1 Peter Hale gave a presentation about his recent visit to the Duke University Medical Centre in North Carolina. He described the history of the centre, and the source of funding in the past which had been via the tobacco industry.<sup>1</sup> Peter had been given the opportunity to visit consulting, administrative and clinical spaces. Whilst the Centre was extremely large compared to 3Ts, there were similarities and examples from the design which would be incorporated in 3Ts if possible:

- User friendly design with arts enhancements
- Simple way finding utilising very clear graphics at wheelchair height
- Electronic check-in
- Roof terraces
- A range of retail outlets
- Chairs of varying sizes including bariatric chairs
- Combined heat and power plant

5.2 He concluded that the visit had confirmed to him the validity of the 3Ts approach to design. Matthew asked if 3Ts had visited other schemes and learned from their designs, and whether there was still the opportunity to include innovations from visits like this one. Duane said that visits to numerous other projects had taken place including Pembury, the Royal London, Birmingham and Kentish Town Health Centre. He said that it was not too late in the design process to incorporate changes if they were clinically necessary, and provided a better design solution. Anna added that a log of patient and public suggestions was also in use for this purpose.

5.3 The Board thanked Peter for an interesting presentation.

## 6 3Ts summary report and key risks

6.1 Anna took the Board through the key risks and issues, using a new approach based on urgency. As last month, the majority of the urgent and high rated risks concerned the approvals process and its likely impact on the programme. There were also some more operational risks concerning the decant scheme which required resolution this summer. Anna presented the urgent, new, closed and changed risks for approval by Programme Board as follows:

- **Urgent risks:** There were 22 risks scoring 15 or over as per the Director's report. These concerned the continuing uncertainty regarding the approval process for the OBC, some

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<http://www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=501104&type=full&servicetype=Attachment>

planning compliance related risks, and some risks regarding the complexities of the decant projects.

- **New risks:** There was one new risk concerning the need to mitigate the levels of noise during construction.
- **Closed risks:** There were two closed risks which related to the relocation of paediatric audiology to RACH which is on track.
- **Changed risks:** The 11 changed risks mainly concerned the reallocation of risks between LOR and BSUH which had occurred during March as part of the GMP process. As is best practice, the process of discussing these risks had led to the formation of risk management and mitigation strategies which had reduced the risk score for 9, and raised the risk score for 2.

6.2 Programme Board accepted and approved the closed risks regarding the RACH and the new risk regarding the impact of construction noise on clinical services.

6.3 There followed some questions about the report:

- Richard asked Anna why there was a mixture of strategic and operational risks within one report. Anna replied that this was as a result of risks and issues being generated by individual project managers, and then filtered upwards as required.
- She explained that this methodology meant that the team had ownership of all their own risks, but that also Duane was sighted on all the ones which were most pressing (wherever they originated).
- Those that required Trust Board scrutiny were also added to the Trust Board risk register.
- Construction risks were also added via the PSCP and ownership was transferred according to who was best to manage and mitigate the risk.
- Duane added that South Coast Audit had given 3Ts a “significant assurance” rating for the 4th year running based on this approach.
- Richard also asked if the extended length of the programme meant that the project might run the risk of being out with 10% of its original OBC capital costs. Duane replied that the recession had assisted 3Ts to stay within its original budget as the construction inflation indices were broadly flat.
- Matthew asked for a more simple way of prioritising risks for the next meeting, which Duane agreed to highlight in his Director’s report.

**Action: Duane Passman**

6.4 The risks and issues register was accepted.

## **7 Financial Exception Report**

7.1 Mark presented the Finance report with key messages being :

- All data including cashflows and capital charges have been used in the latest LTFM (due for completion end of April)
- Outturn Capital Costs remain based on OBC's £420m.
- As mentioned in Duane’s report and the Risk Register the biggest impact on achieving the £420m budget will be inflation (original OBC was 2009 prices)
- Market testing has taken place over past months and here the Works cost has been broken down into elements eg concrete, doors etc. This work is ongoing and Mark along with Core Team members has been working with T&T in the reconciling process
- Trust side costs and Fees together with VAT will also be a key part of this reconciliation
- The programme assumes OBC approval Summer 2013 and a remobilisation of the full Supply Chain in September 2013.
- Key dates are now :
  - Stage 1 fully operational Aug 2018 (this was previously Spring 2018)
  - Stage 2 Oct 2021 (previously Spring 2021)

- and Stage 3 which is mainly the FM Hub is now Dec 2022
- Next month's report shall add a column for 22/23
- 12/13 Capital spend is less than previously forecast after a Year End review of capitalised costs. We have a set of rules and rates agreed with Auditors but the Year End adjustment agreed with Steve Marshall (Assistant Director of Finance) took into account where we are in terms of programme
- Demolitions and Build costs move out to 2014/15 to align with the completion of Decant.
- Its assumed that Trust's Operational Capital will be repaid in 2013/14 but the repayment has reduced from previous reports to recognise less Capital was used in 2012/13.
- As part of the OBC Refresh different funding models will be reviewed but the LTFM Base Case remains PDC funded apart from those Decant loans already approved (SHA's "3 schemes" being £17.48m and St Marys being £6.8m).
- Core Team funding is based upon the SHA's commitment of £16m from 2012/13 to end of scheme and resource plans are continuously reviewed so that they match the different stages of 3Ts development.
- The Year End review of capitalised costs meant a reduction in 2012/13 Revenue contribution.
- The Core team contribution in 2013/14 is assumed to be recurrent, so that each year Core Team funds contribute £170k to the overall Trust position.
- Funding arrangements are still under discussion with Local Area Team at CFO level, but its hoped invoicing of Core Team costs can take place in Q1
- Current LTFM modelling includes "Enabled growth" in the Base Case and therefore this is not reflected in the current figures. As previously stated full cost of capital spend is shown below without necessarily identifying the full benefits.
- CIPs pressure from 3Ts was previously estimated at an out-turn of £30m but these now stand at £18.3m.
- A contribution from enabled growth would reduce the 3Ts CIPs pressure further.
- As part of the OBC Refresh a Do Nothing scenario is to be worked up and the difference between the Base Case and Do Nothing will naturally provide the enabled growth data.

## 7.2 Following the report there were a number of questions for Mark:

- Matthew asked about the level of transitional support which might be available. Karen also wanted confirmation about this and is in discussion with Local Area Team; Rachel said that she would report back at the next meeting.
- Action: Rachael Harrington**
- Richard asked if the bed model was based on a 1 April 2013 position.
  - Mark confirmed that it was and that assumptions on growth are the same in the Income Model produced by Daniel Stephens using the bed model provided by Hazel Belfield-Smith.
  - Richard then asked if 3Ts shows within the LTFM as a service development. Mark replied that 3Ts is in the LTFM as 2 tabs, one for Decant and one for Main Scheme. The costs reconcile but capital and revenue items in LTFM will be at 12/13 constant prices whereas Programme Board Finance Report shows capital in current or real prices i.e. including inflation. Karen added that as time goes by, elements of 3Ts will naturally end up in the base case within the LTFM, with Decant capital spend being a key example.
  - Julie asked if the inclusion of the recurrent CIPs of £170k pa would impact on the delivery of the project. Matthew stated it was the right thing for projects to contribute to the savings needed to be delivered by BSUH, but obviously not to the detriment of project delivery. It was agreed that Duane would monitor this and alert Programme Board if this became a problem.
  - Finally Richard asked what the turnover is on the £9m contribution. Mark said that using marginal rates the turnover is roughly double the contribution as the compound rate is around 50%. Karen confirmed that the marginal rates used by Trust would be per speciality and these are based on SLR, but the overall affect comes out as a hybrid rate of 50%.
  - Karen offered to meet with Richard to go through the finances in more detail.

**Action: Karen Geoghegan.**

7.3 Matthew thanked Mark for his report which was received.

## **8 Any other business**

8.1 Mark Frake wondered if there might be some value in presenting the history of the design development at the next meeting, especially as there were now new members at the Board. Matthew thanked Mark for this suggestion which was agreed. Other items for the next agenda include the TDA submission (presentation).

**Action: Duane Passman/Anna Barnes**

## **9 Date of next meeting**

The next meeting will be held on **Friday, 24<sup>th</sup> May 2013** from 10.30am to 12.30pm in **Room F110 Trust Headquarters RSCH.**

**RSCH Hospital Redevelopment Programme Board 22<sup>nd</sup> March 2013  
10.30am-12.30pm in the F110 Trust HQ**

**Present:** Chris Adcock (Chair), Ian Arbuthnot, Anna Barnes, Ramona Booth (Brighton and Hove Commissioning Group), Mark Frake, Karen Geoghegan, Julie Nerney, Nick Groves, Mathew Kershaw, Nikki Luffingham, Paul Maitland (T&T) and Duane Passman.

**Apologies:** Graham Dodge, Sheree Fagge, Steve Gallagher, Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Peter Hale, Geraldine Hoban (B&H CCG), Iain McFadyen, Tim McMinn (B&H CCG), Xavier Nallentamby (B&H CCG), Minesh Patel (Mid Sussex Practices Commissioning Group) and Pippa Robinson (BSMS).

**1 Welcome & Introductions**

Chris welcomed everyone to the meeting and introductions were made.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (25<sup>th</sup> January) were agreed as a true record.
- The core team notes from 18<sup>th</sup> January, 1<sup>st</sup> February, 15<sup>th</sup> February and 1<sup>st</sup> March were received.

**3 Matters Arising – Programme Board minutes**

**3.1 Repatriation of haematology/oncology patients**

Duane said that more work was required before this report could be made available.

**Action: Duane Passman**

**3.2 Decant cash flows**

Mark said he would discuss this under item 7.

**4 Programme Director's Report**

Duane presented his written report as follows:

**4.1 Approvals**

The programme remains under review until HMT indicates that it is ready to approve the OBC. The Trust's Integrated Business Plan and Long Term Financial Model assume approval by March 2013 and a remobilisation of the design team thereafter. The earliest remobilisation date, should approval be granted imminently would be 1 May 2013 as the original March deadline has now passed.

A handover meeting on the overall scheme (main and decant) was held between NHS South of England, the Trust and the Trust Development Authority on 21 March. Duane reported that the meeting had been useful and had resulted in the following actions:

- A formal line of communication has now been established between BSUH, the TDA and HMT;

- Information on the CIPs at BSUH is to be provided for the years 13/14, 14/15 (in fine detail) and 15/16 (at a higher level of detail);
- Duane has offered a seat on the 3Ts Programme Board to Jim Lusby from the TDA. He would also provide him with a site tour at the earliest opportunity.

There was a general discussion about the additional information required prior to approval. This mainly concerned refreshed workforce projections as well as the information concerning the CIPs. Duane was looking to purchase additional support to complete this piece of work. Karen said that she thought she would be able to identify the support which was required.

## 4.2 Decant

Duane reported on the preparations for implementation of the approved decant projects which were approved in January 2013 (Front Car Park, transfer of Paediatric Audiology into RACH and Courtyard).

He added that the team is continuing to develop the Guaranteed Maximum Price for the rest of decant with Laing O'Rourke, advised by Turner and Townsend cost advisors.

Duane reported that the implementation programme for these projects is currently under review, but will now push back the construction of Stage 1 until late 2014. The final arrangements for draw down of loans for these elements cannot proceed until the NHS Commissioning Board has confirmed the NHS South of England approval for the transitional costs of implementation. This will be confirmed during the overall budget setting process with the Commissioning Board. The next loan draw down date is in June.

## 4.3 Key Programme Risks

Duane explained that the risks would be refreshed and updated by the next Programme Board, as the risks in his report were based on a previous report to FWC. However the top risks (by score) remain:

- **Helipad – Risk ID 22** – during remobilisation, further testing will need to be undertaken to ensure that the helipad design is robust via smoke testing of a scale mode. The risk is that this generates changes to the design approved as part of the Full Planning consent;
- **Programme all Procurement Strategy Risk ID 50** – this is a **new risk** concerning the review of 3Ts procurement which could cause delay to the main scheme;
- **Helipad – Operational risk to inhabitants – Risk ID 30** – work continues, with the advice of an expert acoustician, to identify mitigating actions for the impact of the noise of construction and helipad operations on the upper levels of TKT. The draft report is now close to completion;
- **Engagement public – Risk ID 5** – we will need to ensure that there is full support for the eventual FBC from partner organisations and work is underway to design a process for this;
- **Overarching Programme – Risk ID 35** – further delays increase the capital costs and put further pressure in affordability. Building price inflation remains under review;
- **Overarching Programme – Risk ID 38** – 2013/14 CIPS include a review of 3Ts staffing. This requires further discussion;
- **Workforce Planning – Risk ID 1** – the workforce planning numbers are being aligned with LTFM to ensure consistency;
- **Design process – main scheme Risk ID 12** – 80 temporary car parking spaces will need to be provided during the construction period away from the RSCH site.

Discussions with the council have yet to yield a satisfactory outcome for this issue, although the Council are now engaged in working with us to secure a resolution.

- **Design Process – main scheme Risk ID 37** – there is a risk that ground conditions around Thomas Kemp Tower are worse than anticipated. Further surveys will be required upon remobilisation;
- **OBC/FBC drafting – Risk ID 2** – there is still significant uncertainty about the HMT approval period and the impact on the programme;
- **Overarching Programme – Risk ID 5** – affordability; the level of savings required by BSUH is challenging and 3Ts adds £30m to this target. The design freeze may also lengthen the programme and risk affordability;
- **Overarching Programme Risk ID 24** – changes to the structure of the NHS cause uncertainty

#### **4.4 Patient, Staff and Public Engagement**

Duane finished by saying that the next Hospital Liaison Group will be on the 15 April 2013. The Patient and Public Design Panel also continues to meet bi-monthly.

#### **4.5** There were several questions from the Board concerning the report:

- Karen said that she was looking to undertake some benchmarking with other comparator trusts as discussed under 4.1.
- Chris Adcock supported the approach to purchase additional support to formulate the detail required for the submission to the TDA as soon as possible.
- Julie asked if there was a need to re-engage with local residents and staff regarding the scheme. She was particularly concerned about the loss of parking on site during decant and construction. Duane said that he would need to have further conversations with the local council about this, as there might be some opportunities at SMHS to create additional parking and that a meeting was currently being arranged.
- Nikki added that there was a need to work with the local cancer networks to resolve the haematology/oncology repatriation issues.
- Ian Arbutnot asked if there was any delay in the programme completion date at SMHS as the outpatient booking hub was contingent on this being on time. Duane said that there were no problems being reported at present.
- Julie asked an additional question about the helipad issues and whether the information regarding the mitigation strategies was available. Duane replied that the principle issue was the health of neonates during construction and that he would be undertaking careful monitoring to ensure any risks were minimal, particularly concerning noise and air pollution.
- Mathew added that the information regarding the CIPs was extremely important and reinforced the need to prioritise this piece of work.

Chris thanked Duane for his report which was received.

### **5 3Ts Resource Plan**

**5.1** Duane highlighted the main findings from the report. This indicated that the 3Ts team was fully occupied, even during the stand down and team members were also providing support across the trust with various business planning initiatives or modernisation activities.

**5.2** It was noted that the report demonstrated that several team members were over committed. Julie asked how this could be managed if the team was required to be remobilised at short notice. Julie was also concerned that there was a risk that the team member on secondment might not be able to be released to return to 3Ts. Duane said that this was a risk which needed to be managed. However he said that had plans to address the lack of input from Sodexo and

that additional recruitment to equipping and procurement had occurred in the last week. Therefore he felt that the resource shortfall was manageable.

5.3 Mathew asked Duane a question concerning the possible remobilisation date. Duane said that he was recasting the programme to reflect a likely remobilisation date in September rather than May.

5.4 Julie thanked the team for a very helpful report.

## 6 Project Planning and Reporting tool including risk register

6.1 Anna presented the top, changed and closed risks for approval by Programme Board as follows:

- **Top risks:** There were 25 risks scoring 15 or over as per the Director's report. These concerned the continuing uncertainty regarding the approval process for the OBC as well as the ongoing changes within the local health economy. Julie asked about the risk concerning warranties and the liaison with the RACH PFI hospital. Duane said that this negotiation was in process.
- **Datix risks:** This had been provided to show which risks had been transferred onto the BSUH risk register because they affected business continuity, rather than because they were design related. Julie felt that this was a duplication of other information, and suggested that this would not be needed in future reports.
- **PSCP/BSUH capital risks:** Anna explained that the capital risks which fed the contingency figures had been refreshed in March in order to generate the stage D GMP figures (as required for the development of the FBC). This information would be provided for the next Programme Board.
- **New risks:** As per the January report, many of the 29 new risks were design and construction related following the reallocation procedure with the PSCP.
- **Changed risks:** The 35 changed risks mainly concerned the raised level of risk following the continuing delays in approval and the reduction in risks as the decant programmes were worked through.
- **Closed risks:** This report had been missed off those sent out, and the printed version was incorrect. Anna offered to send it out after the meeting.
- **Issues log:** This RAG worksheet had mainly decant scheme issues at the top and main scheme related risks further down (to be resolved on mobilisation mainly). This had been provided for information.

**Action: Anna Barnes**

6.2 Mathew said the report seemed comprehensive but he found it difficult to see what were the most urgent in terms of chronology. Anna said that she could filter the risks by date in order to make this clearer.

**Action: Anna Barnes**

6.3 The risks and issues register was accepted.

## 7 Financial Exception Report

Mark presented the report with some key points as follows:

7.1 The Finance report reverts back to highlighting the key differences from the previous month's report and these were reported as :-

- **Capital Year to Date & 2012/13 Forecast** : Both these headings have reduced to reflect the continued delay on HMT's approval of the OBC.
- **Use of Operational Capital** : It is forecast that £7.18m of Operational Capital will have been used to end of 2012/13. These sunk costs will be repaid on approval of strategic funding whether it be Public Dividend Capital (PDC) or Prudential borrowing.
- **SHA funding** : This has been fully released in Month 11 in recognition of the continued delay on approval of OBC and that no Deferred Income can be carried forward (the SHA ceasing to exist 31 March 2013).
- **Transitional Support** : Future Transitional Support funding, which covers Core Team (the SHA signed up to funding this cost directly to the end of the project) and other transitional costs (which are to be funded from 2% Top Slice arrangements) are under discussion with the Local Area Team.
- **Enabled growth** : This is defined as activity that cannot be accommodated by the Trust's current bed stock, is yet to be quantified but provisional estimates suggest a £2m contribution in first full year rising to £9m in 2021/22. Work is underway to better quantify this for the FBC.
- **Operating Costs** : in 2012/13 these are Core Team costs only and net of capitalisation the forecast for year is £1.07m meaning an EBITDA contribution of £0.58m.
- **Non Operating Costs** : Capital Charges are estimated at £0.47m for year reducing the EBITDA position to produce a £0.11m Surplus for year. Capital Charges continue to be PDC charged on Assets under Construction, which Mark explained is an accounting anomaly under IFRS or any other accounting regime (there are costs driven by an Asset when no benefit has yet been derived from that Asset).
- **CIPs** : The CIPs section shows the requirement or pressure created by 3Ts and the contribution 3Ts makes. In early years there is no contribution but CIPs are required to fund the IFRS accounting anomaly. Enabled growth would reduce the 10 year overall CIPs requirement of £20.59m to around £16m.

**7.2** Karen indicated that the risk on Transitional Support should remain open as discussions are still under way with LAT to agree approach on funding. Mark indicated that he could invoice early in new financial year as per normal practice which ensures Trust's cash position is unaffected by 3Ts.

**7.3** Chris asked how much of the CIPs was driven by the IFRS anomaly and Mark indicated that most of the £20m would be driven by the payment of PDC in advance of 3Ts opening. Chris reminded the Programme Board that under the Capital Investment Loan regime, the problem still exists, in that NHS accounting rules do not allow interest to be capitalised. The issue had been raised with DH and needs to be addressed by those that write NHS accounting policy.

**7.4** Mark informed Board that the report would be updated to reflect the next reiteration of the OBC which is being refreshed for the TDA and HMT.

**7.5** Mathew asked Mark and Duane if the budget was still sufficient to implement the programme now that it had lengthened. Duane replied that the budget would be tighter year on year (i.e. the internal team, costs) but that it was still sufficient.

**7.6** Chris thanked Mark for this report which was received.

## **8 Interface Register**

Anna presented the interface register which showed the detailed interdependencies between the various decant schemes. The register was looking healthy at present with all the 41 interdependencies showing that they were in line with the programme which had been issued except the works which were planned for level 5 ED. This showed a 28 week problem with the A&E majors work being finished after they were required for the NSR building decant

programme. Moreover, works were planned to start in June 2013. Julie and Anna said that this was the reason why the interface register was useful: to indicate at a high level where problems might occur and ensure that mitigation strategies could be put in place.

8.1 Chris asked Duane and Nikki to investigate further.

**Action: Duane Passman/Nikki Luffingham**

## 9 Fundraising Strategy

9.1 Anna presented the Fundraising Strategy which had been commissioned to identify sources of funding to implement the 3Ts Public Arts Strategy in full (£200 000 additional funds being required). The report identified suitable sources of funding which could be approached, within the context of a corporate approach to raising charitable funds.

9.2 Anna also outlined how the arts across BSUH (Onward Arts) would benefit from being mainstreamed through an identified lead, clearer governance arrangements and with the allocation of some core funding. However, she understood that both issues were difficult to address within the current financial climate and with the operational pressures on the service.

9.3 Julie thought it would be more appropriate to take this report back to the Charitable Funds Committee, as the approach to Corporate Sponsorship properly belonged there. Anna explained that she had had tried to take it back to this committee, but that with Matthew Simkin leaving it had not been placed on the relevant agenda. Julie offered to take the report to the Charitable Funds Committee. Chris also asked Anna to send the Onward Arts Business Plan to him for attention. Julie thanked Anna for an interesting report.

**Action: Anna Barnes**

## 10 Date of next meeting

The next meeting will be held on **Friday, 26th April 2013** from 10.30am to 12.30pm in **Room F110 Trust Headquarters RSCH.**

**RSCH Hospital Redevelopment Programme Board 25<sup>th</sup> January 2013**  
**10.30am-12.30pm in the F110 Trust HQ**

**Present:** Anna Barnes, Mark Frake, Karen Geoghegan, Nick Groves, Peter Hale, Nikki Luffingham (Chair), Paul Maitland (T&T) and Duane Passman.

**Apologies:** Chris Adcock, Ian Arbutnot, Ramona Booth (B&H Clinical Commissioning Group), Sheree Fagge, Steve Gallagher, Lawrence Goldberg, Robert Gregory (NHS South of England), Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Geraldine Hoban (B&H Clinical Commissioning Group), Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Julie Nerney, Minesh Patel (Mid Sussex Practices Commissioning Group), Paul Richards (NHS South of England), Pippa Robinson (BSMS), Michael Schofield (Director of Finance, NHS Sussex), Phil Thomas and Debra Wheeler (Mid Sussex CCG).

**In attendance:** Mathew Coleman

**1 Welcome & Introductions**

Nikki welcomed everyone to the meeting and introductions were made.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (26<sup>th</sup> October) were agreed as a true record.
- The core team notes from 26<sup>th</sup> October were received.

**3 Matters Arising – Programme Board minutes**

**3.1 Negotiation Strategy**

Duane reported this was being discussed at the forthcoming BSUH Board meeting on Monday 28<sup>th</sup> January under Part 2 business.

**3.2 Repatriation of haematology/oncology patients**

Duane said that work was continuing and that a report would be provided to Programme Board in February.

**Action: Duane Passman**

**3.3 3Ts Resource Schedule**

Duane explained that this was in progress and the team resource schedule is currently being updated to reflect the full extent of the work currently being undertaken by the 3Ts team on behalf of the wider Trust, and the preparation required to restart the design process (for example the 1:50s design process). An updated resource schedule would be provided in to Programme Board in February.

**Action: Duane Passman**

**4 Programme Director's Report**

Duane presented his written report as follows:

**4.1 Approvals**

The decant programme was partially approved within the NHS SoE delegated limit. 3Ts team has been working through these implications for the following mini programmes:

- The programme of works in order to complete the Front Car Park Scheme

- The programme of works to complete the Courtyard building
- The programme of works to complete the paediatric audiology department within RACH.

#### 4.2 SMHS

The FBC for the refurbishment of St Mary's Hall School was approved by NHS SoE on 22<sup>nd</sup> November and an email letter of approval was received on 23<sup>rd</sup> November. Work has now commenced on site.

#### 4.3 Pre-mobilisation

The team is about to commence a key pre-mobilisation task, which is to review the 1:50 drawings which have already been discussed with user groups and discuss these changes with the design team to identify whether there are any significant issues which will require changes to the 1:200 drawings.

#### 4.4 FBC

The team are working towards an FBC draft being complete in the first quarter of the financial year 2013/14. The programme leading up to a Guaranteed Maximum Price for the whole scheme is under development.

#### 4.5 Outline Business Case

The OBC has been considered by the Department of Health (DH) and was passed to the Treasury (HMT) for its informal consideration in mid June. Comments were received from the Treasury (via DH) on 5 September and responses were provided to DH during October to the majority of these comments. The key area of concern relates to the feasibility of the Trust's Cost Improvement Plans for 2012/13 and 2013/14. A comprehensive reply was submitted on 5 October in this regard and further submissions were made in late October, November and December. Additional clarification was sought with regard to the BSUH Workforce Plan. This was provided to DH on 20<sup>th</sup> December 2012. All information has now been passed to HMT for its further review.

#### 4.6 Decant

The 3Ts team is continuing to develop the Guaranteed Maximum Price for the rest of the decant Scheme with Laing O'Rourke, advised by our Independent Cost Advisers, Turner & Townsend.

#### 4.7 Key Programme Risks

The construction related risks were updated with LOR, Sweetts and Turner and Townsend during November/December and again in mid-January for costing and ownership purposes. There have also been several changes to the register following the approval of the decant mini programmes.

The top six risks (by score of 20 and above) are:

- **Helipad – Risk ID 22** – during remobilisation, further testing will need to be undertaken to ensure that the helipad design is robust via smoke testing of a scale model. The risk is that this generates changes to the design approved as part of the Full Planning Consent.
- **Engagement public - Risk ID 5-** there is a need to ensure that there is full support for the eventual FBC from partner organisations and work is underway to design a process for this;
- **Overarching Programme – Risk ID 35**– further delays increase the capital costs and put further pressure in affordability. Building price inflation remains under review;

- **Overarching Programme – Risk ID 38** – 2013/14 CIPS include a review of 3Ts staffing. This requires further discussion;
- **Workforce Planning- Risk ID 1** – the workforce planning numbers are being aligned with LTFM to ensure consistency;
- **OBC/FBC drafting – Risk ID 2** –there is still significant uncertainty about the HMT approval period and the impact on the programme;

#### 4.8 Patient, Staff and Public Engagement

Duane concluded by adding that the Hospital Liaison Group would be meeting again on 4<sup>th</sup> February 2013.

#### 4.9 There was a discussion about the prudential borrowing arrangements for the 3 approved decant schemes:

- Duane explained that the approval letters had been received and that he was seeking further clarification about the transitional costs which would be incurred. He had written to Michael Schofield (NHS Sussex) for confirmation regarding the monies which would be released for this purpose.
- Peter asked for further clarification regarding the re-payment mechanism and Duane explained that the repayment would be similar to the capital charges incurred so that the different in repayments would not be significant. This was to be the subject of further analysis.

Nikki thanked Duane for his report which was received.

### 5 3Ts Heritage Briefing

- 5.1 Anna gave a presentation concerning the work which she had been leading on the history and heritage of the RSCH. The presentation gave some background to the work which had been undertaken in preparation for the Heritage Lottery Bid which had unfortunately been unsuccessful.
- 5.2 Anna explained that the bid would have been for £800 000 towards the conversion costs of the defunct Chapel into a Heritage Space. However, the £1million capital costs of moving the chapel were still incorporated within the £420million.
- 5.3 The presentation outlined other similar schemes such as the Barts museum and the Florence Nightingale Museum<sup>1</sup>. It described how, despite the lack of success with the bid, the History Wall outlining the chronological history of the site was incorporated within the Public Arts Strategy which had been approved for 3Ts.
- 5.4 Anna also described to the very popular Oral History Archive<sup>2</sup> which had involved 52 current and retired staff at BSUH, and was an example of the sort of material the Heritage Space could incorporate in order to tell the story of RSCH and its place in the development of the NHS.
- 5.5 It was agreed that, despite the lack of success of the HLF bid, the Steering Group should be encouraged to develop a business plan for the preserved chapel, outlining both alternative uses and possible funding sources.
- 5.6 Nikki thanked Anna for an interesting presentation.

<sup>1</sup> <http://www.florence-nightingale.co.uk/>

<sup>2</sup> <http://www.bsuh.nhs.uk/work-and-learn/library-services/our-hospital-our-history/>

## 6 3Ts benefits realisation update

- 6.1 Anna and Matt Coleman gave presentation of the key metrics for measuring the success of 3Ts. These would be incorporated into the FBC within the Management Case.
- 6.2 The presentation described the background to the current metrics and described the development of the partnership with Haciric<sup>3</sup>.
- 6.3 Matt explained the evidence base behind the clinical benefits within the case and then concentrated on the monetised benefits (using the QALY system of benefits measurement).
- 6.4 Anna discussed the “radiated benefits” of the development such as improved recruitment, better staff retention and reduced absenteeism (as evidenced by the RACH development).
- 6.5 There was also a discussion about the target post 3Ts which was to reduce the mortality rate to that of “peer” and best performing teaching hospitals.
- 6.6 Matt outlined some of the clinical/quality benefits such as reduced falls, reduced infection rates and the elimination of outside patient transfers (through improved building design).
- 6.7 He added that the improved design would also lead to cash releasing efficiencies through reduced 2 porter journeys for instance, as well as patient repatriation.
- 6.8 Matt then demonstrated that the EPR programme, the Benefits Realisation Programme and the Efficiency Programme were not double counting benefits because BRP had excluded measuring the benefits within the other programmes.
- 6.9 Karen asked that Anna ensure long term benefits from 3Ts including cash releasing benefits would be fed into the Efficiency Unit’s plans as it was important that there was only one Efficiency Programme.

**Action: Anna Barnes**

- 6.10 Nikki thanked Anna and Matt for the update on benefits realisation programme.

## 7 Project Planning and Reporting tool including risk register

- 7.1 Anna presented the top, changed and closed risks for approval by Programme Board as follows:

- **Top risks:** There were 23 risks scoring 15 or over as per the Director’s report. These concerned the continuing uncertainty regarding the approval process for the OBC as well as the ongoing changes within the local health economy. Anna explained that the top risks regarding the RACH paediatric audiology programme had also been added to the risk register which had therefore increased the number of top risks. This was a result of the recent risks workshops which had taken place after the 3 decant schemes had been approved.
- **New risks:** There were a number of new design related risks which had been reallocated from the PSCP following the recent risk workshops for the approved schemes. These would be fed into the GMP contingency allowances. There was also a new risk re HMT approval processes could mean reviewing the size of the scheme.
- **Changed risks:** The design related risks continued to be fluid as the GMP process continued for decant.
- **Closed risks:** For main scheme the helipad risks had been summarised and rescored with some closed following a workshop which reallocated risks from the PSCP to BSUH and vice versa.

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<sup>3</sup> <http://www.haciric.org/>  
Attachment 1 20130125 PB Minutes

**7.2** Nikki asked if there was sufficient movement and actions to mitigate these top risks. Duane gave some examples where the risks had been reduced through the actions of the design or 3Ts team e.g. the risk of the retirement of medical physicists (ID 37) had been closed as the recruitment process was now complete. Similarly ID 3 from SMHS had been closed as the SHA had now approved the FBC (which had eliminated the risk of un-affordability).

**7.3** The risks and issues register was accepted.

## **8 FBC Plan- Update**

**8.1** Anna outlined the progress which had taken place to write the FBC since the project plan had been presented to Programme Board in June 2012. The RAG rating showed the progress of all 13 chapters. She demonstrated that there was complete alignment between the financial and activity modelling in the FBC and within the FT and LTFM processes.

**8.2** Nikki asked when the Executive would be required to sign off the various chapters. Duane said that he would provide sufficient notice when these approvals were required.

**8.3** Nikki thanked Anna and Duane for this update.

## **9 Financial Report**

Mark presented the report with some key points as follows:

**9.1** For 3Ts the LTFM was based on Laing O'Rourke (LOR) cashflows from Aug/Sept 2012 which assumed a LOR remobilisation in Oct 2012 with a ramp up of activities in Nov 2012. At time of completing the cashflows there was an expectation that the SHA would approve Decant FBC in Sept 2012. Decant FBC was partially approved Dec 2012/Jan 2013. With the delay of SHA approval of Decant FBC and with the uncertainty on full remobilisation, 2012/13 out-turn in the Finance report does not equal the LTFM.

**9.2** A new programme and cashflows will also show less build activity in 2013/14 and as such 2013/14 cashflows do not equal the LTFM. An updated set of cashflows based on the latest programme will be discussed later in the month with LOR's new Commercial lead, Dave Hughes. The Finance report shows the following for 2012/13 :-

- Capital: YTD (Month 9) £4.2m and Forecast £8.34m. Of which MTC X/Ray & CT was £1.34m and no further expenditure is anticipated against this asset.
- Operational Capital has funded Capital side and approved Decant schemes will be funded by Loans. Through Trust discussions with SHA it's anticipated that Operational Capital will be repaid on approval of OBC.
- Revenue : YTD (Month 9) £0.82m and Forecast £1.65m. Year End capitalisation adjustments and funding of St Marys costs through contingency are not reflected in YTD position and no deferred income is anticipated.

**9.3** 3Ts requires Transitional Support: This is broken down as Core Team support funded by the SHA (NCB South from 2013/14) and Other Transitional Costs which are funded by the "2% Top Slice arrangements".

**9.4** 2013/14 requirements based on the LTFM have been fed into senior management discussions both at a Strategic and at an Operational level.

**9.5** There was some discussion about enabled growth that is currently not reflected in the Finance report. Enabled growth is basically activity that cannot be accommodated by the

Trust's current bed stock. The LTFM shows for 3Ts the net change in beds (100) but only shows the repatriated income which is through a fraction of these beds.

- 9.6 Duane made the point that enabled growth would need to be incorporated in the is financial assumptions, otherwise 3T looked as though it would increase the operational deficit whereas in reality it would also be contributing to the EBITDA.
- 9.7 Looking beyond current year the overall CIPs show £20.5m. Previously the Risk Register showed £30m CIPs required from 3Ts, but the change to the Asset lives used in depreciation calculations has reduced the costs and therefore CIPs. Also latest LTFM shows Retail Income, Car Parking Income and Private Patient activity which all reduce the overall CIPs requirement.
- 9.8 The move from 64% hybrid Marginal Rate to rates based on Service Level Reporting have also reduced the 3Ts CIPs requirement. The contribution from enabled growth will further reduce the CIPs so that most of requirement will be driven by Capital Charges arising in advance of building opening.
- 9.9 Change in FM costs are still a large contribution towards 3Ts costs and CIP requirements (£10.37m in 2018/19) and a significant element of this is Council Rates which is based on building values (current accommodation is valued significantly less than a new build). Some provisional work was completed with Martin McLachlan and Steve Gallagher and it's hoped that 2018/19 impact can be lessened as more detailed work is completed with particular focus on energy savings and the transition period. Some FM costs will ramp up over a number of years e.g. general maintenance and how the building is commissioned will be also feed into this transition period.
- 9.10 Nikki thanked Mark for this report which was received. Duane said that the 1 page format was extremely clear and helpful.

## 10 Any other Business

- 10.1 Duane said that he would bring detailed cash flows for decant to the next meeting as well as milestones and timescales. Mark agreed to bring the decant transitional costs.

**Action: Duane Passman/Mark Frake**

## 11 Date of next meeting

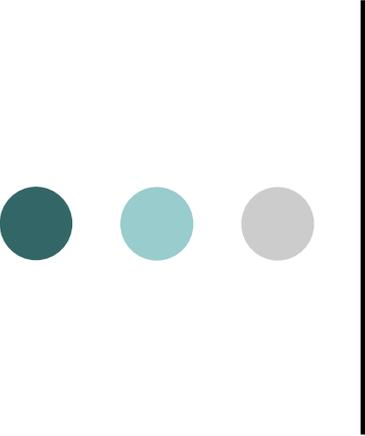
The next meeting will be held on **Friday, 22<sup>nd</sup> February 2013** from 10.30am to 12.30pm in **Room F110 Trust Headquarters RSCH.**



# 3T's Benefits Realisation

Programme Board  
Presentation 24 Jan  
2013

# Progress So Far

- 
- HaCIRIC / BeREAL - Dec 2008
  - Focus groups Dec - 2008
  - OBC
  - Data collation and target assessment - April 2011
  - Dept of Health – June 2011
  - Monetisation of non-financials – July 2011
  - Development of online tool - 2009 to current.
  - FBC chapter - Current

# Data Methodology



- Clinical Input
- Research / References
- Baseline
- Targets
- Constant Review
- 3Ts Innovations and Efficiencies – alignment
- Estates strategy - alignment
- Data Alignment (Trust)
  - Public data – CIU reporting / FBC
  - Delivery Unit / CIPs / PMO
  - EPR
  - Trauma

# Income



- Repatriated income for patients previously treated out of area.
- Trauma, Neuro and Haematology.
- Baseline: Current activity (SUS, Dr Foster).
  - Data aligned with the LTFM 2012
  - Repatriated income by end of stage 2.
  - Commissioner benefit tariff adjustment (Brighton v London 25%)
- Target: Activity numbers meet 3Ts/LTFM projections.

# Improved Outcomes

- Modern facility, trauma A&E enhancements have been evidenced to improve patient outcomes.
- Co-location; neuro on site.
- Radiated benefits of new facility have proved to be increased calibre of staff in research.
- Reduced mortality for 3Ts specialties in line with peer review.
- Baseline; 3Ts spec mortality, peer alignment.
- Target; Improved mortality rate to align with peers.
- Improved outcomes – trauma review.
  - QALY value used to quantify impact of reduced mortality and improved outcomes to society.

# Quality



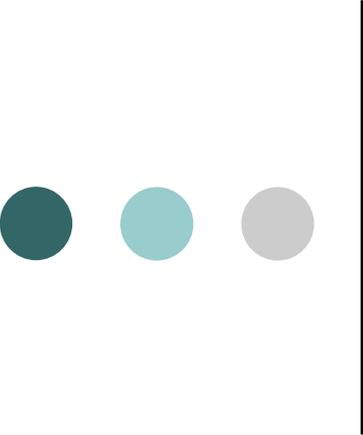
- Privacy and dignity;
  - Single room ratio increase.
  - Reduced 'outside' patient travel.
- Improved infection control.
- Design benefits of specific dementia ward.
- Improved compliance and KPI performance.
- Reduced patient falls - Location of toilets and general improved design.
- Each of these areas have specific baseline data and targets split down to a specialty level.

# Teaching



- Increased research income
- Increased research opportunities and clinical trials
- Improved student performance - new facility proved to attract higher calibre of student
- Varied case mix for students
- Data:
  - BSMS staff survey
  - BSMS results
  - BSUH research related income

# Building Design

- 
- Improved journeys around the site.
    - No 'outside' journeys
    - Reduced times of common journeys e.g. A&E lvl 5 to Imaging (9 minutes, 2 outside journeys and 3 different lifts). Baseline from 3Ts timing data using staff and volunteers.
  - Staff satisfaction, staff survey, adding question re estate.
  - Enable IT development
  - Patient environment - post project survey to compare 3Ts experience trackers.

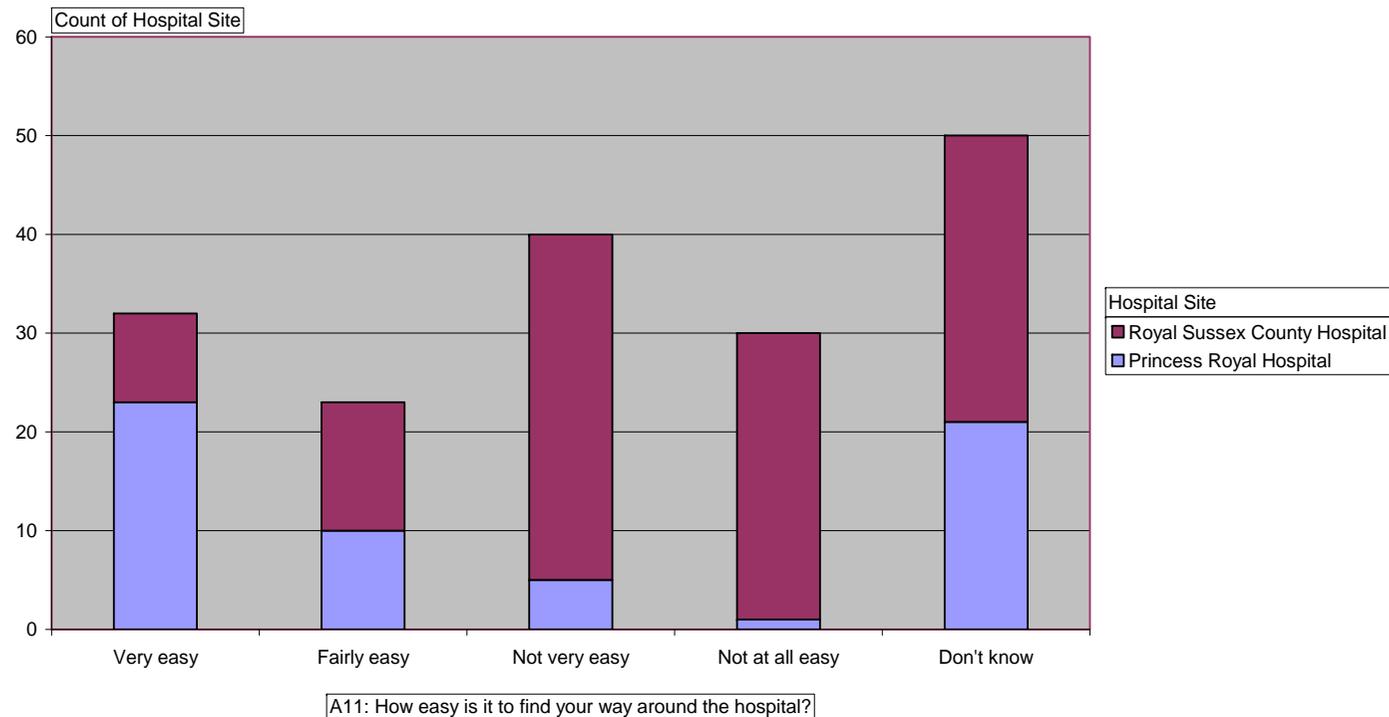
# Building Design

- Way finding:

- 3Ts patient experience survey 2010; 55% people found the RSCH site difficult to find their way around compared to only 10% saying the same at PRH:



Navigating around the hospital site

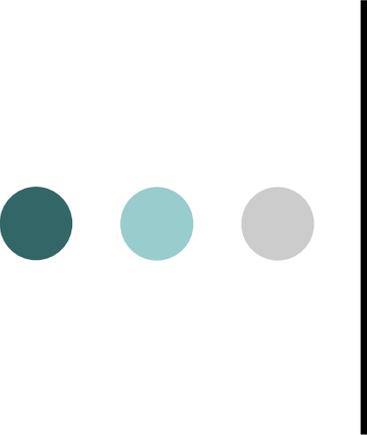


# Estates and Facilities



- Backlog maintenance
  - Stage 1 saving of 2.7m (Estates Strategy)
  - Further saving for stage 2 and HWP
- BREEAM – improved compliance
- FM, porter efficiency increase (less 2 person journeys, non outside)
- Carbon footprint – 30% decrease per squ mtr

# Societal

- 
- Local economy
    - local workforce will benefit with contractors expected to exceed the 20% legal minimum (Public Services Act 2012)
    - Overall construction benefit to economy is £2.84 for every £1 spent on construction.
  - Patient travel – Decrease in length and cost of travel for repatriated patients.
  - Work environment – research indicates positive links to well being for staff with access to outside space.

# Post Project Process



- Data Governance
- Ownership
- Monitoring
- Post project evaluation
- Tool
  - Screenshots

# BeReal Screenshots



The screenshot shows the BeReal Project Profile page for the '3Ts (Trauma, Teaching & Tertiary Care) Programme'. The page includes a navigation menu, a breadcrumb trail, and a 'Project Profile' section with details such as Name, Commencement, Leader, Description, Cost, Budget, and Users Assigned. Below this is a 'Benefits Overview' section with a table of metrics and a 'Related Files' section with an empty table.

Field	Value	Action
Name	3Ts (Trauma, Teaching & Tertiary Care) Programme	Edit
Commencement	12/05/2011	Edit
Leader		Edit
Description	The 3Ts programme will provide a modern, fit for purpose environment for patients from Brighton & Hove and across Sussex and the South East. It will mean that many patients who currently have to travel to other centres outside the region can be treated closer to where they live and cut travel times and distances for them and their relatives and carers.	Edit
Cost (£)	0	
Budget (£)	N/A	Edit
Users Assigned	barnes003 * colemm * Hazel Belfield-Smith * Jose Manuel Barreiro Maqalhaes Lima * passmd * ssapountzis *	Edit

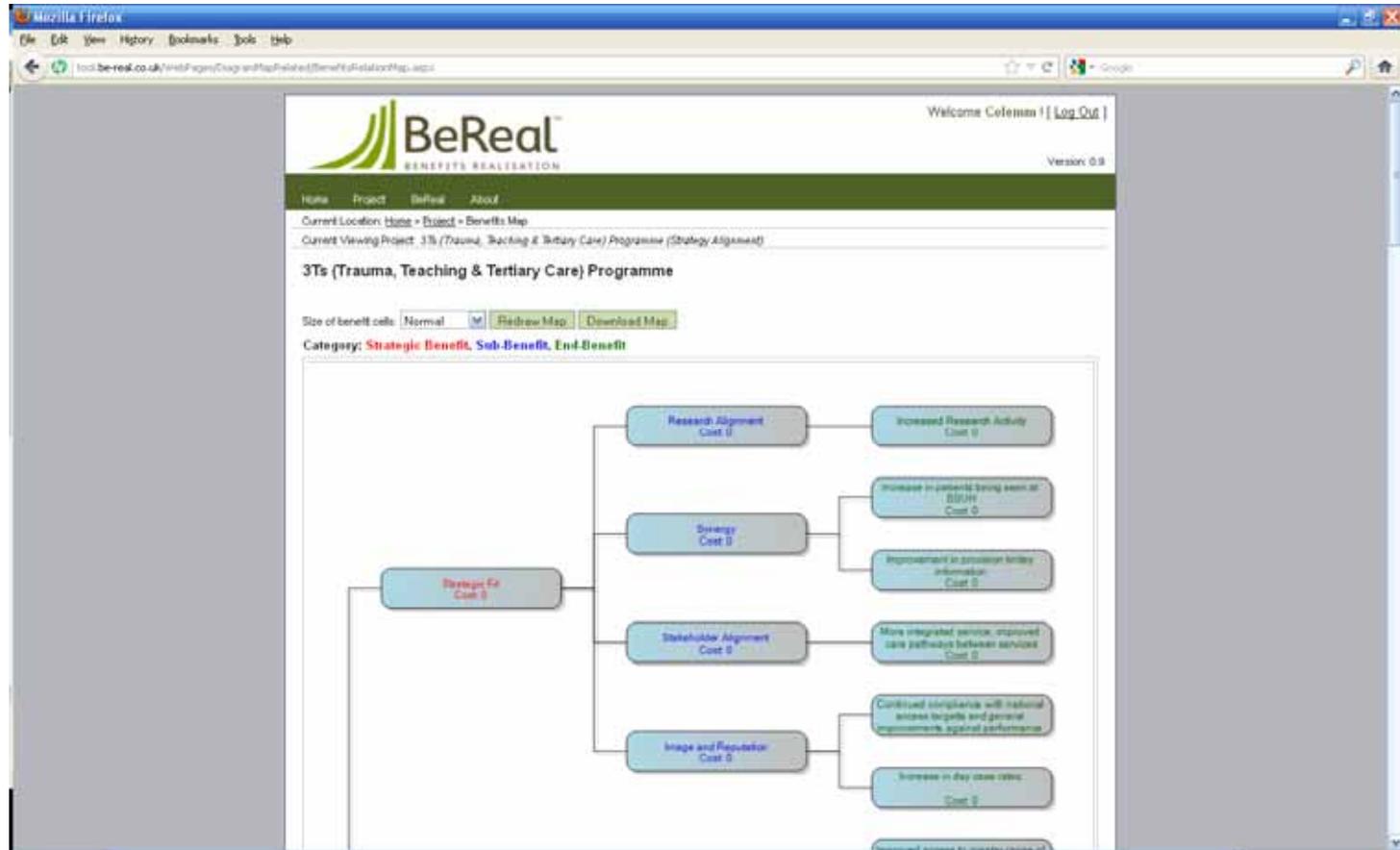
Metric	Value
Benefits - total	84
Benefits - strategic	8
Benefits - sub	29
Benefits - end	47
Most frequently updated benefit	Continued compliance with national access targets and general improvements against performance targets
Higher costed strategic benefit	Clinical Outcomes
Higher costed sub benefit	Synergy
Higher costed end benefit	Increase in patients being seen at RSUH
Most recently changed benefit	Continued compliance with national access targets and general improvements against performance targets
Most recently created benefit	Local economy construction benefit

ID	File Name	Upload Time	Uploader
No file has been uploaded yet.			

Project profile page.

# BeReal Screenshots



Benefit map view.

# BeReal Screenshots



The screenshot shows the BeReal web application interface. The top navigation bar includes 'Home', 'Project', 'BeReal', and 'About'. The current location is 'Home > Project > Benefit > Profile > Measurement'. The current viewing project is '3Ts (Trauma, Teaching & Tertiary Care) Programme (Strategy Alignment)'. The benefit being tracked is 'Improved Mortality Rates And Long Term Outcomes'. The interface includes a 'Measurement List' table and a 'Detailed Measurement' view for a specific measurement.

Measurement List			
Description			
Improved access and clinical outcomes for complex trauma	<a href="#">View Detail</a>	<a href="#">Delete</a>	<a href="#">Download Report</a>
Mortality rates for trauma and 3Ts specialties inc critical care patients	<a href="#">View Detail</a>	<a href="#">Delete</a>	<a href="#">Download Report</a>
Number of admissions outside Sussex	<a href="#">View Detail</a>	<a href="#">Delete</a>	<a href="#">Download Report</a>
Local treatment for patients requiring plastic surgery	<a href="#">View Detail</a>	<a href="#">Delete</a>	<a href="#">Download Report</a>

Detailed Measurement	
ID	43
Description	Improved access and clinical outcomes for complex trauma
Further Information	Improved outcomes for these trauma patients @ 20% = £12000 per patient x375 (including 100 existing patients) = £4,500,000pa. Clinical outcome data using SF36 on 50 complex tibia fractures. Data from bespoke trauma audit carried out by designated trauma staff.
Data Source	Audit tranche 1.
Baseline Value	09/10 outturn
Target	"20% improvement of outcome from clinical audit data. 200% increase in trauma cases"
Actual Value	<a href="#">View Tracking</a>
Recurrent From	From Stage 1
Timescale	One year post completion
Internal Code	35
Lead	

Example of measure against end benefit.

**RSCH Hospital Redevelopment Programme Board 26<sup>th</sup> October 2012**  
**10.30am-12.30pm in the Board Room Sussex House**

**Present:** Ian Arbuthnot, Chris Adcock (Chair), Anna Barnes, Mark Frake, Nikki Luffingham, Steve Gallagher, Karen Geoghegan, Julie Nerney, Duane Passman, Pippa Robinson (BSMS) and Steve Woodward (for Paul Maitland T&T).

**Apologies:** Ramona Booth (B&H Clinical Commissioning Group), Sue Braysher, (Horsham, Mid Sussex and Crawley Clinical Commissioning Group and NHS Sussex) Sheree Fagge, Lawrence Goldberg, Robert Gregory (NHS South of England), Nick Groves, Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Peter Hale, Geraldine Hoban (B&H Clinical Commissioning Group), Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Paul Maitland (T&T), Xavier Nallentamby (B&H Clinical Commissioning Group), Minesh Patel (Mid Sussex Practices Commissioning Group), and Paul Richards (NHS South of England).

**1 Welcome & Introductions**

Chris welcomed everyone to the meeting and introductions were made.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (24<sup>th</sup> August) were agreed as a true record.
- The core team notes from 31<sup>st</sup> August and the 28<sup>th</sup> September were received.

**3 Matters Arising – Programme Board minutes**

**3.1 Update on GP and CCG engagement**

Duane reported that a meeting he had held with the Governing Body of the Mid-Sussex and Horsham CCG had been broadly positive, but further more detailed discussions would be required in areas of particular interest. Chris said that the process of engagement had been relatively slow as all the CCGS were going through the process of authorisation. However, this period was now coming to an end. He added that Peter Hale was now meeting with the CCG clinical chairs on a regular basis.

**3.2 Benefits realisation/programme management**

Anna reported that following discussion within the team and with Gary Steen, it appeared sensible to use the same programme management tools as the EPR programme. This would mean that project reporting, risk management and project planning would be consistent across the various programmes within BSUH. It would also be possible to move towards a web-based system which would be useful for consultants not on the BSUH network. As the EPR programme used Microsoft Project 2010, this would be the package to purchase post mobilisation (subject to commercial negotiations). Anna thought the interface tool would also be compatible with this programme, as would the programme management software in use by LOR.

Julie asked if this would cause any problems with the HaCIRIC tool used for benefits realisation. Anna said that this would continue to be developed. However, she had looked at the EPR benefits realisation plan and was using a similar format within the FBC. This would ensure that there was read across between the various programmes within BUSH.

**3.3 Negotiation strategy**

Chris asked Duane to resend the draft paper for further discussion

**Action Duane Passman/Chris Adcock**

### 3.4 **FBC plan**

Anna updated the Board that work was continuing using the FBC structure which had been agreed in June.

### 3.5 **Liquidity Strategy**

Duane reported that the Estates Strategy had been to both FWC and the Trust Board which reinforced the need for 3Ts as part of the total Estates rationalisation and liquidity strategy.

Nikki sought clarification on the potential to repatriate haematology/oncology patients in advance of the ultimate solution in Stage 2 of 3Ts as the Sussex Cancer Network was keen to see how this could be progressed. Duane reported that he was currently drafting an options paper for this, but there may only be only feasible and deliverable option which drew on a previous decant plan. That plan had been set aside as the potential revenue impact had been seen as too onerous. Mark reported that subsequent discussions on accounting treatment may significantly ameliorate this impact.

**Action: Duane Passman**

## 4 **Programme Director's Report**

Duane presented his written report as follows:

### 4.1 **Outline Business Case**

- The OBC has been considered by the Department of Health (DH) and was passed to the Treasury (HMT) for its consideration in mid June. Comments have been received from the Treasury (via DH) on 5 September and responses have been provided over the last few weeks. Copies will be made available to the Programme Board, Executive Team and the Board of Directors.
- The really key area to address related to the level of information to be provided for the Trust's Cost Improvement Plans for 2012/13 and 2013/14. A comprehensive reply was submitted on 5 October. Duane added that he was working closely with Andrew Grimshaw and would be resubmitting the CIPs for 2012/13 and 2013/14 the following week.
- Further clarification was sought on 17 October, seeking more detail in some of the workstreams and this appropriate response is being drafted.

### 4.2 **Decant**

- NHS South of England is currently in the process of scrutinising the St. Mary's Hall Refurbishment Full Business Case and there is hope that this will be approved by mid November. Work is progressing to agree the Guaranteed Maximum Price which has been received by Kiers (the Trust's P21+ Supply Chain Partner) to ensure the priced scope matches the Trust's requirements.
- The approval of the Decant Full Business Case is also being progressed and approval is expected in advance of Christmas. Therefore the team is continuing to develop the Guaranteed Maximum Price for the rest of decant with Laing O'Rourke, advised in both cases by Turner & Townsend.

### 4.3 **Key Programme Risks**

Duane outlined the highest risks, including some which had been added following the joint review with LOR. The top risks (by score) are:

- **Helipad – Risk ID 22 (Risk re-evaluated and transferred from joint risk register) –** during remobilisation, further testing will need to be undertaken to ensure that the helipad

design is robust via smoke testing of a scale model. The risk is that this generates changes to the design approved as part of the Full Planning Consent;

- **Design process – main scheme** (Risk ID 30 (renumbered)) - Work continues, with the advice of an expert acoustician, to identify mitigating actions for the impact of the noise of construction and helipad operations on the upper levels of TKT. The draft report is now close to completion;
- **Engagement public** (Risk ID 5) – There is a need to ensure that there is full support for the eventual FBC from partner organisations and work is underway to design a process for this;
- **Overarching Programme** – (Risk ID 35) – further delays increase the capital costs and put further pressure in affordability. Building price inflation remains under review;
- **Overarching Programme** – (Risk ID 38) – 2013/14 CIPS include a review of 3Ts staffing. This requires further discussion;
- **Workforce Planning** (Risk ID 1) – the workforce planning numbers are being aligned with LTFM to ensure consistency;
- **Design process – main scheme** (Risk ID 12) - 80 temporary car parking spaces will need to be provided during the construction period away from the RSCH site. Discussions with the council have yet to yield a satisfactory outcome for this issue, although the Council are now engaged in working with us to secure a resolution;
- **Design Process – main scheme** (Risk ID 37) – there is a risk that ground conditions around Thomas Kemp Tower are worse than anticipated. Further surveys will be required upon remobilisation;
- **OBC/FBC drafting** – There is significant uncertainty about the HMT approval period and the impact on the programme;
- **Overarching Programme** (Risk ID 38 – John Wilkinson, Clinical Planning Manager has accepted a three month secondment to the Imaging Department and Abigail Pride will take maternity leave from December 2012. Mitigations are currently being developed. This risk is increasing as uncertainty about the approval period and the future of the team continues;
- **Overarching Programme** (Risk ID 24) – changes to the structure of the NHS cause uncertainty as move through OBC and FBC approval stage;
- **St. Mary's** (Risk ID 24) – the timescale to reach a GMP and approval extends beyond original programme. This has now crystallised as SHA approval will not now be received until mid November;

#### 4.4 Patient, Staff and Public Engagement

Duane concluded by adding that the Hospital Liaison Group last met on 2 October 2012.

#### 4.5 There were various questions as follows:

- Julie asked if there was sufficient optimism bias within the SMHS case for additional works if required. Duane answered positively, depending upon scope.
- Iain followed this up by asking about the potential for an out-patient booking hub. Duane said that this design was in progress.

- Julie asked if the decant GMP was at risk because of the continued delay. Duane said that this was not the case as the design had not changed significantly since GMP had been submitted. This was currently being reviewed by our independent cost advisers, Turner & Townsend.
- Julie was concerned at the rate of attrition within the team owing to the delays to main scheme and the potential loss of organisational memory. Duane agreed that this was a concern, but that one vacancy had recently been filled and another maternity cover post was being progressed that week. He was meeting monthly with the whole team in order to maintain morale and the team was fully engaged in trust redesign/business planning activities during the continued design pause. Duane agreed to provide a resource plan which looked at capacity/demand within the team for the next meeting.

**Action: Duane Passman/Anna Barnes**

Chris thanked Duane for his report which was received.

## **5 Project Planning and Reporting tool including risk register**

5.1 Anna then presented the PPRP including the risk register. The top risks were as per Duane's report. Anna summarised the changes as follows:

- **Closed risks:** There were no now risks associated with Jubilee Decant as a design solution had been found. Various other decant related risks had also been closed. However Programme Board requested that the risk associated with the release of funding for the decant programme should be reopened (ID one) as this had been closed in error.
- **Top risks:** programme, decant and funding related, as per the previous Programme Board. The total number of top risks scoring over 15 had increased in number because of continuing uncertainty within the health economy. These risks were expected to decrease as the new commissioning structures crystallised.
- **New risks:** There were a number of new design related risks which had been reallocated from the PSCP following a recent risk workshop. These would be fed into the GMP contingency allowance within the FBC.
- **Changed risks:** Many design related risks for decant had reduced whilst the uncertainty within commissioning had increased risks around the approval process.
- **Issues Log:** The majority were design related and were rated green or amber. The one red issue related to the increased costs and uncertainty regarding the Heritage Space following the failure to secure funding from the Heritage Lottery Scheme. Anna said she would bring a further paper about this to the next meeting.

**Action: Anna Barnes**

5.2 The risks and issues register was accepted with these amendments.

## **6 FBC Plan- Update**

Anna reported that there would be a report about the revised dates and timescales following the team day on the 30<sup>th</sup> October. A further update would be brought to the next meeting.

**Action: Anna Barnes**

## **7 Financial Report**

This report was presented for information. Mark made some key points as follows:

- The position is based on Month 6 & uses latest the cashflows from LOR. These will not be final set for FBC because the FBC will need to be based on GMP (now expected in July 2013). These cashflows are informing the LTFM to be produced next month and were used in latest FIMS.

- The report is to be reviewed with Kevin Nederpel & Steve Marshall with particular attention to be given to impact on Cost Improvement Plans. Before 3Ts opens this impact on CIPs is mainly driven by Capital Charges as SHA have committed support to Core Team and transitional costs have been identified as being funded by a top slice via local commissioners
- The year to date spend on the Project Team is £470k and in the main assumes the same level of capitalisation as previous years. The forecast for 2012 has been amended to reflect the change in programme.
- Design Fees to date of £1.16m are based on the £206k capped monthly fee. The forecast assumes this continues through to January.
- Decant Year to Date is £190k and is mainly Trust side costs as LOR side is included in the £206k monthly fee. A transfer between Main Scheme and Decant contracts is assumed in the FY Forecast.
- Decant cashflows have been updated to reflect the latest programme & these same numbers have been used in Trust Board reporting & will update Decant FBC document.
- Equipment spend is MTC & latest forecast from LOR suggests spend will be slightly below the £3.2m suggested in Business Case.
- As can be seen the Trust continues to fund 3Ts from Operational Capital and its assumed Operational Capital will be repaid.
- On the revenue side year to date spend on Core Team is £580k and in the main assumes the same level of capitalisation as previous years. The forecast for 2012 has not changed from last month and a saving of £83k is anticipated by year end.
- The change in decant programme means there are no material costs anticipated in 2012/13 and anything that crops up could be met by Duane's Core Team contingency.
- St Marys running costs are not part of 3Ts but Duane has offered to use part of contingency to help fund St Marys if property sales do not come about. This assumes capitalisation can be maintained at 2011/12 level.
- Future years will be updated once the LTFM is finalised in November.
- On risks as mentioned previously a delay in OBC approval is adding costs to overall scheme, and the largest component being inflation. However in reviewing work for LTFM and FBC, Decant Transitional Costs will increase £0.1m per month for each additional month departments have to stay in their Decant "home" (it's assumed that this needs to be managed within £31m Transitional Support).
- Accelerated depreciation as a risk has disappeared as FBC accounting will reflect a reduction in depreciation for new modular buildings & this will be reflected in the Trust's next LTFM. Decant FBC is being updated to reflect this change.

Chris thanked Mark for his report which was received.

## **8 Any other Business**

- 8.1 Julie explained that she this might be her last meeting as the governance of major programmes within BSUH was being reorganised, which might mean that non-executive directors would not sit on individual programme boards any longer, as a single programme board was being established.
- 8.2 Duane thanked Julie for all she had done for 3Ts, particularly her critical challenge as well as support.

## **9 Date of next meeting**

The next meeting will be held on **Friday, 23<sup>rd</sup> November 2012** from 10.30am to 12.30pm in **Sussex House Board Room Sussex House Abbey Road, RSCH.**

**RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 24<sup>th</sup> August 2012  
10.30am-12.30pm in the Board Room Sussex House**

**Present:** Chris Adcock (Chair), Anna Barnes, Daniel De Rozarieux (for Nikki Luffingham), Peter Hale, Steve Gallagher, Kevin Nederpel (for Karen Geoghegan), Paul Maitland (T&T), Duane Passman and Pippa Robinson (BSMS).

**Apologies:** Ian Arbuthnot, Sue Braysher, Sheree Fagge, Mark Frake, Karen Geoghegan, Lawrence Goldberg, Robert Gregory (NHS South of England), Nick Groves, Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Des Holden, Julian Lee, Nikki Luffingham, Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Julie Nerney John O'Sullivan (NHS B&H), Minesh Patel (Mid Sussex Practices Commissioning Group), Paul Richards (NHS South of England) Alex Sienkiewicz and Phil Thomas.

**In attendance:** Rob Brown and Robert Paynter.

**1 Welcome & Introductions**

Chris welcomed everyone to the meeting and introductions were made.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (22<sup>nd</sup> June) were agreed as a true record subject to the following amendment: 5.3. 2<sup>nd</sup> storey should read 3<sup>rd</sup> storey.
- The core team notes from 15<sup>th</sup> June were received.

**3 Matters Arising – Programme Board minutes**

**3.1 Update on GP and CCG engagement**

Duane reported that he has been asked to attend a meeting with the Horsham and Mid-Sussex CCG Governing Body on 4 September. He thought that other meetings would follow on and this was the beginning of more regular engagement with clinical commissioning colleagues. Chris added that he was also meeting up with CCG members shortly and would report back to the Board.

**Action Duane Passman/Chris Adcock**

**3.2 Benefits realisation**

Anna updated the Board on the discussions that had taken place with Nick Groves (Delivery Unit), Judith Steen (EPR) and Graham White (HR) concerning the need for a common approach to planning and executing projects across BSUH (including benefits realisation). She said that the presentations about the various software packages which could support this approach had been concluded and that a report would be produced for Duane within the month.

**Action: Anna Barnes**

**3.3 Negotiation strategy**

Duane said that this would be available for the September meeting of the Programme Board following discussion with the CEO and Executive Team.

**Action Duane Passman**

### 3.4 **FBC plan**

Anna said that a lot of work had been initiated within the 3Ts team preparing the FBC, as per Duane's plan which had been circulated to the Executive Team. Duane added that a report would be produced for the meeting in September.

**Action: Anna Barnes**

### 3.5 **Radiotherapy risks**

Anna reported that these had been reviewed and the risks submitted to the Radiotherapy Project Board for consideration.

## 4 **Programme Director's Report**

4.1 Duane gave a verbal report as follows:

- The OBC: DH are in regular dialogue with BSUH regarding the OBC. The main issue was how the BSUH cost improvement plans for 2012-2013, 2013-2014 and 2014-15 were progressing. Duane expected this to continue in the next couple of weeks and emphasised the urgent need to conclude this work.
- Remobilisation: Duane was positive about progressing SMHS ready for occupation in January 2013 (for estate rationalisation) and June 2013 (for decant) subject to SHA approval of the Case in mid-September.

4.2 Chris thanked Duane for his report.

## 5 **Project Planning and Reporting tool including risk register**

5.1 Anna then presented the PPRP including the risk register. She explained as there had not been a meeting in July some of the new and changed risks had been from July as well as from August. Anna summarised the changes as follows:

- **Closed risks**: The Judicial Review risk had been closed. Several decant risks were design related and had been resolved (and therefore closed)
- **Top risks**: programme, decant and funding related, as per the previous Programme Board.
- **New risks**: One area of risk was the timescale for procuring the MRI scanner under Trust SFIs.
- **Changed risks**: The stand-down had increased the risk of affordability as the programme was now lengthening.
- **Issues Log**: The majority were design related (within decant) incurred through the process of generating the GMP.

5.2 Duane added to the report and raised some issues which Julie Nerney had sent by email in her absence. He said that Julie had been concerned that a) Trust financial procedures should not delay the MRI procurement (RSCH FCP-21) and b) that renewed efforts should be made to engage with CCGS (RSCH FCP-11). Duane informed the Board that he had been reassured that the MRI could be purchased within an appropriate timescale. This risk could therefore be reduced and had been generated at a specific point in time before that assurance had been provided. He also said that engagement with CCGS was now progressing (as discussed under item 3.1) but more would need to be done to ensure appropriate and timely engagement with CCGs.

**Action: Anna Barnes**

5.3 Peter asked if the risk 37 re radiation protection advisors was being dealt with. Duane said that it was difficult to mitigate this far in advance, but that it was appropriate for it to be brought to the attention of the Board.

5.4 Chris asked why the risk re: overall affordability (Overarching Programme 32) had increased. Duane explained that this was because of the delay in approval at HMT and the increased focus on BSUH's challenging CIPs.

5.5 The risks and issues register was accepted with these amendments.

## **6 Decant Presentation**

6.1 Rob Brown gave a presentation regarding the latest proposals for decanting services in preparation for the main scheme. The presentation demonstrated how all decanted services could now be accommodated, with minimal disruption to patients.

6.2 Rob outlined the process for reaching an agreed GMP based on LoR Works GMP submitted on 16th August 2012, within an available budget of £24.4m + VAT . The detailed technical evaluation was now in progress until mid September 2012 and Phase 4 Contract documents were being prepared for signing by end of September 2012.

6.3 Regarding SMHS, Kiers GMP for the works would be submitted on 20th September 2012 and was also forecast to be within £ 5.44m budget for decant.

6.4 The RACH Works GMP had been received from CAPL, within the available budget £0.76m.

6.5 3Ts Decant FBC approved by Trust Board of Directors was currently with NHS SoE; FBC approval programme was co-terminous with main OBC approval.

6.6 Rob explained how, although the repatriation of haematology patients was outside of the 3Ts programme (13 beds), the work on renal unit would lend itself for some discussion about how these patents could be accommodated. Duane cautioned that this work may not be fully capitalisable and may have revenue consequences. It was suggested that specialist commissioners, who are keen to see the centralisation of Level 2 haematology beds, should be engaged in a discussion with regard to transitional costs in achieving this objective.

6.7 Rob explained that the parking spaces would be lost outside the Barry Building when FCP begins, and that an application would be made to B&HCC for some additional spaces at SMHS. He also said that a planning application would be needed for the replacement of the portacabins (Dorothy Robinson Building) on the North Service Road.

6.8 Duane informed the group that he had already approached B&HCC about additional parking at Black Rock and the Marina and a meeting is being convened to discuss this further.

6.9 Rob explained how the construction disruption solutions were being developed and how the trailer MRI in the Hammerhead would be used to cover construction disruption to equipment down time.

6.10 Rob gave the following indicative key dates (subject to release of further funds)

- BGH 'C' Block Oct 2013
- TKT Courtyard Mar 2014
- RACH / Audiology Jun 2013
- 545 Oct 2013
- FCP + SCC May 2014
- North Road Building Mar 2014
- St Mary's Jul 2013
- TKT sub station Sep 2013

6.11 Chris thanked Rob for his presentation. Peter congratulated the team for finding a solution for all the challenging decant issues. Duane cautioned that the service diversions would create new challenges once the decant programme was in progress.

## 7 Financial Report

- 7.1 This report was presented for information. Kevin reinforced the view which had been expressed concerning the continuing delay in approval by HMT. Chris added that the impact of the delay on the estate required a separate discussion.

**Action: Chris Adcock/Duane Passman**

## 8 Any other Business

- 8.1 Duane raised several issues as follows:

- **SMHS:** Duane would be seeking SHA approval in September for the planned works. This would improve Trust liquidity through the estates rationalisation strategy. Works were planned to be complete by July 2013.
- **Workforce:** The majority of the plans were now submitted. Kevin said that the financial implications needed to be worked through. Chris added that some workforce leads would be required to resubmit plans with more realistic expectations. However, conversations with Sue Webb at NHS SoE had been encouraging.
- **Core Team:** Duane said that funding for the Core Team was continuing for the foreseeable future as part of the SHA's re-approval of the OBC. Following on from Julie's email and concerns about the teams' activities during the design pause, Duane reported that the team were being utilised across the Trust on various projects such as Simulation, Education Strategy and Radiotherapy. Anna added that being fully involved in the generation of the GMP had been an extremely useful dry run for the main scheme GMP process.
- Peter raised a question regarding the commitment from HMT and DH to the scheme, whether it was still as strong as it had been. Chris and Duane replied that their liaison with civil servants concerning the case was still as supportive as previously.

## 9 Date of next meeting

The next meeting will be held on **Friday, 28<sup>th</sup> September 2012** from 10.30am to 12.30pm in **Sussex House Board Room Sussex House Abbey Road, RSCH.**

RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 22<sup>nd</sup> June 2012  
10.30am-12.30pm in the Meeting Room Sussex House

**Present:** Anna Barnes, Graham Dodge, Steve Gallagher, Karen Geoghegan, Robert Gregory (NHS South of England), Nikki Luffingham (Chair), Julie Nerney, John O'Sullivan (NHS B&H), Duane Passman and Paul Richards (NHS South of England).

**Apologies:** Chris Adcock, Jo Andrews, Ian Arbuthnot, Sue Braysher, Mark Frake, Nick Groves Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Peter Hale, Des Holden, Julian Lee, Paul Maitland (T&T) Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Minesh Patel (Mid Sussex Practices Commissioning Group), Martin Randell, Pippa Robinson (BSMS) and Alex Sienkiewicz.

**1 Welcome & Introductions**

Nikki welcomed everyone to the meeting.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (25<sup>th</sup> May) were agreed as a true record.
- The core team notes from 25<sup>th</sup> May were received.

**3 Matters Arising -Programme Board minutes**

**3.1 Haematology/Oncology beds**

Duane reported the baseline monitoring re aspergillus was now taking place.

**3.2 Update on GP and CCG engagement**

Nikki and Duane discussed the need to update the CCG leads on a regular basis. They had requested some succinct information regarding 3Ts. Duane agreed to write a regular briefing for this purpose. Julie reiterated the need to ensure sign off from local GPs and CCG leads for the FBC.

**Action Duane Passman**

**3.3 Satellite Radiotherapy units**

Duane updated the Board that the projects in the East and the West were being prepared for procurement, as per the press reports from NHS Sussex. This had been reported to the BSUH Board.<sup>1</sup>

Duane noted that a source of funding would be required for the costs of this procurement as an early estimate had put this at £800,000. Further discussion on this would be required.

It was also reported that separate workstreams looking at the capacity of the network in the medium term were also being put in place.

Geoff Newman highlighted the difficulty in meeting the existing radiotherapy targets with the existing capacity

Nikki and Duane both gave assurances that regular reports on the programme would continue to be provided. Duane anticipated the additional linked unit provision would be available by late 2014.

**3.4 Car parking spaces**

Duane reported that he was investigating an alternative site for a park and ride and/or contractors' base in East Brighton. He was also planning to apply for planning permission for some temporary parking at SMHS in order to ameliorate the reduction of 80 spaces once the FCP building was under construction.

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<sup>1</sup> <http://www.bsuh.nhs.uk/about-us/the-trust-board/trust-board-meeting-papers/may-2012-board-meeting-papers/>

### 3.5 Benefits realisation

Nikki asked Anna what progress she was making in ensuring there was a common approach to benefits realisation across BSUH. Anna said that she had had a discussion with Nick Groves, and would ensure that the benefits proposed within the Delivery Unit would be cross referenced with those proposed via 3Ts and not double counted. Julie asked if there had been any discussions about developing a common approach to project management across BSUH, as had been discussed at previous meetings and how the interface methodology could also be included.

Karen cautioned that the Delivery Unit could not be expected to lead on rolling out this common approach. Anna reported that the 3Ts team had been investigating appropriate software for running the programme post mobilisation and would report to Duane recommending tools and technique/training and infrastructure costs. Anna said that these discussions were informed by the needs of other programme across BSUH, not just 3Ts. She offered to ensure this report was available for the Programme Board and the Executive to consider once Duane had seen it and considered the recommendations.

**Action: Anna Barnes**

## 4 Matters Arising- Core Team notes

### 4.1 FM costs

Julie Nerney asked what mitigation was being taken to ensure that the FM costs were affordable within the new development (having read that this might create a £11.5m cost pressure). Duane Passman reported work was underway to ensure that the exact cost of the new development would be more fully understood. Steve Gallagher reported that the figures in the current soft FM tender returns would provide additional information.

## 5 Director's report

5.1 Duane gave a verbal report this month as there had been little change within the approval process:

- The OBC: the DH has been working on the approval submission to the Treasury and this is expected to go to HMT imminently. Duane believed that the Treasury commit to turning around these sorts of submissions in around 28 days.
- Remobilisation: DH will not provide the funds to remobilise the design team and start the work to generate the GMP until HMT has approved the OBC
- Decant: DH will not provide the resource necessary to get on with decant in advance of the HMT approval of the OBC. However, the SHA had indicated that it is sympathetic to approving the development of St. Mary's Hall as that case stands up completely even if 3Ts does not go ahead.

5.2 Robert reiterated his support for the scheme and confirmed that the SHA was well aware that continued delay potentially wasted the resources available. He explained that due diligence now would ensure an easier passage at FBC.

5.3 Duane finished by reporting that the decant programme was now ready for implementation and that the third storey on the courtyard building would provide an answer to the problems in decanting the Jubilee Building.

5.4 Nikki thanked Duane for his report.

## 6 Negotiation Strategy

Duane said that FWC had asked him to undertake additional work on this to ensure that limits on delegated authority were completely clear. He would report back on this for the July Board.

**Action: Duane Passman**

## 7 Project Planning and Reporting tool including risk register

7.1 Anna then presented the PPRP including the risk register. She explained that there had been a joint workshop on 15<sup>th</sup> May which had resulted in a rationalisation of the risk register to and some transfer of risk from the contractor to BSUH and vice versa. Anna summarised the changes as follows:

- **Closed risks:** risks which had been transferred to the issues log for action
- **Top risks:** programme, decant and funding related
- **New risks:** One area of major concern about the retirement of the medical physicists.
- **Changed risks:** An area of increased concern regarding the capacity of the 3Ts team to undertake the 1:50 designs following a reduction in staffing during the stand down.

7.2 Karen asked Anna to provide more detail regarding risk number 20.2 (OBC/FBC drafting). Julie agreed saying that the requirement to hit FT by April 2013 could put enormous pressure on the FBC approval process, which might make the FBC deadline unachievable. Failure to secure FBC approval before the FT submission of April 2013 could risk losing all the PDC funding (which was not available to trusts with FT status). Duane reported that he had held a session with the Exec on Monday 18<sup>th</sup> June which had started the process of planning the FBC, and that Anna was leading on producing the plan with key milestones and deliverables over the summer.

**Action: Anna Barnes**

7.3 Nikki, Duane and Robert asked Anna to relook at the closed risks re radiotherapy as there was still uncertainty regarding the source of funding and the approval process for the business cases. John clarified that whilst NHS Sussex was supporting the development of the satellite radiotherapy units (as reported in the press) NHS SOE had not yet approved the cases.

**Action: Anna Barnes**

7.4 Julie raised a concern regarding risk 18 (overarching programme) that the Exec would need to look at the appropriate resourcing of all the current BSUH programmes to ensure prioritisation of the work load so as to ensure that the Trust could hit all the deadlines over the forthcoming year (3Ts FT status, CIPs EPR).

7.5 Julie also asked Anna to amend the project reporting tool, to include more detail re the work at BGH in line with the risk register. She added that the work required to ensure staff felt engaged in the programme was difficult during the current pause, but was still very important in order to protect morale. Anna agreed, and said she had found that during a recent festival in Kemp Town, whilst local people were supportive of the development, they found it hard to believe that it was not starting soon, and that there was a lack of understanding of the DH/HMT approval process.

7.6 The risks and issues register was accepted with these amendments.

## 8 Financial Report

8.1 Karen presented Mark's report which showed the current demands on the capital programme. Karen said would like to see emphasis on affordability for the next meeting. She said he was preparing a report regarding the total cost of the stand down period. Duane asked the Board to note that currently LOR required 3-4 weeks to remobilise, but if they were completely stood down this would be more likely to be 6-8 weeks.

## 9 Any other Business

None

## 10 Date of next meeting

The next meeting will be held on Friday, 27<sup>th</sup> July 2012 from 10.30am to 12.30pm in **Sussex House Board Room Sussex House Abbey Road, RSCH.**

**NB THIS MEETING HAS BEEN CANCELLED. THE NEXT MEETING WILL TAKE PLACE ON 24<sup>th</sup> AUGUST AT THE SAME TIME AND PLACE.**

**RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 25<sup>th</sup> May 2012  
10.30am-12.30pm in the Board Room Sussex House**

**Present:** Chris Adcock (Chair), Ian Arbuthnot, Anna Barnes, Mark Frake, Steve Gallagher, Karen Geoghegan, Nick Groves, Peter Hale, Paul Maitland (T&T), Julie Nerney, Pippa Robinson (BSMS), John O'Sullivan (NHS B&H) and Duane Passman.

**Apologies:** Jo Andrews, Sue Braysher, Graham Dodge, Robert Gregory (NHS South of England), Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Des Holden, Nikki Luffingham, Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Minesh Patel (Mid Sussex Practices Commissioning Group), Nick Patton (B&H Clinical Commissioning Group), Paul Richards (NHS South of England) and Duncan Selbie.

**1 Welcome & Introductions**

Chris welcomed everyone to the meeting.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (27<sup>th</sup> April) were agreed as a true record.
- The core team notes from 27<sup>th</sup> April were received.

**3 Matters Arising**

**3.1 Haematology/Oncology beds**

Duane reported the risk of aspergillus had been assessed in relation to the Barry Building via a baseline study. Core Team had discussed the implications in some detail which would be brought back to Programme Board.

**Action Duane Passman**

**3.2 Updated Terms of Reference**

Duane said that would meet with Chris to discuss some proposals for engagement with GPs and CCGs prior to ratifying the new PB TOR.

**Action Duane Passman/Chris Adcock**

**4 Director's report**

**4.1** Duane presented his report. The main areas of activity during the last month were as follows:

- Outline Business Case
- Key Programme Risks and Issues
- Patient, Staff and Public Engagement.

**4.2** Duane updated the Board that the Judicial Review period runs from the planning approval date and would therefore expire on 28 June 2012. During this period, the process which was managed by the Planning Authority could be challenged. Although Paul suggested that this was unlikely given the passage of time, Duane felt that this risk could not be reduced or mitigated. However, as the decant works would take over a year, this would not significantly affect the critical path.

4.3 Duane then updated the Board on the nature of the queries being discussed with the DH. Karen added that lengthy responses had been submitted to DH the previous day concerning the economic case. Julie whether DH was asking for new information. Karen replied that most of the queries concerned information already provided. However, the amount of time required to answer the questions was not insignificant and had an impact on staff workloads.

4.4 Duane then outlined the key risks as follows:

- **Planning Application (Main Scheme)** - (discussed above)
- **Decant Overarching** - work continues to mitigate the impact of impairment of the decant assets or decant costs being taken to Operating Expenses and thereby affecting the revenue position of the Trust;
- **Design process - main scheme.** Work continues, with the advice of an expert acoustician, to identify mitigating actions for the impact of the noise of construction and helipad operations on the upper levels of TKT;
- **Design process - main scheme.** 80 temporary car parking spaces will need to be provided during the construction period away from the RSCH site. Discussions with the council have yet to yield a satisfactory outcome for this issue;
- **Process to Guaranteed Maximum Price:** work is underway to identify the path to GMP given likely remobilisation dates, OBC and FBC approval dates and the interplay between these and the Foundation Trust authorisation path.

4.5 Duane described the plans to find a solution for the Jubilee Decant by building a third floor on the Courtyard Building. He said that the columns on level 5 would need to be strengthened, but that this work could be added to the existing works being undertaken for the ED in order to accommodate the CT scanner. There was also the potential to demolish the Dorothy Robinson building and create capacity for the new staff in A&E. This solution also mitigated the aspergillus risk by moving vulnerable haematology/oncology patients away from the demolition site. Moreover, the potential for a longer term usage for the Courtyard building would mitigate the impairment risk.

4.6 Chris asked if this would have a detrimental effect on the clinical services in level 5, but Duane thought not.

4.7 John asked why this solution had not been identified before. Duane replied that the risks of disruption to clinical services had previously been a concern but, as these works were required anyway in order to accommodate the CT scanner, it was a good opportunity to re-consider this option.

4.8 Julie asked Duane for an update on plans to introduce satellite units for radiotherapy in the East and West. Duane replied that he was drafting a paper for the Trust Board which would describe how the increase in capacity required would be delivered.

**Action: Duane Passman**

4.9 Duane finished by describing the recent meeting with the Hospital Liaison Group which met on 30 April for an update in the main scheme and other projects - mainly the Macmillan Cancer Information Centre. Attendance had been quite low.

4.10 Chris asked Duane if there was any news on the requirement to replace the lost 80 spaces on the front car park. Duane said that he was picking this up with B&HCC.

**Action: Duane Passman**

4.11 Chris thanked Duane for his report which was received.

## 5 Project Planning and Reporting tool

5.1 Anna then presented the PPRP including the risk register. This showed the following:

- **Closed risks:** Several duplicated risks on the SMHC contractor's register had been closed
- **Top risks:** still mainly decant and funding related
- **New risks:** Several construction related decant risks following a whole team workshop
- **Changed risks:** Equipping risks reduced following an increase in the procurement team.

5.2 Julie asked for some clarification regarding the immediate risks which require attention, notably the transitional costs which require certainty regarding funding as soon as possible.

5.3 Julie also asked Anna if the ICT risk 16 could be closed now that the EPR had been agreed. Anna agreed to close this risk.

**Action: Anna Barnes**

5.4 Karen asked for more detail regarding the benefits realisation and modernisation work streams. Nick reported that there was agreement to develop an integrated framework for benefits/metrics across 3Ts, the EPR and the Efficiency Programme, which he hoped would use the tool developed with HaCIRIC. Julie felt this was an enormously positive development. Anna agreed to liaise with Nick regarding this opportunity to integrate these work streams with those at the Programme Delivery Unit.

**Action: Anna Barnes/Nick Groves**

5.5 Julie asked for assurance that the Community Audiology Service would not require accommodation (Design Process Main scheme risk 3) in the future, and could be closed as a risk. Anna agreed to follow this up with John Wilkinson.

**Action: Anna Barnes**

5.6 Finally, Karen asked Anna to raise a new risk regarding the risk of operational capital being available for the Decant Project. This was agreed.

**Action: Anna Barnes**

5.7 The risks and issues register was accepted.

## 6 Interface register

6.1 Anna presented the interface register which had not changed since the last meeting<sup>1</sup>. Anna was asked to refresh it with the latest plans (discussed under 4.5) prior to the next meeting.

**Action: Rob Brown/Anna Barnes**

6.2 Chris noted that he would like to see the use of the interface register extended to other strategic programmes across the Trust to ensure that interdependencies are understood. This work would be coordinated through the Delivery Unit.

**Action: Nick Groves**

## 7 Financial Report

7.1 Mark presented the financial report. The report demonstrated that 3Ts ended the year in balance. Mark highlighted the main changes since April as follows:

- It is assumed that MTC will live within Business Case parameters & utilise £3.2m PDC received

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<sup>1</sup> Post meeting note, the red/amber/green ratings have been changed showing red if there is less than a week's float. This has changed the register which does now show one red re ENT OPD Courtyard being completed one week prior to it needed by Building 545.

- It is assumed that £2.09m of Operational Capital used in 2011/12 will be refunded once PDC funding is released.
- 2011/12 accounts are with the auditors who were looking at a year end impairment including 2010/2011 design costs.
- 2012/13 Capital numbers are based on Decant FBC & 5 Year Capital Plan approved by Board in March
- 2013/14 numbers are shown as "TBC" and will be completed once new programme, activities and cashflows have been made available. Duane is looking at remobilisation in July and programme is being updated to reflect this.
- SHA's OBC Checklist sent to DH confirmed Core Team funding by SHA & PCT Cluster funding of Other Transitional Costs. Changes in Facilities Management (FM) costs are not recognised as transitional and therefore revert to original OBC treatment of being funded by Trust CIPs.
- Core Team costs have been invoiced in full (£1.65m)
- Clarity on PCT Cluster funding is needed for 2012/13 costs and will be invoiced when appropriate.
- Accelerated depreciation remains a technical issue, but for existing assets the risk has been removed. However, depreciation on modular buildings remains based on short lives, but if depreciation were to replicate Fracture Clinic (20+ years) then accelerated depreciation risk would be further mitigated.
- 2012/13 savings target for Core Team is £83k will be offset by Change in FM costs of £48k.
- Year to date spend is in line with expectations.

7.2 Chris thanked Mark for his report, which was well received by Board.

## 8 Any other Business

8.1 Duane expressed his thanks to Nick Groves who was going to the Delivery Unit as Programme Director in June, so this would be his last meeting. He placed on record his thanks to Nick who had been with 3Ts since 2008 and had made an outstanding contribution in this period. Duane also noted that Duncan Selbie was leaving BSUH to take up the post of Chief Executive of NHS England. He thanked Duncan for his commitment to the redevelopment of RSCH on behalf of the 3Ts Programme Board which he had pursued unstintingly.

8.2 Duane said that he would provide a report on procurement options at the next meeting.

Action: Duane Passman/Paul Maitland

## 9 Date of next meeting

The next meeting will be held on Friday, 22<sup>nd</sup> June 2012 from 10.30am to 12.30pm in **3Ts meeting room Room, Sussex House Abbey Road, RSCH.**

**RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 27<sup>th</sup> April 2012  
10.30am-12.30pm in the Board Room Sussex House**

**Present:** Chris Adcock (Chair), Ian Arbuthnot, Anna Barnes, Graham Dodge, Mark Frake, Steve Gallagher, Nick Groves, Peter Hale, Nikki Luffingham, Paul Maitland (T&T), Julie Nerney, John O'Sullivan (NHS B&H) and Duane Passman.

**Apologies:** Jo Andrews, Sue Braysher, Robert Gregory (NHS South of England), Chris Gurtler (Haven & Lewes Clinical Commissioning Group), Des Holden, Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Minesh Patel (Mid Sussex Practices Commissioning Group), Nick Patton (B&H Clinical Commissioning Group), Paul Richards (NHS South of England), Pippa Robinson (BSMS), Duncan Selbie, Doug Stevens (South Coast Audit) and Phil Thomas.

**1 Welcome & Introductions**

Chris welcomed everyone to the meeting.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (23<sup>rd</sup> March) were agreed as a true record.
- The core team notes from 16<sup>th</sup> March and 13<sup>th</sup> April were received.

**3 Matters Arising**

**3.1 Haematology/Oncology beds**

Duane reported that 'Building 545' (ENT Building) option for Jubilee decant looks likely to have significant cost and programme issues, so a range of alternatives is being explored, including building over the existing ENT Building. The outcome could require us to revisit the original plan to decant the Jubilee beds within the Barry Building, or to consider a delay to the main scheme. There was a discussion about potential Aspergillus risks and operational considerations in the Barry solution. Duane would be meeting Nikki to discuss this further.

**Action Duane Passman/Nikki Luffingham**

**3.2 Satellite Radiotherapy**

Duane said that he was not able to update the Board as yet, but discussions were continuing with Sussex Together.

**3.3 BSMS space**

Nick reported that Gary Speirs (the 3Ts project lead for the audiology/RACH decant development) had met Pippa, the BSMS clinical staff and Adrian Twyning the previous week to review the plans for transferring BSMS staff and facilities off RACH L10.

**3.4 Sponsorship and charitable funds**

Julie reported that this work was currently paused owing to recognition of the competing demands at Executive level. However, it was hoped to progress with this later in the year.

#### 4 Director's report

4.1 Duane presented his report. He explained that the refreshed risks would be covered under item 9 on the agenda. The main areas of activity during the last month were as follows:

##### 4.2 Planning

The Section 106 for the build element of the programme had been signed/sealed between the Trust and Brighton & Hove City Council. The three Planning Consents were formally received on 28 March 2012.

##### 4.3 Revised OBC

Version 15.0 was approved by the Board of NHS South of England on 29 March 2012. Discussions are ongoing with the Department of Health with regard to its approval. The objective is to have the OBC approved by DH, with resource secured to commence the critical path elements of decant, by the end of May.

##### 4.4 Patient, Staff and Public Engagement

The main area of public engagement had been the consultation undertaken by the Council on the Planning Application. The Hospital Liaison Group meets again on 30 April for an update on the main scheme and other projects.

4.5 Duane's report was received.

#### 5 Programme Board revised terms of reference

5.1 Duane reported that the Terms of Reference and membership had been redrafted to reflect the next phase of the programme and to align with the new BSUH Rules of Procedure. The redraft also includes the role of the 3Ts Core Team. Ian Arbuthnot asked to be included in the membership, to ensure ongoing alignment of the 3Ts and EPR projects. This was agreed.

5.2 John noted that Clinical Commissioning Groups are members of the Board but have rarely if ever been able to attend. He felt this was a risk to the programme and suggested a discussion with CCGs about the best ways to engage them in the governance of the programme. Julie agreed, especially in the run up to FBC approval. Duane explained that this was a scheduling difficulty: CCG Leads have fed back that they are not able to attend on Fridays, and other days of the week are difficult for other members.

5.3 He was planning to set up separate focused sessions with CCG groups in the near future. Anna added that in the run up to FBC submission further meetings were planned with all the CCGs.

5.4 Nikki noted that two of the Divisional Chiefs are members but are rarely able to attend. Duane replied that he does attend the weekly Chiefs' meeting and that Peter Hale is a representative of both Chiefs and 3Ts. Chris asked Duane to discuss with the Chiefs how they would like to input to - and be part of the governance for - 3Ts, incl. whether they nominate deputies to attend.

**Action: Duane Passman**

The Board agreed to review the ToR again at the next meeting following the discussion with Sussex CCG Leads and BSUH Chiefs. They would then be submitted to the Finance & Workforce Committee for approval.

## 6 Alignment of activity, income and bed modelling assumptions

- 6.1 Duane reported that he, Chris and Karen had agreed to run a workshop towards the end of May with them, other Directors and their teams to explore the practical mechanics for aligning income, activity, capacity, CIPs/demand management and workforce assumptions in the 3Ts FBC and any future iterations of the LTFM. This had therefore superseded the paper Nick and Hazel Belfield-Smith had drafted at Programme Board's request.

**Action: Duane Passman**

## 7 Decant: Rationale for advanced funding request.

- 7.1 Duane noted that following approval by Programme Board and the Board of Directors, the Full Business Case for the Stage 1 decant scheme has been submitted to NHS South of England for approval. Decant is a prerequisite for the 3Ts main scheme; it enables realisation of the full range of benefits set out in the 3Ts Outline Business Case and was not therefore presented as a stand-alone economic case. Value for money of the whole scheme, including decant, will be revisited in the 3Ts main scheme FBC.
- 7.2 Duane explained that in addition, however, the decant plan realises a number of other objectives/benefits over and above vacating the main scheme construction site. These were summarised in the Decant FBC but Duane had asked Nick and the team to provide some further detail; in essence, 'why would BSUH undertake this plan regardless of 3Ts'. This would support the SHA and DH in agreeing to fund some or all of the decant programme in advance of final approval of the 3Ts OBC and FBC. Nick then gave his presentation.
- 7.3 John asked whether the case for creating community-based outpatient services at Brighton General Hospital was undermined by the plan to move the rheumatology service back to the RSCH site in 3Ts. Duane noted that services are moved periodically so did not feel that this would in itself undermine the case for a development for the next five years or so. How Outpatient space in 3Ts is used once the building opens may also change in light of the ongoing transfer of services into community settings, and refurbished clinical accommodation at BGH may be needed for other services.
- 7.4 John also asked whether BSUH would have purchased the St Mary's Hall site had 3Ts not been a strategic objective. Duane replied that the original purchase business case envisaged use of the site for 3Ts decant or, if 3Ts were not approved, office and residential estate rationalisation, although more detailed planning for the refurbishment case has identified that both objectives can be achieved.
- 7.5 Chris asked similar questions with regard to the modular buildings, particularly those on the critical path such as the FCP and MIE buildings. Julie commented that services had a normal life of 5 years in any one place, so these works were justifiable in their own right. Duane added that if 3Ts was delayed for any reason an extension could be applied for, so the building could continue to be used.
- 7.6 There was a discussion regarding CIRU and the possible expansion of the research network. Julie asked for an update. Duane replied this is planned as part of the FBC.
- 7.7 Nick thanked members for their comments, which he would incorporate into the paper. Duane noted that the paper would be submitted to the SHA the following week to support their consideration of the Decant FBC.

## 8. Trauma Research proposal

- 8.1 Anna presented a research proposal which had been awarded ethical committee approval by the Regional Research Ethics Committee (Manchester North West). This was to evaluate the effectiveness of the BSUH trauma services in treating patients pre MTC, post MTC and post 3Ts. The 3 cohorts would be interviewed 4 times: 1 month post injury, at 1 year, 2 years and 3 years. The hypothesis being tested was that patients receiving the new service show clinical improvements compared to those receiving the service pre MTC.
- 8.2 Anna explained that this was part of the benefits realisation exercise and would be captured by the benefits realisation tool being developed with HaCIRIC.
- 8.3 PB thought this was a well presented research proposal and welcomed this research.

## 9 Project Planning and Reporting tool

- 9.1 Anna then presented the PPRP including the risk register. This showed the following:
- **Closed risks:** Several risks associated with planning (although the judicial review risk remains until June) and MTC which is now operational.
  - **Top risks:** still mainly decant and funding related.
  - **New risks:** A risk raised by risk management regarding the risk to staff and patients during construction, as well as our mitigation strategies and the risk that patients would be dissatisfied with decant locations
  - **Changed risks:** Several risks at SMHS reduced as construction plans progress.
- 9.2 Anna presented two new reports, the **key issues log** and the **risks for attention** report. The key issues log reflects 3Ts work towards working through practical issues as they arise, before they become programme risks, is very much work in progress and a live document. As expected the risks for attention (June 2012) mainly concerned immediate issues regarding the decant programme, rather than 3Ts construction related risks. Both reports gave PB assurance that the team is tracking and managing issues as well as risks.
- 9.3 Nikki asked Anna why risk ID MTC 4 had been closed. Anna explained that MTC had gone live on target, so the risk sub group agreed it could be closed. Nikki asked for it to remain open as there was still work to do to ensure the MTC was operating at full capacity.
- 9.4 Anna said she was continuing to liaise with Simon Maurice about the risk register for the MTC as, at some point these would be transferred onto a separate register.
- Action: Anna Barnes**
- 9.5 With this proviso, the risks and issues register was accepted. Julie sought clarification that PB was being asked to approve the closure and addition of new risks, as well as the rating of existing risks. Duane and Anna confirmed that this was the case.

## 10 Interface register

- 10.1 Rob presented the revised interface register in line with the latest programme. The report showed that there were several pinch points, especially with regard to services required to move into SMHS. Although the number of greens was reassuring, it was evident that once the programme was fixed (post DH OBC approval when money for decant would be released see 7.4) there was a significant risk that these interdependencies could become much more time critical.

10.2 Paul asked if the formatting could be changed as he felt that one week/one day was too much of a risk for amber. Rob agreed to look into this.

**Action: Rob Brown/Anna Barnes**

10.3 The Board accepted the revised register and thanked Rob for his report.

## 11. 3Ts resource plan

11.1 Duane presented the resource plan, which identified the resourcing requirement for the team based on individual tasks required pre- and post-remobilisation. This follows the recommendation of the October 2011 Gateway review.<sup>1</sup> The analysis provides assurance that the team is appropriately resourced for its workload. Duane noted that if the team were to be reduced, the work would need to be contracted out, which would be at considerably higher cost. In-house resourcing therefore represents better value-for-money.

11.2 Julie asked how we could safeguard and improve our clinical input which would be required post mobilisation and during the 1:50 process. Duane explained that there was some resource in the budget for backfill and a process was in place.

11.3 Chris welcomed this level of analysis and the reconciliation between tasks/output and resourcing. The new BSUH Delivery Unit would be taking a similar approach for other major projects and the Efficiency Programme.

11.4 Chris thanked Duane for this report, which he felt had been extremely useful.

## 12 Financial Report

12.1 Mark presented the financial report. The report demonstrated that 3Ts ended the year in balance. Mark highlighted the main changes since February as follows:

- Month 12 actuals were better than target and were below forecast except for MTC spend where Design costs were capitalised
- Its assumed that MTC will live within Business Case parameters & utilise £3.2m PDC received
- The contingency was released in the period. Year End capitalisation is still subject to audit review and if there are any issues, then this contingency release will cover them.
- 12/13 Capital numbers have been updated to reflect Decant FBC & 5 Year Capital Plan approved by Board in March.
- Total Out-Turn at 20/21 remains based on OBC & numbers will be updated as new programme & cashflows are firmed up as we move towards FBC
- Core Team delivered savings above forecast due to continued stand down & contingency release.
- Capital Charges in 11/12 reduced as very early design work was impaired at the year end. This is subject to audit clearance.
- 12/13 savings target for Core Team is £83k.
- 12/13 updated per Decant FBC and includes Transitional Cost funding from PCT Cluster.
- SHA's OBC Checklist confirmed Core Team funding by SHA & PCT Cluster funding of Other Transitional Costs, but did not recognise Changes in Facilities Management (FM) costs as being transitional. Changes in FM costs were funded by Trust CIPs in the original OBC and therefore revert to this funding structure.
- Refurbishment costs previously accounted for as a revenue issue have been confirmed as capital costs.

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<sup>1</sup> The Programme Director should prepare a fully resourced master programme to plan all activity that is required to complete and publish the FBC

- The main risk remains access to funding & delays driving Trust down a prudential borrowing route, which means the Trust will pay interest at a higher rate than PDC, but it will also have to find cash to repay the capital borrowed.
- Accelerated depreciation remains a technical issue & is still a risk for 3Ts.

12.2 Chris thanked Mark for his report, which was well received by Board.

### 13 Any other Business

13.1 Duane congratulated Ian and his team for the approval of the FBC for the Electronic Patient Record.

### 14 Date of next meeting

The next meeting will be held on Friday, 25<sup>th</sup> May 2012 from 10.30am to 12.30pm in **Sussex House Board Room, Sussex House Abbey Road, RSCH.**

**RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 23<sup>rd</sup> March 2012  
10.30am-12.30pm in 3Ts meeting room Sussex House**

**Present:** Chris Adcock, Anna Barnes, Mark Frake, Nick Groves, Paul Maitland (T&T), Julie Nerney, John O'Sullivan (NHS B&H), Duane Passman (Chair), Paul Richards (NHS South of England) and Pippa Robinson (BSMS).

**Apologies:** Jo Andrews, Ian Arbuthnot, Robert Gregory (NHS South of England), Steve Gallagher, Peter Hale, Graham Dodge, Chris Gurtler (Haven & Lewes PBC), Des Holden, Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Minesh Patel (Mid Sussex Practices Commissioning Group), Nick Patton (B&H Clinical Commissioning Group), Paul Richards (NHS South of England), Duncan Selbie and Doug Stevens (South Coast Audit).

**1 Welcome & Introductions**

Duane welcomed everyone to the meeting.

**2 Minutes of Previous Meeting & Subcommittee Reports**

The minutes of the previous meeting (24<sup>th</sup> February) were subject to the following amendments:

John O Sullivan asked for 6.5 to be changed from "John asked that the history of Brighton General also be incorporated in the proposals. Anna agreed with this" to *John asked whether the history of Brighton General could also be incorporated in the proposals. Anna agreed to look into this*".

Julie asked for the figures 3.4 to be changed as follows:

- £41.48 should be £41.48 m
- £25.63 should be £25.63 m

Subject to these amendments, the notes were agreed.

The core team notes from 17<sup>th</sup> February and 2<sup>nd</sup> February were received.

**3 Matters Arising**

**3.1 Core Team notes 17<sup>th</sup> February DH response re Treasury VFM model (Core Team Finance Report)**

There was a discussion about the partial indexation and monetisation within the DH evaluation of the OBC. Julie noted that the Treasury VFM methodology indicated that PFI was the best route for 3Ts and asked if this was a possible risk. Duane replied that it was difficult to assess the level of risks in isolation from other elements of the assessment, as the partial indexation was only a small part of the equation.

**3.2 Sponsorship**

Julie reported that the Charitable Funds Committee was looking to procure some assistance for this work, and that a competitive process was underway.

**3.3 St Mary's Hall FBC**

Nick reported that the amended revenue case had been agreed by FWC and that this would now be submitted to NHS SoE. It was anticipated that this review would take between 4-6

weeks. However, as the case was under £10m it was below delegated limits, so would not require Board approval.

#### 3.4 Interface register

There was a brief discussion about the possible utilisation within PMO. Chris explained that there were likely to be some changes to the way programmes were to be managed at BSUH and the benefits of this reporting mechanism would be considered within the context of these changes.

#### 3.5 3Ts resource plan

Duane said that this was work in progress which would be complete in time for the April Board.

Action: Duane Passman

#### 4 Director's report

Duane presented his report. He summarised the main areas of activity during the last month as follows:

4.1 **Approval process for the refreshed OBC (post planning approval).** Duane reported that the recommendation to committee was that the OBC should be approved. He thanked Robert and Paul from NHS SoE for their assistance in getting the paper to this stage.

4.2 **Decant Haematology/Oncology beds.** Duane explained that the team were working on a possible solution which could accommodate these beds on site. However, it would require some shuffling of other services. Julie asked if this would affect the time line, which Duane said was not an issue. Nick added that the proposal had been very well received at the Space Planning meeting the previous day. Duane said he would be able to provide a fuller update at the next Programme Board.

Action: Duane Passman

4.3 **DH approval process.** Duane had had an initial meeting at DH on Tuesday 20<sup>th</sup> March. His feedback was that the scheme had support and was well received. He thought that the Trust's savings schemes would be essential to demonstrate that the investment would be made to a financially sound organisation. Chris agreed and added that he was comfortable with the revised savings programme. Duane suggested that the decision by DH re the approval was expected in May. He also explained that the decision to progress the decant in advance of FBC approval would have to be "nugatory", i.e. it would have to be demonstrable that even without 3Ts, these schemes were necessary for BSUH. He felt confident that this could be demonstrated for nuclear medicine, FCP and SMHS.

4.4 **Section 106 agreement with B&HCC.** Duane reported that he was hoping to reach final agreement later that day. He described some of the issues which were being negotiated such as the requirement to resurface Eastern Road on completion of the development.

4.5 **Noise impact on TKT.** There was a discussion about noise mitigation required in TKT (even before the addition of the helipad) to comply with new guidance which was that noise levels in SCBUs should not exceed 40 decibels. Duane indicated that this was unlikely to be achievable as normal background noise was frequently 65 decibels.

4.6 **HLG.** Julie asked Duane about the ongoing process of engagement with HLG and other patient/public representatives. Duane explained the team that was continuing to meet with HLG every 2 months and that the focus had shifted to other BSUH capital schemes such as the Macmillan Cancer Centre, the 3<sup>rd</sup> Cardiac theatre. Anna added that PPDP was continuing to meet monthly, and that a workshop was taking place the following week with members of PPDP and the Fed (Centre for Independent Living) to discuss the recent Access Audit. Nick outlined some of the plans for staff engagement in the near future.

4.7 **Main risks.** Duane added that he had refreshed the main risks and issues. These were summarised as follows:

#### Programme Level

- **Capital Availability** - The availability of capital remains an overarching risk for the whole Programme;
- **Revenue consequences of Decant** - Discussions are underway with the SHA on this and other transitional costs as noted at the last meeting;
- **Overall affordability** - although this has been on the risk register, it is now possible to quantify the risk. Over the period of the development, the Trust will have to make savings of £192m even if 3Ts does not go ahead. 3Ts adds a further £23m to this total over the period to 2019/20;
- **Programme** - relating mainly to the period of time it will take to secure DH and HMT approval for the OBC.

#### Decant - Jubilee

- **Decant delivery beds** - there have been extensive discussion about how the 50 beds currently in the Jubilee Wing (and for haematology/oncology expansion and centralisation) can be temporarily accommodated to allow for the demolition of that block, and whether the current planned bed reductions being planned across the Trust will support this. This remains under review and discussion;

#### Decant - St. Mary's

- There are 5 very high risk items (25 out of 25) and 3 high risk items (20 out of 25) from the St. Mary's risk register relating to the condition of the existing roof structure and the adequacy of other infrastructure. The slightly lower risks relate to Listed Building Consents plus failure to meet BREEAM standards identified;

#### Satellite Radiotherapy

- The risk registers for the two satellite radiotherapy units also feed into the overall risk register. The key risk relates to securing the capital. Other risks relate to recruitment of key personnel to allow these units to be staffed and to the IT links between the main Centre at RSCH and the satellites. These risks are being fully factored into continuing planning and business planning to mitigate their likelihood and impact.

4.8 There was a discussion about the key issues with regard to the P21 fee increase. Duane confirmed that he had included this within the **availability of capital risk**.

4.9 Duane also confirmed that a report regarding radiotherapy would come back to PB the following month.

**Action: Duane Passman**

4.10 Duane's report was received.

## **5 Project Planning and reporting tool**

5.1 Anna Barnes took the Board through the risks and issues which had been closed, changed or added, following the refreshed risks exercise. She explained that the issues log was now in place and gave an example of the requirement for additional cycle spaces, which had been logged.

5.2 Anna highlighted that several risks had been reduced, such as major trauma (funding received) planning (agreement imminent) decant jubilee (a solution is being progressed). However new risks included the noise risk on TKT and the requirement for 80 temporary parking spaces.

5.3 The risk register was approved.

## **6 Alignment of activity, income and bed modelling assumptions**

6.1 Nick explained that the paper was complete, but required additional internal scrutiny before being submitted to Programme Board. This was to ensure that the model was completely aligned with LTFM income and capacity assumptions. Chris suggested that Karen G. could convene a meeting to discuss integrating activity, income and bed/capacity modelling.

**Action: Chris Adcock/Karen Geoghegan**

6.2 John then added that the model would also need to be aligned with the proposals from Sussex Together, which he would ensure was fully apprised of the strategic importance of 3Ts.

6.3 Nick asked what the process would be for engaging CCGS. Chris replied that the commissioning group was in place which he would contribute to on behalf of BSUH and 3Ts.

## **7 Decant FBC**

7.1 Duane presented the Decant FBC for approval. He explained that it would be discussed at Trust Board on Monday 26<sup>th</sup> March, and had already been approved by FWC.

7.2 Pippa asked how BSMS would be accommodated. Nick said that he would discuss this with Pippa separately.

**Action: Nick Groves**

7.3 PB accepted the Decant FBC which was approved. Duane thanked the 3Ts staff who had worked up the case.

## **8 Interface register**

8.1 Anna presented the register which had not changed since the last meeting. Duane asked Anna to refresh the data prior to the next meeting, even if there was not yet certainty within the programme. Anna said she would invite Rob Brown to present it.

**Action: Anna Barnes**

## **9 Financial Report**

9.1 Mark presented the financial report. The report demonstrated that 3Ts would end the year in balance. Mark highlighted the main changes since January as follows:

- Month 11 actuals are on target to hit forecast
- There remains a contingency of £0.24m which may be utilised when looking at Year End capitalisation.
- Capitalisation will be around treatment during extended stand-down period rather than cost types which have previously been agreed with Audit
- 12/13 figures will be updated in due course and will be amended to reflect next version of LTFM including Decant FBC numbers and Trust's 5 Year Capital Programme
- As we are between OBC and FBC, out-turn is maintained at OBC level and will be updated over coming months as programme and new cashflows become clearer
- The accelerated depreciation risk is reduced for existing buildings. However, the shortened lives of Decant modular buildings are reflected in OBC and latest LTFM as increased Capital Charges.

- 11/12 Equipment spend is Major Trauma Centre equipment and this straddles financial years.
- As PDC has been received for MTC the call upon Operational Capital is less in 11/12 and repayment in 12/13 reduces.

9.2 Julie thanked Mark for his report which was clearly presented through colour coding.

9.3 Duane also thanked Mark for his report which was received.

## 10 Update on Procurement Strategy

10.1 Duane presented the Procurement Strategies which had been drafted by T&T and LOR, which followed on from the OBC last month. He highlighted that the key issues for procurement were as follows:

- Cost
- Risk
- Quality
- Time

10.2 The strategies recommended that a form of partnering arrangement should be in place whereby quality was maintained, but time delay minimised. This meant that whilst competitive tendering would be used wherever possible, some in house specialists who were pre-tender qualified would be allocated for specific packages in order to reduce delay in reaching GMP.

10.3 Paul asked that 90% of the value of the packages should be competitively tendered, not necessarily 90% of the quantity.

10.4 Programme Board then discussed the P21 versus P21 plus framework and were assured that LOR were still a valid and valuable partner under P21. Chris asked Duane to find a mechanism for deciding the best methods for finding a partner for the construction contract, whilst acknowledging the expertise which had been built up during the last 3 years with LOR.

**Action: Duane Passman.**

10.5 There was a discussion about the importance of maintaining independence and value for money during such a long term relationship. Members of PB sought assurance that the very best value would be maintained.

10.6 Duane agreed to bring the negotiation strategy to the next meeting. He asked PB to receive the reports, which recommended continuing to partner with LOR until GMP, under the scrutiny of T&T. This was agreed.

10.7 Julie asked for a review of the terms of reference for Programme Board once we reach Stage 4, with a potentially different constituency of stakeholders. This was also agreed.

## 11 Any other Business

11.1 There was no other business.

## 12 Date of next meeting

The next meeting will be held on **Friday, 27<sup>th</sup> April 2012** from 10.30am to 12.30pm in **Sussex House Board Room, Sussex House Abbey Road, RSCH.**

**RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 24<sup>th</sup> February 2011  
10.30am-12.30pm in 3Ts meeting room Sussex House**

**Present:** Chris Adcock, Anna Barnes, Graham Dodge, Mark Frake, Steve Gallagher, Nick Groves, Peter Hale, Julie Nerney, John O'Sullivan(NHS B&H), Duane Passman (Chair), and Pippa Robinson (BSMS).

**Apologies:** Ian Arbuthnot, Jo Andrews, Sue Braysher (Mid Sussex Practices Commissioning Group), Sheree Fagge, Robert Gregory (NHS South of England), Chris Gurtler (Haven & Lewes PBC), Karen Hicks (LOR), Des Holden, Julian Lee, Paul Maitland (T&T), Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Minesh Patel (Mid Sussex Practices Commissioning Group), Nick Patton (B&H Clinical Commissioning Group), Paul Richards (NHS South of England), Duncan Selbie, Doug Stevens (South Coast Audit) and Debra Wheeler (NW Sussex Clinical Commissioning Association)

**In attendance:** Matthew Coleman for item 8 and Abigail Pride for item 6.

**1 Welcome & Introductions**

Duane welcomed everyone to the meeting.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (27<sup>th</sup> January) were approved.
- Core team notes from 20<sup>th</sup> January and 3<sup>rd</sup> February were received.
- The refreshed terms of reference for Core Team were agreed subject to reconciliation with the original terms of reference from 2009 (which were a subset of the Programme Board Terms of Reference).

**3 Matters Arising - Programme Board notes**

**3.1 Activity and capacity planning**

Nick said that he had drafted a short paper which had been sent to Kevin Nederpel for comment. It was planned for it to go to the Trust Executive in the first instance. Julie asked for it to be discussed at the next Programme Board.

**Action: Nick Groves**

**3.2 Sponsorship**

Anna reported that the sponsorship work for 3Ts would commence shortly. Julie added that the Charitable Funds Committee had agreed to create a substantive post to take forward the corporate sponsorship agenda. Duane asked for this report to come back to Programme Board for in April.

**Action: Anna Barnes**

**3.3 Space Group and Decant**

There was a lengthy discussion about the various options for the haematology/oncology repatriated service. These were as follows:

- Option 1 Locate within temporary modular build on RSCH site
- Option 2 Locate at PRH
- Option 3 Temporarily provide from another Trust e.g. Western Sussex.

Duane explained that the 3Ts team were investigating which option was clinically most appropriate. Graham said that co-location with other clinical services at RSCH was of critical importance. Duane agreed and said he had asked the team to work out which service could be moved around within the site to accommodate haematology and oncology (within the parameters of the planning approval). The extension of the building on the Courtyard could be a likely solution, pending further discussions. Julie expressed concern that this issue was still not resolved as it was key to the whole decant plan.

### 3.4 Transitional costs

Chris updated the meeting about the £41.48m transitional costs which had been requested from NHS South of England in advance of the main scheme costs (taking the team through to 2021). This request had been made in a letter to Vanessa Harris (attachment 8A). These costs were made up as follows:

- £15.95m - Core Team costs
- £25.63m - Other transitional, decant and double running costs.

Chris explained that the costs had increased compared to the original estimates in 2009, partly because of the delay in the approvals for the project but additionally because of the impairment issue which had not originally been envisaged, and was a result of a change on NHS accounting procedures. There was also a requirement to pay a recurring annual fee for assets under construction.

Chris explained that with the increased financial efficiencies being required of BSUH, it was unsustainable for the Trust to find these costs internally.

This would be discussed again following a response to the letter.

**Action: Duane Passman/Chris Adcock.**

### 3.5 St Mary's Hall FBC

This had been agreed by in principle Finance and Workforce Committee and was due for discussion at the Board of Directors on 27 February.

The revenue gap at £200,000 was now wider than previously owing to a higher than expected rateable value being predicted by the District Valuer and would need to be closed prior to work commencing and submission to NHS South of England.

It had also been agreed that some packages of work could be undertaken, funded from Operational Capital, in advance of the decant capital being agreed in order to stabilise the asset and undertake other infrastructure improvements.

This would be discussed at the next meeting.

**Action: Nick Groves**

## 4 Director's report

4.1 Duane presented his report. He updated the Board on the progress with the Planning Submission which had been unanimously approved by the Planning Committee at Brighton and Hove City Council. The Section 106 agreement was being drafted and should be complete by the end of February in draft, for more detailed discussion with the Council's in-house legal adviser.

4.2 Duane then went onto outline the proposed approval process for the refreshed Outline Business Case. He explained that discussions were underway with NHS South of England with a view to an approval being considered at the end of March. Duane had presented the case to a SHA Board Seminar in Taunton on the 23<sup>rd</sup> February. It was noted that a number of the new SHA Board had not been party to the 2009 OBC approval decision and that this had been

a useful opportunity to discuss this with them. The presentation had been extremely well received and Duane was able to feedback that the consensus was that the development would have a positive impact on the whole regional health economy.

4.3 Duane recorded thanks to Vanessa Harris and Robert Gregory for their ongoing support for 3Ts, against a backdrop of changing organisational structures.

4.4 Duane then highlighted the main programme risks as follows:

- **Planning Consent not granted (Risk reference 00.71)** - This has been mitigated and reduced following the approval, but cannot be closed until the S106 agreement has been signed;
- **Capital Availability (Risk reference 12.10)** - The availability of capital remains a risk;
- **Revenue consequences of Decant** - Discussions are underway with the SHA on this and other transitional costs as noted in the OBC approval paper.
- **Overall affordability** - Over the period of the development, the Trust will have to make savings of £192m even if 3Ts does not go ahead. 3Ts adds a further £23m to this total over the period to 2019/20.
- **Additional decant requirements arising from detailed planning of main scheme (Risk reference 01.13)** - to an extent this risk has crystallised in that there have been two recent changes to decant scope. The MRI scanners in the Barry/Jubilee buildings will need to be relocated for the duration of the Stage 1 build as they just fall within the hoarding line of the building. An area of the cancer centre will also need to be reprovided for the same reason. These are currently being built into the decant planning and may have an impact on the overall capital cost of decant;
- **Decant delivery beds (risk references 0.11.1 and 10.12)** - there have been extensive discussion about how the 50 beds currently in the Jubilee Wing (and for haematology/oncology expansion and centralisation) can be temporarily accommodated to allow for the demolition of that block, and whether the current planned bed reductions being planned across the Trust will support this. This remains under review and discussion;
- **Materials ordering (Risk reference L414)** - this relates to the delays in ordering and receiving doors for parts of the Level 5 scheme which contributed to the overall delay to that scheme. The design team and building contractors have been made aware of this so that attention can be paid to this in the overall decant programme;
- **Risks relating to delivery of Satellite Radiotherapy Unit (Risks 01.00, 02.00 and 13.00)** - the risk registers for the two satellite radiotherapy units also feed into the overall risk register. These risks relate to recruitment of key personnel to allow these units to be staffed and to the IT links between the main Centre at RSCH and the satellites. These risks are being fully factored into continuing planning and business planning to mitigate their likelihood and impact. A separate report on progress in this area is a separate agenda item;
- **Consolidation Centre (risk reference 33 (main scheme))** - the construction methodology for the scheme requires maximisation of off-site prefabrication. A location has yet to be identified, but Laing O'Rourke is investigating potential sites outside Brighton & Hove. As Anna noted, this risk is principally owned by LOR.

4.5 Julie asked Duane what he considered to be the most crucial of these risks. He replied that the financial viability of the NHS in Sussex was the risk he considered most critical. Chris said that the financial gap with BSUH for 2012/13 had reduced

significantly. He did agree, however, that the local health economy was facing increased demands against a backdrop of reduced growth in income. John confirmed that *Sussex Together* had identified that unless we change we will face a financial challenge by April 2014 of some £440m in order to release sufficient funds to meet rising demand and rising costs within available resources.

- 4.6 Despite these concerns, Programme Board members reaffirmed commitment to 3Ts within the context of *Sussex Together* as it would improve quality of care, and allow medical advances to continue, thus advancing the quality/productivity agenda in a way which would be impossible within the current environment.
- 4.7 Duane also highlighted some of the mitigating actions which were planned for the noise levels within the TKT, and the proposed relocation of the MRI scanner during the period of construction when it would not be able to operate.
- 4.8 Julie asked that these top risks should be refreshed for the next Programme Board

**Action: Duane Passman/Anna Barnes**

- 4.9 Duane then asked Programme Board to approve the OBC Executive Summary which had been circulated following the planning approval. This was a summary version of the paper which had been approved by FWC. It highlighted the main changes to the OBC which had been approved by the Board in July 2009 including the following:

- Identification of all transitional costs, including accelerated depreciation and impairments;
- A final decant solution for the Jubilee building wards (as this is demolished to make way for Stage 1);
- Workforce plans and strategies.

- 4.10 The OBC was approved.

- 4.11 Duane's report was received.

## 5 Interface register

- 5.1 Steve Gallagher took the Board through the interface tool; comparing it to the more detailed Gantt chart which was maintained by Rob Brown. He said that as the decant scheme was predicated on a start date on 2<sup>nd</sup> April, any delay to this would result in an increased number of red/amber risks. This was because any sites required within 2 weeks of being vacated automatically triggered a red rating.

- 5.2 This explained why the number of red risks had increased from 2 to 3, and the greens had decreased from 13 to 12 since January (ambers remained unchanged) it was evident that the envisaged site development/clearance programme was possibly already compromised. This left BSUH with 2 options: to delay the start of main scheme to minimise these interface risks, or to bring forward the use of additional operational capital to increase the safety margin to more acceptable tolerances. Programme Board agreed to do the latter.

- 5.3 Chris agreed that the possibility of bringing forward the FCP building which would facilitate the rest of the decant programme should be investigated.

- 5.4 Duane thanked Steve for a very clear presentation which highlighted the main interfaces. Duane thanked Anna for maintaining the register which Programme Board found very helpful and enabled the Board to make effective decisions. Chris Adcock thought this tool should be considered for other schemes across the Trust.

**Action: Anna Barnes/Chris Adcock**

## **6 Public Art Strategy update**

- 6.1 Abigail gave a brief presentation about the work of the artists who had been commissioned. This was to ensure Programme Board was up to date following the agreement to progress the Public Art Strategy in January 2011. The presentation explained how several commissions had been brought forward in order to maximise the opportunity to embed the designs in the 1:200/1:50 process.
- 6.2 The artists already commissioned were as follows:
- Marion Brandis: Sky Gardens
  - Kate Blee: Welcome spaces in Stage One and Stage 2
  - Bruce Williams: Deep courtyards
  - Sharon Ting: Sanctuary Space
  - Morag Mysercough: graphics and way-finding.
- 6.3 Jaime Gili had been commissioned to design a graphic on the Eastern Road façade, once remobilisation takes place.
- 6.4 Abigail presented the indicative designs for approval. Programme Board members were extremely impressed with the quality of the proposed work, saying that it the designs would enhance the space and create a healing, welcoming environment, a transformation compared to the current environment. Julie Nerney thought the initial work "excellent".
- 6.5 Anna outlined some future commissions including the History Wall, and the Heritage Space within the re-provided Chapel. John asked whether the history of Brighton General could also be incorporated in the proposals. Anna agreed to look into this.
- 6.6 Programme Board approved the implementation of the Public Arts Strategy.

## **7 Decant FBC project plan**

- 7.1 Nick presented the FBC project plan which showed the timescales and interdependencies for the various approvals. Programme Board was asked to note the following;
- IPG approval - 1.03.12
  - FWC approval - 19.03.12
  - 3Ts Board approval - 23.03.12
  - Board of directors - 26.03.12
  - NHS South of England approval 4-6 weeks later
  - Department of Health/Treasury -June/July 2012
- 7.2 Julie asked whether this could be approved within an agreed tolerance as, for example the haematology/oncology solution might require a different use of resources. Chris thought this was a sensible approach.
- 7.3 Programme Board approved the proposed business planning timetable.

## **8 Benefits Realisation Presentation**

- 8.1 Matthew demonstrated the BeReal tool for Programme Board members. The tool had been designed in partnership with the University of Salford and gave 3Ts a useful way of entering baseline data, calculating the financial benefits for 3Ts and tracking clinical outcomes.
- 8.2 Whilst benefits realisation was an essential component of the FBC approval process, the tool would enable the data to be useable by BSUH and relevant for the project over the longer term.

8.3 The tool had been designed in collaboration with the University at minimal cost, and would enable 3Ts to be compared against other sites nationally.

8.4 Programme Board congratulated Anna and Mathew for the work which had gone into the tool, which could be used by other projects within the Trust such as the EPR programme.

## 9 Financial Report

9.1 Mark presented the financial report. The report demonstrated that 3Ts would end the year in balance. Mark highlighted the main changes since January as follows:

- A slight increase in design fees as a result of planning. it was anticipated that these would decrease now that planning had been approved
- Project team costs would need to be reviewed in the light of capitalisation
- Work on 12/13 cash flows underway
- Total fees for decant are being maintained at OBC levels
- 12/13 capital aligns with 5 year Capital Programme
- 3Ts would end up the year in balance
- Transitional costs have already been discussed in item 3.4

9.2 Mark suggested that the a colour coded exception report to highlight changes to 3Ts finance be produced on a monthly basis. This was agreed.

**Action: Mark Frake**

9.3 Duane thanked Mark for his report.

## 10 3Ts OBC resource plan

10.1 Duane presented a proposed method for managing the team resources for discussion.

10.2 Julie asked if the team was adequately resourced, as this had been raised at the Gateway Review. Duane replied that the forthcoming programme would be challenging with current resources (for instance the change team would be fully committed for 20 weeks during the 1:50 process).

10.3 Programme Board asked for more detail about how the resources within the rest of BSUH would be requested/attributed.

**Action: Duane Passman.**

## 11. Project Planning and Risk Register

11.1 Anna highlighted the key risks, showing which ones had moved, or been closed since the last month. She also outlined the new risks including the challenging MTC targets. Duane asked if these risks could be further up the agenda for the next meeting.

**Action: Anna Barnes**

## 12 Any other Business

12.1 There was no other business.

## 13 Date of next meeting

The next meeting will be held on **Friday, 23<sup>rd</sup> March 2012** from 10.30am to 12.30pm in **Sussex House Board Room, Sussex House Abbey Road, RSCH.**

RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 16<sup>th</sup> December 2011  
10.30am-12.30pm in Trust HQ (Room F110), RSCH

**Present:** Chris Adcock, Anna Barnes, Robert Gregory (NHS South of England), Nick Groves, Peter Hale, Nikki Luffingham, Paul Maitland (T&T), Julie Nerney, Duane Passman (Chair after item 5), Paul Richards (NHS South of England), Michael Schofield (NHS B&H) and Duncan Selbie (Chair until item 5).

**Apologies:** Ian Arbuthnot, Jo Andrews, Sue Braysher (Mid Sussex Practices Commissioning Group), Graham Dodge, Richard Eager (LOR), Denise Farmer (Western Sussex Hospitals Trust), Steve Gallagher, Chris Gurtler (Haven & Lewes PBC), Karen Hicks (LOR), Des Holden, Julian Lee, Iain McFadyen, Tim McMinn (B&H Clinical Commissioning Group), Xavier Nallentamby (B&H Clinical Commissioning Group), Minesh Patel (Mid Sussex Practices Commissioning Group), Nick Patton (B&H Clinical Commissioning Group), Martin Randall (B&HCC), Alex Sienkiewicz, Pippa Robinson (BSMS), and Doug Stevens (South Coast Audit).

**In attendance:** Richard Beard.

**1 Welcome & Introductions**

Duncan welcomed everyone to the meeting.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (25<sup>th</sup> November) were approved.
- Notes of the 3Ts Core Team meetings (18<sup>th</sup> November and 2<sup>nd</sup> December) were received.

**3 Matters Arising - Programme Board notes**

**3.1 Engagement with GPs**

Duane confirmed that he would be meeting with Clinical Commissioning Groups in the New Year, concentrating on those which were closest to the City initially.

**Action: Anna Barnes / Duane Passman**

**3.2 Sponsorship**

Anna explained that she was still waiting for confirmation that the resources could be committed to Willis Newson in order to begin drafting the fundraising and sponsorship strategy for 3Ts. Anna was concerned that the fundraising timetable was already tight and requested that this could be resolved. Julie asked if this meant that the prior commitment from the Charitable Funds Committee was no longer being honoured and what this meant for governance. Chris Adcock replied that he would progress this issue outside of the meeting.

**Action: Chris Adcock**

**3.3 Decant Risks**

**Paediatric Audiology**

Julie had noted at the previous meeting that ENT admin needs to move to St Mary's (SMH) before work can begin on the ENT building (now renamed Building 545). She had asked how the expected completion date for SMH (March/April 2013) therefore impacted on the decant programme overall. Nick reported that Rob Brown has suggested work on Martin House at SMH be undertaken at the start of the SMH refurbishment, which should then allow enough time for work on Building 545 to be completed without impacting the overall programme. This phasing has been reflected in Rob's latest decant programme. Duane thought this was an excellent suggestion.

### 3.4 Haematology & Oncology

There was a brief discussion about the more significant risk that there is as yet no agreed solution for the haematology & oncology decant from the Jubilee Building and expansion. Chris Adcock reported that the Space Group is continuing to explore options, including PRH. He noted that space is currently available for decant on Lister & Flemming (Barry Building), if other clinical planning risks (ie. Aspergillus) can be mitigated. This would not provide enough space for the planned expansion and centralisation of services to be IOG complaint. Chris noted that the Sussex-wide plan to reduce unscheduled admissions by 15% would free up additional beds on the RSCH site.

**Action: Chris Adcock.**

## 4 Director's report

4.1 Duane gave a verbal report which highlighted the work which had taken place during the previous month. He noted 3 key work areas in particular:

- SHA responses to the OBC refresh
- The planning application
- The forthcoming resource plan (due this month but to be made available in January).

4.2 Duane began by saying the responses received from the SHA covered the following areas

- Comms and engagement
- The economic case
- Deanery
- Nursing and Quality
- Public health

BSUH would be responding to the queries within the following week, ensuring that all information requested would be provided. For instance the SHA had asked for evidence of all the comms and engagement activities undertaken so far.

4.3 Robert explained that the review was proceeding apace. He recapped that there had been three areas of concern back in 2009:

- Planning
- Procure21
- PFI

All three were progressing extremely well; the planning application was complete, the partnership with the P21 partner was robust and the case for PDC had been well made. There was reference to the concerns by the SHA economist to the crisis in the Euro zone and what effect that might have on the OBC. However, whilst accepting that there was turbulence in the financial markets, Programme Board was confident that the refreshed Outline (as opposed to Full) Business Case was sound, and could be afforded by BSUH. Robert explained that he planned to close off all comments by early January, with a view to producing a paper of recommendations to both the SHA (end January) and the DH (end March).

4.4 Duane reported that the B&HCC Planning Committee date was scheduled for the 27<sup>th</sup> January 2011 and that queries from B&HCC were being addressed as they were raised. He added that feedback via website was remarkable for being quite limited in volume and still broadly positive.

4.5 Michael reiterated his support for the OBC and said that a discussion was still required about the likely transitional costs post planning approval.

**Action: Michael Schofield/Duane Passman**

4.6 He finished by saying that the Board Seminar on the 3Ts OBC, which had been held this week, had gone extremely well and that the Resource Plan would be available for the January meeting.

**Action: Duane Passman**

4.6 Duncan thanked Duane for his verbal report which was received.

## 5 Financial report

5.1 Duane took the Board through the updates financial report which had been updated to include Month 8 costs - Revenue costs had been split further so that the capitalisation element could be seen. Chris

added that he was aware of the risk regarding accelerated depreciation which was being discussed with PwC and Audit.

Action: Chris Adcock

## 6 3Ts Partnership with the University of Brighton

- 6.1 Anna presented a brief report which proposed setting up a partnership with the University of Brighton Faculty of Art and Design. Anna highlighted areas where collaboration was a possibility, in order to gain Programme Board's approval for the proposed approach. Some potential areas were as follows:
- Product Design (particularly around the unique heritage at RSCH within the context of the development of Brighton as a seaside resort)
  - Research into distraction for patients in isolation rooms (thus contributing to the evidence base concerning improving patient outcomes)
  - The proposed wall paper commission in interview rooms
  - The creation of a photographic archive of the Barry Building
  - A photographic commission of the progress of the development.
- 6.2 Nikki said she supported this approach which was quite common in capital schemes. Programme Board approved the establishment of a partnership with the faculty of Art and Design.

## 7 Project Planning and Reporting Tool/Risk Register

- 7.1 Anna presented a summary of the new, changed and closed risks. She explained that these had been discussed by the Risk Sub Group which included Lyn Allinson and Doug Stevens.
- 7.2 The main new risk concerned the risk involved in funding the equipment for the Major Trauma Centre. Duane asked Robert to confirm when these monies might be received.
- Action: Robert Gregory.
- 7.3 Julie asked why the decant risks were reducing, and Anna explained that the view from Rob Brown was that there was sufficient flexibility within the programme to justify a reduction in the risk scoring. There was a discussion about the process for progressing the decant business cases through BSUH.
- 7.4 Julie asked for an update on the progress of the linked radiotherapy units. Duane explained that the business case in the East was progressing well, but that the case for the unit in the West was behind schedule.
- 7.5 Duane discussed the report which had been received about the effect of construction on the operation of the MRI scanners, which had allowed some aspects of this risk to be reduced.
- 7.6 Anna said that after discussion with the risk sub group, she had reduced some of the risks associated with planning, as initial feedback regarding the application was positive.
- 7.7 Julie asked if Programme Board's role was to agree the risk scoring and approve risks which were being closed, which Duane confirmed. The register was duly accepted.
- 7.8 Anna presented the Interface Register. This showed that building 545 would not be ready in time for the decanting of services from Latilla and Estates. Anna said that she would discuss this with Rob Brown<sup>1</sup>.

Action: Anna Barnes/Rob Brown.

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<sup>1</sup> Post meeting Rob Brown confirmed that the demolition of Latilla will not be March 13 but June 13 after 545 completion. The main problem interfaces are as follows: ENT Non-clinical moving to SMH, thus enabling 545 to commence which in turn allows Latilla to be emptied and demolished & Estates building demolition requires security office to be relocated early.

## 8. AOB

- 8.1 Comms Plan: Richard Beard presented the updated 3Ts Communications & Engagement Plan covering the next 9-12 months. Assuming that planning consent is received, external comms would move to more of a 'maintenance' phase while internal comms would be ramped up, in particular to prepare staff for the decant programme.

Julie said she understood that Graham White had recently presented a Trust-wide internal comms strategy to the Chiefs meeting and asked how the 3Ts plan was aligned. Nick replied that he hadn't had sight of the Trust-wide approach but would ask Graham for a copy.

**Action: Nick Groves**

Duane thanked Richard for the plan, which was approved.

- 8.2 3Ts Governance: Nikki raised a query about the governance of the Programme, saying that she felt it was slightly divorced from operational governance within the rest of BSUH. Duane asked for more detail about this perception and Nikki said that she would like to bring some proposals to the next meeting which will first be discussed and agreed with the Programme Director. Nick welcomed the opportunity to bring planning for 3Ts and Trust-wide operations together more closely. He also noted that the membership of the 3Ts Decant Delivery Group includes a representative from the Operations Team, although it has not often been possible for anyone to attend. There are also other operational groups (eg. Space Group) that the 3Ts team is keen to join.

**Action: Nikki Luffingham**

## 9. Next Meeting

The next meeting will be held on Friday, 27<sup>th</sup> January 2012 from 10.30am to 12.30pm in **3T Meeting Room, 3<sup>rd</sup> Floor, Sussex House, RSCH.**

RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 25<sup>th</sup> November 2011  
10.30am-12.30pm in Trust HQ (Room F110), RSCH

**Present:** Ian Arbuthnot, Anna Barnes, Graham Dodge, Richard Eager (LOR), Karen Geoghegan, Nick Groves, Peter Hale, Nikki Luffingham, Julie Nerney, Duane Passman, Duncan Selbie (Chair) and Doug Stevens.

**Apologies:** Chris Adcock, Jo Andrews, Sherree Fagge, Denise Farmer ((Western Sussex Hospitals Trust) Steve Gallagher, Lawrence Goldberg, Robert Gregory (NHS SEC), Chris Gurtler (CCG), Karen Hicks (LOR),)Des Holden, Julian Lee, Iain McFadyen, Tim McMinn (CCG), Xavier Nallentamby (CCG), Minesh Patel (CCG), Nick Patton (CCG), Jonathan Puddle (Turner and Townsend) , Martin Randall (BHCC), Paul Richards (SEC SHA), Alex Sienkiewicz, Pippa Robinson (BSMS), Michael Schofield (NHS B&H) and Phil Thomas.

**In attendance:** Mark Frake, Paul Maitland (Turner and Townsend)

**1 Welcome & Introductions**

Duncan welcomed everyone to the meeting.

**2 Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (28<sup>th</sup> October) were approved subject to the following addition and amendments from Julie Nerney:

**New point under item 5- Interface Management**

*5.6 Chris Adcock was asked to consider the interface management approach within the PMO*

**Amendment under item 9 Project Reporting Tool and Risk Register**

*9.3 There was a discussion about the need to strengthen the Communication Strategy, (as had been discussed earlier). Julie also suggested that there should be a presentation about 3Ts within the Corporate Induction programme*

Should read

*9.3 There was a discussion about the need to strengthen the Communication Strategy, (see item 3.1) Julie also suggested information should be provided about 3Ts within the Corporate Induction Programme.*

- Notes of the 3Ts Core Team meetings (21<sup>st</sup> October) were received.

**3 Matters Arising - Programme Board notes**

**3.1 3Ts exhibitions**

Nick presented the Exhibitions Summary which had been collated by Richard Beard. This provided some interesting information about the 2,664 people who had attended the exhibitions. The feedback from those attending was overwhelmingly positive (over 90%). However, the interest in the exhibitions had been mainly from Brighton, and the team planned to hold future events across the wider geographic catchment area affected by 3Ts. Nick outlined the next steps after Christmas which included a greater focus on staff engagement. Duncan added that he and Duane had recently attended the West Sussex HOSC meeting which had been very supportive of the 3Ts programme.

**3.2 Engagement with GPs**

Duane updated the group about his ideas for facilitating better engagement with CCG representatives as the new consortia were finding it difficult to field representatives on the scheduled Programme

Board dates. He explained that he, Jo Andrews and Chris Adcock would be meeting with the different groups across Sussex in January, and he felt that in the short term this was the best way ensure awareness of 3Ts was maintained. Duncan queried the lack of attendance from commissioners on the current Programme Board. He asked that a concerted effort were made to improve attendance by both SHA and CCG colleagues in the New Year by liaising with them about the date and times for next years' meetings in advance.

**Action: Anna Barnes / Duane Passman**

### 3.3 Process for validating benefits realisation approach-Benefits Realisation

Karen Geoghegan informed the group that she understood that Anna had met with James Weller and Gary Steen to consider how to adopt a more systematic approach to programme and project management across BSUH, including risk management and benefits realisation. One suggestion for improving project management was a web based system such as Share Point. Duane said that he would not want to see the bespoke solutions which were working well in 3Ts compromised by the adoption of a generic system. Julie agreed. Duncan made a broader point that the benefits for the workforce should be factored into the work on benefits realisation. It was agreed that this was work in progress which would be discussed as the solutions were identified.

### 3.4 Sponsorship

Anna said that she had met with Steve Marshall the day before to consider the use of the Grant Finder software for generating additional income for the 3Ts arts enhancements. She thought the package useful as it allowed users to access specialist help with writing applications once grant making bodies were identified. However, as Anna had already identified relevant funding bodies as well as specialist assistance this was of limited use for 3Ts. It was agreed that Anna would continue to liaise with Steve to work out the best approach to generating additional income for 3Ts. Julie asked if this meant that the monies agreed to be spent with Willis Newson by the Charitable Grants Committee were no longer available? Anna thought that this was not the case, but that Chris Adcock and Steve Marshall were just concerned to ensure that all available avenues for generating additional income were explored first.

**Action: Anna Barnes**

### 3.5 Park & Ride

Duane reported that negotiations with B&HCC about the possibility of creating a Park & Ride facility for the Trust at the Racecourse have restarted. This may be more achievable now that the proposed number of spaces being sought has reduced from c. 400 to 80 following purchase of St Mary's (which has some parking available, subject to the necessary planning permissions). Nick noted that in the draft City Plan<sup>1</sup> (formerly the Core Strategy) to 2030, BHCC is consulting on removing its long-standing intention to create Park & Ride facilities for the city. He added that this change had been strongly opposed at the B&H Economic Partnership Forum meeting he had attended the previous week.

## 4 Director's report

4.1 Duane highlighted some of the issues which were contained in his report. He summarised the progress of the planning application, noting that queries were continuing be raised by interested parties. He said that the planning advisors at BDP were summarising these queries on behalf of BSUH and that the team would respond to them in due course. In particular queries had been raised about the following:

- Access to the site from the City
- The impact of wind on the new building
- The organisational Travel Plan
- The proposed new location of the bus stops.

4.2 Duane also reported that he had met with the Hospital Liaison Group that week and no major concerns had been raised by those present over and above those raised at previous meetings.

4.3 Duane informed the Board that he would be meeting in the following week with Robert Gregory at the SHA to discuss the approval process for the OBC. He expected to be informed at Christmas that the OBC was acceptable, which would clear the way for formal approval once the planning application

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<sup>1</sup> <http://www.brighton-hove.gov.uk/index.cfm?request=c1148443>

was approved in the New Year (target date being 6<sup>th</sup> February 2012). He added that the OBC was now more closely aligned with the Long Term Financial Plan within the FT application. It appeared likely that B&HCCH would call a special meeting to approve the planning application in the New Year. Duane highlighted the following key risks:

- *Planning Consent not granted (Risk reference 00.71) - this is discussed above and is the key overall risk to the programme. The key risk is the period of time the Council will take to validate and then consider the application. The risk beyond that is whether the Committee approve the Application or not;*
- *Capital Availability (Risk reference 12.10) - The availability of capital remains a risk;*
- *Revenue consequences of Decant (risk reference 5) detailed planning has been undertaken, it has been possible to assess the degree of capitalisation which can be expected to be allowed under accounting rules against the decant projects. The current decant proposals indicate that this will generate a financial risk of circa £7m which will be written off to the income and expenditure account. Discussions are underway to attempt to reduce this risk and seek support for the implications. This write-off is mainly generated by the refurbishment works to wards in the Barry Building and the Renal Unit to generate the additional capacity to vacate the Jubilee Block;*
- *Overall affordability (risk reference 32) - although this has been on the risk register, it is now possible to quantify the risk. Over the period of the development, the Trust will have to make savings of £192m even if 3Ts does not go ahead. 3Ts adds a further £23m to this total over the period to 2019/20. This is being reviewed for the new version of the OBC;*
- *Additional decant requirements arising from detailed planning of main scheme (risk reference 01.13) - to an extent this risk has crystallised in that there have been two recent changes to decant scope. The MRI scanners in the Barry/Jubilee buildings will need to be relocated for the duration of the Stage 1 build as they just fall within the hoarding line of the building. An area of the cancer centre will also need to be reprovided for the same reason. These are currently being built into the decant planning and may have an impact on the overall capital cost of decant;*
- *Decant delivery beds (risk references 0.11.1 and 10.12) - there have been extensive discussion about how the 50 beds currently in the Jubilee Wing can be temporarily accommodated to allow for the demolition of that block, and whether the current planned bed reductions being planned across the Trust will support this. This remains under review and discussion;*
- *Materials ordering (risk reference L414) - this relates to the delays in ordering and receiving doors for parts of the Level 5 scheme which contributed to the overall delay to that scheme. The design team and building contractors have been made aware of this so that attention can be paid to this in the overall decant programme;*
- *Risks relating to delivery of Satellite Radiotherapy Unit (risks 01.00, 02.00 and 13.00) - the risk registers for the two satellite radiotherapy units also feed into the overall risk register. These risks relate to recruitment of key personnel to allow these units to be staffed and to the IT links between the main Centre at RSCH and the satellites. These risks are being fully factored into continuing planning and business planning to mitigate their likelihood and impact;*
- *Consolidation Centre (risk reference 10) the construction methodology for the scheme requires maximisation of off-site prefabrication. A location has yet to be identified, but Laing O'Rourke is investigating potential sites outside Brighton & Hove.*

4.4 Peter asked some questions about the way BSUH planned to manage the key risks concerning the repatriation of haematology/oncology activity whilst successfully decanting the site. Duncan agreed that this was a particular challenge, but he saw the solution in providing increased planned activity at the PRH site in the near future.

#### 4.5 St Mary's Refurbishment

Julie asked about progress with the St Mary's refurbishment business case. Nick replied that the case has been to IPG twice, most recently the previous day. Karen is reviewing the finances in more detail with the responsible Finance Manager before the case can progress to FWC and the Board. Nick noted that Julie had asked for a briefing in advance of any Board discussion.

4.6 Nick noted that the refurbishment is an essential part of the 3Ts Stage 1 decant and is therefore on the critical path for the main scheme. In order to meet the current 3Ts timetable, the decision to proceed needs to be taken at the Trust Board on 30<sup>th</sup> January and by NHS South of England by March 2012. This would therefore need approval by FWC at its meeting on 16<sup>th</sup> January at the latest.

4.7 Karen reported that discussions about financial treatment of the case (specifically the levels of impairment and capitalisation) are ongoing but recognised that the case needs to be approved by the Board in January in order not to compromise the 3Ts timetable.

4.8 Julie also noted the critical interdependency with Building 545 and ENT decant, which the Interface Management report highlights.

4.9 Julie asked some additional questions about the proposed increase in P21 fees and whether that had been factored into the refreshed OBC. Duane said that it had.

4.10 Karen made a comment about some of the key risks with regard to radiotherapy in Worthing. There was a discussion about the business case approval process in West Sussex.

#### 5 OBC Validation Report

Duane presented 3 separate finance reports:

- OBC Executive Summary
- OBC validation report
- One page summary of OBC Finance Case.

5.1 Mark and Karen explained that the financial case was completely aligned with the Trust's LTFP. This meant that 3Ts was affordable according to the very latest activity assumptions. These had previously been set at 2.25% but had now been revised in line with commissioning intentions to reduce activity through demand management schemes. The case still produced an operating surplus of £93.20m p.a. once complete, although it was acknowledged to be difficult to predict activity 10 years hence.

5.2 Paul Maitland outlined the key assumptions behind the OBC and highlighted how PFI would add cost and time, (including an additional 3% for legal fees) therefore making it not appropriate for 3Ts. He took the meeting through the elemental cost plan, explaining that the economies of scale and efficiencies (including the use of BIM) within the design meant that the cost per square metre was £2,616 which benchmarked favourably compared (£115m2 below average) to other large acute capital schemes. He added that a lifetime inflationary allowance of 8.29% had been used. In summary, the scheme was affordable within the envelope of £420m. There was a discussion about modelling the costs of borrowing this amount on the open market, and Duane suggested that the returns would be unaffordable for BSUH.

5.3 Karen asked if the trauma costs had been included. Mark said that they were expected to be released in the spring and were separately accounted for. Karen added that an allowance had been made for the additional costs being incurred throughout the planning process.

5.4 There was a discussion about the way optimism bias had been calculated. Duane added that although it seemed low at 2.9% for an OBC, he considered it to be at an appropriate level when considering how advanced the design was and had already had discussions at the SHA to that effect.

5.5 Duncan thanked the team for their presentations regarding finance and the reports were received.

## 6 Gateway Action Plan

Duane tabled the action plan for the Gateway team and made the following key points:

- A workforce lead had been identified (as required) to ensure that the assumptions in the LTFP/3Ts were fully aligned.
- The refreshed Communications Strategy would be available for the December Programme Board
- He would take on senior responsibility for the imminent commercial procurement phase and relinquish the wider Estates and Facilities portfolio.
- A fully costed resource plan would be made available in December.

Action: Duane Passman

## 7 Interface report

Anna highlighted the key risk areas which had been brought to light by the first interface report. These were that audiology provision might not be vacated in sufficient time for the preliminary phase of construction of Stage One in 2013. Graham and Peter explained that they were aware of this risk and would discuss it with the Decant Delivery Group

Action: Graham Dodge

## 8 Project Planning and Reporting Tool/Risk Register

Anna outlined the emerging risks, such as the risk of tendering for a new PSCP and the delays this could bring. She also highlighted the issue of duplicate risks which had emerged through the incorporation of the P21 Joint Risk Register with the contractor, and the ownership of risks by numerous project managers.

- 8.1 There was a lengthy discussion about the key risks to the trauma service if the neurosciences were not able to move to the RSCH site in the spring of 2012 as planned. Duncan then outlined the strategy for providing this service on both sites which would be possible once 4 additional posts had been recruited at HWP. This would enable the service to be split onto 2 sites, with planned activity remaining at HWP and emergency work at RSCH.

## 9 AOB Construction Presentation

Duane gave a presentation of about the recent visit to Barts and the London. This demonstrated visually how large construction projects (this was twice as large as 3Ts) managed to build whilst not affecting the operation of clinical services. Nikki Luffingham added that based on her experience at Pembury, whilst it was challenging at times, it was perfectly possible to continue providing clinical services during construction, even on a very congested site.

## 10. Next Meeting

The next meeting will be held on **Friday, 16<sup>th</sup> December 2011<sup>2</sup>** from 10.30am to 12.30pm in Trust HQ (Room F110), RSCH.

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<sup>2</sup> Meeting brought forward because of Christmas.

RSCH Hospital Redevelopment Programme:  
Minutes of the 3Ts Programme Board Held on Friday 28<sup>th</sup> October 2011  
10.30am-12.30pm in Trust HQ (Room F110), RSCH

**Present:** Chris Adcock, Anna Barnes, Steve Chudley (LOR) Graham Dodge, Richard Eager (LOR), Steve Gallagher, Peter Hale, Karen Hicks (LOR), Julie Nerney, Duane Passman (Chair) and Doug Stevens.

**Apologies:** Jo Andrews, Ian Arbutnot, Sherree Fagge, Robert Gregory (NHS SEC), Chris Gurtler (CCG), Nick Groves, Julian Lee, Iain McFadyen, Tim McMinn (CCG), Xavier Nallentamby (CCG), Minesh Patel (CCG), Nick Patton (CCG), Jonathan Puddle (Turner and Townsend) Martin Randall (BHCC), Pippa Robinson (BSMS), Duncan Selbie, Michael Schofield, Alex Sienkiewicz, Phil Thomas and John Weighill.

**In attendance:** Kath Markey (Turner and Townsend).

**1. Welcome & Introductions**

Duane welcomed everyone to the meeting.

**2. Minutes of Previous Meeting & Subcommittee Reports**

- The minutes of the previous meeting (26<sup>th</sup> August) were approved. Notes of the 3Ts Core Team meetings (26<sup>th</sup> August, 2<sup>nd</sup>, 9<sup>th</sup>, 23<sup>rd</sup> September and 7<sup>th</sup> October) were received.
- The notes from the Radiotherapy Project Board from the 18<sup>th</sup> August and the 29<sup>th</sup> September were accepted.
- The notes from the Benefits Realisation Group on the 9<sup>th</sup> September were accepted.

**3. Matters Arising - Core Team notes and Benefits Realisation notes**

**3.1 3Ts exhibitions- Core Team notes 9<sup>th</sup> September**

Julie asked a question about the level of engagement with the wider Sussex population. Julie understood that the planning submission was an application to the City Council and therefore had a metropolitan focus, but wanted to know how 3Ts engaged with the rest of Sussex. Duane replied that exhibitions had been held in Haywards Heath and Burgess Hill, but accepted that the 3Ts Communications Strategy would need to be refreshed following one of the Gateway recommendations, in order to encompass the complete 3Ts constituency.

**Action: Duane Passman**

**3.2 Engagement with GPs- Core Team notes - 9<sup>th</sup> September**

Julie also raised a query about how the engagement with GPs was progressing. Duane explained that he was still planning to set up a Sub Group of Programme Board (probably meeting on a Tuesday every 2 months) to ensure appropriate liaison with the CCGs. Duane asked Anna to assist with setting up the first meeting including drafting ToR.

**Action: Anna Barnes / Duane Passman**

**3.3 Process for validating benefits realisation approach-Benefits Realisation notes 9<sup>th</sup> September**

Julie asked how the 3Ts approach to benefits realisation was aligned the BSUH approach. Chris replied he agreed that an integrated approach was necessary across BSUH. He proposed to discuss this further with Duncan Selbie.

**Action: Chris Adcock**

**4. Matters arising- Programme Board minutes 26<sup>th</sup> August**

**4.1 Report on photovoltaic cells/sustainability**

Karen and Duane explained that as the Design Team had been stood down, the architects would not be available for the current meeting. However, it was accessible on the BSUH web site as follows:

<http://www.bsuh.nhs.uk/about-us/hospital-redevelopment/hospital-liaison-group/?assetdetesct16483260=368517>

#### 4.2 St Mary's Refurbishment Business Case

Steve reported that the Business Case had been submitted to IPG, and would return in early December as further information was required. Julie asked if this might further delay the various decant projects. Duane agreed that this might be likely, but this was not on the critical path as yet. Julie felt that this investment was a key strategic priority.

#### 4.3 Trust Arts Advisory Group: Governance Arrangements

Anna explained that a workshop had been planned to take forward the wider governance of the Arts Advisory Group, but this had been put on hold until all project workstreams restart in 2012.

#### 4.4 Evaluation Plan for 3Ts Arts Strategy

As above, further work on the wider Arts Strategy in BSUH including academic links had been deferred until all project workstreams restart in 2012.

#### 4.5 Corporate & Individual Sponsorship

Anna reported that some expenditure with Willis Newson had been agreed by the BSUH Charity Committee in order to investigate potential sources of corporate sponsorship for 3Ts and the wider BSUH Arts programme. However, Anna had been asked to investigate web based resources first. Steve Marshall and Sylvia Hume would contact Anna to discuss this further

**Action: Steve Marshall/Anna Barnes**

#### 4.6 Racecourse parking

Steve informed the Board that it might be possible to re look at the possibility of using the Race Course for staff parking during construction, but the costs still looked prohibitive. Further liaison would be needed with B&HCC.

**Action: Steve Gallagher**

#### 4.7 Consolidation Centre

Chris requested that, for governance reasons, this should not be referred to as the *Laing O Rourke* Consolidation Centre but as the *contractor's* consolidation centre otherwise it could be inferred that the Stage Four Contract would automatically be awarded to LOR.

### 5. Interface Presentation

5.1 Kath Markey from Turner and Townsend gave a presentation on the proposed programme management tool known as Interface Management. She explained the tool had been used for both the Olympic Village construction programme and Dublin Airport. The tool enabled senior users to have bird's eye view of the key interfaces between projects.

5.2 The tool also freed up project managers to work at a more appropriate level of detail, whilst focussed on deliverables, secure that the interdependencies between projects were being attended to at a higher level.

5.3 Kath had produced an indicative report for 3Ts showing the interdependencies using a RAG format where red = less than one month between dependencies, amber= one month and green = more than one month.

5.4 The tool showed that various decant projects were amber and required concerted attention if they were not to risk delivery of the key 3Ts construction milestones.

5.5 Programme Board members agreed that this was a very useful approach to programme management, and thought that it would have wider applicability for a range of BSUH projects such as the EPR, Site Rationalisation and the proposed Fibre Network Project.

5.6 Chris Adcock was asked to consider the interface management approach within the PMO.

5.7 Anna was asked to produce the first report for the next Programme Board in November.

**Action: Anna Barnes**

Page 2 of 5

## 6. Programme Director's Report

6.1.1 Duane presented his report which provided a progress report regarding the recent planning application. Whilst he expressed satisfaction that the Planning Submission was now validated, he outlined the key risks (the following taken from the Programme Director's report):

- *Planning Consent not granted (Risk reference 00.71) - The key risk is the period of time the Council will take to validate and then consider the application. The risk beyond that is whether the Committee approve the Application or not;*
- *Capital Availability (Risk reference 12.10) - The availability of capital remains a risk;*
- *Revenue consequences of Decant (NEW Risk) - now that detailed planning has been undertaken, it has been possible to assess the degree of capitalisation which can be expected to be allowed under accounting rules against the decant projects. The current decant proposals indicate that this will generate a financial risk of circa £7m which will be written off to the income and expenditure account. Discussions are underway to attempt to reduce this risk and seek support for the implications. This write-off is mainly generated by the refurbishment works to wards in the Barry Building and the Renal Unit to generate the additional capacity to vacate the Jubilee Block;*
- *Overall affordability (NEW Risk) - although this has been on the risk register, it is now possible to quantify the risk. Over the period of the development, the Trust will have to make savings of £192m even if 3Ts does not go ahead. 3Ts adds a further £23m to this total over the period to 2019/20. This is being reviewed for the new version of the OBC;*
- *Additional decant requirements arising from detailed planning of main scheme (Risk reference 01.13) - to an extent this risk has crystallised in that there have been two recent changes to decant scope. The MRI scanners in the Barry/Jubilee buildings will need to be relocated for the duration of the Stage 1 build as they just fall within the hoarding line of the building. An area of the cancer centre will also need to be reprovided for the same reason. These are currently being built into the decant planning and may have an impact on the overall capital cost of decant;*
- *Decant delivery beds (risk references 0.11.1 and 10.12) - there have been extensive discussion about how the 50 beds currently in the Jubilee Wing can be temporarily accommodated to allow for the demolition of that block, and whether the current planned bed reductions being planned across the Trust will support this. This remains under review and discussion;*
- *Materials ordering (Risk reference L414) - this relates to the delays in ordering and receiving doors for parts of the Level 5 scheme which contributed to the overall delay to that scheme. The design team and building contractors have been made aware of this so that attention can be paid to this in the overall decant programme;*
- *Risks relating to delivery of Satellite Radiotherapy Unit (Risks 01.00, 02.00 and 13.00) - the risk registers for the two satellite radiotherapy units also feed into the overall risk register. These risks relate to recruitment of key personnel to allow these units to be staffed and to the IT links between the main Centre at RSCH and the satellites. These risks are being fully factored into continuing planning and business planning to mitigate their likelihood and impact;*
- *Consolidation Centre (risk reference being allocated) - the construction methodology for the scheme requires maximisation of off-site prefabrication. A location has yet to be identified. Our local councillors have raised concerns about this.*

6.2 Duane added some additional points as follows:

- The need to track and respond to planners queries could be lengthy and protracted, and risked delaying the programme further.

- The requirement to produce an addendum to the submission (as B&HCC's planning framework had just been reissued) was also a significant risk, requiring additional resource within the programme team.
- The S106/s728 agreement might also produce additional requirements which were as yet unknown.

6.3 Julie asked several questions as follows:

- Was there a risk as the consolidation centre was as yet unknown location?
- How were local residents' concerns being managed?

6.4 Duane replied that the consolidation centre location might be a condition on the planning consent anyway so could not be second guessed at this stage. His experience of other capital projects, and following the recent visit to The London was that this was not a problem and would improve site management, whilst reducing the impact of construction traffic on local residents.

6.5 He then went on to explain how approximately 2500 local people had attended the series of exhibitions in various locations around the City which were due to finish on the 29<sup>th</sup> October. Of these 2500 people circa 10% had left comments. A quick analysis of the comments showed the following:

- Over 90% supported the scheme.
- The remaining 10% were either neutral or expressed a view about their care.

6.6 Further analysis would be available at the next meeting. Duane explained that the official consultation would end on the 11<sup>th</sup> November, with local residents having another 7 days to comment up until the 18<sup>th</sup> November).

**Action: Richard Beard**

6.7 Chris asked Duane for some clarification regarding the issue of the additional £23m costs pressures which would be generated by 3Ts which had been highlighted as a risk within the report. Duane conformed that £23m excluded transitional and double running costs.

## 7. Gateway report

7.1 Duane outlined the key recommendation from the recent Gateway report. The review team had complemented the systems and processes being used within 3Ts; particularly with regard to risk management and project management. The Team had noted that all the previous recommendations had been implemented.

7.2 However, the team had made some points about the need to adequately protect the 3Ts resource and focus it on delivery of the capital scheme.

7.3 Duane would be drafting an action plan in response. This would be discussed at the Programme Board on a monthly basis.

**Action: Duane Passman.**

7.4 Programme Board members congratulated Duane and the team for an improved rating which was now amber/green as opposed to amber at the time of the last review. The next review would be a Gate 3.

## 8. BIM presentation

8.1 Karen and Steve gave a presentation about the use of Building Information Modelling within 3Ts. This was a new way of designing buildings using computer generated data, which was based on real time information (provided by the user groups during the design process). This allowed the Design Team to adequately model the building, for instance predicting in use energy consumption and moving towards thermal modelling.

8.2 The presentation provided a cross sectional 3D visualisation of Stage One from the foundations to the roof. This provided a far more vivid impression of mass and scale than had previously been possible. It

was hoped that this would reduce design time by providing more accurate data at an earlier stage than previously. It could also cut construction costs, waste and packaging.

8.3 Programme Board members appreciated the value of this new approach to design (the first time it has been used in the NHS). Anna said that she was planning to evaluate its usage with user groups once the design process was restarted.

8.4 Duane thanked Karen and Steve for the presentation.

## 9. Project Reporting Tool and Risk Register

9.1 Anna presented the latest version of the tool which now incorporated the risk register. There was a discussion about the top risks and the mitigation strategies.

9.2 Julie asked when Programme Board could expect to see a more detailed finance report. Duane reported that this would be available at the next meeting.

**Action: Duane Passman.**

9.3 There was a discussion about the need to strengthen the Communication Strategy, (see item3.1) Julie also suggested information should be provided about 3Ts within the Corporate Induction Programme.

9.4 Duane explained why the Vibration risk to the linacs had been added and how he planned to mitigate this risk through the production of a technical report (which was awaited).

9.5 Anna added that she had recently completed the 3 monthly exercise of aligning the 3Ts register with the BSUH corporate register.

## 10. Next Meeting

The next meeting will be held on Friday, 25<sup>th</sup> November 2011 from 10.30am to 12.30pm in Trust HQ (Room F110), RSCH.



Brighton and Sussex  
University Hospitals  
NHS Trust



# Regional Centre for Teaching, Trauma & Tertiary Care: 3Ts Development

## Presentation to Programme Board

### 25 August 2011



# Overview

- Update since last Programme Board;
- Design Progress;
- Programme;
- Key Risks;
- Look Forward.

# Update since last Programme Board

- Helipad confirmed on TKT;
- Car Parking increased by 350;
- EH, CABE Review positive;
- CAG supportive of development approach;
- Risks identified at last PB crystallised – capex now at £420m;
- Still includes contingency and Optimism Bias;
- Refreshed OBC submitted early May;
- Video on YouTube – Facebook Page.











# Programme

- Submission of Planning Application – 23 September 2011;
- Further submission of OBC – Late October 2011 (with revised LTFM);
- Planning Consent – Christmas (subject to...);
- OBC Approvals - early 2012;
- GMP decant – 23 April 2012;
- GMP Main Scheme – late 2012;

# Programme

- Helipad Operational – February 2014;
- Decant complete – Nov 2013;
- Stage 1 Operational – June 2018;
- Stage 2 Operational – November 2021;
- Complete – August 2022;
- Still under review for efficiency.

## Key Risks

- OBC approval period;
- Changing requirements;
- Recent national increase in P21 fee rates (by 10.15% from July 2011);
- Decant costs – budget based on July 2009 OBC but increased scope;
- FBC approval and FT authorisation;
- Temporary Car Parking;
- Consolidation Centre.

## Look Forward

- Planning Submission;
- Gateway Review (5-7 October);
- Public exhibitions – October;
- St. Mary's Business Case – October;
- Resubmission of main OBC – Late October.

# Unified Communications

Presentation to 3Ts Board

August 2011

# What is unified communications?

**Unified communications (UC)** is the integration of real-time communication services such as instant messaging (chat), presence information, telephony (including IP telephony, video conferencing, call control and speech recognition with non-real time communications services such as voicemail, e-mail, SMS and fax.

UC is not a single product, but a set of products that provides a consistent unified user interface and user experience across multiple devices and media types.

UC allows an individual to send a message on one medium and receive the same communication on another medium. For example, one can receive a voicemail message and choose to access it through e-mail or a mobile phone. If the sender is online according to the presence information and currently accepts calls, the response can be sent immediately through text chat or video call. Otherwise, it may be sent as a non real-time message that can be accessed through a variety of media such as e-mail.



# Benefits of Unified Communications

Unified communications is now a mature technology , its uses for businesses are both extensive and low risk.

It enables users to know where their colleagues are physically located (say, their car or home office). They also have the ability to see which mode of communication the recipient prefers to use at any given time (perhaps their mobile phone, or email, or instant messaging) – for instance, very useful to our switchboard staff.

A user could seamlessly set up a real-time collaboration on a document they are producing with a colleague, or, in a clinical setting, a doctor might do a remote consultation using hand-held device and consult with a co-worker at the patient's bed. With unified communications, instant messaging and presence built into the EPR application, responses to any potential deviations from the integrated care pathway of the patient, i.e. ordering additional diagnostics, could be almost immediate.

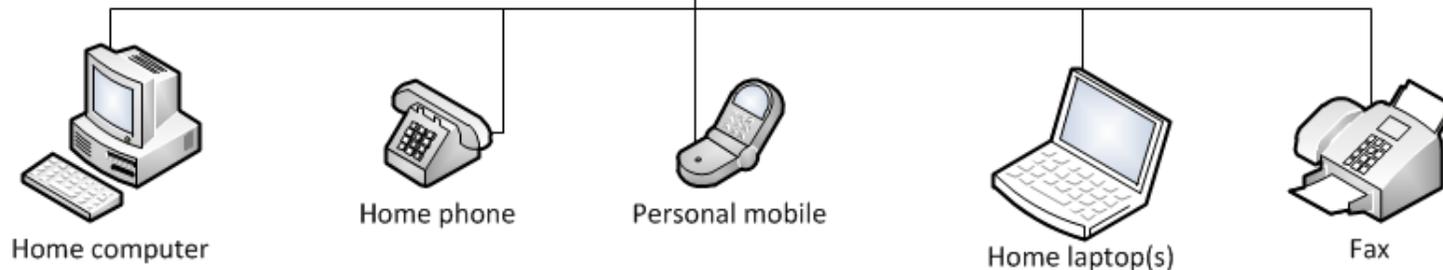
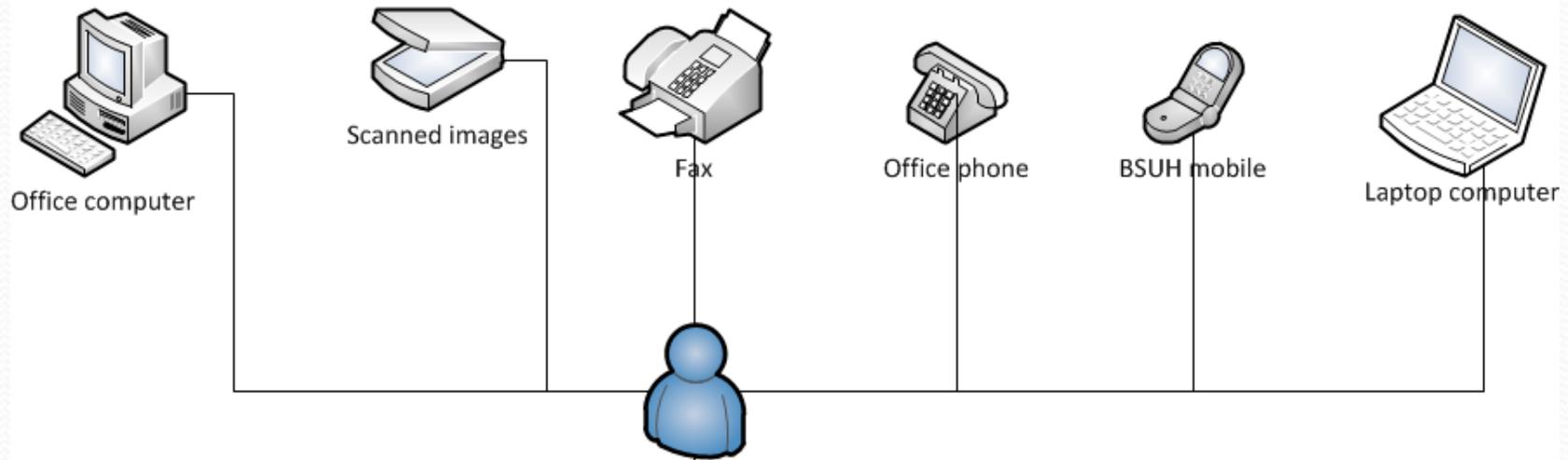
# Key drivers for UC

- Staff flexibility, mobility, availability
- Improved “customer” experience
- Electronic patient record system
- 3T’s:
  - Process improvements
  - decant – existing PBX decommission
- Cost effectiveness

# Where are we now?

- Legacy e-mail system
- Analogue telephones
- Individual data & voice systems and site connections
- Multiple message stores
  - E-mail
  - Voicemail
  - Contacts
- Multiple devices:
  - BSUH Mobile(s)
  - Personal mobile(s)
  - Desk phone(s)
  - Laptops(s)
  - Desktops(s)
  - Home computer(s)
  - PDA's

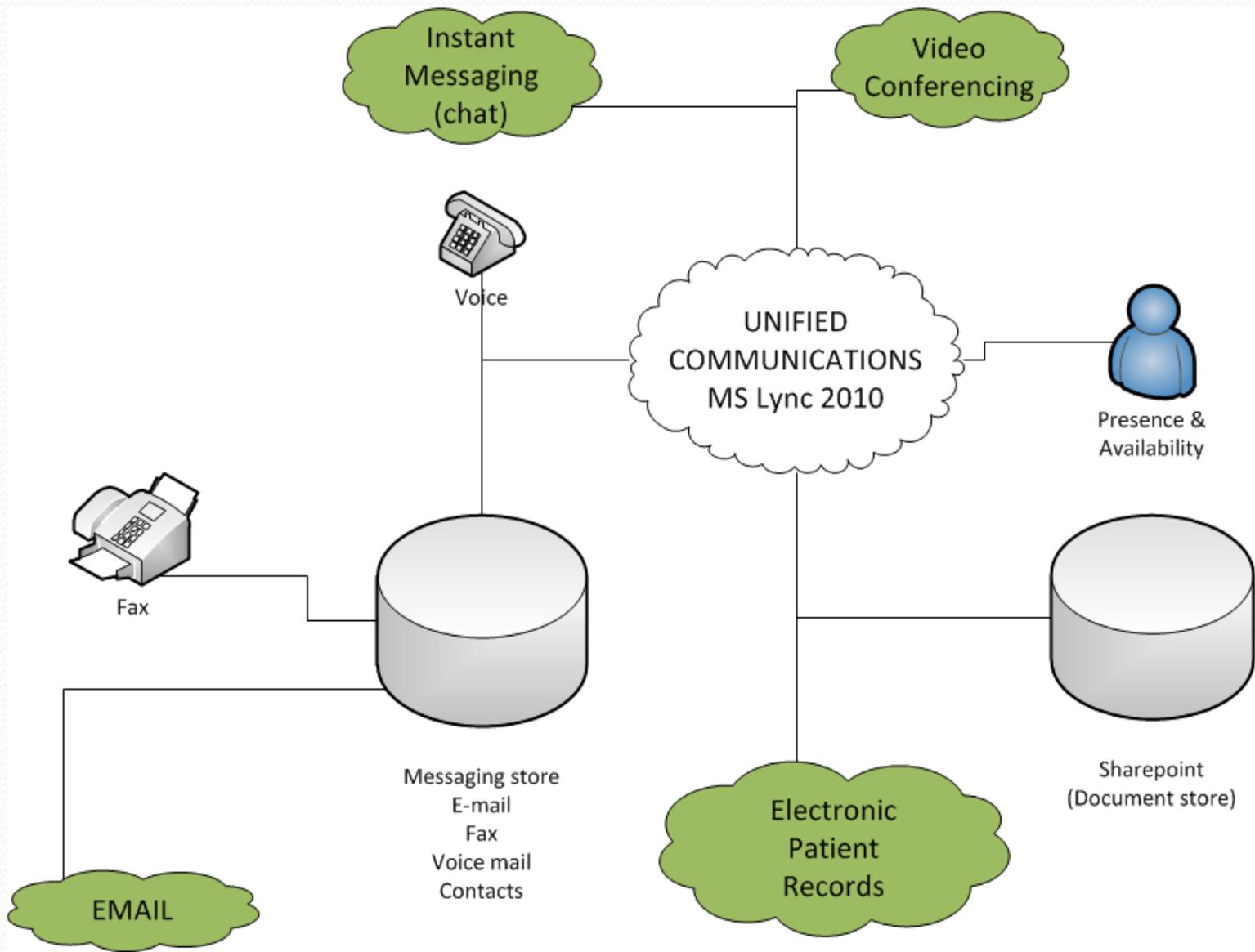
# OFFICE

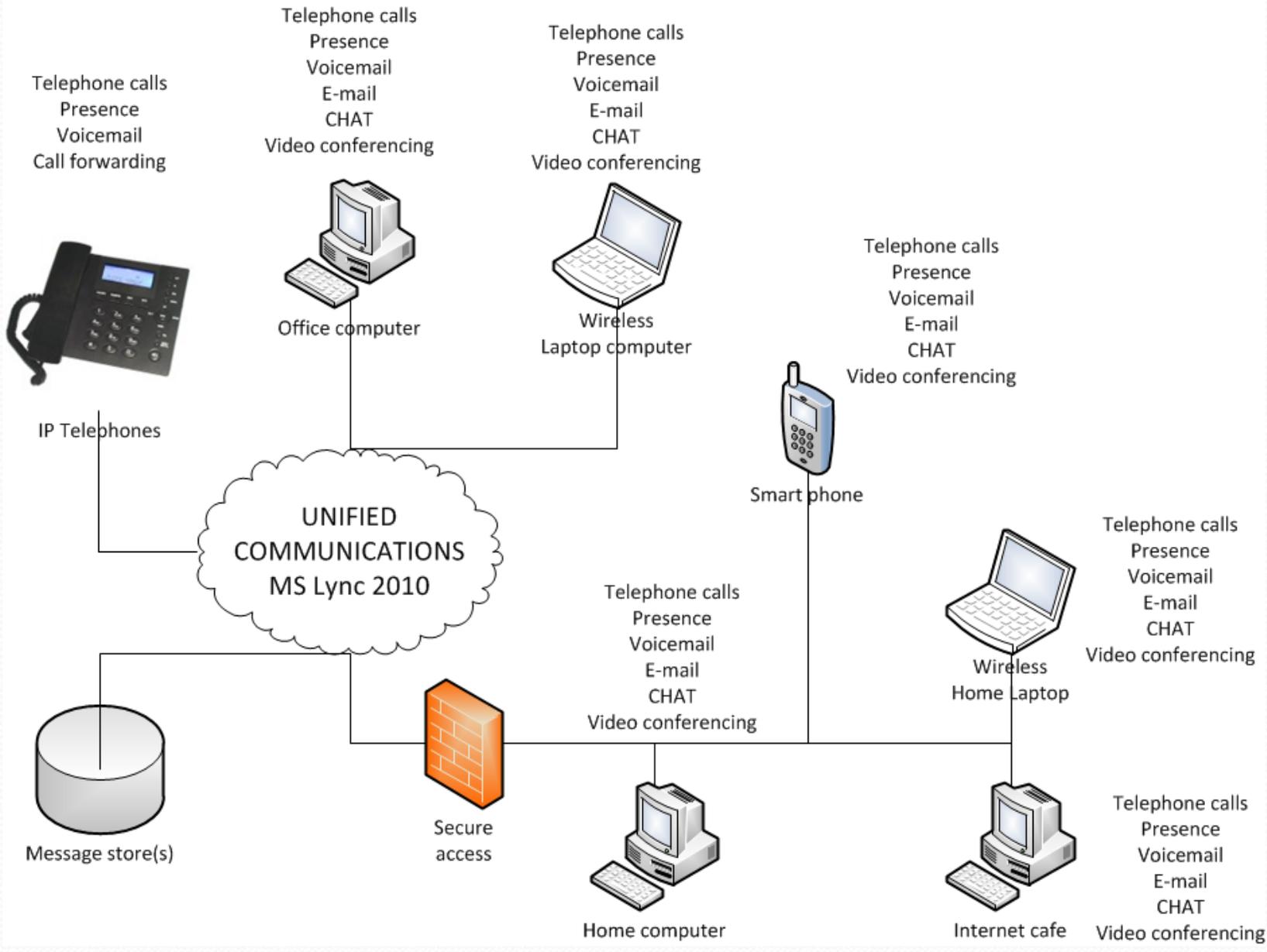


# HOME

# Where do we want to be?

- Converged infrastructure
- Simple & secure access
- Resilient network
- Exchange 2010
- Lync 2010
- Full IP Telephony
- Full wireless coverage
- Flexible device access
  - Mobile
  - Laptop
  - Soft phone
  - Home access
  - Internet café
  - Hot desking





# How are we going to get there?

- New converged network
- High-speed private link with PRH
- New high-speed fibre networks on site
- Converged technology:
  - Microsoft Exchange 2010
    - Messaging
    - Voicemail to text
  - Microsoft Lync
    - Presence
    - Chat
    - Video conferencing
    - Telephony
  - Mitel IPT equipment
    - Telephony

# BSUH UC Strategy

- Commissioned Oct 10
- Scope
  - Fixed phones
  - Mobile phones
  - Bleepers
  - Pagers
  - Voicemail
  - E-mail
  - Voice recording

# BSUH UC Strategy findings

- Limited capability analogue fixed phones
- Mobile - reception problems
- Bleeps – two systems
- Voicemail – minimal use
- E-mail – slow, difficult to access remotely
- Multiple device access
- No presence information

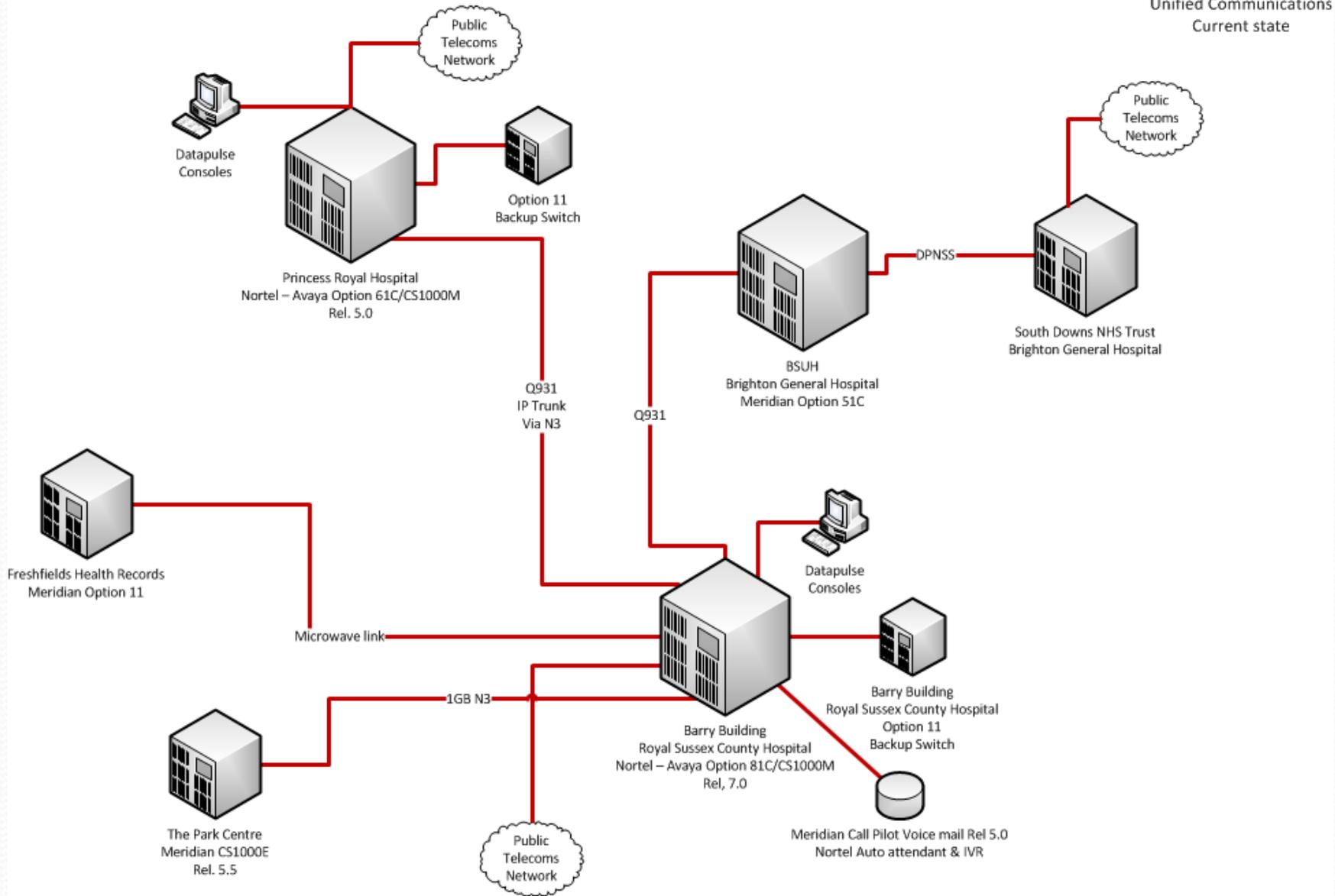
# BSUH UC Strategy requirements

- High level requirements:
  - Mobile telephony on campus
  - Self service facilities to the public
  - Voicemail access via multiple channels
  - Mobile data access
  - Messaging including prioritisation
  - Presence information

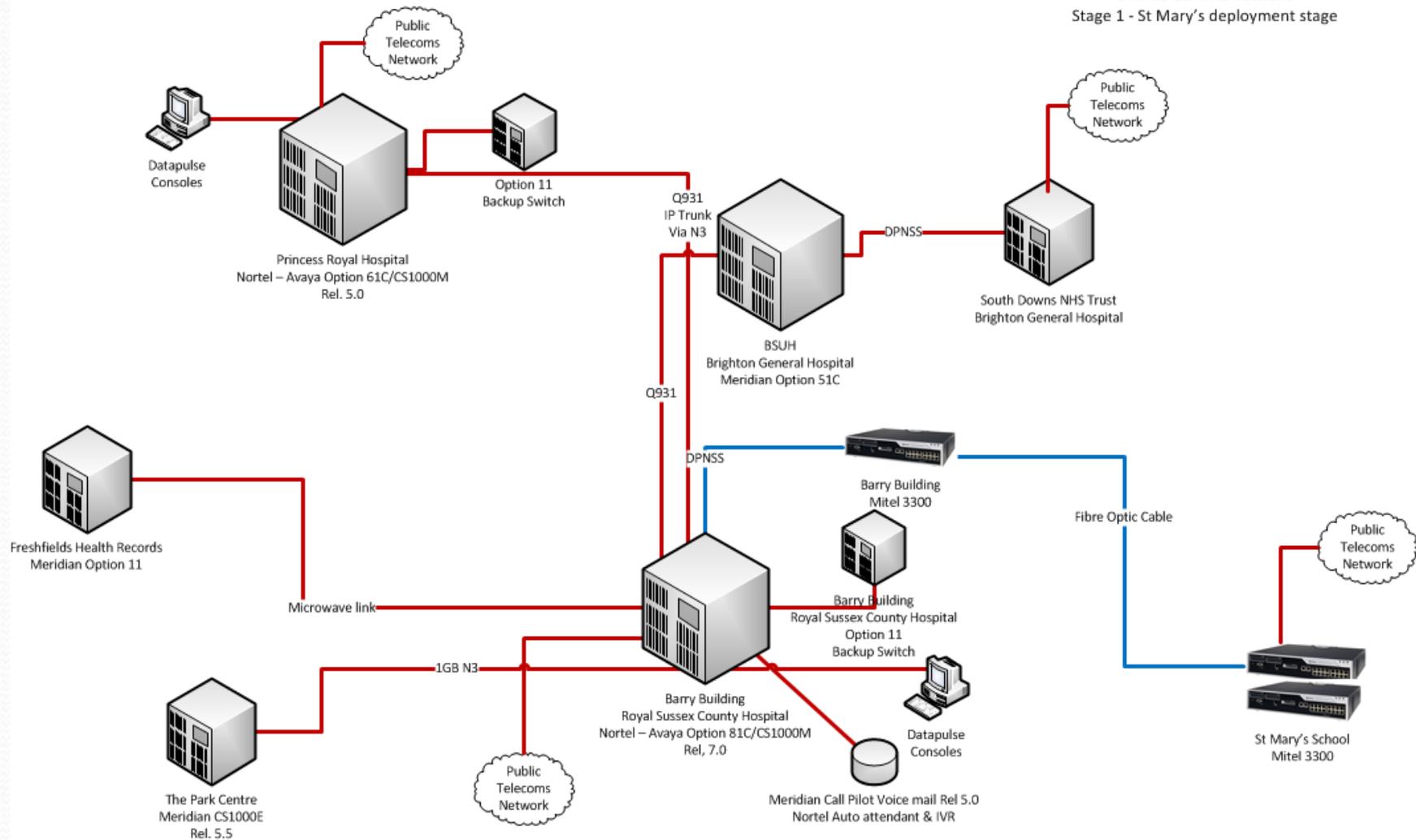
# BSUH UC Strategy recommendations

- Immediate
  - Continue with IVR upgrades
  - Implement IPT solution at St Mary's site
- Medium term
  - Implement new network infrastructure
  - Migrate RSCH to IPT to allow decommission of Nortel
- Long term
  - Migrate PRH site to integrated IPT

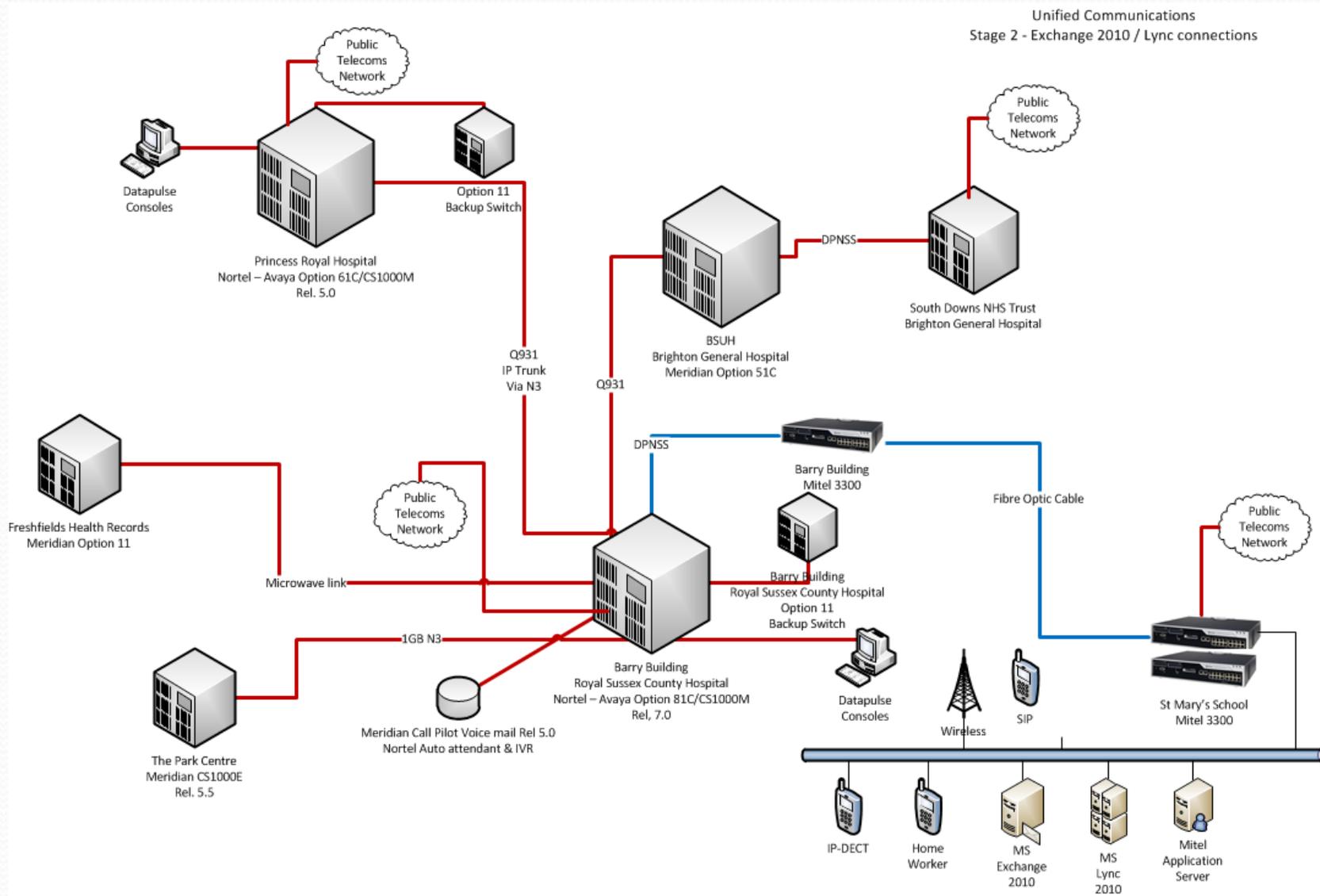
Unified Communications  
Current state



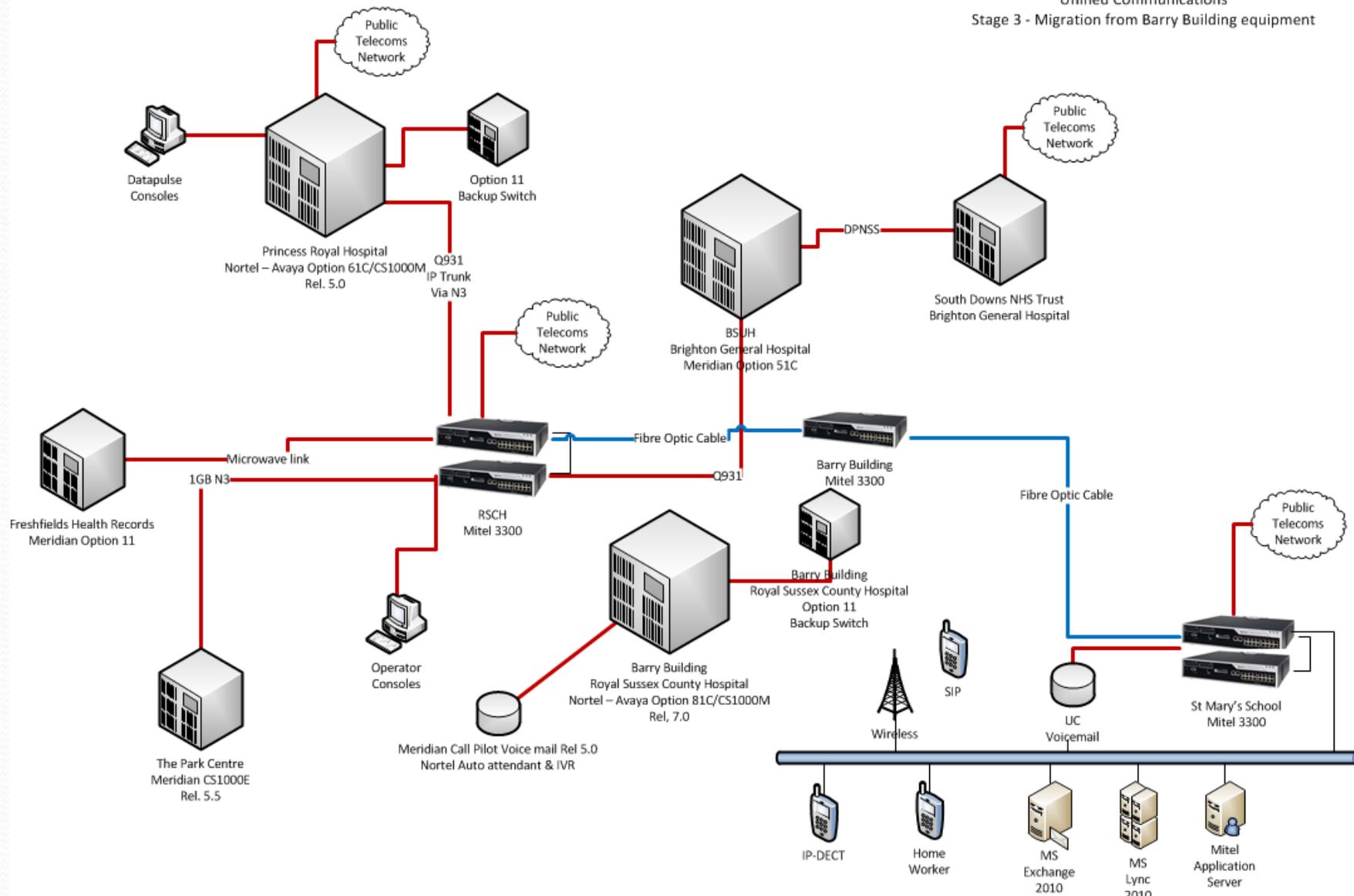
Unified Communications  
Stage 1 - St Mary's deployment stage



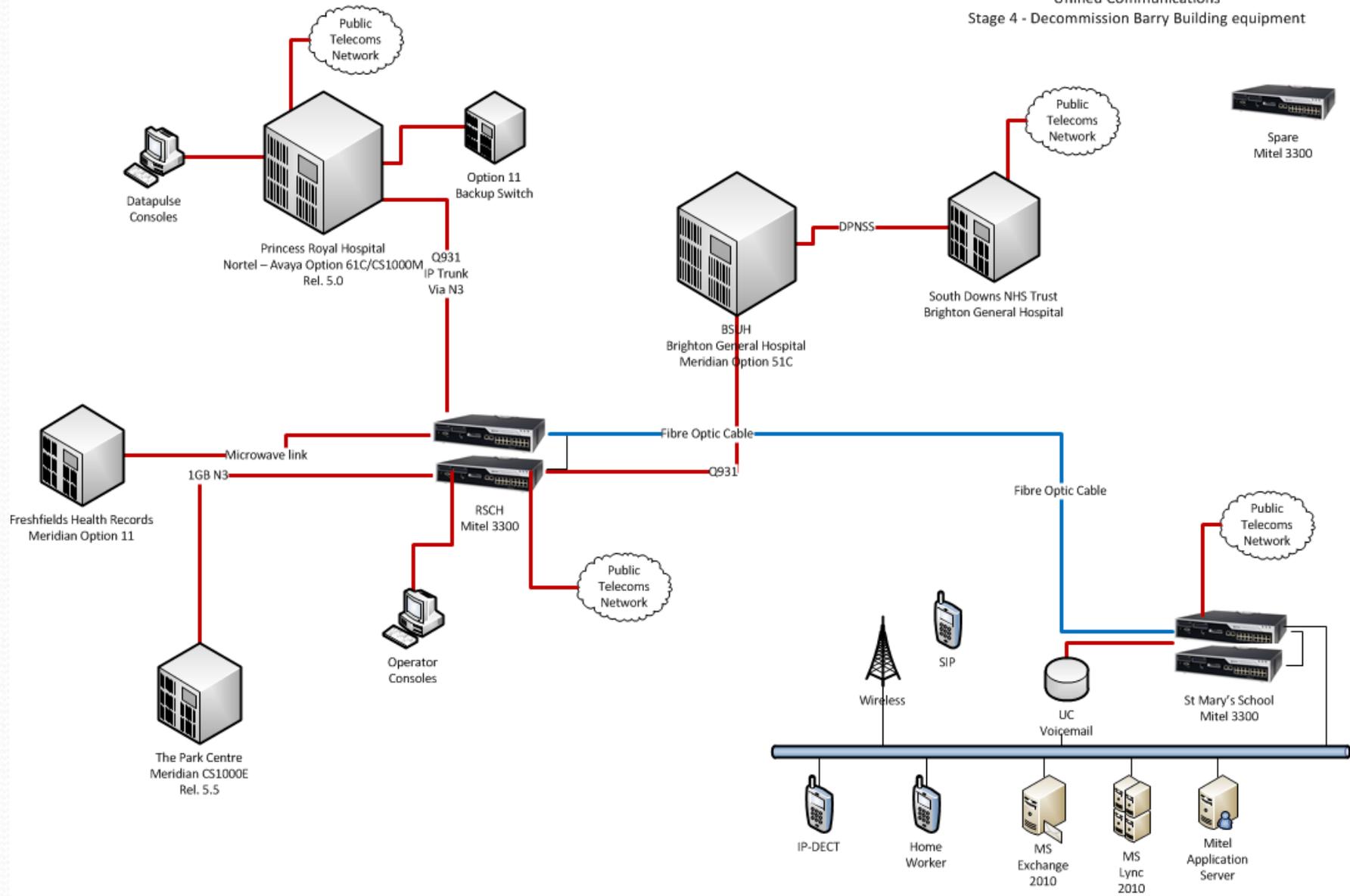
Unified Communications  
Stage 2 - Exchange 2010 / Lync connections



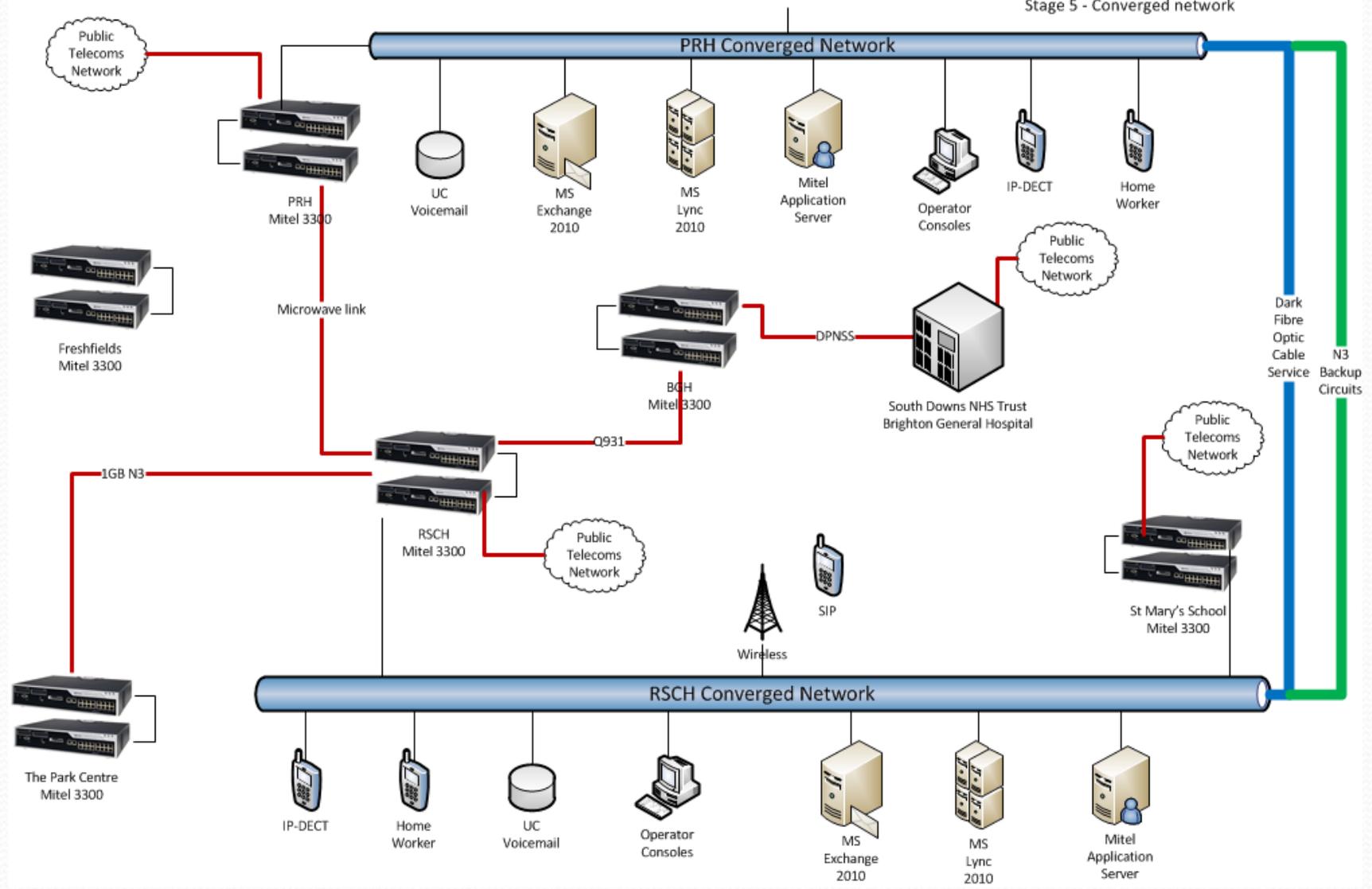
Unified Communications  
Stage 3 - Migration from Barry Building equipment



Unified Communications  
 Stage 4 - Decommission Barry Building equipment



Unified Communications  
Stage 5 - Converged network



# Next steps

- Upgrade power in data centre
  - Sep 2011 to Mar 2012
- Implement new e-mail and unified comms software
  - Nov 2011 to Mar 2012
- Install Mitel based IPT at SMH
  - Apr to Aug 2011
- Migration of existing PBX to UC environment
  - Jan 2013 to Dec 2014
- Review bleeps, group call (Vocera) requirements



# Questions

Regional Centre for Teaching, Trauma and Tertiary Care  
Notes of the Programme Board Meeting  
Held on Friday 25<sup>th</sup> March at 10.30am in F110, Trust HQ, RSCH

- Present:** Anna Barnes, Steve Gallagher, Liz Horkin, Julian Lee, Julie Nerney, Kate Parkin, Duane Passman (Chair), Paul Richards (NHS South East Coast), Doug Stevens (South Coast Audit) and Bill Stronach (for Karen Geoghegan).
- In Attendance:** Richard Eager (LO'R), Karen Hicks (LO'R), Julian Lee, Abigail Pride, Jonathan Puddle (Turner and Townsend).
- Apologies:** Chris Adcock, Jo Andrews, Graham Dodge, Graham Griffiths (NHS ESDW), Lawrence Goldberg, Karen Geoghegan, Nick Groves, Robert Gregory (SEC SHA), Peter Hale, Simon Maurice, Iain McFadyen, Martin Randall (B&HCC), Pippa Robinson (BSMS) and Duncan Selbie.

**1. Welcome, Introductions & Apologies**

- 1.1 Duane Passman welcomed everyone to the meeting and introductions were made.

**2. Notes**

- 2.1 The notes of 28<sup>th</sup> January were agreed as an accurate record.

**3. Matters arising from the notes**

- 3.1 Sustainability and financial modelling: Karen reported that a report on photovoltaics would be available for the May Programme Board.

**Action: Karen Hicks**

- 3.2 Engagement with Commissioning Consortia: In Nick's absence Duane explained that a series of events had been set up and were now taking place in order to engage with GP commissioning consortia.

- 3.2 Sponsorship: This report was on the agenda.

- 3.3 Occupancy analytics: Duane reported that a shortlist of suitable areas had been agreed for consideration at the team meeting on the 5<sup>th</sup> April.

- 3.4 Red Risks to be reported to Programme Board: Anna reported that this had been done, and was on the agenda.

- 3.5 Financial consequences of decant: Duane reported that the impairment issue was still being worked through, that Core Team costs were still being picked up by the SHA and that the OBC refresh would be complete by the 5<sup>th</sup> April. He added that the full business case for the refurbishment of St Mary's Hall school was going to be considered by the Trust Board in May and that a full report on the financial implications of the decant schemes would be available for the May Programme Board.

**Action: Steve Gallagher.**

**4. Reports/notes from sub-committees reporting to Programme Board**

- 4.1 3T Core Team meetings from Core Team meetings from 28 January, 4 and 11 February, 4 March were received and noted.

- 4.2 Radiotherapy Steering Board minutes from the 17 February were received and noted.

- 4.3 Trauma Steering Committee minutes from 11 February were received and noted.

## 5. 3Ts Arts Strategy

5.1 Abigail Pride outlined the key points from the Public Arts Strategy on behalf of Jane Willis (from Willis Newson) who was unable to attend. She began by describing the initial prioritisation:

- Entrances and exits
- Isolation during visit
- Duration of stay
- Breaking bad news

She went on to outline the full list of proposed schemes as follows:

- Stage 1 Welcome Space
- Sky Gardens & Roof Gardens
- Courtyards/ deep landscapes
- Stage 2 Façade
- Stage 2 Welcome Space
- Wayfinding (corridors & lift lobbies)
- The Sanctuary
- CT, MRI & LINAC
- Anaesthetic, Recovery & Critical Care
- Oncology, including Chemotherapy Day Unit.

5.2 The Strategy included a variety of both commissioned and partnership schemes. The Strategy recommended that several of the commissions, particularly the welcome spaces and gardens, should be begun prior to GMP so that the works could be sufficiently integrated into the 1:50 design process.

5.3 Abigail outlined the indicative budget for the Strategy, which would be funded through contingency within the main scheme, subject to the GMP process at circa £1 million

5.4 One of its main recommendations was that the PSCP (LOR) should take forward the strategy through contracting with Willis Newson under the P21 framework. This would achieve design integration and meet the challenging timetable. This was agreed.

5.6 The Strategy also recommended that a Joint Arts Group (JAG) should be established within 3Ts but with representation from the BSUH, PPDP, Willis Newson, LOR and BDP to implement the Strategy. This was agreed.

Anna added that the ongoing Arts Programme within BSUH should receive more attention as it was important that 3Ts should be incorporated within an overall programme within the Trust, rather than as an add on. It was agreed that this was best achieved through the establishment of an ongoing arts programme within BSUH so that commissioned works could be changed according to feedback from staff and patients.

5.7 The Strategy contained a recommendation that the Arts Advisory Group should be refreshed with new terms of reference and clearer governance up to Board level. This recommendation was accepted, and would be forwarded to the Company Secretary for consideration, to ensure that the recommendation was in line with BSUH existing Rules of Procedure.

**Action: Anna Barnes**

5.8 Julie Nerney congratulated the team and Willis Newson on an excellent, comprehensive piece of work. Julian Lee also offered his congratulations. There was a discussion about the Sanctuary Space in particular and the need to ensure that it was truly multi faith, inclusive and that Christians would not be marginalised, by being allocated the smaller space for Christian ceremonies. Abigail replied that the team had worked intensively with the Chaplain and that the larger Sanctuary Space would be suitable for people of all faiths, or none.

- 5.9 Steve Gallagher commented that the car parking areas also required additional attention as people frequently complained that they were unwelcoming and not conducive to navigating into the hospital successfully.
- 5.10 Paul Richards congratulated the team on the production of the Strategy, but queried the overall cost within the current economic climate. Duane explained that it was likely that a condition of the planning submission would be there should be a percentage of the budget spent on Public Art.
- 5.11 Abigail reminded members of the evidence base that a well designed, therapeutic environment was positively associated with recovery rates. Anna and Abigail were asked to consider an evaluation, utilising the links with the University of the West of England which had been established via Willis Newson.

**Action: Anna Barnes**

- 5.12 The Strategy was approved.

## 6. Programme Director's report

- 6.1 Duane Passman outlined his report as follows:
- 6.2 Duane reported that the 1:200/1:50 process was nearing completion. Therefore excellent progress had been made on the internal design despite the difficulties in achieving geometry fix.
- 6.3 Duane outlined the revised programme:

<u>Activity</u>	<u>Revised Target Date</u>
Submit refreshed OBC to SHA and DH	Early April 2011
Consideration of OBC and Readiness to Approve	Up until Planning Consent received.
Preparation and approval of Decant Schemes Full Business Cases	Up until Planning Consent received.
Approval of OBC	Within days of Planning Consent decision.
Approval of Decant FBCs	Immediately thereafter.
Submission of Main Scheme Full Business Case	Within two to three months of OBC approval (at most).

- 6.4 He then highlighted the key programme risks:
- Planning Consent not granted (Risk reference 00.71) -
  - Capital Availability (Risk reference 12.10)
  - Additional decant requirements arising from detailed planning of main scheme (Risk reference 01.13)
  - Decant delivery beds (risk references 0.11.1 and 10.12)
  - Materials ordering (Risk reference L414)
  - Risks relating to delivery of Satellite Radiotherapy Unit (Risks 01.00, 02.00 and 13.00) -
- 6.5 He added that a further risk which would require an increased rating for future reports would be commissioner support as the transition is made from PCTs to GP Commissioning Consortia and the importance of maintaining commissioner support for the programme as a whole. Discussions were continuing with the PCTs to mitigate this risk.
- 6.6 Duane explained the other proposed mitigation strategies including a revised design which would incorporate a helipad on the Thomas Kemp Tower, increased underground parking and further changes to the proposed streetscape in Eastern Road. Based on

these modifications Duane was cautiously optimistic that planning application would be successful, and could therefore be submitted.

6.7 Duane outlined the changing financial profile for 3Ts, including the trajectory of costs from OBC in June 2009 to March 2011. He reported the programme was within agreed tolerances and that the SHA was satisfied that the queries raised during the OBC process had been adequately addressed.

6.8 Duane finished by describing the ongoing programme of public engagement which was being well received.

## 7. Project Planning and reporting tool

7.1 Anna updated Programme Board on the exception reports. She highlighted the changes to the decant reports and trauma plans, including raised risks.

7.2 Anna explained that full alignment of the risk register and the project reporting tool had now been achieved and regular updates were occurring at project manager level, and were discussed monthly at Core Team.

7.3 This had resulted in the benefits realisation programme now being recast for the current year, for example.

7.4 Julie a question about the radiotherapy report which showed significant risks. Duane updated the meeting on the progress in the East and West, and how lessons across the sites were being applied. There was a potential issue of recruitment of additional oncologists which would need resolution.

7.5 Anna said that from next month these reports would be split between East, West and BSUH.

**Action: Anna Barnes**

7.6 Julie asked for a report about the modernisation workstream for the next meeting, particularly related to the opportunities for space efficiency gains across the site with the purchase of St Marys, and the anticipated impact through the introduction of the Electronic Patient Record (EPR). Duane replied that some of this work had already begun.

**Action: Steve Gallagher**

## 8. Report back from meeting with Tim Johnson at GOSH

8.1 Anna outlined the report of her meeting at Great Ormond Street Children's Hospital.

8.2 She had undertaken the visit to find out if BSUH could generate more income from corporate and individual sponsorship. The key findings were as follows:

- BSUH currently generated less than 0.3% from fundraising compared to 19% at GOSH.
- Whilst there were key differences between the organisations, it was felt that this highlighted the possibility of increased income generation possibilities, subject to the production of a fundraising and sponsorship strategy.
- The opportunities were increased with the advent of 3Ts.
- There was a fundraising target within the Arts Strategy of £40 000.
- However resources would have to be committed internally in order to generate additional income over time.

8.3 Julian and Julie agreed with the recommendations of the report and thought that individual companies in the City should be cultivated for this purpose, particularly those required to donate some income for charitable aims on an annual basis. Julian offered to discuss this with the BSUH Charity Committee.

**Action: Julian Lee**

## 9. Cost report presentation

- 9.1 Jonathan Puddle summarised the overall position of the project and decant works.
- 9.2 He confirmed that the capital cost as set out in the July 2009 OBC was £420m at MIPS 515 and VAT at 17.5%. Due to a reduction in MIPS level from 515 to 480 and an increase in VAT to 20% the OBC refresh capital cost as set out in January 2010 was £409m. He confirmed that the projected out-turn cost was £411.3m
- 9.3 It was noted that further value management exercises would need to be undertaken to ensure that the overall projected out-turn cost was maintained within approved tolerances.
- 9.4 Finally, he confirmed that the new planning requests of additional parking spaces (£4-6m) and the helipad on Thomas Kemp tower (£4m) were additional to the projected out-turn cost. Further work was being undertaken to validate these costs within the overall budget.
- 9.5 Duane thanked Jonathan for the presentation.

## 10. Programme Finance report

- 10.1 Bill Stronach highlighted a few additional points:
- The OBC refresh was taking place within the next week.
  - The financial projections for the total spend on design fees was still higher than the original OBC projections, but these costs were subject to constant review and scrutiny and would therefore be brought back within budget.
  - The finance team were continuing to work through the financial implication of the impairment issue within the decant schemes.
- 10.2 Duane thanked Bill for this report.

## 11. Risk Register

- 11.1 Anna briefly outlined the main changes since January. The main changes had been that the trauma risk had been increased at the Core Team review because of ongoing problems with the planned transfer of services from Hurstwood Park.
- 11.2 Duane asked if Doug Stevens and the risk sub group were satisfied with the risk management process in place, particularly through the monthly scrutiny function. Doug replied that he was satisfied that the process was sufficiently rigorous.

## 12. Any Other Business

- 12.1 Duane explained that as the current changes in the local health economy had led to decreased external attendance, he planned to review the membership of the Programme Board and would be writing to members to this effect during the next month.
- 12.2 Duane thanked everyone for attending and the meeting finished at 12.30m.

## 13. Date of the next meeting

Next Meeting: Friday 27<sup>th</sup> May 2011, 10.30am-12.30pm, Room F110, Trust HQ, RSCH subject to review and agreement of membership.

Regional Centre for Teaching, Trauma and Tertiary Care  
Notes of the Programme Board Meeting  
Held on Friday 28<sup>th</sup> January at 10.30am in F110, Trust HQ, RSCH

- Present:** Anna Barnes, Graham Dodge, Karen Geoghegan, Nick Groves, Peter Hale, Liz Horkin, Kate Parkin, and Duane Passman (Chair).
- In Attendance:** Mathew Bacon, Rob Brown, Richard Eager (LO'R), Karen Hicks (LO'R), Jonathan Puddle (Turner and Townsend).
- Apologies:** Chris Adcock, Jo Andrews, Ramona Booth (NHS Brighton and Hove), Sam Chittenden (NHS East Sussex, Downs and Weald), Mark Frake, Steve Gallagher, Lawrence Goldberg, Robert Gregory (SEC SHA), Geraldine Hoban (NHS Brighton and Hove), Simon Maurice, Iain McFadyen, Julie Nerney, Jonathan Puddle (Turner and Townsend), Martin Randall (B&HCC), Paul Richards (NHS South East Coast), Duncan Selbie, Doug Stevens (South Coast Audit) and Liz Whelan.

1. **Welcome, Introductions & Apologies**

- 1.1 Duane Passman welcomed everyone to the meeting and introductions were made.

2. **Notes**

- 2.1 The notes of 17<sup>th</sup> December were agreed as an accurate record.

3. **Matters arising from the notes**

- 3.1 Sustainability and financial modelling: Karen explained that the lack of geometry fixlinked to ongoing discussions regarding town planning was hindering progress on this issue. Once a final fix on the design had been agreed, this could be progressed.

**Action: Karen Hicks**

- 3.2 Engagement with Commissioning Consortia: Nick updated the meeting on the proposals to run a series of events targeted at GPs, including lunchtime sessions. He added that a DVD was in production, explaining the key benefits of the development and which would also be available for streaming from the Trust's website. A further programme of engagement events, over and above the already comprehensive programme undertaken to date, would be available shortly.

**Action: Nick Groves**

- 3.3 Sponsorship: Anna reported that she had followed up the leads identified at the last meeting and would be having a meeting with Great Ormond Street Hospital the following week. She would report back on their ideas for sponsorship and income generation at the next meeting.

**Action: Anna Barnes**

4. **Reports/notes from sub-committees reporting to Programme Board**

- 4.1 3T Core Team meetings from Core Team meetings 26<sup>th</sup> November, 10<sup>th</sup> December and 17<sup>th</sup> December were received and noted.

5. **Programme Director's report**

- 5.1 Duane Passman gave a verbal update as follows:

- 5.2 Duane informed the Board that English Heritage (EH)'s Important Applications Review Group had reviewed the existing development proposals. It was reported that although EH felt that there would be a visual impact on neighbouring heritage assets (and in

particular Lewes Crescent), there was an expectation that the Trust would need to carefully set out the perceived health benefits to the people of Brighton & Hove and Sussex which may outweigh the perceived heritage disbenefits. Duane reported that this work was underway as part of the Health Impact Assessment and the Heritage Statements which would form part of the final Planning Application.

- 5.3 Duane then updated the Board on the CABE review feedback which had indicated that there were concerns about the height and mass of the first stage of the proposed development and that some external redesign was recommended. Duane also indicated that, given the amount of time allowed in the CABE Review for a scheme of such complexity, the reviewers had not fully appreciated the clinical and non-clinical drivers for the scheme and the impact that this had on the built form.
- 5.4 He added that B&HCC had continued to be supportive and that there were ongoing thoughtful discussions with Martin Randall and other officers at B&HCC.
- 5.5 Duane further described the forthcoming meeting about traffic management on the RSCH campus. He was confident that the Environmental Impact Assessment would assist BSUH and B&HCC to reach, in partnership, a sustainable solution to the parking and congestion problems on and around the site.
- 5.6 Duane finished his report by reiterating that 3Ts was, based on the risk register, rated as a high risk project, and the planning issues meant that the risks were now rated even higher. However he was still optimistic that a successful outcome would be reached.

## 6. In use energy: enhanced briefing of the design team through Occupancy Analytics

- 6.1 Mathew Bacon introduced his proposals to work with 3Ts regarding modelling energy usage within the design. He explained how Scandinavia was already undertaking work of this kind. Mathew suggested the following for 3Ts:
  - Look at occupancy statistics at different times of the day
  - Consider how to maximise activity throughout the estate and eliminate peaks and troughs of demand for energy
  - Look at possible energy savings following analysis of activity data.

This would achieve the following:

- Greater accuracy in the design of the engineering systems.
  - An objective means by which we can evaluate capacity of different spaces at different times of the day.
  - In the In-Use Phase to enable the management team to understand the impact of different usage
  - scenarios on the operation of the facility
  - Enables the Project Team to understand where the opportunities are to drive down consumption and cost
- 6.1 There was a discussion about the need to engage with the divisions in order to take this project forward. Duane requested that this should be discussed at Core Team in order to prioritise which areas should be the focus of this project.

**Action: Core Team**

## 7. Decant Briefing /presentation

7.1 Rob Brown gave presentation about the proposed decant solutions for 3Ts.

7.2 The decant areas are as follows:

- Existing ENT
- St Mary's Hall Senior School site
- BGH
- Front Car park RSCH
- Courtyard RSCH

7.3 Rob explained that the decant proposals would all be available within the required timescales which would facilitate the demolition of Latilla and Barry buildings.

7.4 Further design work is being undertaken to firm up the capital costs for the various decant locations and to ensure that there was sufficient contingency within the decant allowances.

7.5 There was general agreement that this was a marked improvement on previous decant plans in terms of practicality, cost and timescales. Duane thanked Rob for his presentation.

## 8. Project Planning and Reporting tool

8.1 Anna updated Programme Board on the exception reports. She highlighted the changes to the decant reports (which had been discussed earlier in the meeting) and trauma plans.

8.2 Anna explained that the risks were being updated through the individual project managers and that there would be alignment between the project reports and the risk register at the next programme board meeting.

8.3 Duane asked for individual project reports relating to red risks to be brought to every Programme Board.

**Action: Anna Barnes**

## 9. Programme Cost report

9.1 Jonathan Puddle reported on the latest position. It was noted that costs were still being developed in detail alongside the developing design solutions. Duane explained that he was working with Turner and Townsend to ascertain how the contingency/optimism bias on the programme overall could be allocated appropriately to the decant and main schemes elements.

9.2 The Board accepted this report and noted the need to ensure that the overall programme capital budget was not exceeded and that affordability was maintained.

## 10. Programme Finance report

10.1 Mark had sent a report that the revenue budget for the 3Ts team and associated Trust-side support was being worked through for the following year.

10.1 There was a discussion about the potential impairment and revenue consequences resulting from the refurbishment of St Mary's Hall School. Karen requested an urgent meeting to ensure that these costs were controlled and within budget, and to look specifically at the following issues:

- The financial implications of the Decant
- The possible impairment/revenue issues with St Mary's Hall School
- The SHA contribution to Core Team revenue costs
- The OBC refresh.

**Action: Mark Frake**

10.2 Duane thanked Karen (and Mark in his absence) for the report.

**11. Risk Register**

11.1 Anna briefly outlined the main changes since December. The only changes had been that the planning risk had increased following the CAGE review and the HaCIRIC risk had decreased in assessed impact following the review the Risk Register Sub Group. Anna read an email from Doug Stevens who provided assurance that he was satisfied with the risk management processes in place for 3Ts as he was involved with this group.

**12. Any Other Business**

12.1 As there was no other business, Duane thanked everyone for attending and the meeting finished at 12.15pm.

**13. Date of the next meeting**

Next Meeting: Friday 25<sup>th</sup> February January 2011, 10.30am-12.30pm, Room F110, Trust HQ, RSCH.

Regional Centre for Teaching, Trauma and Tertiary Care  
Notes of the Programme Board Meeting  
Held on Friday 22<sup>nd</sup> October at 2.00pm in the F110, Trust HQ, RSCH

- Present:** Chris Adcock, Anna Barnes, Ramona Booth (NHS Brighton and Hove), Peter Hale, Simon Maurice, Julie Nerney and Duane Passman (Chair).
- In Attendance:** Richard Buckingham (BDP) Steve Chudley (LO'R), Neil Cadenhead (BDP), Luke Hodgson, (Clinical Leadership Fellow, BSUH) Karen Hicks (LO'R), David May (South Coast Audit), Phil McCartney (Sussex HIS) and Jonathan Puddle (Turner and Townsend).
- Apologies:** Jo Andrews, Jon Cohen, Sam Chittenden (NHS East Sussex, Downs and Weald), Rachel Clinton, Nick Fox (NHS West Sussex), Graham Dodge, Steve Gallagher, Nick Groves, Liz Horkin, Gill Long (NHS West Sussex), Iain McFadyen, Kate Parkin, Martin Randall (B&HCC) Paul Richards (NHS South East Coast), Duncan Selbie, Doug Stevens (South Coast Audit) Debra Wheeler (NHS West Sussex) and Liz Whelan.

**1. Welcome, Introductions & Apologies**

- 1.1 Duane Passman welcomed everyone to the meeting and introductions were made.

**2. Notes**

- 2.1 The notes of 24<sup>th</sup> September were approved as an accurate record.

**3. Matters arising from the notes**

- 3.1 Radiotherapy site in West Sussex: Jill Long had sent apologies and would update at the next meeting.
- 3.2 Project Cost Report: This item was on the agenda for later in the meeting.
- 3.3 HIS risk register: Anna said that she was awaiting a response from Steve Fenner. Phil McCartney agreed to pursue this.

**Action: Phil McCartney**

- 3.4 South Coast Audit attendance at risk sub committee: Anna reported that Doug Stevens had now joined the 3Ts Programme Risk Sub-Group and had attended two meetings that month.

- 3.5 Full Risk Register: This had been made available to the project team for the October meeting.

**4. Reports/notes from sub-committees reporting to Programme Board**

- 4.1 3T Core Team meetings from Core Team meetings from 17<sup>th</sup>, 24th September and the 1<sup>st</sup> October were received and noted.

## 5. Presentation from Design Team

5.1 **Sustainability:** Richard Buckingham gave a presentation about the possible design innovations which could be incorporated within 3Ts which will promote the sustainability of the building, both in construction and operational terms. His presentation provided suggestions about the use of grey water, for instance which could be reused within the building. He also covered the use of bio-fuels, solar gain, (including how this could be used to both heat and cool the building). Members of Programme Board were extremely interested to hear that the return on the initial investment for Combined Cooling, Heating and Power across the RSCH campus could be within as little as three years. Duane asked for some more detailed financial modelling to be undertaken and then reported back to Programme Board.

**Action: BDP**

5.2 **Traffic and Parking:** Neil Cadenhead then presented some data about parking provision both within 3Ts and with respect to other schemes. He explained that the existing NHS guidance was that a scheme of this size should make provision for 2,250 spaces. However, this was not possible within the constraints of the site, and this guidance referred to green field (usually out of town) sites with no public transport infrastructure.

5.3 Julie Nerney asked how the current figure of 280 new spaces had been calculated (which would give a total of just under 700 spaces on site). Duane explained that this was a figure that had previously been discussed with Council Officers and was based on the Council's extant planning guidance.

5.4 Duane fed back to the Board that, whilst B&HCC commended the BSUH travel plan, there was a perception that it had "failed", and that traffic/demand for parking on the site was still not being well managed. Duane stressed that more work would need to be undertaken to justify and underpin car parking numbers in advance of the Full Planning Consent being submitted.

5.5 Julie commented that the frail/elderly patients who needed to access the site found public transport difficult to manage and that the local authority needed to understand the needs of this group. Anna added that they often needed escorting into the hospital and could not easily be left at drop off points, which added to the pressure on parking.

5.6 Duane commented that feedback from Brighton & Hove bus company was that 3Ts was too "car centric" and on this basis they would not support the development proposals. Duane reported that a meeting is being arranged with key executives from the company to discuss their concerns and to identify a way forward.

5.7 Neil suggested that BSUH should collect the post codes of all the patients who attend the RSCH site so as to determine the likely needs for parking for people from rural areas (and those who might be frail/elderly)<sup>1</sup>.

**Action: Anna Barnes**

5.8 Duane asked if the risk register could be altered to reflect this as a planning risk.

**Action: Anna Barnes**

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<sup>1</sup> The Health Impact Assessment suggests that approximately 20% of visitors are from outside Brighton and Hove which equates to an additional 100 visitors per day from out of area (figures to be confirmed).

- 5.9 **Construction and traffic management:** Steve Chudley gave a presentation about the proposals for managing construction traffic on site. In summary, the latest off site construction methods and “just in time” delivery of off-site fabricated units sought to minimise the delivery and storage of materials.
- 5.10 He also explained that the Section 106 agreement with the local authority would regulate the hours of work on the site.
- 5.11 Steve outlined that an off site car park for contractors would be set up in order to minimise the impact on local residents (which had not happened during the construction of the RACH). However there would still be a large amount of daily construction traffic.
- 5.12 Duane indicated that international research appears to indicate that the construction methodology described (known as “Design for Manufacture and Assembly”) could contribute to time and cost savings and it was his expectation that these should be further demonstrated as the design and construction delivery methodologies become more refined.

## 6. Project reporting tool

- 6.1 Anna Barnes updated the Board on the development of the project reporting tool. The main scheme update demonstrated that the design process was going well and was now on schedule.
- 6.2 Duane added that he proposed to ask the design team to present the 3D visualisation modelling which was being used to inform the design development of the 1:50 room layouts the following month. He noted that this innovation, linked to Building Information Modelling and how this fed into DfMA and then into modelling the performance of the building in use was, he believed, innovative to this development programme in the UK at least.
- 6.3 Phil McCartney asked how the 3Ts IT report linked with the Trust’s proposals for the EPR. Duane explained that Gary Steen was providing a link between both programmes.
- 6.4 Julie Nerney wanted to know how the link between 3Ts and the Trust’s existing governance arrangements would be maintained. Anna offered to look at the linkages with the Trust’s new governance structures.

**Action: Anna Barnes**

- 6.5 This update was accepted. Anna added that risks were now being added via the project reporting tool, which was updated monthly.

## 7. Project Cost report

- 7.1 Jonathan Puddle presented the report from Turner and Townsend. It was reported that the projected overcommitment on decanting which had been reported the previous month was being managed down as the design developed.
- 7.2 Julie Nerney asked if he was assured that the costs were being well managed he replied that this was so.
- 7.3 The cost report was accepted. Duane thanked Jonathan for the report.

## **8. Risk Register**

- 8.1 Anna Barnes presented the complete register of 219 risks, following the amalgamation of the total risks from the decant register, the main scheme, LO'R and St Mary's.
- 8.2 Julie Nerney said that she found the summary reports more helpful and was satisfied that the new system linked in with the Trust's existing assurance framework.
- 8.3 Anna's report on the revised reporting structure for risk management was accepted.

**Action: Anna Barnes**

## **9. Any Other Business**

- 9.1 Duane gave some background to the Comprehensive Spending Review. Against the proposed £2 billion cuts to the capital budget over the CSR period, he reported that all the schemes announced in the Chancellor's statement had already been approved.
- 9.2 Duane added that discussions regarding funding were continuing with DH, but would commence in earnest after the Planning Submission to B&HCC.
- 9.3 Julie Nerney asked about the Helipad Option Appraisal. Duane explained that option B12 was not viable because of wind turbulence, and the original option (B1) was looking to be the only one which was workable.
- 9.4 Duane gave some background to the exhibition in Hove Town Hall which had been a useful communication exercise, attended by 34-40 people per day. The model had attracted a lot of attention, and had been unveiled by members of the Patient Public Design Panel. He outlined the plans to have another piece in the Argus.
- 9.5 As there was no other business, Duane thanked everyone for attending and the meeting finished at 4.00pm.

## **10. Date of the next meeting**

**Next Meeting: Friday 26<sup>th</sup> November 2010, 2pm to 4pm in Room F110, Trust HQ, RSCH.**

**Regional Centre for Teaching, Trauma and Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 24<sup>th</sup> September at 2.00pm in the F110, Trust HQ, RSCH**

**Present:** Anna Barnes, Graham Dodge, Steve Gallagher, Karen Geoghegan (for Chris Adcock), Robert Gregory (NHS South East Coast), Peter Hale, Liz Horkin, Gill Long (for Debra Wheeler NHS West Sussex), Simon Maurice, Iain McFadyen, Kate Parkin, Paul Richards (NHS South East Coast) and Duncan Selbie (Chair).

**In Attendance:** Richard Eager (LO'R), Mark Frake and Doug Stevens (South Coast Audit).

**Apologies:** Jo Andrews, Ramona Booth( NHS Brighton and Hove) Sam Chittenden (NHS East Sussex, Downs and Weald), Rachel Clinton, Lawrence Goldberg, Nick Groves, Julie Nerney, Geoff Newman, Duane Passman, John Weighill, Debra Wheeler (NHS West Sussex) and Liz Whelan.

**1. Welcome, Introductions & Apologies**

1.1 Duncan Selbie welcomed everyone to the meeting and introductions were made.

**2. Notes**

2.1 The notes of 27<sup>th</sup> August were approved as an accurate record.

**3. Matters arising from the minutes**

3.1 Helipad option appraisal. Steve Gallagher reported that the exact location was still under discussion which would be concluded within the next couple of weeks.

**4. Reports/notes from sub-committees reporting to Programme Board**

4.1 3T Core Team meetings from 13<sup>th</sup> August, 27<sup>th</sup> August, 3<sup>rd</sup> September and 10<sup>th</sup> September. These were received and noted.

**5. Update on decant**

5.1 Steve Gallagher gave a verbal report to the Programme Board. He explained that the full decant plan for the Jubilee Block and Latilla would be in place by the end of November. It would encompass the various RSCH locations, BGH and St Mary's school (for administrative staff).

5.2 Karen Geoghegan asked how the decant project was to be resourced as no additional funding had been made available from NHS SEC for decant as yet. Steve replied that this would become critical after Christmas. However the nature of the Procure21 contract was that BSUH's financial commitment was limited and could be stopped at any time if no additional resource was secured. Steve explained that the letter of intent with LO'R for both Decant and the Main Scheme had been extended until mid December when it was proposed that the Stage 3 Contract should be signed.

- 5.3 He added that Turner and Townsend were providing project management support for the BGH and RSCH elements of the decant project but the St Mary's Hall School component was being managed in house.
- 5.4 Steve then provided additional information about the decant plans at the RSCH including the proposed ENT clinical relocation within the Courtyard, and the planned estates workshops. The current plan was to refocus the Jubilee decant plan on the proposed move of haem-oncology to the Barry building and CIS to Renal, whilst maintaining capacity for the planned haem-oncology repatriation of West Sussex patients. A presentation had been made to Management Board on the 23<sup>rd</sup> September which had accepted these proposals in principle.
- 5.5 The plan was somewhat contingent on the FISP bed savings being realised. Iain added that increased day surgery capacity at PRH would assist in decongesting the RSCH site.
- 5.6 Steve reported that B&HCC had granted planning permission for change of use at St Mary's school and that the SHA loan for the conditional purchase had been approved. The contracts were in the process of being drawn up. He also said that the required adaptations proposed by BSUH for the decant project would also need approval from B&HCC as the main building was listed.
- 5.7 Steve finished by updating the Board on the design process. He acknowledged that there would be increased calls on staff time to become engaged in the next phase of design.
- 5.8 Duncan Selbie thanked Steve and the 3Ts team for all the work which was being undertaken. He thought that there would be more clarity following the Comprehensive Spending Review in the autumn.

## **6. Update on Radiotherapy**

- 6.1 Kate Parkin updated the Board on the radiotherapy project. She said that a project manager (John Smith) had been appointed. However she reported that there were difficulties in finding a suitable site in the East (Eastbourne District General), and work on locating a site in the West had not yet begun.
- 6.2 Duncan asked Gill Long if she could assist in identifying a site for radiotherapy satellite services in the West. Gill replied that she would discuss this with Sarah Creamer and report back to the group.

**Action: Gill Long/Sarah Creamer**

## **7. Update on Neurosurgery & Major Trauma**

- 7.1 Iain McFadyen reported on the major review of neurosurgery which was taking place. He explained that Professor Pritchard, Mr Hutchinson and Mr Van Hille were undertaking the review with the aim of informing the strategic direction of neurosciences, particularly in the light of the proposed move to RSCH. This would be carried out on 10<sup>th</sup> November, and would assist in informing the speed at which services could be transferred.
- 7.2 Duncan asked if the review could include Jon Cohen from BSMS.

**Action: Iain McFadyen.**

- 7.3 Iain also updated the board on the funding which had been allocated to trauma services through the Regional Transformation Fund.
- 7.4 Iain outlined the proposals for developing trauma services at RSCH:
- Investment in pelvic and lower limb reconstruction and plastics.
  - Appointment of surgeons with specialty training in pelvic and lower limb reconstruction.
  - Recruitment of additional trauma surgeons.
  - Investment in neurosurgical capability at RSCH campus in readiness for the full move of Hurstwood Park.
- 7.5 He finished by saying that the series of visits which his team had undertaken demonstrated that the introduction of trauma services served to improve clinical care across the whole organisation.

## 8. Project Planning & reporting tool

- 8.1 Anna Barnes brought the new templates to the Board's attention, notably Radiotherapy and the Full Business Case completion timetable. The FBC return had shown the possibility of a lengthy series of delays around the statutory approvals, but this reporting system had flagged these potential delays and this risk was now being actively managed.
- 8.2 Anna highlighted that in general she thought that the project reporting tool was working well, with each project manager providing a monthly update. In particular risks were being reported through this system which could then be placed on the 3Ts risk register.
- 8.3 There was a discussion about the riskiest elements of the project which were mainly concerned the decant locations which reflected the earlier discussion in 5.4 and 5.5.
- 8.4 Anna asked Richard Eager if the programme was back on track as the latest report showed it at 5 weeks behind. Richard replied that, with the parallel running of the 1:200/1:50s, it had been possible to pull the programme back with the original timescales, although some elements of the design were still marginally behind schedule.

## 9. Project Cost Report

- 9.1 Jonathan Puddle presented the first cost report which gave a complete financial health check based on valuation 22 (income and expenditure in July 2010). He acknowledged that this would always be a month behind actual expenditure, but that the RAG tool contained up to date figures.
- 9.2 Of interest, the projected expenditure for decant and main scheme had shown £53.3m against an OBC forecast of £50m. However the latest cost report will show has been managed back down to £51.7m. Duncan Selbie asked that further work should be undertaken to ensure that the £50m ceiling was adhered to.

**Action: Duane Passman**

- 9.3 Duncan thanked Jonathan Puddle for his presentation.

## 10. Programme Finance Report

- 10.1 Mark Frake updated the Board on the work currently being undertaken on the Long Term Financial Plan and the FT application. He explained that he was also involved in a refresh of the OBC financial modelling which should be complete next month.
- 10.2 Mark clarified that the £20m to undertake detailed design work had now been received from the SHA.
- 10.3 However the VAT work had now been pushed back until the following month.

## 11. Risk Register

- 11.1 Anna Barnes presented the key risks based on the full register (currently 135 risks) which was under review. This followed on from the series of workshops which had arranged by Cyril Sweett. The amalgamation of four separate registers (decant, LO'R, main scheme and Procure 21) had inevitably created some duplication which meant that the register was currently being reordered and simplified.
- 11.2 Anna added that the complete register would be available in October.
- 11.3 Liz Horkin asked Anna to contact Steve Fenner in HIS to ensure that the various registers were aligned.

**Action: Anna Barnes**

- 11.4 Doug Stevens asked if he could attend the next monthly meeting where the 3T risks were reviewed. This was agreed.

**Action: Anna Barnes**

- 11.5 Anna reported that she had recently reviewed the BSUH risks associated with 3Ts, which were held on the corporate register, and the trend was now downwards, thanks to the acquisition of St Mary's school, the receipt of the £20m and the overall positive progress of the design team, including ongoing liaison with B&HCC and English Heritage.

- 11.6 Anna was thanked for the report which was accepted, subject to the full register being available at the following meeting.

**Action: Anna Barnes**

## 12. Any Other Business

- 12.1 Duncan asked Anna to send round the dates for the following year under separate cover to ensure that people who missed the meeting were still aware of the change of time from 2-4pm to 10.30-12.30 from January 2011.

- 12.2 As there was no other business, Duncan Selbie thanked everyone for attending and the meeting finished at 2.45pm.

## 13. Date of the next meeting

**Next Meeting: Friday 22<sup>nd</sup> October 2010, 2pm to 4pm in Room F110, Trust HQ, RSCH.**

**Regional Centre for Teaching, Trauma and Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 27<sup>th</sup> August at 2.00pm in the F110, Trust HQ, RSCH**

**Present:** Anna Barnes, Ramona Booth, Graham Dodge, Peter Hale, Liz Horkin, Iain McFadyen, Julie Nerney, Geoff Newman, Duane Passman (Chair) Jonathan Reid (for Chris Adcock) and Liz Whelan.

**In Attendance:** Karen Hicks (LO'R), Benedict Zucchi (BDP) and Doug Stevens (South Coast Audit).

**Apologies:** Chris Adcock, Jo Andrews, Sam Chittenden (NHS East Sussex, Downs and Weald), Rachel Clinton, Steve Gallagher, Lawrence Goldberg, Nick Groves, Robert Gregory (NHS South East Coast), Geraldine Hoban (NHS Brighton & Hove) Simon Maurice, Kate Parkin, Alex Sienkiewicz, Duncan Selbie, Phil Thomas, John Weighill and Debra Wheeler (NHS West Sussex).

**1. Welcome, Introductions & Apologies**

1.1 Duane Passman welcomed everyone to the meeting and introductions were made.

**2. Notes**

2.1 The notes of 24<sup>th</sup> June were approved as an accurate record.

**3. Matters arising from the minutes**

3.1 Helipad option appraisal (10.6) Duane Passman reported that the technical option appraisal was complete, but that the clinical option appraisal was still outstanding.

**Action: Duane Passman**

3.2 Risk register (14.2) Anna Barnes said that trauma had been re-rated as suggested.

3.3 Issues log (14.4) Anna Barnes said that she was waiting for the risk register to be complete (see item 11) before recommencing the issues log. Doug Stevens said that he was keeping this under a watching brief.

**4. Reports/notes from sub-committees reporting to Programme Board**

4.1 3T Core Team meetings from 11<sup>th</sup> 21<sup>st</sup> June, 9<sup>th</sup>, 16<sup>th</sup>, 30<sup>th</sup> July. These were received and noted.

**5. Programme Director's Report**

5.1 Duane Passman gave a verbal report to the Programme Board. The report indicated that the overall programme was approximately one month behind schedule. This was because the 1:500 processes had taken slightly longer than anticipated, particularly in the light of the decision to site the car park underground, the reduced height of the building and the significant redesign of the street-facing façade.

- 5.2 Duane Passman explained that the planning application would be submitted at the end of January, not late December as a consequence.
- 5.3 The redesign had also changed some of the departmental adjacencies which were further discussed in the presentation by BDP which followed.
- 5.4 Duane's verbal report was received and noted.

## 6. Design Update

5.1 Benedict Zucchi presented the latest 1:500 and the emerging 1:200 floor layouts. He reported the key changes to the designs which had previously been presented to the Programme Board. Some of the significant changes are detailed below:

- The hospital has been brought forward closer to the street.
- Eastern Road has been drawn more as a Piazza, that is, the street connects the two sides of the hospital campuses through the use of block paving and other traffic calming devices.
- This improves the public realm as well as the hospital site itself.
- Critical care is now included in the new build within Stage 1 with access to AMU/A&E via level 7.
- There is a connection between Thomas Kemp Tower and Stage One which also includes the basement (this will reduce multiple lift journeys across the site).
- The atrium includes a double height café facility.
- Switchboard has been relocated to Stage 1 (Level 1) which assists the FM provision on Level 3.
- CIRU is now included in the scheme in Stage 2 (Level 3) to be co-located with BSMS.
- There is a hospital "street" for FM and other service-related activity to the North of the building.
- The complete Service yard solution will be developed as part of Stage 3 once the Cancer Centre is demolished.
- Parking facilities are improved through the provision of the underground car park.
- Drop off at the front of the building has been made easier.

5.2 The Programme Board accepted these changes as a significant improvement on the previous designs.

5.3 Julie Nerney asked about the provision of parking during construction. Duane said that he planned to scope all available options once St Mary's Hall School was secured. However, the St Mary's planning consent did not currently include the right to extend parking (even as a temporary measure).

5.4 Duane also explained that several administrative functions would need to remain at St Mary's school, once decanted, in order to make the building fit the available footprint without taking it up to 13 floors again. This was accepted. He added that discussions were taking place within the divisions regarding this issue.

5.5 Julie asked if the use of Solar Power had been considered. Duane explained that the power gain would be small for the outlay, but that he was committed to demonstrating any "green" or environmental measures within the hospital construction and operation. Liz Horkin suggested that this would send an important message to hospital visitors.

5.6 Duane explained that the next meeting with B&HCC and English Heritage was on the 13<sup>th</sup> September when he hoped that a decision would be made about the preferred design (B1 or B4).

5.7 Duane thanked Benedict Zucchi for the presentation.

## 6. Evaluation of 3Ts patient and public consultation

6.1 Anna Barnes introduced the synthesis and analysis of consultation which had taken place with members of the public since the last update to Programme Board in August 2009.

6.2 Anna explained that in 2009 all relevant leads were sent a summary of the issues which had been raised by people and that it was planned to request an update on the various issues which had been raised, one year on.

6.3 She added that this paper, once ratified by Programme Board, would also be sent out for action, so that BSUH could demonstrate, not only that it recorded issues of concern raised by members of the public, but that it was able to demonstrate actions which was taken as a result.

6.4 Anna summarised the reports key finding as follows:

- The groups consulted totalled over 300 people.
- Less clinical concerns were reported in 2010 than in 2008/2009, and more design suggestions had been made.
- The baseline measurement for way finding and access had shown a significantly worse patient experience at BSUH than at PRH.
- Many of the suggestions were practical and authentic, and were made by people living with a disability or a long term condition.
- Good design had a crucial part to play in improving the overall patient experience, but human contact (*"kindness and compassion"*) and skilled clinical interventions were equally important.

6.5 Julie Nerney commented that she particularly liked the quotations from patients and that the report demonstrated the value of direct contact with patients for feedback.

## 7. Feedback from Hospital Liaison Group

7.1 Anna Barnes summarised the analysis of the HLG notes over the last year. She had thematically analysed the queries and comments from local people so as to understand their main concerns.

7.2 The analysis had shown that the main issues concerned the impact the construction would have on their properties and the inconvenience of being surrounded by contractors for the foreseeable future.

7.3 Julie Nerney added that the analysis showed that concern about the process of consultation was lessening and she thought that the process was therefore being well managed.

7.4 Duane Passman added that the team planned to continue with this proactive engagement with local residents. He thanked Anna for these two reports.

## 8. Update on Decant

- 8.1 Graham Dodge verbally updated the Board on the decant planning process. He highlighted the difficulties and complexities of attempting to vacate the site in readiness for Stage 1. Whilst the acquisition of St. Mary's school would provide additional capacity, the accommodation of clinical services still required particular attention.
- 8.2 Graham summarised that a particularly complex series of moves to various locations such as RACH, BGH and level 11 (TKT) had been rejected as both too risky and over complex. Therefore alternative proposals were being worked up which would be presented to Core Team and then Management Board in September.
- 8.3 Jonathan Reid (for Chris Adcock) reported that the £2.5 impairment following the purchase of St Mary's School would be treated as a "*technical adjustment*" as had been agreed by the SHA and would also be funded by the SHA.
- 8.4 The meeting was informed that planning permission for change of use of St. Mary's School would be considered on the 23<sup>rd</sup> September by B&HCC.

## 9. Project Planning and reporting tool

- 9.1 Anna Barnes presented this for information. It was agreed that this was a useful monthly "snapshot" of the key issues and risks across this complex programme.
- 9.2 Julie Nerney added that it was helpful to see key issues at a glance rather than a lengthy series of papers.

## 10. Programme Finance Report

- 10.1 Jonathan Reid reported that he had been informed that the £20 million for design fees during 2010-2011 would be issued by the SHA "*imminently*".
- 10.2 He updated the Board that the requested £15 million fees for the decant project would be the subject of further discussions following the submission of "*robust plans*" at the end of the calendar year.
- 10.3 Jonathan added that the Long Term Financial Plan would be important to be refreshed within the context of 3Ts. He said that 3Ts was not showing a budget overspend as of August 2010.
- 10.4 Duane reported that the Turner and Townsend report would be available for the next Programme Board.

**Action: Anna Barnes**

- 10.5 Duane thanked Jonathan for his report.

## 11. Risk Register

- 11.1 Anna presented the register. She explained that this was an interim register following the two risk workshops which had taken place jointly with LO'R, BSUH, Turner and Townsend, hosted by Cyril Sweett. Only the red risks had been included as they had been jointly reviewed.

- 11.2 She explained that Procure 21 required this process to be undertaken and that there would be comprehensive joint register as of September.
- 11.3 Julie Nerney thought this was better governance than trying to review all 135 risks. Anna added that she would work out a method for reviewing risks in rotation so that, either as key risks, or by mission critical dates, Programme Board could understand the key dependencies.
- 11.4 Doug Stevens suggested that risks which moved within the month would also be useful to track.
- 11.5 Julie Nerney asked Iain McFadyen about the development of the trauma network. Iain reported that they had been successful in their bid to the Innovation Fund.
- 11.6 There was a general discussion about the size of the trauma catchment area, which Iain reported should be circa 2 million people.
- 11.7 Anna was thanked for the report which was accepted.

## **12. Any Other Business**

- 12.1 As there was no other business, Duane Passman thanked everyone for attending and the meeting finished at 4.00.

## **13. Date of the next meeting**

**Next Meeting: Friday 24<sup>th</sup> September 2010, 2pm to 4pm in Room F110, Trust HQ, RSCH.**

Regional Centre for Teaching, Trauma and Tertiary Care  
Notes of the Programme Board Meeting  
Held on Friday 25<sup>th</sup> June at 2.00pm in the F110, Trust HQ, RSCH

- Present:** Chris Adcock, Anna Barnes, Ramona Booth, Sam Chittenden (NHS East Sussex, Downs and Weald) Steve Gallagher, Nick Groves, Peter Hale, Liz Horkin, Simon Maurice, Iain McFadyen, Geoff Newman, Duane Passman (Chair after item 10) and Duncan Selbie (Chair until item 10).
- In Attendance:** Steve Chudley (LO'R), Neil Cadenhead (BDP), Mark Frake, Karen Hicks (LO'R) and Doug Stevens (South Coast Audit).
- Apologies:** Jo Andrews, Graham Dodge, Robert Gregory (NHS South East Coast), David Morgan (SECSHA) Julie Nerney, Kate Parkin and John Weighill.

**1. Welcome, Introductions & Apologies**

1.1 Duncan Selbie welcomed everyone to the meeting and introductions were made.

**2. Notes**

2.1 The notes of 28<sup>th</sup> May were approved as accurate except for one amendment from Chris Adcock as follows:

*9.7: The potential £8 million gap in the Interim Strategy was discussed, which would possibly be bridged by accessing the Trust's operational capital. There were several questions about this. Lawrence Goldberg was concerned about the effects on the medical equipment budget if this potential "top slice" was applied. Chris Adcock stated that there were various substandard buildings at RSCH which would be replaced through the 3Ts programme and that the capital programme would need to be prioritised appropriately before any decision to restrict expenditure in other component areas of the capital programme was taken. Also, as the 3Ts programme develops the Trust will have the opportunity to generate additional capital subject to operational financial performance and this would affect prioritisation decisions also.*

2.2 The notes were approved with this amendment.

**3. Matters arising from the minutes**

3.1 Radiotherapy Action Plan (3.4) Duane Passman reported that he had met with Kate Parkin and Darren Grayson to progress this and that plans were also evolving to develop services in West Sussex.

3.2 Programme Director's report (5.3) Duane Passman explained that a full budget statement would be provided once the £35 m had been received. He added that both the main scheme and the decant project were being managed on an interim basis through two Letters of Intent (under the ProCure 21 contract).

4. Reports/notes from sub-committees reporting to Programme Board
- 4.1 Reports/notes from sub-committees reporting to Programme Board  
3T Core Team meetings from 21<sup>st</sup> May, 4th June. These were received and noted.

5. Programme Director's Report

- 5.1 Duane Passman gave a written report regarding the Programme Board. The report indicated the current main activities as follows:

▪ Overall Refresh of 1:500 and 1:200 design	2 November 2010
▪ 1:500s	11 June 2010
▪ 1:200s - Stage 2	23 August 2010
▪ 1:200s - Stage 1	2 November 2010
▪ Development of 1:50 room layouts	25 May 2011
▪ Standard Rooms	10 December 2010
▪ Non-Standard Rooms	25 May 2011
▪ Helipad Feasibility Study	26 July 2010
▪ Environmental Impact Assessments	3 December 2010
▪ Health Impact Assessment	as above
▪ Consultations for Planning Application	17 December 2010
▪ Submission of Planning Application	17 December 2010
▪ Determination of Planning Application	April/May 2011
▪ Complete Decant Programme	Summer 2011
▪ Demolitions and Enabling	Sept/Oct 2011
▪ Stage 1 Operational	2015
▪ Stage 2 Operational	2018
▪ Overall completion	2020

- 5.2 Duane Passman summarised the key risks and mitigation strategies (described more fully in the risk register) as follows:

- *Development of the Brief (Risk reference 0.11) - the overall brief has evolved over the last year. A fuller report on this will be brought to the next Programme Board;*
- *Failure to obtain approval of OBC (Risk reference 0.21) - this risk relates to the release of resources from DH and the SHA for this stage of the programme. We are currently proceeding at risk;*
- *Changed DH Priorities (Risk Reference 0.61) - this relates to any changes in priority by the new Government which might have an impact on the programme. The revised NHS Operating Framework for 2010/11 (issued 21 June) indicates that development of trauma services remains a priority. It is also noted that there will be revised guidance on single rooms for capital scheme (presumably to increase the target percentage figure). The framework also notes that all new hospital projects will be assessed in the light of the Comprehensive Spending Review and will need to demonstrate affordability and the highest possible value for money;*
- *Planning Consent not granted (Risk reference 0.71 and 07.73) - this will need to remain a high risk until the planning application is actually determined;*

- *IM&T, Data Centre and COIN Networks (Risk reference 1.4) - work is underway to scope these issues and determine a definitive set of solutions;*
- *Trauma Network (Risk reference 5.11) - further work is being undertaken with the Sussex Trauma Network on care pathways and catchments etc. Work on workforce planning for the trauma service and the interim arrangements is underway and discussions being held on this with NHS South East Coast;*
- *Availability of public capital (Risk reference 12.1) - a clear picture of the public capital resources available to DH has yet to emerge. Also, the future of ProCure 21 (known as ProCure 21+) is being considered within DH;*
- *Overall key risks (Risk reference 13.3) - the Programme Office needs to ensure that it is taking account of all the risks which can be anticipated. Further risk workshops are planned.*

5.3 Duncan thanked Duane for the report which was received and noted.

## 6. Programme Charter

6.1 The Programme Charter was introduced by Duane Passman. It outlined a code of conduct between BSUH and LO'R, based on mutual co-operation and trust.

6.2 Duncan Selbie asked those present if they were happy to adopt the charter as the Modus Operandi. This was unanimously agreed by the meeting.

## 7. Project reporting arrangements

7.1 Duane Passman described the new reporting arrangements as work in progress which had been circulated with the papers. These consisted of a series of project updates and an overarching summary sheet which served to capture the key issues.

7.2 The aim was to ensure that the Programme Board had a quick and effective way of understanding the full range of work, including key issues and risks, being undertaken by the 3Ts team on a monthly basis.

7.3 Anna Barnes explained that the project and risk references were consistent across the workbook so that there was an internally logical method of reporting.

7.4 Duncan requested that the project reporting arrangements be accepted as work in progress. This was agreed. He thanked Duane and Anna for the report.

## 8. Update on Decant

8.1 Steve Gallagher reported that progress was being made on the acquisition of St. Mary's school and that a report was going to BSUH Trust Board at the end of June in support of this proposal, before going to the Capital Investment Committee at the SHA for capital funding on the 20<sup>th</sup> July 2010.

8.2 Steve reported that Rob Brown was overseeing the 3 decant schemes (BGH, RSCH and St Mary's) with BSUH operational capital funding some of the works, such as the refurbishment of block C at BGH. He explained that the evacuation of Jubilee Block was on the critical path.

8.3 Nick Groves explained that the 3Ts Service Modernisation team are assisting with planning the sequence of moves within the RACH, including Ronald MacDonald House and BSMS, although he expected this would be picked up by the Turner & Townsend project manager.

## 9. 1:500 design presentation

9.1 Neil Cadenhead from BDP presented some indicative designs for 3Ts (stage one) at the 1:500 and 1:200 scale. He explained that the 1:200 designs were still in draft and were to outline the emerging designs.

9.2 Neil showed some emerging design concepts such as the internal "street", and the "flipped option" which showed one of the "fingers" at a different height on the Western side of Stage One. He outlined some of the design challenges on Level 3 regarding FM and vehicular access.

9.3 He also showed some elevations which demonstrated the design development process which had been shared with the B&HCC planners. He explained that, whilst there was pressure from B&HCC for the building to be less locally dominant, the demands for space from services was growing and that this (common) design tension was being reconciled.

9.4 Duncan thanked Neil for his presentation. He requested that the designs should prioritise longevity and should ensure that the building could be easily maintained over time.

## 10. Helipad study

10.1 Steve Chudley from LO'R outlined the different options for the helipad as follows:

- Option 1 - 3Ts Stage 1 at highest point adjacent to Thomas Kemp Tower
- Option 2 - 3Ts Stage 1 at level of accommodation
- Option 3 - Thomas Kemp Tower roof structure
- Option 4 - Thomas Kemp Tower as independent structure
- Option 5 - Structure above A&E building
- Option 6 - Renal Building
- Option 7 - Offsite - allotments, Junior School

10.2 Steve described the criteria which would require consideration so that this decision could be made as follows:

- 95% Availability (generally means highest point)
- Two minute maximum journey from helipad to Resus
- No secondary transfers and 1 trauma capacity lift
- Category 5 Helipad (13.5-15.5 tonnes) 28ms x 28ms
- Two-engine helicopters only

10.3 Options 1-5 were shortlisted, option 6 rejected due to the length of the journey to resus. Option 7 was rejected due to secondary transfer and length to resus and two options were added (8 and 9)

10.4 Steve finished by outlining the studies being undertaken by LO'R on behalf of BSUH, such as wind studies, and turbulence testing. This would generate the relevant information for the planning application.

- 10.5 Duane said that feedback from the Hospital Liaison Group regarding this issue was “encouraging” .
- 10.6 He added that he would make sure a full clinical review of all options was undertaken so as to ensure that the chosen location would deliver the best clinical outcomes for patients.

**Action: Duane Passman**

## **11. Programme Finance Report**

11.1 Mark gave a verbal report as follows:

- £35 million (still not received) would be the subject of a separate report to Management Board.
- £1.65 m core team costs to be invoiced at the SECSHA.
- Decanting costs which are evolving, such as the refurbishment of BGH, and the VAT on decanting construction would be the subject of a separate report.
- A forthcoming meeting with the NHS P21 VAT team was planned to begin the VAT recovery process.
- The services of Turner and Townsend were also discussed as Mark and Anna were going to sit in on their evaluation processes.
- Mark added that the Long term financial plan assumptions were being updated.

11.2 Mark was thanked for his report which was accepted.

## **12. 3T Service Modernisation**

12.1 Nick Groves had nothing to add from the written report submitted under 7.

12.2 Duane thanked Nick for his report which was received.

## **13 Workforce planning report**

13.1 Simon Maurice gave a verbal update. He explained that the trauma workforce projections were being worked through.

13.2 He added that there was still more work to align the plans with the overall BSUH planned workforce projections.

13.3 Duane thanked Simon for the update which was accepted.

## **14. Risk Register**

14.1 Anna Barnes updated Programme Board on the revised Risk Register. Although the register was accepted, Anna highlighted risk number 5.11 as Lyn Allinson (BSUH risk manager) had suggested that it had been rated too high, and that a rating of 20 meant that the team thought it almost certain that the trauma service would not be deliverable within the time frame.

14.2 Ramona Booth suggested that the trauma network was beginning to develop and that this justified a re-rating. After a detailed discussion, Programme Board members concluded that it could be downgraded to 16.

**Action: Anna Barnes**

- 14.3 Anna added that that the risks which threatened business continuity within BSUH were also reported within the BSUH risk register.
- 14.4 Doug Stevens said he was happy with the reporting framework but requested that 3Ts should reissue the issues log, or incorporate it into the new reporting mechanism. This was agreed.
- 14.5 Duane thanked Anna for this report which was noted.

**Action: Anna Barnes**

**15. Any Other Business**

- 15.1 As there was no other business, Duane Passman thanked everyone for attending and the meeting finished at 3.15pm.

**Next Meeting: Friday 23<sup>rd</sup> July 2010, 2pm to 4pm in Room F110, Trust HQ, RSCH.**

**Regional Centre for Teaching, Trauma and Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 28<sup>th</sup> May at 2.00pm in the F110, Trust HQ, RSCH**

- Present:** Chris Adcock, Anna Barnes, Graham Dodge, Steve Gallagher, Lawrence Goldberg, Nick Groves, Peter Hale, Liz Horkin, Simon Maurice, Iain McFadyen, Julie Nerney, Geoff Newman, Duane Passman (Chair) and John Weighill.
- In Attendance:** Richard Eager (LO'R), Mark Frake, David May (South Coast Audit) and Peter Ramrayka (Department of Health).
- Apologies:** Jo Andrews, Sarah Creamer (NHS West Sussex), Robert Gregory (NHS South East Coast), Duncan Selbie, Alex Sienkiewicz and Michael Wilson.

**1. Welcome, Introductions & Apologies**

- 1.1 Duane Passman welcomed everyone to the meeting and introductions were made.

**2. Notes**

- 2.1 The notes of 23<sup>rd</sup> April were approved as accurate.

**3. Matters arising from the minutes**

- 3.1 Interim Strategy (10.1). Nick Groves reported that this would be covered in his report.
- 3.2 Decant Delivery Plan (12.1). This was on the agenda for Steve Gallagher.
- 3.3 Risk Register (11.5). This was on the agenda for Anna Barnes.
- 3.4 Radiotherapy Action Plan (13.2). Duane Passman reported that he had met with Kate Parkin that morning and there would be a report to the next Programme Board in June.

**Action Duane Passman/Kate Parkin**

**4. Reports/notes from sub-committees reporting to Programme Board**

- 4.1 3T Core Team meetings from 19<sup>th</sup> March, 23<sup>rd</sup> and 30<sup>th</sup> April, 7<sup>th</sup> and 14<sup>th</sup> May
- 4.2 Workforce Planning Project Team 14<sup>th</sup> April
- 4.3 Workforce Planning Project Team from 10<sup>th</sup> March
- 4.4 These were received and noted.

**5. Programme Director's Report**

- 5.1 Duane Passman gave a verbal report regarding the Programme, to be followed by a more comprehensive report in June. The report indicated the current main activities as follows:
- 5.2 The process of proceeding with the planning application was underway, with a planned submission date of 17<sup>th</sup> December 2010.
- 5.3 Duane Passman committed to providing a full budget statement for the next meeting.

**Action: Duane Passman/Mark Frake**

- 5.4 He also advised Programme Board that the Laing O'Rourke contract had been extended until the end of June, which would also be the subject of a report in June, with a view to making a formal PSCP appointment for the remainder of the design/planning period.  
**Action: Steve Gallagher**
- 5.5 Duane will be seeking Trust Board approval to reappoint Laing O'Rourke as the principal supply chain partner (PSCP) under the ProCure 21 framework agreement.
- 5.6 This report was received.
- 6. ProCure 21 Presentation**
- 6.1 Peter Ramrayka from the ProCure 21 Unit at the Department of Health gave a presentation about the New Engineering Contract, the ProCure21 and evolving ProCure 21+ methodology. He outlined the history of this method of procurement, and the reasons why it had been widely adopted across the NHS.
- 6.2 Peter outlined that ProCure 21 had been adopted following the recommendations of Sir John Egan in the report "Rethinking Construction".
- 6.3 He explained that the resulting procurement methodology was now identified as best practice by the National Audit Office, as it had redefined the contract between the supply chain partner and NHS partners and included the following features:
- A partnership approach from the outset
  - Less adversarial relationship
  - Systemised approach to identifying likely problems within the construction process
  - Early warnings and common approach to problem solving
  - Risk and gain share of any resultant savings within the contract.
- 6.4 Peter reported that 185 organisations were using the ProCure 21 contract, which included 8 PSCPs. He explained that many trusts were running more than one scheme, and that the values varied from £50m to £423m.
- 6.5 Peter described the phases of project planning from SOC, OBC through to agreeing the Guaranteed Maximum Price and producing the FBC. He said that the contract was compliant with OGC minimum standards.
- 6.6 Peter concluded by describing the evolving model for ProCure 21+ which would be introduced within the next 2 years. He suggested that the new contract would also enable work with local authorities.
- 6.7 He finished by outlining the support available from the ProCure 21 Office for 3Ts. He also commended 3Ts for following excellent practice by including a programme charter.
- 6.8 Duane thanked Peter for his presentation and asked for questions.
- 6.9 Anna Barnes asked if the reported success rate of 84% of ProCure 21 contracts had been maintained and why he thought these projects were better performers than previous public sector projects. Peter answered that the success rate had been maintained and he attributed this to the more co-operative, less adversarial nature of the new contractual relationship.
- 7. Decant Delivery Presentation**
- 7.1 Steve Gallagher gave a presentation outlining the proposals for decanting the services so as to facilitate the construction programme: He outlined the plan to decant to the following locations:

- St Mary's Hall School
- The Thomas Kemp Tower courtyard at RSCH
- PRH
- Brighton General Hospital

- 7.2 Steve explained that decanting the site was crucial for the programme as the demolition and enabling works were scheduled to place towards the end of 2011. He also outlined the proposals to relocate services from Jubilee block to level 11 TKT and the Renal Unit.
- 7.3 He reported progress towards acquiring the St Mary's Hall School site, which should be complete by the end of the summer.
- 7.4 It was apparent that decanting services to St Mary's was crucially important for the decant project, as various administrative services, as well as staff accommodation could be relocated there if this site was available.
- 7.5 Steve also described the plans to relocate some day surgery activity to PRH. Moreover, further activity could be decanted here if St Mary's was not available, as a fall back position.
- 7.6 Julie Nerney and Graham Dodge raised the emerging issue of the risk to the project if the St Mary's Hall School proposals did not materialise. Steve replied that he, Chris Adcock and Duane Passman had had a meeting with the SHA this week to discuss this. There had been concern that if 3Ts was delayed, then the need for the school was not as pressing. BSUH had emphasised the importance of the St Mary's school conditional purchase to the SHA, with the contingency that if 3Ts was delayed, some of the existing BSUH property portfolio could be sold in order to raise the finance required to purchase the school.
- 7.7 Steve also outlined the plan to recruit additional project managers from Turner and Townsend to assist with the complexities of the decant planning.
- 7.8 Julie Nerney asked that communications with the 450 staff potentially displaced should be a priority. This was agreed.
- 7.9 There was a discussion about the implications of the Jubilee decant being completed later than required within the timescales for clearance of the site. The issue was also raised that this project would require formal agreement at Trust Board level which could add further delay. This required follow up.

**Action: Steve Gallagher**

- 7.10 Chris Adcock reported that the financial assumptions underlying the decant plan still required further work and a report would need to be submitted to Trust Board.
- 7.11 However Steve explained that 3Ts needed to go at risk with LO'R to progress the decant planning. This was agreed.
- 7.12 Duane Passman thanked Steve Gallagher for his presentation.

## **8. Freezing the brief**

- 8.1 Duane Passman explained that this would be the subject of a presentation at the next meeting in June. He said that the presentation would include the 1:500 designs and also the results of the helipad study.

**Action Duane Passman and LO'R**

8.2 Julie Nerney asked whether Duane had any indications of English Heritage would be less concerned by the new designs. Duane replied that the new design was a lower height, and he thought both the B&HCC and the planners were encouraging an early planning submission. However, 19<sup>th</sup> December was the most realistic date in the light of the volume of design work which was required for the planning submission.

## 9. Programme Finance report

9.1 Mark Frake gave a verbal report. Core Team, Decanting and Transitional Costs budgets are still being worked through. They will include St Mary's Hall costs which include a current year cost pressure of £1.8m (£1m of this relates to refurbishment costs being treated as Revenue rather than Capital. Such treatment could have an adverse effect on decanting refurbishment costs and could result in a further 1m cost pressure).

9.2 The letter from DoH re £35m has not been received by BSUH. Mark and finance colleagues are regularly liaising with the South East Coast Strategic Health Authority. This meant that 3Ts was incurring significant costs with no source of income. Duane Passman said that he had been informed that the money would be received "imminently".

9.3 SHA's Core Team funding of £1.65m has been confirmed in month and will be invoiced in due course. Work is underway to firm up planned cashflows and the allocation of the £35m across the projects and workstreams. Mark said he hoped to present this and budgets at next Programme Board.

9.4 Mark reported that fortnightly Financial Governance meetings have commenced with Anna Barnes, Steve Gallagher LOR, T&T and Mark Frake.

9.5 The Trust signed a Letter of Intent with LO'R to take 3Ts project through to end of June. It is planned that the next stage of contract, assuming no problems, will be approved and signed by Trust end of June.

9.6 Anna Barnes and Mark Frake are planning to walkthrough/witness T&T's valuation review process in June and possibly July. Audit has also shown an interest in this and Mark will send out an invite once the date/time is confirmed.

9.7 The potential £8 million gap in the Interim Strategy was discussed, which would possibly be bridged by accessing the Trust's operational capital. There were several questions about this. Lawrence Goldberg was concerned about the effects on the medical equipment budget if this potential "top slice" was applied. Chris Adcock stated that there were various substandard buildings at RSCH which would be replaced through the 3Ts programme and that the capital programme would need to be prioritised appropriately before any decision to restrict expenditure in other component areas of the capital programme was taken. Also, as the 3Ts programme develops the Trust will have the opportunity to generate additional capital subject to operational financial performance and this would affect prioritisation decisions also.

9.8 Mark was thanked for his report.

## 10. 3T Service Modernisation

10.1 Nick Groves presented his written report.

10.2 Ramona Booth asked if the proposals to transfer additional day surgery activity to PRH had been the subject of consultation. Duane Passman replied that since day surgery for Brighton & Hove and other Sussex residents is already undertaken at PRH, the planned transfer for additional activity is not subject to consultation. It will, however, require communication. Peter Hale added that he has consistently received positive feedback from patients about the advantages of receiving treatment at the PRH campus.

10.3 Nick's report identified some of the issues in developing the trauma network that have yet to be resolved, eg. the size/catchment for the trauma network, funding and ongoing commissioning arrangements. Iain McFadyen reported that there was a "hiatus" across the Region in developing plans for the trauma system. Nick reported

that a bid against the SHA's Innovation Fund was being prepared to support the development of the clinical infrastructure at RSCH to meet the emerging national trauma standards. Further investment may also be required at the various Trauma Units across the network.

10.5 Duane thanked Nick for his report which was received.

## 11. Workforce planning report

11.1 Simon Maurice presented this report regarding workforce projections within 3Ts.

11.2 The report contained the estimates of the numbers of staff who would be required within 3Ts once complete, circa 42% increase.

11.3 Simon highlighted that there would be a significant lead in time for this recruitment exercise.

11.4 Duane Passman emphasised that these figures had been "sense checked" several times, although he still queried medical physics (125.47% increase) and neuro/ITU (6.38 nurse to bed ratio). Simon replied that there was still work to do on these figures with the relevant staff groups. Duane added that 3Ts was not the time to "right historic wrongs" and the figures needed to reflect national norms such as the work of the Hurst Inventory.

11.5 Julie Nerney commended the report, and said that it was a "delight" to have a proper workforce report at last. She asked whether the trauma figures were forthcoming and was informed that these would be contained separately within the trauma bid.

11.6 Chris Adcock explained that the longer term financial plan contained a "very different picture" as it suggested that the workforce would need to contract. He said that there had to be some alignment with these projections. Duane agreed and assured the Board that this alignment would be realised.

11.7 Julie also asked about when the education strategy would be ready. Simon reported that it was "still embryonic" and was being developed by Jan Nawrocki.

11.8 Simon finished by saying that this was an evolving picture, especially as the bed numbers within 3Ts were being refreshed, and the OBC/FBC projections would be consistent. Mark Frake added that the financial modelling was becoming more realistic.

11.9 Duane thanked Simon for this report which was received.

## 12. Risk Register

12.1 Anna Barnes updated Programme Board on the revised Risk Register. She highlighted that, whilst some risks had been downgraded after the news of the plans to acquire St Mary's school, and the offer of £35 million to progress the programme up to Planning Consent, overall the Programme was still rated red.

12.2 As had been discussed earlier in the meeting, until the lease had been signed, and the letter from the SHA had been received, there was still a very high level of risk in the programme.

12.3 Duane added that he had upgraded several risks such as 0.14 (OBC/FBC modelling) which required more work at FBC level.

12.4 Julie asked that the trauma network risk (5.11) should be reconsidered in the light of the earlier discussion. This was agreed.

**Action: Anna Barnes**

12.4 Duane thanked Anna for this report which was noted.

**13. Any Other Business**

- 13.1 Duane Passman and Chris Adcock reported that a recent audit report had documented that 3Ts was operating under a very high level of assurance. This was reassuring given such a complex programme. He also explained that at the next Programme Board he would be initiating a new form of reporting which would provide more a greater level of detail of all the projects and sub projects.

**Action: Anna Barnes and Duane Passman**

- 13.2 As there was no other business, Duane Passman thanked everyone for attending.

- 13.3 The meeting finished at 4.00pm.

**Next Meeting: Friday 25<sup>th</sup> June 2010, 2pm to 4pm in Room F110, Trust HQ, RSCH.**

**Regional Centre for Teaching, Trauma and Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 23 April at 2.00pm in the F110, Trust HQ, RSCH**

**Present:** Chris Adcock, Anna Barnes, Sarah Creamer (NHS West Sussex), Sam Chittenden (NHS East Sussex Downs and Weald), Graham Dodge, Steve Gallagher, Robert Gregory (NHS South East Coast), Nick Groves, Peter Hale, Liz Horkin, Simon Maurice, Kate Parkin, Duane Passman, Paul Richards (NHS South East Coast), Duncan Selbie (Chair) and Michael Wilson.

**In Attendance:** Mark Frake, Steve Marshall and Doug Stevens (South Coast Audit)

**Apologies:** Jo Andrews, Jon Cohen, Amanda Fadero (NHS Brighton and Hove), Lawrence Goldberg, Liz Horkin, Tony Kelly, Iain McFadyen, Julie Nerney, Geoff Newman, Martin Randall (Brighton & Hove City Council) and John Weighill.

**1. Welcome, Introductions & Apologies**

1.1 Duncan Selbie welcomed everyone to the meeting and introductions were made.

**2. Notes**

2.1 The notes of 26th February were approved as accurate.

**3. Matters arising from the minutes**

3.1 There were none.

**4. Reports/notes from sub-committees reporting to Programme Board**

4.1 3T Core Team meetings from 12 February, 26 February and 12 March

4.2 Workforce Planning Project Team from 10 March

4.3 These were received and noted.

**4.4 Reports/notes from sub-committees**

- Hospital Liaison Group meeting 15 March
- Arts Sub Committee 25 February
- Patient and Public Design Panel 25 Feb and 25 March

4.5 These were noted. Duncan Selbie thanked those responsible for their work.

**5. Programme Director's Report**

5.1 Duane Passman gave a verbal report about the significant milestones since the last Programme Board in February as follows:

5.2 The allocation of additional resource from the Department of Health to progress the planning application and decant programme was noted.

5.3 Duane Passman proposed to draft a new programme of activities prior to the next Programme Board in May which would encompass the following:

- FBC drafting
- Decant planning
- 1:500 refresh, 1:200 refresh and 1:50 design process.
- Project(s) resource and cash flows.

- 5.4 Duane assured Programme Board members that the six weeks requisite notice would be given to clinical staff who were to be involved in the design process.
- 5.5 Duane will be seeking Trust Board approval to reappoint Laing O'Rourke as the principle supply chain partner under the Procure 21 framework agreement.
- 5.6 It was agreed that the SHA Capital Investment Committee would be the mechanism for BSUH to report to NHS South East Coast.
- 5.7 It was noted that as part of its approval of the OBC, the SHA had agreed to fund the Trust team. Duane noted that further work had been undertaken on the quantum of cost and this would require further discussion.
- 5.8 It was agreed that Duane and Robert would progress this separately.
- 5.9 Duncan Selbie thanked Duane for the report and congratulated the team on this major step forward.

## 6. Private Patients' Unit

- 6.1 Steve Marshall presented this report which outlined the options for private patients within 3Ts. He explained that BSUH already generated circa £5 m income from private patients, which could be re-provided within the new development.
- 6.2 He thought there could be increased demand for this service in the future, particularly from Oncology patients.
- 6.3 Steve explained that lack of theatre time was a problem for the current service and would have to be made available in the possible future development if it were to be successful. However, he realised it was very difficult to model future theatre utilisation some eight years hence.
- 6.4 A working group from finance and 3Ts had looked at this provision in some detail and concluded that from a clinical and operational point of view, this provision would provide a better service if it could be provided within a self-contained unit. This would avoid some of the problems which had been encountered within a dispersed service.
- 6.5 It would be necessary to provide increased theatre time in order to fully exploit the opportunities for providing the service being requested. Steve outlined the current capacity which could theoretically be made available.
- 6.6 Steve also acknowledged that the private patients cap on income was an obstacle to fully realising the potential of this service, as BSUH started from a very low baseline which it may prevent it from expanding. However, several other Trusts were challenging this financial cap, and it was important to see how this issue was resolved at a higher level.
- 6.7 Steve concluded by requesting permission from the Programme Board to allow further work to continue on the possible income generation opportunities of this unit, despite the difficulties in predicting future usage. He felt the unit would enhance the reputation of BSUH and provide significant opportunities to generate income which would be made available for the organisation and thus NHS patients.
- 6.8 Peter Hale agreed that it was very difficult to predict demand in this sector, and that there was currently a fall in demand.
- 6.9 Duncan Selbie commented that the current £4 million generated by the service for private patients needed to be safeguarded within the 3Ts development. He also suggested that the private patients' service was a useful recruitment incentive for many consultants providing it offered clinically appropriate opportunities. His preference was for a unit at "close proximity to BSUH", preferably on BSUH land, rather than across the town with a very close operational relationship to BSUH, unlike at present.
- 6.10 Graham Dodge thought there might be increased opportunities to undertake private neuro surgery within the proposed unit, once Hurstwood Park patients had moved to the RSCH site.

- 6.11 Sarah Creamer indicated that from a commissioning perspective that there was no issue with BSUH maximising its income as it did not appear to adversely affect NHS patients.
- 6.12 Programme Board agreed that further financial and activity modelling was required but that space should be made available within 3Ts as currently identified. Any future fit-out of the space would require a separate business case and identification of source of funds.
- 6.13 Duane Passman confirmed that the brief would remain outwith the main 3Ts scheme.

## 7. Programme Finance Report

- 7.1 Mark Frake gave the following report:
- 7.2 09/10 year end position was £0.652m; this was after Capitalisation of £2.687m, VAT recovery of £0.581m and deferment of £0.1m Health Impact Assessment. This £3.921m total 3Ts spend was in line with "target/budget" presented to the July Programme Board. However, the English Heritage work, additional resources and delay in OBC sign off were not anticipated and this will mean some fees being pushed back into 10/11 such as the HIA.
- 7.3 The SHA have previously agreed to fund Core Team and in May a provisional 2010-2011 budget will be presented to Programme Board.
- 7.4 Mark also indicated that he will be working with LOR over the coming months to update VAT registration (assumed part of FBC).
- 7.5 He also plans to work with T&T and members of 3Ts team on the "end to end" processes for managing the £35m spend and kick off meetings are scheduled in next 2 weeks. The exact governance structures to be worked through as work stream budgets and project leads are identified.
- 7.6 These works streams will be: Core Team, FBC/Design, St Mary's Decant, BGH Decant, RSCH Decant, PRH Decant and Other Transitional Costs. The latter may be held separately or run across each work stream.
- 7.7 Mark requested that the following be noted. The Medium Term Financial Plan was completed mid March. Mark will still be involved in the development of the Trust's own Strategic Financial Model, but hopes to be able to give 3Ts FBC, Workforce and Decanting more of his time, particularly as the Trust has now recruited dedicated financial resource to support the FT project.
- 7.8 Duane Passman confirmed the appointment of Turner and Townsend as cost advisors in line with the Gateway Review recommendations.
- 7.9 Robert Gregory thanked BSUH for its responsiveness during the OBC/FBC review period and noted that Mark had been helpful in turning around financial queries promptly.
- 7.10 Duncan Selbie thanked Mark Frake for his report which was accepted.

## 8. 3T Service Modernisation

- 8.1 Nick Groves presented the service modernisation report. He highlighted two issues:
- 8.2 Nick updated the Board on progress with refreshing the activity/bed model for the FBC based on a more recent activity dataset, the latest Trust length of stay targets and two scenarios for annual growth in non-elective activity - 2.25%, as per the OBC and in line with PCTs' commissioning intentions, or 0%. This refresh has implications for the number of beds in 3Ts and is due to be discussed by the Trust Management Board on 29<sup>th</sup> April. Nick will update Programme Board at its May meeting.
- 8.3 Sarah Creamer said that the Finance Subgroup, which had been convened by Michael Schofield (Director of Finance, NHS Brighton & Hove), had provided a helpful forum for the Sussex PCTs to review the OBC modelling assumptions and provide assurance that these were in line with PCTs' commissioning intentions. She suggested that this be reconvened for the FBC. Duane agreed to follow up with Michael.

- 8.4 Nick summarised work being undertaken within the Trust, across the Sussex Trauma Network and at Regional level to develop the trauma system, in line with the *Healthier People, Excellent Care* pledge for major trauma, and to explore what capacity and capability can be provided at the Royal Sussex County Hospital as the Major Trauma Centre in advance of the 3Ts build. Duncan reported that he, Duane and Iain McFadyen (Chief of Trauma) had had a productive meeting with William Roche (Medical Director, NHS South East Coast) to discuss how many trauma systems there should be within the SHA and funding for the necessary clinical infrastructure.

## 9. Workforce Planning Update

- 9.1 Simon Maurice presented this report updating the Programme Board on the work which had taken place over the last two months.
- 9.2 Simon highlighted that the implementation of the workforce strategy would need to begin almost immediately as activities such as role design and training had a long lead in time of up to two years.
- 9.3 Peter Hale added that the experience from the construction of RACH was that training and staff development was extremely important during the period prior to occupation and needed to be prioritised.
- 9.4 Duncan thanked Simon and Nick for their reports which were received and noted.

## 10. Interim Strategy

- 10.1 Nick Groves provided a verbal update on the Interim Strategy, which is linked with the 3Ts decant plan and includes a number of service moves that will help to decompress the RSCH campus. This is due to be discussed by the Trust Management Board on 29<sup>th</sup> April. Nick will give a more detailed report at the May meeting of the Programme Board.

Action: Nick Groves

## 11. Risk Register

- 11.1 Anna Barnes presented this report with a caveat that the Register would change radically at the next month's review, as it had been reviewed prior to the news from the Department of Health of the additional £35 million which was to be utilised to progress the planning application and decant. With this proviso, the Risk Register was presented for discussion and formal acceptance.
- 11.2 She explained that the register had been amended using the agreed process whereby a sub group of core team went through the register in detail, following which it was circulated to Core Team for comment and agreement.
- 11.3 In addition, risks which may threaten business continuity for BSUH had been entered into the Trust's risk register after consultation with Lynda Allinson.
- 11.4 Anna Barnes drew the Board's attention to some significant risks which had emerged in the last month:
- A possible revised schedule of accommodation following the need for efficiencies
  - The implications of the BSUH IT review
  - The need to develop the Trauma Network as a matter of urgency
  - The workforce projections and planned reductions in commissioned training places.
- 11.5 Duncan Selbie thanked Anna for the report and suggested that a revised register should be presented at the next meeting in the light of the revised programme.

Action: Anna Barnes

## 12. Decant Delivery Plan

- 12.1 Steve Gallagher updated Programme Board about the proposal to lease St Mary's Hall which would assist with the Decant Programme.

12.2 The decant programme would now focus on 4 sites as follows:

- St Mary's Hall
- PRH
- BGH
- RSCH courtyard.

12.3 Steve offered to make a fuller presentation to the next Programme Board. This was agreed.

**Action: Steve Gallagher**

12.4 Duncan thanked Steve for his report.

### 13. Any Other Business

13.1 Liz Horkin described a visit to Oslo where she had learned a great deal from the hospital she had been visiting, such as digital installations and patient-facing IT. Duncan asked Liz if she could share this experience with the 3Ts Core Team. This was agreed.

**Action: Liz Horkin to contact Jo Floyd for an agenda slot at Core Team.**

13.2 Kate Parkin updated Programme Board about the proposals to offer radiotherapy from Eastbourne District Hospital, through a joint service between BSUH and ESHT. BSUH would provide the service on ESHT land. Kate was asked to provide a project plan for this development at the next meeting.

**Action: Kate Parkin to provide a report for the next meeting**

13.3 As there was no other business, Duncan Selbie thanked everyone for attending.

13.4 The meeting finished at 3.10pm.

**Next Meeting: Friday 28 May 2010, 2pm to 4pm in Room F110, Trust HQ, RSCH.**

**Regional Centre for Teaching, Trauma and Tertiary Care  
Notes of the Programme Board Meeting  
Held on Friday 26<sup>th</sup> February at 2.00pm in the F110, Trust HQ, RSCH**

**Present:** Anna Barnes, Graham Dodge, Steve Gallagher, Nick Groves, Simon Maurice, Julie Nerney, Geoff Newman, Duane Passman, (Chair), Martin Randall (Brighton and Hove City Council).

**In Attendance:** Ramona Booth (for Amanda Fadero), Doug Stevens (South Coast Audit), Daniel Simon (for Liz Horkin) and Daniel Stephens (for Chris Adcock).

**Apologies:** Chris Adcock, am Chittenden (NHS East Sussex Downs and Weald), Amanda Fadero (NHS Brighton and Hove), Robert Gregory (NHS South East Coast), Peter Hale, Liz Horkin, John Norris, Kate Parkin, Duncan Selbie and Michael Wilson.

**1. Welcome and Introductions**

DP welcomed everyone to the meeting and introductions were made.

**2. Minutes of Previous Meeting**

These were approved as accurate.

**2.1 Reports/Notes from Sub-Committees**

- 3T Core Team meetings from 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup> December, 8<sup>th</sup> 15<sup>th</sup>, 22<sup>nd</sup> January and 5<sup>th</sup> February
- Level 5 Strategic Redevelopment Committee from the 27th January
- Sussex Eye Hospital Redevelopment Committee from the 11<sup>th</sup> December and the 15<sup>th</sup> January
- Arts Sub Committee from the 10<sup>th</sup> December and the 18<sup>th</sup> January
- Benefits Realisation Group from the 5<sup>th</sup> February
- Workforce Planning Project Team from the 17th December and the 14<sup>th</sup> January
- Hospital Liaison Group meeting from the 10th November and the 1<sup>st</sup> February
- Patient and Public Design Panel from the 18<sup>th</sup> January.

These notes were received and accepted.

**3. Matters arising from the minutes**

**3.1 Governance arrangements**

JN raised a point of information from the minutes of the meeting from the 25<sup>th</sup> September that there were forthcoming changes in governance arrangements for the risk and governance committees, but that Julie would still be the non executive director link for 3Ts.

#### **4. Matters arising from the notes**

##### **4.1 Hospital Liaison Group**

JN said that she was very encouraged by the work which was proceeding with local residents and thought that, whilst the issues and concerns being raised were genuine there were no issues which could not be worked out with on-going dialogue. Duane added that the local council was very supportive and 3 councillors had attended, one of whom now chaired the meeting.

##### **5. Presentation on Conceptual Design Philosophy**

AP presented the conceptual design framework which she had prepared in conjunction with the Arts Sub Committee. She explained how important it was to have a coherent and overarching framework throughout the building as follows:

- Ensure that the building is welcoming and pleasant
- Assist in way-finding for patients and visitors
- Ensure the building is as therapeutic as possible and enhance the healing process
- Improve staff morale
- Communicate the BSUH “brand” and core values

MR thanked AP for her presentation and said he was very impressed with the Trust’s vision for the arts strategy. He commented that a strong visual identity would help people to feel safe, as well as improve morale within the staff areas too. He made the point that this would help to guide people around subliminally as well as by directing them through appropriate signage.

##### **5.2 Examples from other areas**

AP gave some examples of how other centres, such as Kentish Town Health Centre and Queen Mary’s Hospital Roehampton, had created their own unique visual identities. This generated a variety of comments, as there was considerable variation in the standards and approaches used by other Trusts.

5.3 AP also highlighted the work of designer Otl Aicher who created a strong brand identity for the 1972 Munich Olympics.

##### **5.4 Heritage**

AB highlighted that it was important that the Arts Strategy should encompass a Heritage strategy which celebrated the history of the Royal Sussex County site.

##### **5.5 Impact on BSUH estate**

JN said she was very excited about seeing the development of the conceptual design framework and asked how this could be applied across the rest of the Trust estate.

DP responded that in time the conceptual design would be applied across the whole organisation and added that an environmental policy will be developed. DP said he would like to develop a colour scheme for the different clinical areas which could assist with way-finding, reflect the Trust identity and co-ordinate with the rest of the campus.

JN also felt that the paper highlighted the need to ensure the external area of the building is well maintained and cleaned regularly.

DP thanked those present for their support for the design philosophy and wanted to record that the exterior environment as well as the interior was important for the morale of those visiting and working in the facility.

## **6. Programme Director's Report**

DP presented his Programme Director's report and noted that although the Programme Board had not met since September there had been regular communications via the team and the Chief Executive to members of the Programme Board.

DP highlighted the following areas in his report:

- Approval and Further Review of the OBC by the Department of Health
- Key Programme Risks and Issues
- Discussions with Stakeholders
- Issues for Resolution between OBC and FBC
- Planning for the Next Stage

### **6.1 Approval and Further Review of the OBC**

DP explained that SHA had been very supportive of BSUH in the discussions with the Department of Health (DoH).

### **6.2 Review by the Department of Health**

The following issues had been raised by DoH as requiring attention:

- Procure 21+: DoH had asked whether it advisable for a scheme of this size to be progressed using the Procure 21 route.
- DP reported that he had received conflicting different advice from the DoH about which procurement method was recommended and he was continuing to recommend Procure 21.
- Planning permission: DoH had suggested that BSUH should be applying for outline planning permission in order to minimise the risks to the scheme. DP explained to Programme Board that the standard procedure was now to apply for full planning permission and have one process rather than two (outline followed by full) which he was recommending.
- MR agreed and commented on the fact that there was conflicting guidance available on this issue, but given the sensitivity of the site, only a full consent would be appropriate. MR said it is likely that the SHA planning advisor would make the same recommendation.

### **6.3 Key Programme Risks and Issues**

JN asked for clarification on the IT data centre and whether it really needs to be relocated. DP said that it would definitely need to be relocated in stage 2 of the construction programme (circa 2015). It was suggested that this needs to be reported to Iain Marsland who is drafting the Trust I M and T strategy. DP asked that AB or NG should raise the issue of the data centre with IM.

### **6.4 Discussions with Stakeholders**

DP outlined the recent meetings that had taken place with stakeholders.

### **6.5 Issues for Resolution between OBC and FBC**

DP highlighted workforce as a key development area. JN highlighted the need for an education strategy across the Trust and the importance of ensuring that the level of education commissioning reflected the projected workforce growth.

SM stated that the issues had been raised with the Chair of the Education Strategy Forum and an education strategy is being developed.

## 6.6 Planning for the Next Stage

DP proposed to bring a Project Initiation Document to the meeting once the process for the next stage had clearer timescales.

## 7. Revised Terms of Reference and membership

DP reported that when the revised BSUH governance structures are in place he will examine this in more detail.

## 8. Programme finance report

DS reported the following:

- The projected costs for 2009/10 would have included a Health Impact Assessment which was specifically requested by CEO Duncan Selbie. This has now been pushed back to 2010/11.
- A VAT recovery is to be put in place for Laing O'Rourke invoices. Under P21 VAT on "Fees" can be fully recovered up to Stage 3 of a project (Stage 4 being "Construction").
- The principle of capitalising certain costs is effectively in place. Auditors have responded positively to Trust proposals, but we await their formal written report to allocate costs fully.
- A 2010/11 projection of the internal Core Team costs and fees is being worked through. However the SHA has agreed to fund the internal team costs (£1.65m 09/10 prices) and a letter to that effect had been received from Vanessa Harris.
- DS also raised some concerns about the Decant Programme saying that this is a significant project which will require more detailed planning.

### 8.1 Financial Division support to 3Ts

JN queried whether enough resource was being allocated to the financial aspects of the programme and requested that there should always be representation from the Finance department at the weekly core team meeting. JN expressed concern that the current support from the Finance Division was spread too thinly.

DS explained that work to support the Foundation Trust application is nearing a conclusion and additional resource has been identified for 3Ts. DP said he was happy with the level of support received so far but agreed that the next stage of the programme would require dedicated support.

## 9. Update on Trauma

Nick presented a paper briefing Programme Board on the recent National Audit Office report on major trauma and providing an update on major trauma developments with the Trust and across the Sussex Trauma Network. This identified a number of key issues/risks:

### 9.1 Becoming the Major Trauma Centre (MTC)

This will require significant investment in clinical infrastructure at RSCH, e.g. additional trauma Consultants and 24/7 Consultant presence in the Emergency

Department. Healthcare for London is providing its Major Trauma Centres with a £2k top-up above tariff for each additional trauma patient plus an annual £2.6m quality premium. NHS Brighton and Hove, as host commissioner for the Sussex Trauma Network, has indicated that it is not intending to provide any funding above tariff. This issue will need to be resolved.

#### **9.2 Health Care for London**

SM is working closely with Iain McFadyen (Chief of Trauma) and Emily McWhirter (3Ts Change Consultant) to develop and cost the likely staffing requirements for a MTC. This draws on the Healthcare for London standards for trauma systems as well as the US study tour Emily and Iain recently undertook.

#### **9.3 Developing capacity**

Iain McFadyen is advising strongly that RSCH will need to provide some capacity/capability for major trauma in advance of 3Ts to avoid entrenched referral patterns to other MTCs and help to meet NHS South East Coast's pledge that by 2010 all appropriate major trauma patients will be treated in specialist centres. There are significant implications for neurosurgery, critical care and anaesthetics and these will need to be understood in detail. Iain is leading these discussions.

#### **9.4 NHS South East Coast trauma group**

There will be a trauma group convened by NHS South East which may consider a single network for Sussex/Kent and discuss with the SW London and Surrey Trauma Network the arrangements for patients on the Surrey/Sussex border. Prof. Roche (SHA Medical Director) is leading this work.

Programme Board thanked NG and received the report.

### **10. 3T Service Modernisation**

NG and SM presented this report which was accepted by the Programme Board. The following areas were covered:

- Major Trauma
- Capacity Planning
- Flagship Rooms
- Trust Strategic Planning
- Trust Interim Strategy
- Level 5 Strategic Redevelopment / Medical Model
- Upper GI Cancer Surgery
- Business Cases
- Sussex Eye Hospital Redevelopment
- Education and Research
- Communications and Engagement
- Hospital Liaison Group
- Engagement Strategy
- Workforce Planning and Development

#### **10.1 Upper GI**

DP thanked NG for his exemplary work on the Upper GI service which had resulted in this service being repatriated to BSUH, beginning on April 1<sup>st</sup> 2010.

#### **10.2 Sussex Eye Hospital**

MR expressed his interest in the plans to modernise and develop the Sussex Eye Hospital and the presentation of the Strategic Outline Case. He suggested that we

should ensure that discussions with interested stakeholders should take place at an early stage.

### **10.3 Simulation Unit**

NG reported that the resources for the Simulation Unit had been identified through work with the Director of Medical Education which meant that we secured monies from KSS Deanery. This will enable a consultant to develop and refine the simulation centres business case which will form part of the Trust's wider simulation strategy. DP recorded that this had been an excellent piece of work by the modernisation team.

### **10.4 Education Strategy**

SM highlighted an urgent need to develop a Trust wide education strategy and he had discussed this with Jan Nawrocki Chair of the Education Strategy Forum. Richard French, Head of learning and Development, is now drafting a strategy although the governance arrangements around this piece of work are not clear. JN commented that the new governance structure within BSUH would bring some clarity.

## **11. Benefits Realisation Template**

AB presented the revised benefits realisation template to the Board.

### **11.1 HaCIRIC involvement**

AB explained that this is work in progress and will evolve following the input from HaCIRIC at the University of Salford who are working on an e-based template which BSUH will populate. DP added that he is very keen that 3Ts undertake benefits realisation by developing a model of best practice which is why the work with HaCIRIC was so important.

### **11.2 Benefits realisation for the whole organisation**

JN asked how we could capture the wider benefits to the Trust from the work being undertaken by the 3Ts team. DP agreed that this is important and requires further consideration.

## **12. Risk Register**

AB presented the revised risk register for the FBC stage, which had a significantly higher number of risks as the project moved from OBC to FBC.

### **12.1 Process for review**

AB explained that this will be tracked and reviewed every month once adopted. DP thanked AB and said that this was excellent work.

### **12.1 New risks**

There was a discussion about adding the risk around the delivery of additional trauma capacity and the educational risks discussed previously.

### **12.2 Low likelihood high impact risks**

DS asked if he could discuss some of the low likelihood but high impact risks with AB after the meeting. This was arranged.

### **12.3 Approval of register**

The Programme Board formally approved the register.

### **13. Decant Delivery Plan**

SG reported on the evolving Decant Strategy.

#### **13.1 St Mary's Hall**

SG revealed that BSUH was now the preferred bidder for St Mary's Hall school which will greatly assist with the Decant Project.

#### **13.2 Haematology Expansion**

GN described the plans for expansion of this service prior to the 3Ts development, including the satellite radiotherapy unit at Eastbourne.

#### **13.3 Interim Strategy**

SG explained that the emerging Interim Strategy is also closely aligned with the Decant Project (chaired by GD) and will enable the decongestion of the RSCH site and thus the ability to decant the site in time for the construction programme. He also reported that he plans to appoint additional external project management support to back fill if necessary.

### **14. Any Other Business**

#### **14.1 Cost advisor**

DP explained that, as recommended by the Gate One review the cost advisor to the project will be changed as it was not appropriate for Cyril Sweett to advise both BSUH and LO'R. BSUH was in the process of selecting another advisor and would report back at the next meeting.

### **15. Date of the Next Meeting**

Friday 26<sup>th</sup> March 2010, 2pm to 4pm in Room F110, Trust HQ, RSCH.

Regional Centre for Teaching, Trauma & Tertiary Care  
Notes of the Programme Board Meeting  
Held on Friday 25<sup>th</sup> September at 2.00pm in the F110, Trust HQ, RSCH

**Present:** Anna Barnes, Graham Dodge, Steve Gallagher, Lawrence Goldberg, Nick Groves, Liz Horkin, Simon Maurice, Julie Nerney, Duane Passman, Duncan Selbie (Chair).

**In Attendance:** Ramona Booth (for Amanda Fedaro), Daniel Stephens (for Chris Adcock).

**Apologies:** Robert Gregory (NHS South East Coast), Tony Kelly, Geoff Newman, John Norris, Kate Parkin, Martin Randall (Brighton and Hove City Council), David Townsley (East Sussex Hospitals Trust), Sandy Hogg (East Sussex Downs and Weald and Hastings and Rother PCTs), and Michael Wilson.

1. Welcome & Introductions

Duncan Selbie welcomed everyone to the meeting and introductions were made.

2. Minutes of Previous Meeting

The minutes were approved as a true record with one exception:-

• **Item 6 Gateway Review**

Julie Nerney explained that the committee mentioned by Carole Richardson should be referred to as the Trust Audit Committee not the Trust Governance and Risk Committee as had been recorded. Julie confirmed that she would continue to sit on the Trust's Governance and Risk Committee, which regularly reported to the Audit Committee. In this way this way the 3Ts assurance framework would be aligned with that of BSUH through these established Non-Executive Director leads. Anna Barnes agreed to change the record accordingly.

2.1 **Reports/Notes from Sub-Committees**

The following notes were received and noted:

- 3Ts Core Team meetings from 21 August and 11 September;
- Sussex Eye Hospital Redevelopment Committee from 4 September;
- Trauma Steering Committee from 17 September;
- Workforce Project Team from 17 September.

3. Matters Arising

3.1 **Finance update**

Re minute 5.6 Julie Nerney asked if the Programme Board could expect to receive regular reports from Finance. Duane Passman explained that we are in the process of regularising our finance reporting and that this would be the expectation, but that as finance colleagues had been spending a lot of time recently on the SHA review of the OBC this had not yet been completed, but a written report would be presented to the November Programme Board.

4. Programme Director's Report

Duane Passman presented his report which covered the following areas:

4.1 **Approval and Further Review of the OBC**

Duane explained that out of the 238 queries received, 79 had been cleared so far. Duane said that the most recent report from Davis Langdon had confirmed that the capital costs were robust, our benchmarking was adequate and that there was external assurance that our project and risk management processes were sound. He expected to clear the majority of the other queries relatively quickly.

Meetings were scheduled with the SHA concerning the following areas:

- System Development - 18 September;
- Communications and Engagement - 1 October;
- Finance - 2 October;
- Economic - 2 October;
- Estates and capital costs - 7 October

#### 4.2 Key Programme Risks and Issues

**Income assumptions:-** Duane informed the meeting that he was meeting with Michael Schofield (NHS Brighton & Hove) to clarify the income assumptions within the OBC as the finance team had been undertaking some additional modelling based on revised growth projections. Duncan Selbie suggested that we may need to explore other ways of maximising our income through development and optimisation of market share, particularly in tertiary specialties, in the future.

**DH ratio of capital to revenue expenditure:-** Duane indicated that this now appears to have less importance at DH approval level given that the basis of the ratio calculation was now affected by the balance sheet treatment of PFI schemes.

**English Heritage concerns about external elevations:** - Duane proposed to give English Heritage (EH) three different possible external elevations to look at, which had been generated by BDP. EH has indicated that a discussion at its internal Important Applications Review Group was gaining momentum and the team had requested that the scheme be considered at the November meeting. He was waiting to hear EH's response. Julie Nerney asked whether approval by EH was necessary for the planning application to be successful. Duane indicated that as a statutory consultee, its support was very important.

**Discussions with Stakeholders:**

Duane described the communications programme which was beginning the week of the 28<sup>th</sup> September, which comprised of meetings with local residents, councillors and staff.

**Issues to be resolved between OBC and FBC:**

Duane highlighted that the scope of services within 3Ts still requires clarification in some instances, such as radiotherapy capacity, the location of the polytrauma theatre and the issue of workforce planning.

**Planning for the Next Stage (OBC to FBC):**

Duane said that he would bring a Project Initiation Document to a future Programme Board for discussion once the trajectory towards approval was clearer. Anna Barnes offered to assist in this process.

**Questions from the Programme Board:**

Julie Nerney asked when we might expect to hear about the proposal to list the Barry Building. Duane said that he was waiting for the decision about the listing to be communicated in the week ending the 2<sup>nd</sup> October.

Duncan Selbie thanked Duane Passman for his report, which was accepted.

#### 5. Update on Risk Register

- 5.1 Anna Barnes presented a written update on the development of the Risk Register from OBC - FBC. She explained that Allan Thomason from Cyril Sweetts had held two half day workshops in order to refresh and renew the register as it changed from an OBC register to an FBC register.
- 5.2 These workshops had been attended by Lyn Allinson, who is responsible for the Trusts' Assurance framework, Steve Gallagher, Gary Speirs and Anna Barnes from 3Ts. All existing risks had been reassessed so to as to produce appropriate mitigation strategies in order to progress the Programme to FBC status.
- 5.3 All relevant risks were therefore reassessed and rescored accordingly.

- 5.4 Anna Barnes reported that the exercise was now complete and four new risks had been added to the programme.
- 5.5 It had been decided to examine the revised draft Risk Register collectively at Core Team (as recommended by the Gate One Review) on the 9th October. Following amendment by this group, it would be presented to the next Programme Board for approval.

## 6. Update on Benefits Realisation Process

- 6.1 Anna Barnes updated the meeting on the methodology for undertaking benefits realisation within 3Ts. As previously agreed, HaCIRIC from the University of Salford would be assisting the Project Team to design the methodology for undertaking the benefits realisation process.
- 6.2 This would require the establishment of a baseline in 2010 from which measurements could be made throughout the project and after completion (post project evaluation).
- 6.3 Duncan Selbie had chaired the inaugural meeting of the Benefits Realisation Group which had taken place that morning.
- 6.4 The divisions had been well represented and a process had been agreed for getting feedback for the establishment of a baseline template by November 2009.
- 6.5 A full report will be made available to the Programme Board at the December Board.

## 7. Update on IT Strategy

- 7.1 Liz Horkin on behalf of Sussex HIS presented a report which highlighted the risks associated with the need to renew the IT data centre (which is based on the BSUH site).
- 7.2 The main issue is that the network needs an investment of circa £20 million to renew the infrastructure.
- 7.3 Duane Passman suggested that this should be a whole health economy issue, and was disappointed that the expectation seemed to be that BSUH would be required to find £10 million from the 3Ts budget. It was noted that the 3Ts budget had not included this sum.
- 7.4 Liz Horkin agreed that this was an issue for the whole of the HIS network across Sussex, and explained that she had raised this with Vanessa Harris from the SHA. However, she had been informed that this was of a lesser priority than other funding issues across the Region.
- 7.5 Julie Nerney expressed concern at the suggestion that 3Ts should be expected to find the capital. Moreover she said that this issue had been known about for a very long time, and the responsibility should be shared across the Region. Duncan Selbie agreed and added that the resources needed would be considerably less difficult to secure if all the providers in Sussex were involved. He suggested that the SHA should take a strategic approach to this issue across the Region in order to secure agreement.
- 7.6 Graham Dodge explained that this would also affect the plans for decanting the services and could increase risks across the whole programme.
- 7.7 Julie Nerney offered to write to the SHA chair on behalf of the Programme Board about the impact on the capital programme. This was agreed. Duncan Selbie thanked Julie Nerney for her support on this issue.

## 8. Update on Capital Project Plan

- 8.1 Steve Gallagher gave a verbal update on the need to develop a detailed project plan for the Programme, which would include the whole decant plan, including the possible lease of St Mary's school for 10 years. Unfortunately, even if this offer was acceptable to St Mary's, planning permission for change of use would be required. He explained that there were several other local businesses which had a strong interest in the premises. Steve said that we would know if our offer was successful by the end of October.

- 8.2 He explained that decant plan was still “fluid” and that there was a need for more certainty about the various service moves required.
- 8.3 Julie Nerney said she was concerned about this lack of certainty. Graham Dodge also enquired how this would be integrated with the Trusts’ overall strategy.
- 8.4 Duncan Selbie explained that a recent Executive Team meeting had explored some proposals generated by Jo Andrews for the services provided at PRH which would address some of these issues. However, transitional funding would be required in order to begin the decant programme.
- 8.5 Liz Horkin added that IM&T input would also be required as part of the decant planning.
- 8.6 It was agreed that a detailed plan for decant would be provided to the Programme Board in November.

## 9. Update on Progress with English Heritage

- 9.1 Steve Gallagher reported that he was in early negotiations with EH about the use of part of the Race Course for a park and ride scheme. EH was involved because there is a prehistoric site on the hill. This would necessitate an agreement for BSUH to maintain the site to a limited extent.

## 10. Decant Groups TOR

- 10.1 Steve Gallagher updated the Board with respect to the Decant Delivery Plan. He explained three respective groups would report into the Decant Delivery Group:-

- Decant Delivery 1 (PRH)
- Decant Delivery 2 (BGH)
- Decant Delivery 3 (PRH)

However, the original plan had been for a 4<sup>th</sup> group concerned with overall modernisation issues. This had now been subsumed within the remit of the 3T Workforce Project and the forward programme of work for the 3T Service Modernisation team.

- 10.2 Graham Dodge explained that clinical leads were still being sought for these groups.
- 10.3 Julie Nerney asked what 1 (vi) meant (Decant Delivery 1) which suggested that there was no solution for occupants of the Nigel Porter Unit Breast Care Centre and the former Screening area post decant. Steve Gallagher explained that it was important to log these issues as early as possible.
- 10.4 Steve Gallagher asked the Programme Board to approve the Terms of Reference which were attached. This was agreed.

## 11. Haem-Onc Expansion

- 11.1 Nick Groves presented the paper and explained the rationale for the proposed service expansion. He noted that Duncan had asked the 3T decant programme to incorporate this so it would be realised sooner than 2017, when the 3T Stage 2 build, which includes the new haematology-oncology wards, is due to be complete.
- 11.2 Therefore a new short life group would need to be established to plan for this expansion between now and the end of February. It was suggested that it should meet monthly for this period.
- 11.3 Julie Nerney requested some assurance about how this group would report into 3Ts as there is now a fairly complicated sub-structure. Duane Passman said that the group would report to Programme Board, which would provide assurance that plans are consistent with wider Trust strategies. Anna Barnes added that the new Risk Register would have a “controls” column so that these assurance mechanisms could be made more transparent.

## 12. Arts Strategy

12.1 Anna Barnes presented the draft 3Ts Arts Strategy. She explained that, in order to secure additional resources for the Arts Strategy there would need to be a sub-group established which could dedicate some time to this purpose.

12.2 Anna suggested that after OBC approval had been secured, this groups should be established in order to undertake the following:

- Draft the tender for the arts consultants
- Tender for the consultants in conjunction with the Trust Arts Committee
- Draft the Arts Strategy
- Fundraise to appropriate arts funding organisations for additional resources
- Work with the contractors to integrate public art into the design subject to resources secured.

12.3 Programme Board approved the strategy which had been outlined and thanked Anna for the paper.

## 13. 3T Service Modernisation monthly report

13.1 Nick Groves presented the monthly Service Modernisation report. He explained that the workforce strategy was underway, under Simon Maurice's leadership; Simon added that the first draft of 3T staffing establishments would be available in November. Duane said he felt confident that the issue of the marginal rate used to project additional staffing costs for the OBC, which had been queried by NHS South East Coast, was reasonable.

13.2 Nick noted that a 3T rehabilitation workstream had been established, in agreement with Janet Cheesman and Kate Parkin. Julie Nerney asked a question about whether South Downs Health Trust would be involved; Nick confirmed that they and Sussex Partnership FT had been invited to participate.

13.3 Julie asked about the backlog in submitting major trauma cases to TARN (under the previous system) and the impact of the revised data on bed projections in 3Ts. Duane confirmed that the additional 7 beds could be accommodated if required.

13.4 Nick reported that Darren Grayson (NHS Brighton & Hove) had agreed to meet him on 5<sup>th</sup> October to discuss governance and other arrangements for the Sussex Trauma Network in light of the progress being made by the London trauma system.

13.5 Julie Nerney reported that she had had a very positive meeting with Phil Thomas and Karen Geoghegan to discuss the reviews of back office functions (as raised at Programme Board in July 2009).

## 14. Any Other Business

14.1 Duane Passman explained that the changed Terms of Reference for Programme Board would be submitted to the next Programme Board, as he needed to have further discussions with the PCT to ensure congruence with the shared governance arrangements across the health community.

14.2 Duane Passman asked if the meeting planned for October 23<sup>rd</sup> could be cancelled for two reasons:-

- a) the number of apologies received for the half term meeting; and
- b) as the SHA review would be drawing to a close, the 3Ts team could be engaged in last minute information requests.

14.3 Duncan Selbie thanked the team for their work at this time and hoped that would not be long before we could progress to the next phase of the programme.

## 15. Next Meeting

Friday 27<sup>th</sup> November from 2pm to 4pm in Trust HQ (Room F110), RSCH.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 28<sup>th</sup> August at 2.00pm in the F110, Trust HQ, RSCH**

- Present:** Chris Adcock, Nick Groves, Peter Hale, Geraldine Hoban (NHS Brighton & Hove, also representing West Sussex PCT), Liz Horkin (Sussex HIS), Kate Parkin, Michael Wilson (Chair), Steve Gallagher, Geoff Newman, Alison Robertson, Dan Stephens
- In Attendance:** Julian Lee (Trust Chairman), Amelia Lyons, Carole Nicholson, Doug Stevens (South Coast Audit)
- Apologies:** Anna Barnes, Jon Cohen, Graham Dodge, Amanda Fadero (NHS Brighton & Hove), Robert Gregory (NHS South East Coast), Sandy Hogg (East Sussex Downs & Weald and Hastings & Rother PCTs), Tony Kelly, Simon Maurice, Julie Nerney, Duane Passman, Martin Randall (Brighton & Hove City Council), Duncan Selbie

**1. Welcome & Introductions**

Michael welcomed the Trust Chairman, Julian Lee, and one of the new Non-Executive Directors, Carole Nicholson, who were attending the meeting. He explained that Duane Passman and Robert Gregory were meeting the Department of Health and so had had to send apologies. Duncan is on annual leave.

**2. Minutes of Previous Meeting**

The minutes of the previous meeting (24<sup>th</sup> July) were approved with two amendments:

- i) Under 5.5, the second sentence should read: 'Financial modelling for the FT application and 3T development will be progressed in concert, which will inform the Trust's overall financial plan.'
- ii) 5.6 should read: 'Julie Nerney asked that the Programme Board receive regular cashflow reports for the 3T programme. Chris confirmed that this would be possible although careful thought would need to be given to its use since cashflow for 3Ts is a subset of the overall Trust cashflow. Chris said that Mark Frake would follow up.'

**Action: Mark Frake / Chris Adcock**

**3. Matters Arising**

**3.1 Back Office Review**

Nick reported that he had met Karen Geoghegan and Natasha Auld to discuss 'back office' reviews currently being undertaken by the Programme Management Office (PMO). He had fed this back to Julie Nerney, who had confirmed that a paper would not be required at this stage.

**4. Minutes of Subcommittees**

The following notes were received:

- i) 3T Core Team (10<sup>th</sup> and 24<sup>th</sup> July, 7<sup>th</sup> and 14<sup>th</sup> August);
- ii) Level 5 Strategic Redevelopment Committee (22<sup>nd</sup> July);
- iii) Sussex Eye Hospital Redevelopment Committee (24<sup>th</sup> July);
- iv) Trauma Steering Committee (20<sup>th</sup> August);
- v) Interim Strategy meeting (21<sup>st</sup> July).

Since there were no questions, Michael invited members to contact Nick outside the meeting if there was anything they wanted to follow up.

**5. Programme Director's Report**

In Duane's absence Nick presented the report *[included at Appendix A]*. Additional points:

- i) **OBC Review**  
Nick reported that on 24<sup>th</sup> August Duane met the Chief Economist engaged by NHS South East Coast to review the OBC. His only concern was the way in which the cost-benefit analysis is

presented; the necessary changes have been agreed and Duane will redraft this section. Nick said that responses to NHS SEC's other questions and comments are due to be submitted the w/c 31<sup>st</sup> August.

ii) **Decant / St Mary's Hall**

Steve reported that Roedean had received c. 200 offers for partial rent of the St Mary's Hall site and four offers, including the Trust's, for rent of the whole site. Best and final offers are due to be submitted to the Roedean Board of Governors by the end of September. Steve confirmed that offers have not been requested in any particular format; this is likely to follow the selection of a preferred bidder.

iii) **Foundation Trust**

Nick reported that Duane has joined the FT Steering Group, which will help to ensure alignment of the 3T and FT developments.

iv) **Stakeholder Engagement**

Carole asked why invitations to the exhibition and Hospital Liaison Group were restricted to households in a 0.5 and 0.25 mile radius respectively. Nick said the Local Councillors had asked that invitations to these particular events be limited to the three wards immediately adjacent to the site. However the 3T Communications & Engagement Strategy agreed in June includes plans to take publicity more widely at FBC stage.

6. **Gateway Review**

The report from the Gate 1 review was received and the associated action plan agreed. Steve said that the Gate 2 review would be due about three months into the FBC stage and a Gate 3 review on completion of the FBC.

Carole said that in her role as the new Chair of the Trust Audit Committee, she would be working with Chris and the auditors to refine the mechanism for reflecting the 3T risk register in the wider corporate risk register in order to provide appropriate risk management assurance to the Trust Board. This is aligned with recommendation 3 of the Gate 1 review, ie. that the 3T programme 'should review the risk management process to widen involvement and embed the ownership and use of risk management at all levels within the Trust and Programme Team.'

Peter said that both this and the previous (Gate 0) review had been very valuable and that the review team's approach had been very constructive. On behalf of the Programme Board he asked that thanks to the Gateway review team be recorded.

7. **Programme Finance Report**

Dan reported that the finance team is progressing NHS SEC's OBC queries. He had met Tribal Consulting, the independent consultants engaged by the SHA to review the OBC's financial model; this had resolved some queries and provided additional focus to others.

Dan noted that the Trust has submitted a final proposal to NHS Brighton & Hove for resolution of the financial issues arising from implementation of HRG4<sup>1</sup>. Financial issues arising from implementation of Market Forces Factor (MMF)<sup>2</sup> are still subject to discussion with the SHA. Dan added that he, Chris and Duncan would be meeting NHS Brighton & Hove and SHA colleagues on 4<sup>th</sup> September to discuss these and other issues.

8. **Sussex HIS Consolidation Project**

Liz updated the Programme Board on progress with the Sussex-wide IT Service Consolidation Project (ITSUP). She explained that the ITSUP is outside 3Ts but includes the move of the Data Centre from the RSCH campus, which is required for the 3T development. In summary, uncertainty about the capital positions and Estates strategies of the other participating Trusts means that the joint approach originally envisaged is unlikely to progress in the timescales required for 3Ts. Work on the ITSUP SOC has therefore been suspended however a 'do minimum' option, which will include the Data Centre at RSCH, will be worked up for discussion with each Trust's Board.

Steve asked how long this option would take to develop; because the Data Centre's move is on the 3T critical path there would be a point at which the 3T programme would need to develop its own

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<sup>1</sup> <http://www.ic.nhs.uk/services/the-casemix-service/new-to-this-service/healthcare-resource-groups-4-hrg4>

<sup>2</sup> The MMF is an index used to estimate the unavoidable cost differences of providing healthcare.

solution if the ITSUP was still at planning stage. Liz thought that the 'do minimum' option would take a couple of months to refine.

Michael stressed the importance of a producing a robust plan as quickly as possible. He asked whether any associated costs were included in the 3T plans; Liz replied that by agreement the business case for the Data Centre migration had always been separate from the 3T decant and main business case.

Liz noted that one option under consideration was to become an early implementer for the national Data Centre migration project; she has arranged to meet the national team, Cabinet Office lead and NHS Head of Technology to discuss this. This would however still require provision of some space locally.

Liz said that Duane would be invited to the ITSUP discussion at the HIS Board meeting on 21<sup>st</sup> September and agreed with Chris that the event on 23<sup>rd</sup> November would provide a useful opportunity for review. She agreed to provide an update to the September Programme Board and a full report to the October meeting.

Action: Liz Horkin

#### 9. Workforce Plan

Nick noted that an outline workforce plan and timetable had been included in the OBC. Following discussions with Alison, Simon Maurice and Aidan Halligan (Chief of Safety and also Trust lead for leadership and Organisational Development), a more detailed work programme has been developed, including the establishment of a Workforce Planning Project Team as a subcommittee of the 3T Programme Board. The plan was approved with one amendment: under 4.3.3 the Operational Group will meet monthly rather than fortnightly.

Nick was also pleased to report that with effect from 17<sup>th</sup> September Simon Maurice (Operational Director of HR) would be changing roles and would join the 3T Programme Office as AD for 3T/FT Workforce. This role includes responsibility for developing a Trust-wide HR/Organisational Development Strategy, which is required for both 3Ts and the Foundation Trust application, as well as associated workforce planning.

#### 10. Service Modernisation Update

Nick presented his monthly report, including a summary of the issues that have emerged from the individual interviews with Consultation Neurologists and Neurosurgeons undertaken by Emily McWhirter (3T Change Consultant). The report was received. Peter said that this was a helpful report that demonstrated the programme's progress from business case to operational reality.

#### 11. Patient Experience

On Anna Barnes' behalf Nick presented a summary of an addendum to the Patient Experience paper received at the previous Programme Board. The full addendum, which is available on request, provides an audit trail showing how patient suggestions received to date have been incorporated in planning for the 3T development. It also provides a rationale where it has not been possible to incorporate particular suggestions and identifies how suggestions not related to the 3T development are being progressed within the Trust. Of 129 suggestions relating specifically to 3Ts, only 17 have not been able to be incorporated.

Geraldine asked how patients and patient representatives had been involved in planning for 3Ts and whether there was scope to do more. Nick replied that involvement to date had been through various mechanisms, including bespoke events (eg. to discuss overall design principles and improving ward design) and participation in workshops (eg. shortlisting and selection of the preferred design). He said that the year's hiatus between the Patient & Public Involvement Fora (PPIFs) and the Local Involvement Networks (LINKs) had presented a challenge, but the Mid Sussex Independent Patients' Forum had consistently fielded representatives for events in the interim.

Peter added that planning for 3Ts is an iterative process and that as such the individual floor plans and overall designs have changed regularly and are still subject to change. This inevitably causes anxiety and it is important therefore to choose the right time to involve patients/patient representatives, frontline staff and local communities. Approval of the OBC will provide additional confidence that the scheme will happen, so engagement will be increased at FBC stage in order to refine the plans.

Agreed that Nick would send Geraldine the papers submitted to Programme Board in January and July 2009 on patient involvement.

**Action: Nick Groves**

The addendum was received. Nick confirmed that Anna would now circulate the full paper/audit trail to all the patients and patient representatives who have been involved in the 3T planning to date, including the Sussex LINKs.

**Action: Anna Barnes**

## **12. Any Other Business**

### **12.1 English Heritage**

Alison asked how discussions with English Heritage (EH) were progressing. Steve explained that Brighton & Hove City Council has invited EH to review the proposed massing, height and shape of the development prior to consideration of the formal planning application. Discussions to date with EH have been reasonably positive; EH acknowledges that the functionality and adjacencies required for a hospital development provide less scope for design flexibility than would a residential development.

Steve reported that further work is being undertaken to provide additional perspective views from various vantage points and to more clearly articulate the proposed design of the building. The next meeting with EH has been scheduled for 22<sup>nd</sup> September. A progress report will be provided to the next Programme Board meeting.

**Action: Duane Passman / Steve Gallagher**

### **12.2 Barry Building Listing**

Steve also reported that EH has received an application to list the Barry Building. He noted that the Barry, Jubilee and Latilla Buildings all appear on the Council's list of buildings of some architectural merit but that they are not currently formally listed. The Trust has engaged historic buildings consultants to provide the argument for why the Barry Building should not be formally listed. EH's decision is due at the end of September. Steve noted that a similar application was received for the RACH prior to its redevelopment at RSCH.

## **13. Next Meeting**

**Friday 25<sup>th</sup> September from 2pm to 4pm in Trust HQ (Room F110), RSCH.**

**Programme Director's Report:  
3T Programme Board 28<sup>th</sup> August**

### Introduction

- The purpose of this report is to update the Programme Board on progress with regard to the 3Ts Programme since the last meeting of the Board on 24<sup>th</sup> July 2009.

### Action

- The Programme Board is asked to **note** this report. Comments, questions and observations are welcomed. I regret that I am unable to attend the meeting, but I will be meeting the Deputy Director of the Commercial, Investment and Procurement Directorate at the Department of Health who will be responsible for DH approval of the OBC. Robert Gregory has kindly facilitated the meeting.

### Areas Covered within the Report

- The following key areas are covered within this report:
  - Approval and Further Review of the OBC;
  - Key Programme Risks and Issues;
  - Discussions with Stakeholders;
  - Issues to be resolved between OBC and FBC;
  - Planning for the Next Stage (OBC to FBC).

### Approval and Further Review of the OBC

#### SHA Review

- The OBC was submitted to the SHA on 7<sup>th</sup> July and has been reviewed thoroughly by the SHA team. The economic appraisal and capital costs are being reviewed by external consultants from Tribal and Davis Langdon respectively. As reported at the last meeting, comments were expected to be returned by 14<sup>th</sup> August (and not the end of July as stated in my written report) and this was the case.
- At the time of writing, the team is still assessing the comments and queries raised and the timescale in which they can be reasonably and fully answered. Our current target is to have a response to the vast majority of queries by the end of August.
- An analysis of the queries and comments received is set out below:

Area	Number of Comments					Total
	High	Medium	Low	No priority	N/A or closed	
System development	2	2	1			5
Commissioning	2					2
Performance					1	1
Communications & Engagement	6	1			1	8
Economics	10	6				16
Finance	10	9	2		1	22
Estates				43	35	78
Workforce	7	5			5	17
Deanery	1	3				4
Quality	11	6				17
Innovation	1					1
Davis Langdon Report on Capital & Programme				59		59
<b>Total</b>	<b>50</b>	<b>32</b>	<b>3</b>	<b>102</b>	<b>43</b>	<b>230</b>

## Notes:

Closed indicates those comments which have been identified but closed off by the reviewer; or indicate where information has subsequently been identified in the OBC which has answered the comment; or where further work is not required at OBC.

No priority indicates where further information or clarification has been sought but no relative priority has been assigned by the reviewer.

7. Some comments and queries are seeking further information and/or clarification of information in the OBC. We are currently identifying the key, significant issues at the moment. My initial view is that the key issues are:
  - Activity growth and income assumptions - to ensure that these are in line with emerging regional and national assumptions;
  - Presentation and detail underpinning the option appraisal - I am meeting the SHA's Chief Economist on Monday 24 August to discuss his comments and further work required.

## Key Programme Risks and Issues

8. An updated risk register, looking at the next immediate work stage will be brought to the Programme Board in September.
9. As reported at the last meeting, English Heritage officers visited the Trust on Monday 27<sup>th</sup> July to inform their decision as to whether to list the Barry Building. Their recommendation is not expected to be made known to us until at least the end of August (this has been moved back from the end of July which was the deadline initially notified to us).
10. Key issues and risks which emerged from the OBC are, and remain:
  - **Availability of public capital** - a clear picture of the public capital resources available to DH has yet to emerge;
  - **Procurement methodology** - despite the extended procurement period for PFI schemes, it is still possible that the Trust will be required to use PFI as the funding route. This will, based on the available evidence, add at least three years to the timescale for delivery set out in the OBC;
  - **Planning consent** - we continue to hold positive meetings with planning officers from the City Council. The general letter of support which was provided to us in support of the OBC indicated that officers would place great store in the views of English Heritage (EH). We have now briefed planning officers on our proposed decant arrangements. A further meeting was held with council planning officers and a representative of English Heritage on 19<sup>th</sup> August (moved from 8<sup>th</sup> August as reported at the last meeting) and further work to be undertaken to satisfy heritage concerns is being undertaken for a further meeting scheduled for 22<sup>nd</sup> September;
  - **Transitional costs** - the OBC notes that £30.6 million of transitional costs will need to be identified to support the programme from 2009/10 through to 2018/19. The source of this will require further discussion. Discussions are currently underway with NHS Brighton & Hove and NHS South East Coast on potential sources of funding for these costs (which include the costs of the internal team over the next 10 years);
  - **Impairments** - the OBC notes that there will have to be a series of impairments (write downs of assets) over the life of the programme. Although these are non-cash transactions, the treatment of them is a national issue (as all Trusts seeking to undergo major investment programmes will need to make impairments);
  - **DH Ratio** - the current calculation of the ratio puts this at 15.13%, whereas it would be expected to be 12.5% at OBC and less than 15% at FBC. Further discussion will be required with DH on this issue to ensure that the assumptions we have made in calculating the ratio are

robust. I have discussed this with Richard Glenn and have agreed to undertake some further analysis;

- **Timescale** - the OBC indicates that design work on the decant programme and the Stage 1 building could start in August 2009, ahead of the formal approval of the OBC by the SHA, DH and HMT. Funding would be required for this as the allocation made to support the development of the OBC is almost exhausted. This will be kept under review in discussion with the SHA;
- **Decanting** - as noted at the last meeting, St. Mary's Hall school is coming to the market, initially for rental. We are in discussion with Roedean's agents on this;
- **HRG4** - there are further discussion to be had around the impact of the introduction of HRG4 and the SHA's view that there should be no fortuitous gains or losses around this;
- **Foundation Trust metrics** - the development of the Long-Term Financial Model to underpin the FT application is underway. This will have to demonstrate that the 3Ts development is affordable and the relevant Monitor financial tests can be complied with.

### Discussions with Stakeholders

11. We are currently finalising arrangements to undertake an exhibition for staff to examine the current state of development of the proposals for the 3Ts development.
12. We intend to send an information leaflet about the exhibition to all households within a half mile radius of the County Hospital and an invitation to attend the revived Hospital Liaison Group to all households within a quarter mile radius.
13. The mailshot will go out in mid-September. The exhibition will be held at the end of September/early October and we hope to hold the first meeting of the Liaison Group in mid October.

### Issues for Resolution between OBC and FBC.

14. These were identified at the last meeting of the Board and the main issues are currently assessed to be:
  - Overall ITU/HDU provision - we are currently trying to model the future requirements for ITU and HDU across the Trust as there are concerns about the overall provision for the future;
  - Location of the polytrauma theatre (Stage 1 or Level 5 of Thomas Kemp Tower);
  - Overall neurosciences provision - I had thought that we had reached agreement with regard to several outstanding issues in neurosurgery but was optimistic in this view. Further work is still required, although greater progress has been made with neurology provision;
  - Radiotherapy capacity across the network whilst the hub at RSCH is expanded. It is worth noting that the Sussex Cancer Network has recently modified its planning assumptions to 2 linear accelerators in the East, 2 in the West (as before) but only 5 linacs (plus a spare bunker) on the RSCH site. This is a reduction of one linac from the previous planning assumptions which had been agreed. We are currently examining the impact of this change on activity, income & expenditure and capital costs;
  - Overall scope and scale of outpatients on the RSCH site;
  - Workforce planning - at BSUH and across the whole health economy.

### Planning for the Next Stage

15. Once the trajectory for OBC approval is clearer, I will bring a Project Initiation Document (PID) to the Programme Board for discussion and approval.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 22nd May 2009 at 2.00pm in the F110, Trust HQ, RSCH**

- Present:** Duncan Selbie (Chair) Graham Dodge, Steve Gallagher, Nick Groves, Anna Barnes, Peter Hale, Duane Passman, Daniel Stephens, Mark Frake, Michael Wilson, Matthew Fletcher, Liz Horkin (Sussex HIS), Sarah Creamer (West Sussex PCT) and Andrew Demetriades (NHS B&H) for Amanda Fadero.
- In Attendance:** Neil Cadenhead (BDP), Richard Eager (Laing O'Rourke), Karen Hicks (Laing O'Rourke), Doug Stevens (South Coast Audit).
- Apologies:** John Weighill (BSUHT), John Hartley (BSUHT), Nick Fox (Western Sussex Hospitals), John Norris (BSUHT), Paul Richards (NHS South East Coast), Michael Schofield (NHS B&H), Amanda Fadero (NHS B&H) and Robert Gregory (NHS South East Coast).

**1. Welcome & Introductions**

Duncan Selbie welcomed everyone to the meeting and introductions were made for new members. Anna Barnes was welcomed to the project.

**2. Notes of Previous Meetings**

The minutes of the previous meeting (24<sup>th</sup> April) were approved. The notes of the 3T Core Team (24<sup>th</sup> April, May 1<sup>st</sup> and May 8<sup>th</sup>) were received.

**3. Establishment of Sub Committees**

The Programme Board approved the establishment of the Sussex Eye Hospital Redevelopment Committee and agreed the associated terms of reference. Nick explained that he would report back with agreed representation on the Board from this subcommittee.

**5. Programme Director's Report**

Duane made a verbal report on progress since the last meeting:

**5.1 OBC Documentation**

He reported that, although the Outline Business Case was approximately 7-10 days behind schedule, he was hopeful that it would be complete soon, with no detriment to the overall programme. He recorded thanks to both Michael Schofield and BSUHT finance colleagues whose input had been "outstanding". The Programme Board noted that the work to align commissioning intentions and BSUH assumptions for the OBC would stand the programme in good stead for OBC stage approval and as a firm base when working towards the preparation of the FBC.

Duane reported that he had given a presentation to the SHA Capital Investment Committee on 20 May and that this had been a helpful precursor to the submission of the OBC.

**5.2 Local Councils**

Duane reported that he had had a very useful discussion with the Martin Randall from Brighton and Hove City Council with regard to the planning aspects of the development, and that the Council was still supportive of the development.

**5.3 Design Issues**

Duane reported that work with services on the 1:200 designs is nearly complete.

It has been agreed that the Department of Health Design Review Panel<sup>1</sup> will undertake its first review on the 1<sup>st</sup> June.

**6. Update on OBC**

As recorded in item 5.

**7. Design Update (1:200s) and artists impressions**

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<sup>1</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_078438](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078438)

Neil Cadenhead (BDP) gave a presentation on the design (attached in appendix 1):-

- He described the overall design philosophy with an emphasis on reflecting the landscape and vernacular architecture within the area, whilst at the same time creating a modern, fit for purpose, bespoke health care facility.
- Neil explained the importance of designing a building with presence and stature, as a major landmark within the city (evidenced by artists' impressions across the cityscape), yet attempting to address the impact within Kemptown from a planning perspective.
- There was a brief discussion about the challenge of achieving BREEAM excellence within the affordability envelope, which was acknowledged to be a major challenge.
- Neil also addressed some of the other planning issues such as parking and conservation re: the Chapel. Duncan asked if the maximum number of parking spaces could be incorporated as this was a major issue across the RSCH site.

Duncan thanked Neil for his presentation, which forms part of a series of presentations to Programme Board as the programme progresses.

#### 8. 3 T service Modernisation

Nick reported that as planned the focus of the Change Consultants' work over the last month had been completion of the 1:200 design work with the services. The service modernisation programme was therefore as set out at the last meeting.

He noted that all the Consultant neurologists and all but two of the Consultant neurosurgeons had now been interviewed individually to discuss their development aspirations for the service and that this summary would be presented to a future Programme Board meeting. Duncan said that he was keen for the remaining neurosurgeons to be interviewed.

The report was received.

#### 9. Issues Log

#### 8. Issues Log

Steve Gallagher presented the issues log (dated 15<sup>th</sup> May). He noted the following issues:- The compilation of the OBC itself had been raised as an issue as it was resource intensive, and was behind schedule. However, the majority of the issues raised were now closed relating to the OBC with the exception of the 1:200 designs which were being currently being worked through. Steve raised one issue which would require attention re IM&T, as it was important that the Trusts' IM&T strategy aligned with 3 Ts. He informed the Board that the forthcoming workshop in June would assist in this process.

#### 10. Risk Register

Steve Gallagher also presented the risk register (dated 15<sup>th</sup> May). He noted the following issues:-

Although the project is still "high risk", the number of reds have reduced from 22-6, Ambers from 58 - 46 and Greens have increased from 4-32.

The next OGC Gateway review is scheduled for June 2009, and work is beginning on setting this up.

**Action: Anna Barnes**

#### 11. Any Other Business

Steve Gallagher raised the subject of the opportunity to the Trust of part of St Mary's School (adjacent to the RSCH campus) being transferred to the Roedean campus. In view of the forthcoming challenges within the decant project this was described as a "strategic moment". Steve was asked to keep the Board updated on this issue.

#### 12. Next Meeting

Friday 26<sup>th</sup> June from 2pm to 4pm in Trust HQ (Room F110), RSCH.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 24<sup>th</sup> April 2009 at 2.00pm in the F110, Trust HQ, RSCH**

- Present:** Graham Dodge, Steve Gallagher, Nick Groves, Peter Hale, John Hartley, Julie Nerney, Duane Passman (Chair), Paul Richards (NHS South East Coast), Daniel Stephens, Michael Schofield (NHS Brighton & Hove), John Weighill
- In Attendance:** Richard Buckingham (BDP), Julia Davies (BDP), Richard Eager (Laing O'Rourke), Mark Frake, Karen Hicks (Laing O'Rourke), Liz Horkin (Sussex HIS), Kate Parkin, Martin Randall (Brighton & Hove City Council), Stephen Runicles (BDP), Doug Stevens (South Coast Audit)
- Apologies:** Jon Cohen (BSMS), Alison Creamer (West Sussex PCT), Matthew Fletcher, Nick Fox (Western Sussex Hospitals), Colin Gentile, Robert Gregory (NHS South East Coast), John Norris, Alison Robertson, Duncan Selbie, Michael Wilson

**1. Welcome & Introductions**

Duane Passman opened the meeting and thanked everyone for attending. On behalf of the Programme Board, he congratulated Daniel Stephens on his appointment as Assistant Director of Finance (Commissioning & Business Planning) and welcomed Mark Frake, who has replaced Jim Taylor in providing finance management support to Daniel and the 3T programme.

Duane was also pleased to announce that as part of the wider changes across the Trust and to ensure consistency of nomenclature, Peter Hale will become the Clinical Director for 3Ts and Graham Dodge the Associate Clinical Director. This more accurately reflects the significant contribution that Peter and Graham have both made to the programme.

**2. Notes of Previous Meetings**

The minutes of the previous meeting (27<sup>th</sup> March) were approved. The notes of the 3T Core Team (27<sup>th</sup> March, 3<sup>rd</sup> and 17<sup>th</sup> April) and the Trauma Steering Committee (16<sup>th</sup> April) were received.

**3. Level 5 Strategic Redevelopment Committee**

The Programme Board approved the establishment of this subcommittee and the associated terms of reference. Duane thanked Jo Andrews (Chief of Clinical Operations) for agreeing to chair the committee and noted that membership includes representatives from the clinical services currently located on L5.

**5. Programme Director's Report**

Duane presented his report [*included at Appendix A*].

**5.1 OBC Documentation**

Duane noted that the full OBC document, including appendices, is likely to run to five or six volumes. He therefore proposed to present the draft Executive Summary plus some annexes to the Programme Board at its May meeting and to make the full set of documents available electronically. This was agreed.

**5.2 Patient & Public Engagement**

Duane noted that in addition to the involvement described in his report and in the paper received by the Programme Board at its January meeting, a patient representative had been involved in the Neurosciences 1:200 design process.

**5.3 Local Councils**

Duane reported that he had had a very helpful conversation with the Leader of the Council (Cllr Mears) and had agreed to give a presentation to the Council Cabinet; a date is currently being arranged. He had also had a very helpful meeting with Cllrs Morgan (East Brighton) and Turton (East Brighton). Unfortunately Cllr Mitchell (East Brighton, Leader of the Opposition) had been unable to attend because of work commitments but Duane has offered a separate meeting/briefing.

Duane reported that he had presented the OBC plan to the Brighton & Hove Health Overview & Scrutiny Committee (HOSC) on 22<sup>nd</sup> April and would be presenting to the West Sussex HOSC on 27<sup>th</sup> April and the East Sussex HOSC on 6<sup>th</sup> July. He said that the Brighton & Hove HOSC meeting had been very supportive; the principal concern was transport/access and car parking. Martin Randall welcomed this programme of engagement with local councillors.

#### 5.4 Design Issues

Duane reported that work with services on the 1:200 designs is due to be complete by 5<sup>th</sup> June; this is not material to completion of the capital costing.

It has been agreed that the Department of Health Design Review Panel<sup>1</sup> will undertake its first review the week commencing 1<sup>st</sup> June. The Programme Board confirmed that Duane will be the Design Champion<sup>2</sup> for the programme, which is in line with associated guidance.

#### 5.5 Polytrauma Theatre Location

Duane noted that as referenced in his written report, Laing O'Rourke's review indicates that it would be technically feasible to refurbish the existing L5 theatre complex to locate the polytrauma theatre there. This would be enormously disruptive both to theatres and, because of the structural alterations required, to the floors below and would cost, depending on the option, between £2m and £10m more than locating the theatre in the 3T newbuild. Further analysis, including a programme of site visits, is being undertaken. It has been agreed that the OBC will assume that the theatre is located in the newbuild but that if the review concludes that it should be co-located with existing orthopaedic theatres in the existing L5 complex, this will be included at FBC stage.

#### 5.6 Sussex Eye Hospital Redevelopment

Duane reported that Duncan Selbie has asked him to lead a project to redevelop the Sussex Eye Hospital, although this is envisaged to be separate from the 3T development. At its next meeting the Programme Board will be invited to establish a subcommittee to oversee this work.

#### 5.7 Proportion of Single Rooms

Duane reported that the OBC now includes 69% single rooms. This appears to be consistent with comments made by the Health Secretary on his recent visit to the pilot scheme at Hillingdon Hospital<sup>3</sup> that single rooms have many advantages but that patients should be offered a choice. Paul Richards added that NHS South East Coast's review of the evidence had concluded that there was no right answer over and above the Department of Health's minimum standard but that, as had happened within the 3T programme, patients and clinical services should be engaged to determine the appropriate proportion for each specialty.

Julie Nerney asked whether the 69% was a fixed allocation or whether any of the space could be flexed between single and shared occupancy. Duane replied that this is a fixed allocation, however the four-bed bays could be retrofitted as two single rooms with en suite bathrooms if necessary in the future.

#### 5.8 Technological Innovation

Duane reported that Nick Groves and Dan Simon had co-convened a workshop between the 3T programme and Sussex HIS on 31<sup>st</sup> March to explore technological innovation in healthcare. Notes of this workshop have been posted on the internet site<sup>4</sup> and a report will be provided to the Programme Board after the next workshop.

The Programme Director's report was received.

### 6. Finance/Activity Report

Michael Schofield reported that the work to reconcile the Sussex PCTs' commissioning plans and the 3T financial model had taken longer than expected. At the meeting of the Sussex Commissioning Group on 1<sup>st</sup> May PCTs are expected formally to confirm their support for the 3T financial model. Julie Nerney asked whether a delay in approving the financial model would delay the publication of

<sup>1</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_078438](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078438)

<sup>2</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4122848](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122848)

<sup>3</sup> <http://www.nursingtimes.net/health-secretary-pledges-to-increase-single-rooms-in-nhs-hospitals/5000497.article>

<sup>4</sup> <http://www.bsuh.nhs.uk/about-us/3t/3t-documents/>

the OBC; Duane confirmed that it would. Michael said that there are a few remaining issues to address before the Commissioning Group meeting but that he did not envisage any significant difficulties.

Duane noted that the delay in reaching an overall agreed position had left a significant amount of work to be undertaken in a much shorter period of time than originally envisaged and that this would be very challenging. However, it remains the intention to complete the first draft of the Outline Business Case for the next meeting of the Programme Board.

On behalf of the Programme Board Duane thanked Michael for his leadership across the Local Health Community on this issue. A detailed presentation on finance/activity will be made to the Programme Board at its next meeting as part of its scrutiny of the OBC.

**Action: Colin Gentile / Duane Passman**

## 7. Sustainability

Richard Buckingham presented a report on sustainability issues and associated planning as part of the 3T development. Key points from the discussion:-

- Richard noted that, in common with most local planning departments, Brighton & Hove does not have separate planning guidance for hospitals. The guidance for large non-residential schemes would therefore apply, although some elements, eg. the reuse of grey water, may need to be negotiated. Martin Randall confirmed that while targets have their value, it is not the intention of the planning guidance to force solutions that are impossibly challenging or are not cost-effective. This could be explored at the next meeting between the planners and 3T team at the start of May.
- Geoff Newman asked what payback time would be used to calculate the cost-effectiveness of the various options for renewable energy sources. Duane confirmed that this would be considered as part of the overall economics of the scheme.
- Julie Nerney said that the Trust Board monitors energy consumption closely and therefore any opportunity to improve efficiency for the estate as a whole through the 3T development would be welcome. Duane reported that such benefits for the whole estate are being considered.
- Martin reported that the Government has identified a number of new potential wind farms, including several clusters out to sea off the Brighton coast<sup>5</sup>. Duane asked Laing O'Rourke to investigate the feasibility of including this in the 3T energy plans, from the outset or in the future, and to discuss this in more detail with the city planners at their next meeting.

**Action: Laing O'Rourke**

- Martin asked whether the 3T sustainability plans encompassed the construction process, which can yield significant cost savings as well as positively impacting the local community, air quality, traffic volumes etc. Richard confirmed that the plans aim to achieve maximum sustainability in the construction process.

Duane thanked Richard and Steve Runicles for their presentation, which forms part of a series of presentations to Programme Board on the wider construction/development issues.

## 8. 1:500 Presentation

Julia Davies presented the revised 1:500 drawings, which seek to incorporate feedback from Programme Board members at the last meeting, the city planners and the individual services. Key points from the discussion:-

- John Hartley noted that the revised Trust no-smoking policy is likely to include smoking shelters; these would therefore need to be incorporated in the design. Julie Nerney added that the policy will need to address whether people can smoke on the terraces, which is permissible by law but may not be appropriate or desirable for a hospital.
- Paul Richards noted that the elevations suggest a large amount of glass. Julia said that there would probably not be as much glazing as illustrated and confirmed that issues of privacy, solar

<sup>5</sup> <http://www.eastbourne.gov.uk/eastbourne/news/2009/march-2009/new-wind-farm-off-the-sussex-coast/>

shading, how the building appears at night etc. would need to be reviewed. Julie added that cleaning costs associated with the seagull population also need to be considered.

- Geoff Newman asked whether the design will be subject to wind tunnel testing. He suggested that the proposed steps between the Stage 1 and Stage 2 buildings may create such a tunnel and that this was a significant issue at other parts of the campus. Duane confirmed that studies will be undertaken.

**Action: Laing O'Rourke**

- Martin Randall felt that the overall design gave a much stronger impression of a coherent campus in which the buildings relate well to one another.

Duane thanked Julia for the presentation, which will be posted on the Trust internet site.

#### 9. Service Modernisation Update

Nick presented the monthly service modernisation progress update. He reported that this was progressing to plan with the exception of Neurosciences, where most of the 3T modernisation initiatives appeared to have stalled.

Peter Hale reported following discussion with Des Holden that the Specialised Services Division will agree an action plan with Neurosciences for the issues that require to be progressed for the 3T development, including clinical sub-specialisation, clinical marketing, neuro-rehabilitation, job planning/Consultant rotas, administrative processes, integration with the trauma service, academic development and internal management/communications. Julie Nerney asked that any clinical marketing plan tie in with the emerging Integrated Business Plan for the Foundation Trust application.

Julie said that the report showed good progress; she was particularly pleased that the back office review, which is now an issue nationally and will be discussed by the Trust Board at its next seminar, has been included.

Nick agreed that on completion of each strand of activity, a summary report would be presented at or, as appropriate, made available to the Programme Board.

The report was received.

#### 10. Issues Log

Steve Gallagher presented the issues log (dated 16<sup>th</sup> April). He noted the following issues:-

- 0002 The key outstanding document is the Trust Estate Strategy, which is being developed as part of the 3T programme.
- 0003 As Duane reported, the OBC project brief has now been finalised; further requested changes will be reviewed at FBC stage.
- 0007 The proposed decant plan is in the final stages of development and will be subject to a planning application in its own right.
- 0015 The IM&T brief for the OBC stage is being progressed. This has identified a number of issues, eg. VOIP, that will need to be considered at FBC stage.

John Weighill asked when the decant plan would be finalised and how the affected services would be engaged. Steve said that the plan was due to be finalised within the next few weeks. Services have been engaged in setting out their requirements and Kate Parkin has discussed the options paper with Div9. Steve and Nick Groves agreed to follow up to ensure that the affected services are fully engaged.

**Action: Steve Gallagher / Nick Groves**

#### 11. Risk Register

Steve Gallagher presented the risk register (dated 16<sup>th</sup> April). One new risk has been added to reflect the potential environmental impact of unforeseen ground/site conditions; the scope of the associated Environmental Impact Assessment has been agreed with the Local Authority and the assessment completed.

Julie Nerney noted that the 22 red and 58 amber risks at the start of the OBC stage had shifted to 6 red and 47 amber risks currently. She recognised the difficulty in achieving this move in a programme of this size and complexity and commended Steve and his team for excellent progress.

Julie asked when the next OCG Gateway review was likely to happen. Duane Passman replied that it would probably take place at the end of June, ie. once the OBC has been approved by the Trust Board and there is a clear trajectory to FBC approval.

12. **Next Meeting**

**Friday 22<sup>nd</sup> May from 2pm to 4pm in Trust HQ (Room F110), RSCH.**

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**Programme Director's Report:  
3T Programme Board 24<sup>th</sup> April**

**Introduction**

1. The purpose of this report is to update members of the Programme Board on progress made since the last meeting.

**Action**

2. The Programme Board is invited to note this report. As always, comments, questions and observations are welcome.

**Activity Modelling/Affordability**

3. As reported at the last meeting, 2020 Delivery has been jointly commissioned by our local PCT commissioners to ensure that the activity modelling and financial projections we will be using in the Outline Business Case match commissioners' intentions as set out in their plans.
4. The detailed plan for this work was set out at the last meeting. It was the original intention that this should be complete by 27<sup>th</sup> March. This has taken somewhat longer than originally anticipated since some of the finer detail of certain activity and income assumptions has not yet fully been agreed between the Trust and the three commissioners involved.
5. The main areas of discussion outstanding are with East Sussex PCTs.
6. A further update on progress will be given at the meeting. This is not yet a critical path issue for the development of the OBC but unless full agreement is in place by the end of April at the very latest this may have an impact on our ability to complete the OBC for mid-May.

**Programme for Development of the OBC**

7. Progress is in line with the programme approved by the Programme Board at the meeting in September 2008. This remains under constant review and is summarised below:

Activity	Date	Comment - March 2009
Approve programme for OBC development.	26 <sup>th</sup> September 2008	Achieved.
Approve project brief, design principles, activity modelling and long list options.	21 <sup>st</sup> October 2008	Achieved.
Develop initial design options, costs and decant solutions.	22 <sup>nd</sup> October - 16 <sup>th</sup> December 2008	Achieved.
Confirm short-listed design options.	22 <sup>nd</sup> December 2008	Achieved.
Develop outline designs, costs and decant solutions for short-listed options.	23 <sup>rd</sup> December 2008 - 24 <sup>th</sup> February 2009	Achieved.
Affordability and value for money check	February 2009	Underway.
Confirm preferred option.	27 <sup>th</sup> February 2009	Achieved.
Develop preferred option design (1:200 drawings), costs and decant solution.	March - May 2009	Underway - good progress being made.
Complete cost, affordability and value for money analysis.	March-April 2009	Progress being made but agreement needed across commissioners by end of April latest to maintain overall programme.
Finalise procurement strategy.	March - April 2009	Underway.
Complete OBC document drafting	March - April 2009	Underway.
Confirm statutory planning support.	April 2009	Underway.
BREEAM, AEDET and NHS Design Review panel.	11 <sup>th</sup> - 22 <sup>nd</sup> May 2009	Being arranged. Intention is for DRP to be held week commencing 18 May. Discussions underway

Activity	Date	Comment - March 2009
		with DH Estates.
Programme Board sign off draft OBC.	22 <sup>nd</sup> May 2009	Still on target subject to comments above.
Trust Board sign off draft OBC.	28 <sup>th</sup> May 2009	Still on target subject to comments above.
Commissioners, stakeholders & consultees review and sign off.	29 <sup>th</sup> May - 26 <sup>th</sup> June 2009	
Trust Board sign off OBC final version.	26 <sup>th</sup> June 2009	
SHA review and sign off.	29 <sup>th</sup> May - 14 <sup>th</sup> July 2009	
DH review and sign off.	1 <sup>st</sup> - 27 <sup>th</sup> July 2009	

### Recruitment of the Programme Team

8. Recruitment to the Programme Team structure is virtually complete in this phase. Annex 1 to this report provides a detailed update. There is no change since last month. I do not intend to continue to report on this issue at future meetings. Any significant matters of note (such as the recruitment of the Chief of Trauma) will be reported by exception.
9. As part of the wider changes in the Trust structure and to ensure that there is consistency with roles across the Trust, it has been agreed that Peter Hale will be the Clinical Director for 3Ts and Graham Dodge will be the Associate Clinical Director. This more accurately reflects the hugely significant and invaluable contribution which Peter and Graham have brought to the programme.

### Patient and Public Engagement

10. As the designs for the development crystallise, this provides us with a platform for wider discussion and engagement with patients and the public. Patient representatives have been involved in the HIV and cancer elements of the scheme. We are also using the comments from the patient experience workshop in September 2008 to guide our thinking.
11. Amelia Lyons (3T Head of Communications & Engagement) is preparing a paper on this issue for discussion at the next meeting of the Programme Board.
12. As the time for submission of the OBC approaches, we are also taking the opportunity to brief a wide group of stakeholders on the emerging proposals. I will be making presentations to the Brighton & Hove HOSC on 22<sup>nd</sup> April, to West Sussex HOSC on 27<sup>th</sup> April and to East Sussex HOSC on 6<sup>th</sup> July.
13. I have also recently met the Chair of the Bristol Estate Residents Association and will also be meeting Councillors Mitchell, Morgan and Turton on 22<sup>nd</sup> April. I will give a verbal update on these meetings at the Programme Board.

### Staff Engagement

14. Discussions on the 1:200 drawings are continuing. The Core Team has reviewed requested changes during the initial stages of the 1:200 process (mainly for omissions or changes required due to the assembly of departments within the building) regularly - as can be seen from the Core Team minutes. In the main, these changes have been accommodated. I have now decided to close the change register for this stage of development. Any subsequent requests for changes to the agreed brief will be captured by the team and form part of design development in moving from OBC to FBC.

### General Design Issues

15. I have invited the Department of Health to undertake a Design Review Panel scrutiny of the site masterplan and the design of the 3Ts development in mid-May. To support this, I am proposing that I am confirmed as the Trust Design Champion for the development. The Programme Board is invited to endorse this.

## Risks and Issues

16. The risk register and issues log are now standing items on the Programme Board agenda.

## Other Issues

17. There are still some issue with regard to the wider development of the Trust - some of which are a result of scope changes within 3Ts and others which are emerging areas for development - which will need to be addressed. The Programme Board needs to be aware of these and any future significant issues will be reported by exception. The current key issues are:

i) **Outpatients**

I took the provisional decision in December to exclude the reprovision of Outpatients (from the Outpatients building and Sussex House) from the 3Ts development. This was confirmed in February. This was for reasons of affordability and the increasing national drive to provide Outpatients in community settings where clinically appropriate. I cannot imagine that we would have been granted approval for a wholesale reprovision in the traditional way. Further discussions, linked to the Trust's medium-term strategic direction, will need to be undertaken on this issue. We are arranging a meeting between ourselves and NHS Brighton & Hove to discuss this initially;

ii) **ICU Beds**

We are reviewing the demand for CTU beds in the context of 3Ts and the creation of the HDU as part of the L5 project;

iii) **Redevelopment of the Sussex Eye Hospital**

This is being taken forward as a separate development. Terms of reference will be presented at the next meeting of the Programme Board.

iv) **Provision of Facilities for Polytrauma**

We have assumed that there will be a major facility (theatre and associated accommodation) provided within 3Ts. This is still the subject of debate with T&O clinicians and, although not absolutely key to the OBC, will need to be fully resolved for the FBC. We are currently reviewing suitable sites to visit as part of this process;

v) **Long-term Redevelopment of L5**

A group is to be established to review the key patient flows on L5 once the project there is complete to ensure that we have the optimal flows in place once the first stage of 3Ts is complete. Terms of reference for this are on the agenda.

## Other Programmes

18. The team is also drawing together a series of visits to relevant sites that have recently undertaken major developments to form part of the staff engagement process and design development.

19. A further meeting on the single room issue with the SHA was held on 30 March.

Duane Passman  
3Ts Programme Director  
Brighton & Sussex University Hospitals NHS Trust  
April 2009

## Annex 1 - Recruitment to Programme Office

Posts	Progress with Recruitment
<b>Management</b>	
Programme Director	In post
AD Capital Developments	In post
AD Service Modernisation	In post
AD Programme Office & Governance (8d)	Dr Anna Barnes, who currently works at Hastings and Rother PCT will join the team on 5 May.
Capital Projects Manager (8a)	In post
Change Consultants x 3 (8a)	In post
Chief of Trauma	Verbal update to be provided at the meeting.
Estates Planning Manager - (8a)	Part-time cover being provided from the Estates and Capital Development Team.
Facilities Planning Manager - (8b)	It has been agreed with the Director of Estates and Facilities that the Programme will fund a band 7 post as backfill to allow input from Facilities.
Clinical Planning Manager - Band 8b	In post.
Head of Communications & Engagement (8a)	Amelia Lyons is now in post.
<b>Administrative &amp; Clerical</b>	
Secretarial Support - Band 4	In post.
P/A to Project Director / Chief of Trauma (Band 5)	In post.
Senior Information Analyst (8a)	In post.
Planning Analyst - Band 5	Resource to be used to support Trauma data collection as noted at the last meeting.
Project administrator - Band 6	In post.
<b>Other</b>	
Arts Co-ordinator	In post (current Trust Arts Co-ordinator)
Clinical Leads (2 sessions) x 2	In post
Clinical Planning Support (2 sessions) x 3	Resource required under review.
IM&T planning support (Sussex Health Informatics Service)	Discussions underway with the Director of the Sussex HIS.
Medical physics / radiation protection planning support	Awaiting outcome of separate business case from Medical Physics

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 27<sup>th</sup> March 2009 at 2.00pm in the F110, Trust HQ, RSCH**

- Present:** Sarah Creamer (West Sussex PCT), Amanda Fadero (NHS Brighton & Hove, until item 8), Matthew Fletcher (until item 7), Giles Frost (East Sussex PCTs), Nick Groves, Peter Hale, Geoff Newman, Duane Passman, Martin Randall (Brighton & Hove Council), Paul Richards (NHS South East Coast), Alison Robertson, Duncan Selbie (until item 6), John Weighill (until item 8).
- In Attendance:** Mick Anson (Brighton & Hove Council, until item 9), Richard Eager (Laing O'Rourke), Karen Hicks (Laing O'Rourke, from item 6), Liz Horkin (Sussex HIS), Gary Speirs (for Steve Gallagher), Daniel Stephens, Doug Stevens (South Coast Audit), Benedict Zucchi (BDP).
- Apologies:** Chris Adcock, Graham Dodge, Nick Fox (Royal West Sussex and Worthing & Southlands Hospitals), Steve Gallagher, Robert Gregory (NHS South East Coast), Julie Nerney, Kate Parkin, Michael Wilson.

**1. Welcome & Introductions**

Duncan opened the meeting and thanked everyone for attending.

**2. Notes of Previous Meetings**

The minutes of the previous meeting (27<sup>th</sup> February) were approved. The notes of the 3T Core Team (27<sup>th</sup> February, 13<sup>th</sup> and 20<sup>th</sup> March) and the Trauma Steering Committee (19<sup>th</sup> March) were received.

**3. Matters Arising**

**3.1 Communications Strategy**

Duane Passman reported that he, Duncan Selbie and Rachel Clinton would be meeting Councillor Craig Turton (East Brighton and member of the Health Overview & Scrutiny Committee) on 30<sup>th</sup> March to discuss the process for engaging local residents. He said that a single communication group/process had worked well with the Royal Alexandra Children's Hospital (RACH) and he hoped that a similar approach would be agreed with Councillor Turton for the 3T development. Martin Randall agreed that this seemed a sensible approach.

Nick Groves reported that Amelia Lyons (3T Head of Communications & Engagement) is due to start on 6<sup>th</sup> April and that on 1<sup>st</sup> May they would be meeting Martin to take up his kind offer of a briefing on the local political landscape.

**3.2 Haemato-Oncology Wards**

Duane reported that there is not yet an agreed solution for the additional capacity however this is being progressed as part of the decant planning process.

**4. Planning Approval Process**

Mick Anson (Major Projects Officer) and Martin Randall gave a presentation explaining the planning approval process. They emphasised the importance of pre-application preparation to address the plethora of issues that the planning process is expected to cover; they noted that this work appears to be solidly underway within with 3T development. They added that the 3T programme is arguably the most significant development currently underway in the city and reaffirmed their and the Council's commitment to partnership working throughout the process.

Duncan Selbie thanked Mick and Martin for their presentation and for their and colleagues' continued support for the development.

5. **Programme Director's Report**

Duane Passman presented his Programme Director's report (Appendix A). He added that the second meeting with NHS South East Coast to discuss the proportion of single rooms in the 3T development is due to be held on 30<sup>th</sup> March. This is an opportunity for SHA colleagues to input to the process before the OBC is formally submitted.

The report was received.

6. **Design Update**

Duane Passman introduced the 1:500 design presentation by explaining that the process is inevitably iterative as the 'inside-out' and 'outside-in' design processes are aligned and as feedback from users and city planners is incorporated. Benedict Zucchi presented the update and invited questions:-

- Alison Robertson asked whether patients would be able to navigate the site without having to go outside. Benedict confirmed that this would be the case: there are bridges between the Millennium Building and Thomas Kemp Tower at levels 4, 5 and 7 and the 3T plans include bridges between the TK Tower and the 3T build at levels 5, 6 (public access) and 7.
- Sarah Creamer asked how intuitive the building would be for patients and visitors to navigate, over and above signposting. Benedict agreed that this is an important design principle. The design includes a more gracious approach (by car, public transport and on foot) than currently to a more obvious main entrance. The atrium at level 6 will provide a clear architectural signal for the change in use: more public areas below and wards above.
- John Weighill asked about car parking provision. Benedict noted that 200 additional spaces are included in the development currently (280 spaces less 80 spaces lost at the front of the site) however there are ongoing discussions with the city planners about whether this could be increased.
- Geoff Newman said that the user groups inevitably focus on the inside-out part of the design process and asked what scope there is for them to influence the external design. He noted, for example, that the latest iteration of the Stage 2 development appears to have lost a number of the gardens and terraces that were included in the original Option 1. He wondered whether they could be reinstated, for example by stepping up the height of the development towards the back/North.

Benedict noted that a number of residential properties on Upper Abbey Road currently look over the Barry Building so the 3T design aims to keep the Stage 2 building as low as possible. However he agreed that there may be scope to reintroduce the terrace/garden between the Stage 1 and Stage 2 buildings and that now the Stage 1 design is firmer attention would shift to Stage 2.

Duane thanked Benedict for the presentation and members for their comments.

7. **Design Process Governance**

Karen Hicks presented the 1:200 drawings issue schedule, which records the date drawings were due to be and were in fact issued, and the log of issues raised by the individual user groups, which includes progress with addressing concerns and ideas raised.

Duane thanked Karen for the presentation. He reported that these two schedules are submitted to him weekly as part of his performance management of the ProCure21 contract. They are reviewed by the 3T Core Team, which meets weekly to advise Duane in his role as Programme Director, on a fortnightly basis. They will also be presented to the Programme Board on a regular basis to provide members with assurance of this aspect of the programme's governance.

Liz Horkin asked whether the Sussex HIS would have an opportunity to review the IT aspects of the 1:50 room data sheets at the next stage of design development. Duane confirmed that there will be a process for ensuring that all relevant parties review the draft 1:50s.

8. **Service Modernisation Update**

Nick Groves presented a report summarising progress with the 3T service modernisation programme. He noted that the programme was on target overall. The report was received.

9. **Finance / Activity Update**

Daniel Stephens updated the Programme Board on progress with the 2009/10 contracts and the SHA-wide Medium-Term Financial Plan (MTFP), which inform the 3T activity/financial model. He reported that activity has largely been agreed with the PCTs; there are some differences in assumptions about growth and some more significant differences in assumptions about demand management however a joint process is underway to try to resolve these. Sarah Creamer added that it is important the PCTs and Trust work collaboratively to understand and share risks.

Duane Passman reported that as set out in his Programme Director's report, discussions between Liz Tatlow (Principal, 2020 Delivery) and the PCTs and Trust are underway to ensure that the outputs from PCTs' commissioning plans then form the inputs for the 3T activity/financial model. Daniel reported that he had had sight of a summary Liz had prepared setting out her understanding of 2020's brief and the issues to be addressed following meetings with the PCTs. Duane asked that as a courtesy 2020 copy him into such documents.

Duane said that the revised activity/finance model and analysis of the affordability of the preferred design option will be presented to the next meeting of the Programme Board.

10. **Issues Log**

Gary Speirs presented the updated issues log (dated 17<sup>th</sup> March 2009). He noted that the terms of reference for the decant planning group (ref. 0007) are being finalised. The group is meeting weekly and is having ongoing discussions with the affected services to consider options for decant that are clinically and operationally viable. He hoped that a presentation would be available for the Programme Board's next meeting.

The issues log was received.

11. **Risk Register**

Gary Speirs presented the updated risk register (dated 20<sup>th</sup> March 2009). One risk has changed since the last report: in light of the ongoing work with the design groups, the risk of failure to design to brief (ref. 1.1) has been reduced from 8 (amber) to 4 (green).

The risk register was received.

12. **Next Meeting**

Friday 24<sup>th</sup> April from 2pm to 4pm in Trust HQ (Room F110), RSCH.

**Programme Director's Report:  
3T Programme Board 27<sup>th</sup> March**

**Introduction**

1. The purpose of this report is to update members of the Programme Board on progress made since the last meeting.

**Action**

2. The Programme Board is asked to note this report. As always, comments, questions and observations are welcome.

**Activity Modelling / Affordability**

3. As reported at the last meeting, 2020 Delivery has been jointly commissioned by our local commissioners to ensure that the activity modelling and financial projections we will be using in the Outline Business Case (OBC) match commissioners' intentions as set out in their plans.
4. The detailed plan for this activity is:
  - 13-20 March BSUH to use outputs of contract exercise as inputs to refresh supply-side model
  - 13-20 March 2020 review signed contracts to familiarise themselves with the key outputs
  - 20-27 March BSUH review affordability to preferred option
  - 20-27 March 2020 review BSUH model inputs and confirm coterminosity with commissioner plans, variances and materiality
  - 27 March Actions complete.

**Programme for Development of the OBC**

5. Progress is in line with the programme approved by the Programme Board at the meeting in September 2008. This remains under constant review and is summarised below:

Activity	Date	Comment - March 2009
Approve programme for OBC development.	26 September 2008	Achieved
Approve project brief, design principles, activity modelling and long list options.	21 October 2008	Achieved
Develop initial design options, costs and decant solutions.	22 October - 16 December 2008	Achieved
Confirm short-listed design options.	22 December 2008	Achieved
Develop outline designs, costs and decant solutions for short-listed options.	23 December 2008 - 24 February 2009	Work in hand
Affordability and value for money check	February 2009	Underway
Confirm preferred option.	27 February 2009	Achieved
Develop preferred option design (1:200 drawings), costs and decant solution.	March - May 2009	Underway - good progress being made
Complete cost, affordability and value for money analysis.	March-April 2009	Commenced
Finalise procurement strategy.	March - April 2009	Underway
Complete OBC document drafting	March - April 2009	Underway
Confirm statutory planning support.	April 2009	
BREEAM, AEDET and NHS Design Review panel.	11 - 22 May 2009	
Programme Board sign off draft OBC.	22 May 2009	
Trust Board sign off draft OBC.	28 May 2009	
Commissioners, stakeholders & consultees review and sign off.	29 May - 26 June 2009	
Trust Board sign off OBC final version.	26 June 2009	
SHA review and sign off.	29 May - 14 July 2009	
DH review and sign off.	1 - 27 July 2009	

6. This is consistent with the work to validate activity and affordability identified above.

#### Recruitment of the Programme Team

7. Recruitment to the Programme Team structure is virtually complete in this phase of recruitment. Annex 1 to this report provides a detailed update. There is no change since last month.
8. I have agreed to support Trauma & Orthopaedics in the implementation of the Willett report. This includes resource to support the clinical leadership, the development of a Business Case to identify investment in IT and resource for clinical audit and data collection for the TARN database.

#### Patient and Public Engagement

9. Further work in this area will be developed when Amelia Lyons joins us in early April.

#### Staff Engagement

10. Discussions on the 1:200 drawings for each department are in full swing. An update on this programme and the issues arising from it are a separate item on the agenda.

#### IT

11. Discussions continue between the programme team, the Trust IT lead and the Sussex Health Informatics Service with regard to IT and the interface with 3Ts.

#### Risks and Issues

12. The risk register and issues log are now standing items on the Programme Board agenda.

#### Other Programmes

13. The team is also drawing together a series of visits to relevant sites which have recently undertaken major developments to form part of the staff engagement process and design development.
14. I was fortunate enough to visit Brisbane in Australia in February to deliver the international keynote address at a conference focussing on Health Facilities Design and Development, which drew delegates from Australia and New Zealand and from the public and private sectors. It was significant to note that many of the issues which we are discussing (single rooms, balance of secondary and primary care, control of infection etc.) are also current topics there. It is also interesting to note that Australia is developing several large PFI hospital projects. Anecdotal evidence suggests that the procurement process there lasts around one year, whereas the running average in the UK is 42 months.
15. I was also part of a Gateway Review Team which recently visited the Royal Liverpool & Broadgreen Hospitals NHS Trust. This was helpful in that it provided some interesting learning experiences which I am currently evaluating for applicability to our programme.
16. A further meeting on the single room issue with the SHA is currently being arranged.

Duane Passman  
3Ts Programme Director  
Brighton & Sussex University Hospitals NHS Trust  
March 2009

Annex 1 - Recruitment to Programme Office

Posts	Progress with Recruitment
<b>Management</b>	
Programme Director	In post
AD Capital Developments	In post
AD Service Modernisation	In post
AD Programme Office & Governance (8d)	Dr Anna Barnes, who currently works at Hastings and Rother PCT, will join the team on 5 <sup>th</sup> May.
Capital Projects Manager (8a)	In post
Change Consultants x 3 (8a)	In post
Chief of Trauma	Verbal update to be provided at the meeting.
Estates Planning Manager - (8a)	Part-time cover being provided from the Estates and Capital Development Team.
Facilities Planning Manager - (8b)	It has been agreed with the Director of Estates and Facilities that the Programme will fund a band 7 post as backfill to allow input from Facilities.
Clinical Planning Manager - Band 8b	In post.
Head of Communications & Engagement (8a)	Amelia Lyons will join the team on 5 April 2009.
<b>Administrative &amp; Clerical</b>	
Secretarial Support - Band 4	In post.
P/A to Project Director / Chief of Trauma (Band 5)	In post.
Senior Information Analyst (8a)	In post.
Planning Analyst - Band 5	See main report.
Project administrator - Band 6	In post.
<b>Other</b>	
Arts Co-ordinator	In post (current Trust Arts Co-ordinator)
Clinical Leads (2 sessions) x 2	In post
Clinical Planning Support (2 sessions) x 3	Resource required under review.
IM&T planning support (Sussex Health Informatics Service)	Discussions underway with the Director of the Sussex HIS.
Medical physics / radiation protection planning support	Awaiting outcome of separate business case from Medical Physics

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 27<sup>th</sup> February 2009 at 2.00pm in the F110, Trust HQ, RSCH**

**Present:** Chris Adcock, Sarah Creamer (West Sussex PCT), Graham Dodge (from item 3.1), Matthew Fletcher, Steve Gallagher, Nick Groves, Peter Hale, John Hartley, Geoff Newman, John Norris (from item 8), Duane Passman (Chair), Martin Randall (Brighton & Hove City Council)

**In Attendance:** David Bloomfield, Rachel Clinton (for item 4.4), Liz Horkin (Sussex HIS)

**Apologies:** Andy Cashman (SECamb), Amanda Fadero (Brighton & Hove City Teaching PCT), Robert Gregory (NHS South East Coast), Tony Kelly (BSMS), Julie Nerney, Paul Richards (NHS South East Coast), Paul Richardson (Worthing & Southlands Trust), Duncan Selbie, David Townsley (East Sussex Hospitals Trust), John Weighill, Michael Wilson

**1. Welcome & Introductions**

Duane Passman explained that Consultant interviews had overrun and that as a result Duncan Selbie would be unable to Chair the meeting; he passed on Duncan's apologies. Duane opened the meeting and thanked everyone for attending.

**2. Notes of Previous Meetings**

The notes of the previous meeting (23<sup>rd</sup> January) were approved. The notes of the Core Team meetings (16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup> January; 6<sup>th</sup>, 13<sup>th</sup> and 20<sup>th</sup> February) were received.

**3. Matters Arising**

**3.1 Medium-Term Financial Plan and Alignment with 3Ts**

Chris Adcock updated the Programme Board on the process and timetable for aligning the 3T Outline Business Case (OBC) financial model with PCTs' commissioning intentions and the SHA-wide Medium-Term Financial Plan (MTFP). He explained that 2009/10 contracts between Trusts and PCTs are due to be signed by 13<sup>th</sup> March. The following week the Trust would use the contracts to refresh the OBC planning model. 2020 Delivery<sup>1</sup>, an external consultancy, has been engaged by the Sussex PCTs to ensure that the OBC reflects their combined commissioning plans. During this week 2020 will review the signed contracts to familiarise themselves with the key outputs.

During the week commencing 20<sup>th</sup> March the Trust will review the affordability of the preferred design option in light of the revised modelling; 2020 Delivery will review the BSUH model's inputs, confirm that these are consistent with PCT commissioning plans and identify the materiality of any variances. This review work by the Trust and 2020 Delivery is due to be completed by 27<sup>th</sup> March. During the week commencing 6<sup>th</sup> April PCTs will draft/circulate a joint letter of support for the OBC, to be agreed the week commencing 13<sup>th</sup> April.

Duane Passman thanked PCT colleagues, and in particular Directors of Finance across the Local Health Community, for their support in ensuring that this review and approval timetable would progress in concert with the previously agreed timetable for the production of the 3T OBC.

John Hartley asked whether the PCT commissioning intentions reflect previous discussions about the 'tsunami' of alcohol-related admissions. Duane replied that his understanding is that the Brighton & Hove PCT plan includes a projected 17% increase in these admissions for 2009/10. He imagined that planning for subsequent years would also include demand management, although the Trust and PCT would wish to keep the success of these schemes under review.

<sup>1</sup> <http://www.2020delivery.com/>

### 3.2 Trauma & Orthopaedic Reform (Willett Review)

Matthew Fletcher updated the Programme Board on the review undertaken by Keith Willett, Professor of Orthopaedic Trauma Surgery at the University of Oxford and recently appointed as the National Clinical Director for Trauma Care. The report identifies significant weaknesses in the current service and highlights the importance of reforming the service to RSCH's aspiration to be a Major Trauma Centre. Matthew said that Phil Thomas (Clinical Director, Finance) and Sally Howard (Director, 18 Weeks) are leading the reform plan, which will include a business case for the appointment of additional Consultants.

Peter Hale said that Prof. Willett's visit had fortuitously coincided with the announcement by the Secretary of State of his national appointment and that the 3T team had therefore been able to discuss the Major Trauma Centre plans with him. A further meeting has been scheduled for 26<sup>th</sup> March, by which time more detailed activity modelling to support the trauma proposals should be complete.

### 3.3 Chief of Trauma

Matthew Fletcher reported that the Trust had not yet made an appointment but that discussions are continuing.

### 3.4 Local Communications Strategy

Rachel Clinton (Director of Communications) reported that the 3T Head of Engagement and Communications, Amelia Lyons, is due to start on 6<sup>th</sup> April and would be leading the development of a more formal communications and engagement strategy for staff, local residents, local councillors, other key stakeholders and the local media. Rachel reported that local media coverage of the new 3T plans has been positive and that coverage of concerns from a small group of local residents about the proposed helipad had been balanced.

Rachel reported that the public-facing website has been updated and that she has agreed to update councillors on the 3T developments a monthly basis. Duncan Selbie has also invited the two local councillors and the Chair of the Bristol Estate Residents' Association to meet him on 30<sup>th</sup> March to discuss the plans and ways of addressing any local concerns. Martin Randall felt that this was a very helpful plan and offered to brief Rachel on the local political landscape and issues that are of particular concern to the respective political groupings. The Programme Board endorsed his comment about the importance of taking a proactive approach to addressing known issues of concern, eg. parking.

**Action: Rachel Clinton**

## 4. Programme Director's Report

Duane Passman presented his Programme Director's Report (Appendix A). The report was received.

## 5. Ratification of Preferred 3T Design

Nick Groves presented a paper summarising the process by which the workshop held on 9<sup>th</sup> February had selected Option 1 as the preferred design and setting out the next steps in the process. The Programme Board received this paper and ratified the selection of Option 1.

## 6. Feedback from 1:500 Consultation

Nick Groves presented a paper summarising the feedback received from staff who viewed the preferred design at a series of 'open house' sessions at both sites on 10<sup>th</sup> and 11<sup>th</sup> February, and the work being undertaken to address or mitigate any concerns raised. The Programme Board received this report.

## 7. Service Modernisation Priorities

Nick Groves presented a paper updating the Programme Board on progress with the 3T service modernisation programme and identifying the next priorities, following discussion at the Trust Executive Team (ET) on 12<sup>th</sup> February. As previously agreed, an update will be included as a regular item on the Programme Board agenda. Nick reported that the ET had agreed that Divisions/services would be performance managed on their part of the programme through the Performance Management Office (PMO) and the corporate performance review process. The Programme Board received this report.

## 8. Issues Log

Steve Gallagher presented the Issues Log (dated 16<sup>th</sup> February 2009) and updated the Programme Board on changes since the last report. He reported that progress is being made against all the issues that are still open and noted in particular:

- i) Information required (issue 0002). The information required to support the OBC is being gathered with Laing O'Rourke.
- ii) Decant planning (issue 0007). A decant planning group is now meeting on a weekly basis and is working closely with the affected services to ensure an appropriate decant solution.
- iii) IM&T (issue 0015). The 3T programme is working with the Sussex HIS and has also engaged an external consultant to identify, plan and cost the related issues.

Geoff Newman asked about the Bristol Gate/Eastern Road junction. Steve replied that the travel impact assessment, which is in the process of being finalised and has not yet been shared with Local Authority colleagues therefore, indicates that the junction needs to be widened from two to three lanes. However the Trust owns a triangle of land to the east of the junction, so, subject to planning consent, it may be possible to widen the junction within adversely affecting the size of the 3T development area.

Geoff also asked about the Upper Abbey Road/Eastern Road junction. Steve replied that no improvements had been proposed although the travel assessment had suggested a change in the sequencing of the traffic lights on Eastern Road, subject of course to agreement with the Local Authority.

Martin Randall said that transport is a high political priority at all levels. He stressed the importance of giving early consideration to the issues, as is being done in the 3T programme, and producing a comprehensive travel plan that not only offers the technical solutions but also provides a compelling narrative that persuades the local population and councillors.

Martin offered reassurance that many aspects of the planning consent process are relatively straightforward if preparatory work has been undertaken fully and all the relevant statutory consultees are engaged appropriately. However it is important to recognise and address the subtleties and the political dimension to the process. At Duane Passman's request, Martin kindly agreed to give a presentation to the next meeting of the Programme Board explaining the planning consent process.

The Programme Board noted the Issues Log.

## 9. Risk Register

Steve Gallagher presented the Risk Register (dated 16<sup>th</sup> February 2009) and updated the Programme Board on changes since the last report (identified at section D of the summary report).

Steve noted that the overall risk rating for the programme remains 'red' however this is to be expected at this stage, especially until the financial case has been formally agreed with the PCTs. The Programme Board noted the Risk Register.

Steve reported that the risk profile for the delivery of the preferred design option is in development. This is due to be completed by the end of March so would be presented to the April meeting of the Programme Board. The risk register for the next phase of the programme (Full Business Case) is also in development.

## 10. Any Other Business

### 10.1 Oncology & Haemato-Oncology Wards

Following discussion of the issue by the 3T Core Team (13<sup>th</sup>, 20<sup>th</sup> February) and as set out in the 1:500 feedback paper received earlier in the meeting, Geoff Newman and David Bloomfield asked about the oncology and haemato-oncology wards. They had hoped that these could be moved from Stage 2 to Stage 1 of the development to provide earlier resolution to (i) the poor quality of the current oncology ward environment (Howard I) in the Barry building and (ii) the need to provide

additional inpatient capacity for haematology as part of the planned merger between BSUH and WaSH.

David said that if in the meantime appropriate alternative/'decant' accommodation could be provided that improves the quality of the ward environment, expands the haematology inpatient capacity and co-locates the haematology day unit, he would be content with the wards' remaining in Stage 2. Duane Passman and Peter Hale said that they felt these issues could be resolved. They agreed to continue the discussion outside the meeting and to report back to the next meeting.

**Action: Duane Passman, Peter Hale**

11. **Next Meeting**

Friday 27<sup>th</sup> March from 2pm to 4pm in Trust HQ (Room F110), RSCH.

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**Programme Director's Report:  
3T Programme Board 27<sup>th</sup> February**

**Introduction**

1. The purpose of this report is to update members of the Programme Board on progress made since the last meeting.

**Action**

2. The Programme Board is asked to note this report. As always, comments, questions and observations are welcome.

**Activity Modelling/Affordability**

3. As previously reported, a key objective is to ensure that the activity modelling is aligned with the activity plan for 2009/10 and the Medium-Term Financial Plan. The Finance team and the Programme Office continue to work closely with colleagues across the local health community to achieve this.
4. Brighton & Hove City Teaching PCT has engaged 2020 Delivery on behalf of the Local Health Community to ensure that there is consistency between the assumptions in the 3T Outline Business Case (OBC) and the PCTs' Commissioning Plans. The terms of reference for this piece of work and the timescales are under review but are intended to dovetail with the OBC programme.

**Programme for Development of the OBC**

5. Progress is in line with the programme approved by the Programme Board at the meeting in September 2008. This remains under constant review.
6. A further workshop was held on 9<sup>th</sup> February to select the preferred site configuration for detailed development. Over 50 people attended from BSUH, our partners in the Local Health Community and patient representative groups. The feedback from the workshop has generally been very positive.

**Recruitment of the Programme Team**

7. Recruitment is proceeding to the Programme Team structure. Annex 1 to this report provides a detailed update.

**Patient and Public Engagement**

8. Patient representatives were invited to the workshop on 9<sup>th</sup> February to select the preferred option.
9. Patient representatives are also being invited to participate in the detailed 1:200 design development phase.

**Staff Engagement**

10. Discussions on the 1:200 drawings for each department commence within the next week. Around 70 staff have attended the training sessions designed to familiarise them with 1:200 and 1:50 drawings and room data sheets.
11. Subsequent to the preferred option selection workshop on 9<sup>th</sup> February, the team held a series of 'open house' events at RSCH and PRH with several hundred staff attending to comment on the preferred site development option. Key comments are being fed into the design development process. Feedback from staff has been positive and enthusiastic. This is covered in more detail elsewhere on the agenda.

## IT

12. Discussions continue between the programme team, the Trust IT Lead and the Sussex Health Informatics Service (HIS) with regard to IT and the interface with 3Ts.

## Risks and Issues

13. The risk register and issues log are now standing items on the Programme Board agenda.

## Academic Links

14. A meeting was held on 4<sup>th</sup> December to identify areas of collaborative working with our local academic partners. This is currently being developed further.
15. I will also be entering into further discussions with HaCIRIC with regard to their future work with the programme, which has proved beneficial to all parties so far.

## Other Programmes

16. I visited the major development programme at Central Manchester and Manchester Children's Hospitals on 2<sup>nd</sup> February. Unfortunately, due to adverse weather conditions that day, other members of the team were unable to join me. It was an interesting and informative visit and I will provide an update at the Programme Board meeting.
17. The team are also drawing together a series of visits to relevant sites that have recently undertaken major developments to form part of the staff engagement process and design development.
18. An initial meeting has been held on single room provision hosted by NHS South East Coast. This derived from a meeting of the SHA Capital Investment Committee at which the group was concerned to ensure that the SHA could take a view on single room provision in advance of receiving the OBC.
19. A group has been convened which comprises the Trust, key SHA staff, the National Patient Safety Agency and the Department of Health. A helpful first meeting has been held.
20. The next meeting will be held at the Trust in mid to late March and will provide the opportunity for individuals on the group to see firsthand the current wards on the RSCH site (in particular the Barry Building) and to discuss our thinking on single room provision with the Matrons from the specialties involved. It is also the intention to undertake some site visits to inform the SHA's thinking.

Annex 1 - Recruitment to 3T Programme Office

Posts	Progress with Recruitment
<b>Management</b>	
Programme Director	In post
AD Capital Developments	In post
AD Service Modernisation	In post
AD Programme Office & Governance (8d)	Agreed start date 5 <sup>th</sup> May.
Capital Projects Manager (8a)	In post
Change Consultants x 3 (8a)	In post
Chief of Trauma	Initial discussions are being held with a potential candidate.
Estates Planning Manager - (8a)	Part-time cover being provided from the Estates and Capital Development Team.
Facilities Planning Manager - (8b)	It has been agreed with the Director of Estates and Facilities that the Programme will fund a band 7 post as backfill to allow input from Facilities.
Clinical Planning Manager - Band 8b	In post.
Head of Communications & Engagement (8a)	The successful candidate will join the team on 6 <sup>th</sup> April 2009.
<b>Administrative &amp; Clerical</b>	
Secretarial Support - Band 4	In post
P/A to Project Director / Chief of Trauma (Band 5)	In post
Senior Information Analyst (8a)	In post
Planning Analyst - Band 5	The Job Description is being drafted
Project administrator - Band 6	In post
<b>Other</b>	
Arts Co-ordinator	In post (current Trust Arts Co-ordinator)
Clinical Leads (2 sessions) x 2	In post
Clinical Planning Support (2 sessions) x 3	Resource required under review
IM&T planning support (Sussex Health Informatics Service)	Discussions underway with the Director of the Sussex HIS
Medical physics / radiation protection planning support	Awaiting outcome of separate business case from Medical Physics

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 23<sup>rd</sup> January 2009 at 2.00pm in the F110, Trust HQ, RSCH**

- Present:** Andrew Demetriades (Brighton & Hove City Teaching PCT), Steve Gallagher, Robert Gregory (NHS South East Coast) from item 11, Nick Groves, Peter Hale, John Hartley, Julie Nerney, Geoff Newman, John Norris, Duane Passman, Paul Richards (NHS South East Coast), Duncan Selbie (Chair), Daniel Stephens, Jim Taylor
- In Attendance:** Richard Eager (Laing O'Rourke), Karen Hicks (Laing O'Rourke), Doug Stevens (South Coast Audit)
- Apologies:** Chris Adcock, Andy Cashman (SECamb), Amanda Fadero (Brighton & Hove City Teaching PCT), Matthew Fletcher, Tony Kelly (BSMS), Paul Richardson (Worthing & Southlands Trust), Alison Robertson, David Townsley (East Sussex Hospitals Trust), Michael Wilson

**1. Welcome & Introductions**

Duncan Selbie opened the meeting and thanked everyone for attending.

**2. Notes of Previous Meetings**

The notes of the previous meeting (22<sup>nd</sup> December) were approved. Notes of the Core Team meetings (12<sup>th</sup> and 19<sup>th</sup> December, 9<sup>th</sup> January) and the Trust Trauma Steering Committee (18<sup>th</sup> December) were received.

**3. Matters Arising**

**3.1 Respiratory Clinics**

John Hartley reported that he and Michael Wilson had met to discuss two issues: (i) the X-Ray equipment that supports the respiratory service at Brighton General Hospital, which is likely to need replacement or another solution in the next couple of months, and (ii) the need to move the respiratory and elderly care services/offices from BGH to the Royal Sussex County Hospital.

**4. Trauma Update**

Peter Hale reported that he would be meeting a potential appointee to the Trust Chief of Trauma post on 13<sup>th</sup> February.

Duncan Selbie was pleased to report that Prof. Keith Willett, Professor of Orthopaedic Trauma Surgery at the Oxford Radcliffe Trust, has been appointed as the National Clinical Director for Trauma Care. The announcement was made by the Secretary of State while Prof. Willett was at BSUH revisiting his previous review of the Trust's orthopaedic service. This provided the opportunity for Duane Passman, Peter Hale and others to discuss the Major Trauma Centre proposals with him.

Duane Passman reported that following Prof. Willett's visit and the meeting that he, John Norris and others had had with Prof. Sir George Alberti on 7<sup>th</sup> January to discuss neurosciences, a single action plan would be developed through the Trauma Steering Committee to progress planning for the Major Trauma Centre.

Duncan noted that London is nearing a decision on the designation of Trauma Networks/Major Trauma Centres.

**5. Trauma Steering Committee: Terms of Reference**

Nick Groves said that the revised terms of reference for the Trauma Steering Committee, which is a subcommittee of the Programme Board, had been consulted on and then approved by the Trauma Committee. The principal change is the creation of a Trauma Delivery Group subcommittee, which

will enable the main Committee to focus on the strategic agenda for the Major Trauma Centre. The terms of reference were approved.

**6. Programme Director's Report**

Duane Passman presented his report (included at Appendix A), which was received. He added that on 27<sup>th</sup> January he would be updating NHS South East Coast's Capital Investment Committee (CIC) on progress with the programme, which the Committee has asked him to do on a quarterly basis.

Julie Nerney asked about the six-month secondment to SECamb. Duane replied that one of the Trust's Specialist Registrars will be seconded to work on SECamb's Critical Care Practitioner project. This will be an opportunity for mutual learning and to strengthen BSUH's partnership working with SECamb.

**7. 3T Service Modernisation Programme**

Nick Groves presented a paper updating the Programme Board on the work of the 3T Service Modernisation team. He explained that the programme appended to the paper lists current activity; a longer-term programme is in development. He reported that there has been discussion about the team's providing change management support to (i) neurosciences, eg. booking processes following the review of neuro-theatre utilisation, establishment of a Programmed Investigation Unit, review of rehabilitation pathways in line with the Sussex-wide strategy; (ii) orthopaedics, following Prof. Willet's revisit; (iii) trauma, ie. supporting the Trust Trauma Committee in progressing a Major Trauma Centre action plan; (iv) Medicine/Elderly, eg. Medical Daycase Unit, Consultant job planning, the role of the Acute Medical Unit and medical rotas, Integrated Care Pathways; (v) workforce modernisation, eg. workforce planning, enhancement of clinical 'support' roles, recruitment of hard-to-recruit staff; and (vi) Outpatients, if this service is included in the 3T development.

Nick said that the team will also be supporting the 1:200 and 1:50 design processes and would be unlikely to be able to support all the work that had been suggested. Some prioritisation, in line with 3T programme requirements and Trust strategic priorities, would therefore be required.

Julie Nerney asked whether the team would have the capacity to undertake a 'back office' review, which was discussed at one of the original 3T workshops and subsequently at a Trust Board meeting. Nick replied that the priority was felt to be the feasibility study for a centralised booking function, which is currently underway, but that a wider administration review could be considered after that.

The Programme Board received the report.

**8. Approach to Sustainability**

Steve Gallagher reported that the 3T programme will be expected to achieve a range of government targets under the broad heading of 'sustainability'. He presented a report that was commissioned from NIFES Consulting Group at SOC stage to identify sustainability issues arising from the 3T development and the subsequent operation of the new facilities.

Julie Nerney asked (i) whether the timetable allows the range of sustainability issues to be addressed with appropriate rigour before the OBC is submitted to the Trust Board and (ii) how learning from this work could be applied to the whole estate in advance of the 3T development. Steve confirmed that the timetable is considered sufficient and that learning is being applied on a continuous basis. Steve said that he would keep the Programme Board updated with developments.

Duane noted that this was one of the first of a series of wider issues that relate to the programme as a whole and future Programme Board meetings would be invited to consider similar issues. Duane asked all members of the Programme Board to assist his team in raising awareness of the breadth of issues that a development of this size and nature needs to address over and above the individual schedules of accommodation and clinical/service briefs.

9. **Benefits Criteria**

Duane reported that the benefits criteria, which have been distilled from the workshops on 8<sup>th</sup> and 9<sup>th</sup> December facilitated by HaCIRIC and the earlier workshops in September, were used to shortlist the design options at the 18<sup>th</sup> December workshop. The criteria have been posted on the 3T internet site<sup>1</sup>.

The next step is to weight the criteria for use at the 9<sup>th</sup> February design selection workshop. Duane noted that this workshop is the non-financial appraisal; the final selection will involve a cost-benefit ratio. Duane said that he was reflecting on whether the Core Team should weight the criteria or whether a wider group should be involved.

**Action: Duane Passman**

Julie Nerney asked who had been invited to the workshop. Nick Groves replied that invitations have been sent to members of the Programme Board and the Trust's Executive Team, Principal Lead Clinicians and other members of the 'Div 9' group, leads for research and teaching/training for each of the 3T services, patients/patient representatives and the three Sussex LINKs. In addition 3T services have each been invited to send a number of frontline staff. To date 33 people have registered to attend, including 4 patient representatives.

10. **Medium-Term Financial Plan**

Daniel Stephens presented a paper summarising progress to date on the SHA-wide Medium-Term (five year) Financial Plan (MTFP). This work is being progressed through the Local Health Community Directors of Finance group. He noted that the 23<sup>rd</sup> January deadline for submission to the SHA of the 2009/10 plans and medium-term financial strategy had been extended by a week.

Julie Nerney asked whether the plan would be agreed in sufficient detail to allow the 9<sup>th</sup> February design workshop to proceed as planned. Duncan Selbie asked Duane Passman to follow up with Colin Gentile and, as appropriate, Michael Schofield (B&HC Teaching PCT). He agreed that the issue was about degree of confidence rather than whether or not the MTFP had been formally signed off. Andrew Demetriades said that PCTs would be agreeing baseline activity with the SHA on 12<sup>th</sup> February.

**Action: Duane Passman**

Doug Stevens confirmed that the approach was satisfactory from an audit perspective.

11. **Patient & Public Involvement**

Nick Groves presented a paper summarising the involvement of patients and patient representatives in the 3T programme. This paper was received. The Programme Board recorded particular thanks to Mr Tony Reynolds and members of the Mid Sussex Patient Forum, who have consistently attended and made a valuable contribution to 3T events in the hiatus between Patient & Public Involvement Fora and Local Involvement Networks.

Duncan Selbie asked how local residents - in particular residents of Bristol Gate, the Bristol Estate and Upper Abbey Road - have been involved to date. Nick said that the programme has been following the approach suggested by the Director of Communications, including representation - currently through Steve Gallagher - at the Bristol Estate residents' meeting. Nick agreed that since planning is now becoming more concrete, engagement should be strengthened. Nick to agree the plan with the Director of Communications.

**Action: Rachel Clinton, Nick Groves**

12. **Issues Log**

Steve Gallagher presented the Issues Log (dated 14<sup>th</sup> January) and invited questions.

Julie Nerney asked about engagement with the Sussex HIS (ref. 0015). Duane Passman reported that dialogue with the HIS is continuing and he understands that a project lead for the 3T programme has been appointed. Duncan Selbie noted that IT was on the Trust Board agenda for its January meeting.

The issues log was noted.

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<sup>1</sup> <http://www.bsuh.nhs.uk/about-us/3ts/3ts-documents/>

13. **Risk Register**

Steve Gallagher presented the Risk Register (dated 14<sup>th</sup> January). He said that risk ratings continue to be refined; there had been a small number of changes since the last report however these did not affect any of the red/amber/green ratings nor the overall programme rating. Steve reported that the risk workshop on 26<sup>th</sup> January would identify the high-level risk profiles of the shortlisted design options in preparation for the 9<sup>th</sup> February workshop.

Robert Gregory asked for clarification of item 0.23 (risk of lack of commissioner support); he thought that colleagues might ask why this is rated as red when PCTs have approved the SOC. Steve thanked Robert for raising this - the risk relates to activity and finance rather than support for the vision, which was indeed agreed by all stakeholders at SOC stage. Steve agreed to amend the description in the register.

**Action: Steve Gallagher**

14. **Any Other Business**

14.1 **1:200 Design Process**

Robert Gregory asked about the sign-off process for the 1:200 designs. He said that NHS South East Coast has a role to ensure that the proportion of single rooms being proposed meets Department of Health policy and that SHA colleagues may also wish to express a view. He asked how this could best be facilitated given that the designs will be finalised once the OBC reaches the SHA for approval. Duane Passman replied that the SHA's view on this issue would be welcomed and that he hoped to have an opportunity to discuss this with the CIC at their meeting on 27<sup>th</sup> January.

14. **Next Meeting**

Friday 27<sup>th</sup> February from 2pm to 4pm in Trust HQ (Room F110), RSCH.

**Programme Director's Report:  
3T Programme Board 23<sup>rd</sup> January 2009**

**Introduction**

1. The purpose of this report is to update members of the Programme Board on progress made since the last meeting.

**Action**

2. The Programme Board is asked to **note** this report. As always, comments, questions and observations are welcome.

**Activity Modelling / Affordability**

3. As previously reported, a key objective is to ensure that the activity modelling is aligned with the activity plan for 2009/10 and the Medium Term Financial Plan. An update on this forms a separate agenda item for the meeting. The Finance team and the Programme Office are working closely with colleagues across the local health community to achieve this.

**Programme for Development of the OBC**

4. Progress is in line with the programme approved by the Programme Board at the meeting in September 2008. A workshop to identify a shortlist of options was held on 18<sup>th</sup> December and a shortlist of three options plus two 'do minimum' options (one a variant on the other) have been carried forward for further analysis.
5. A further workshop will be held on 9<sup>th</sup> February to select the preferred site configuration for detailed development. This will form the basis of the capital strategy to deliver the overall programme and be the centrepiece of the Outline Business Case.

**Recruitment of the Programme Team**

6. Recruitment is proceeding to the Programme Team structure. **Annex 1** to this report provides a detailed update. Whilst the recruitment of the Chief of Trauma is underway, I have committed some resource to a six-month secondment of a member of clinical staff to South East Coast Ambulance Trust for a post in pre-hospital care. This is being managed by Dr Jane Pateman. This will allow us to do some initial work on the development of such posts which will be important in our overall development as a Major Trauma Centre.

**Patient & Public Engagement**

7. Patient representatives have been invited to the workshop on 9<sup>th</sup> February to select the preferred option. A separate paper on patient and public involvement is on the agenda for discussion.

**Staff Engagement**

8. We are now starting the first of several intensive phases of staff involvement and engagement in the detail of the development of the built environment aspect of the programme. 55 staff were trained during the first of a two week training programme commencing 19<sup>th</sup> January, using the training packs that were tabled at the last meeting of the Programme Board.

**IT**

9. Discussions continue between the programme team, the Trust IT lead and the Sussex Health Informatics Service with regard to IT and the interface with 3Ts.

## Risks and Issues

10. The risk register and issues log are now standing items on the Programme Board agenda.

## Interim Planning

11. Alongside the development of the Medium Term Financial Plan, the Trust is also developing its business planning processes. These will be crucial as we move to develop ourselves as a Foundation Trust. An associated piece of work will be the development of a plan which takes us from 2009/10 to the point at which services are operating from new environments and this is underway.
12. As a follow up to a previous meeting held over the Summer of 2008, an update meeting was held with Professor Sir George Alberti at Hurstwood Park (HWP) on 7<sup>th</sup> January. The meeting focused on the development of neurosciences (and neurosurgery in particular) between now and the transfer of the service to Brighton. This is obviously an important element of the development of the Trust as the Regional Major Trauma Centre.
13. Key outputs of the meeting were:
  - a. The Trust will need to be mindful of the overall physical capacity provided: a Major Trauma Centre cannot turn patients away at periods of increased demand;
  - b. There will need to be an increase in the neurosurgical clinical staffing to ensure the sustained delivery of the European Working Time Directive, 18 Weeks performance and the establishment of a neurosurgical presence on the RSCH site in advance of the physical service transfer;
  - c. The Trust will also need to consider the physical capacity of the neurosurgical service - in particular theatre capacity at HWP. The work being undertaken by the 3Ts Service Modernisation team on current neuro-theatre utilisation will support this;
  - d. Further work will need to be undertaken on the proposed number of polytrauma cases and how our ability to take increasing numbers of these can be phased over time;
  - e. Further work will need to be undertaken on how the increase in neurosurgical resource (and other elements of the neurosciences service) are phased to match the development in the trauma service;
  - f. Further work will need to be undertaken on the impact of trauma on other services already at the RSCH site (eg. vascular, cardiac, metabolic specialties and clinical support services) and how this is phased in.
14. We are also taking the opportunity to discuss this with Professor Keith Willett of the Oxford Radcliffe, who is visiting the Trust on 21<sup>st</sup>/22<sup>nd</sup> January. He has been invited to revisit his previous review of the trauma & orthopaedic service and the Trust's plans for development in this area.

## Academic Links

15. A meeting was held on 4<sup>th</sup> December to identify areas of collaborative working with our local academic partners. This is currently being developed further.
16. A series of meetings to explore opportunities for strengthening research, teaching & training started on 21<sup>st</sup> January. These sessions are bringing together Brighton & Sussex Medical School (BSMS), the Trust's Research & Development function and the services involved in the 3T programme and will inform BSMS' 'academic integration strategy' and the Trust's R&D strategy.
17. I will also be entering into further discussions with HaCIRIC with regard to their future work with the programme which has proved beneficial to all parties so far.

### **Other Programmes**

18. John Wilkinson (3T Clinical Planning Manager) and I will be visiting the major development at Central Manchester and Manchester Children's Hospitals on 2<sup>nd</sup> February, which is nearing completion. A particular area of interest is the ward design, which has been commended to us.
19. The team will also be drawing together a series of visits to relevant sites which have recently undertaken major developments to form part of the staff engagement process and design development.

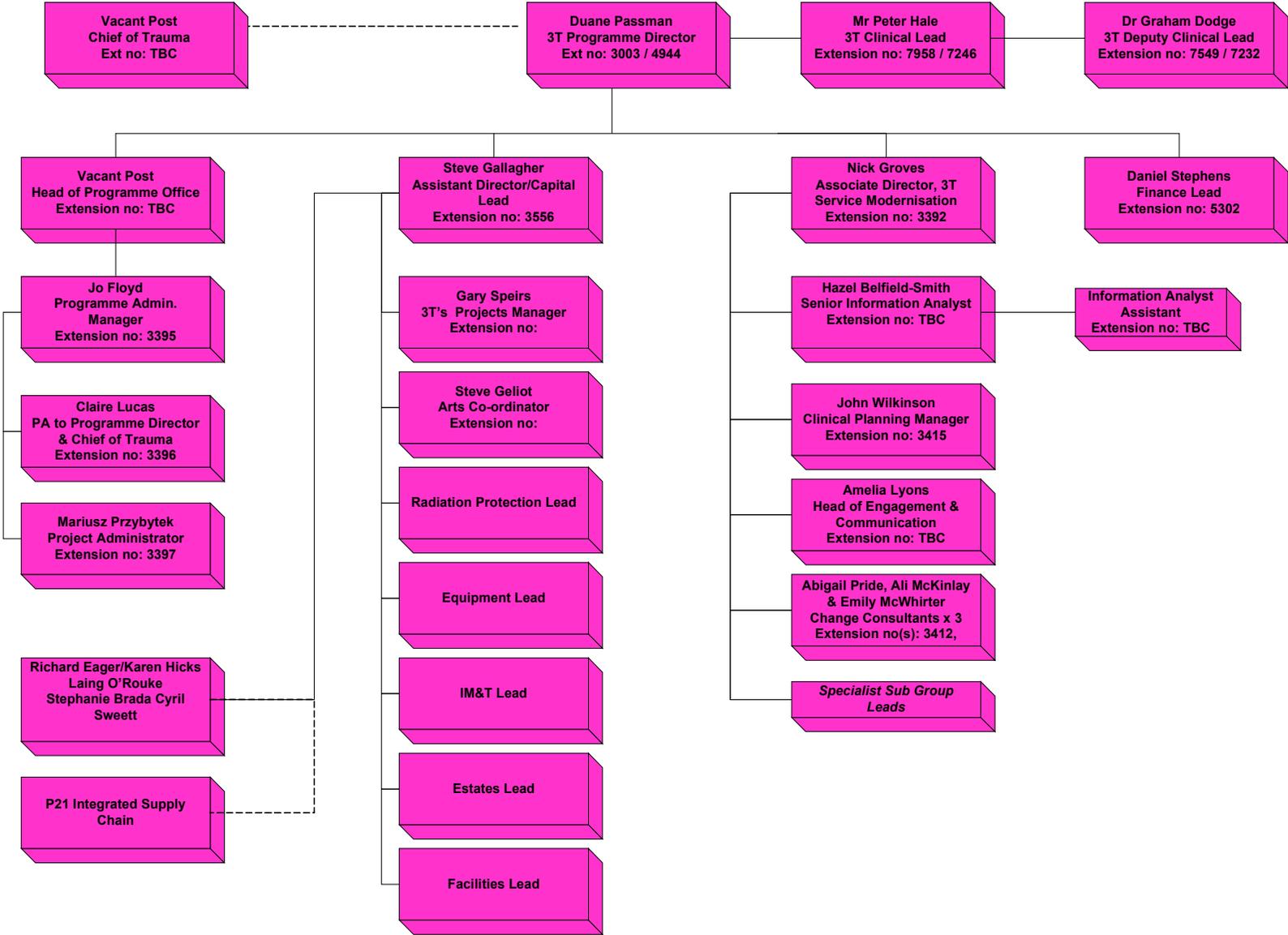
**Duane Passman**  
**3Ts Programme Director**

**Brighton & Sussex University Hospitals NHS Trust**  
**January 2009**

## Annex 1 - Recruitment to Programme Office

Posts	Progress with Recruitment
<b>Management</b>	
Programme Director	In post
AD Capital Developments	In post
AD Service Modernisation	In post
AD Programme Office & Governance (8d)	Following interviews held on 19 <sup>th</sup> December, the successful candidate is due to start on 6 <sup>th</sup> April.
Capital Projects Manager (8a)	In post
Change Consultants x 3 (8a)	In post
Chief of Trauma	Initial discussions are being held with a potential candidate.
Clinical Planning Manager - Band 8b	In post.
Estates Planning Manager - (8a)	Part-time cover being provided from the Estates & Capital Development Team.
Facilities Planning Manager - (8b)	It has been agreed with the Director of Estates and Facilities that the Programme will fund a band 7 post as backfill to allow input from Facilities.
Head of Communications & Engagement (8a)	Ameila Lyons takes up post on 5 <sup>th</sup> April 2009.
Senior Information Analyst (8a)	Hazel Belfield-Smith takes up post on 2 <sup>nd</sup> February 2009.
<b>Administrative &amp; Clerical</b>	
Secretarial Support - Band 4	In post.
P/A to Project Director / Chief of Trauma (Band 5)	In post.
Planning Analyst - Band 5	The Job Description is being drafted.
Project administrator - Band 6	In post.
<b>Other</b>	
Arts Co-ordinator	In post (current Trust Arts Co-ordinator)
Clinical Leads (2 sessions) x 2	In post
Clinical Planning Support (2 sessions) x 3	Resource required under review.
IM&T planning support (Sussex Health Informatics Service)	Discussions underway with the Director of the Sussex HIS.
Medical physics / radiation protection planning support	Awaiting outcome of separate business case from Medical Physics

**Annex 2 - 3T Programme Office Organisational Structure**



**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 22<sup>nd</sup> December 2008 at 1.00pm in the F110, Trust HQ, RSCH**

**Present:** Sarah Creamer (West Sussex PCT), Dr Graham Dodge, Steve Gallagher, Nick Groves, Mr Peter Hale, Dr John Hartley, Julie Nerney, Dr Geoff Newman, Mr John Norris, Duane Passman (Chair), Paul Richards (NHS South East Coast Estates), Alison Robertson, Mr John Weighill

**In Attendance:** Dr David Bloomfield, Richard Eager (Laing O'Rourke), Karen Hicks (Laing O'Rourke), Daniel Stephens, Doug Stevens (South Coast Audit)

**Apologies:** Andy Cashman (SECamb), Prof. Jon Cohen (BSMS), Amanda Fadero (Brighton & Hove City Teaching PCT), Robert Gregory (NHS South East Coast), Dr Tony Kelly (BSMS), Martin Randall (Brighton & Hove City Planning), Paul Richardson (Worthing & Southlands Trust), Duncan Selbie, Michael Wilson

**1. Welcome & Introductions**

In Michael Wilson's absence, Duane opened the meeting and thanked everyone for attending.

**2. Notes of Previous Meetings**

The notes of the previous meeting (28<sup>th</sup> November) were approved. The Programme Board also received notes of the 3T Core Team meetings (28<sup>th</sup> November, 5<sup>th</sup> December).

**3. Matters Arising**

**3.1 Respiratory Clinics**

This issue was first raised by Dr Hartley at the August 2008 meeting. Duane agreed that the 3T team would liaise with Michael Wilson and Dr Hartley and circulate a position statement in advance of the next meeting.

**Action: Duane & Team**

**3.2 Trust Space Utilisation Group**

Duane reported that this group had had its inaugural meeting.

**3.3 Sussex Cancer Centre & Linear Accelerators**

Following discussion at the previous Programme Board, Nick Groves gave a verbal report from the meetings he had held with Dr Bloomfield, Dr Newman, Kate Parkin and Jane McNevin. In summary, Sussex Cancer Network (SCN) has identified the need for 10 to 11 Linear Accelerators (LAs) to service its population by 2021: six at the Sussex Cancer Centre (SCC), ie. increase of two over current provision; two at Eastbourne District General and two in Worthing. The planning assumes that each centre services its local population, with the exception of the small proportion (<10%) of rare cancers that would be centralised at the SCC. The 3T proposal for two additional LAs (and bunkers) plus one decanting bunker is therefore consistent with the SCN plan.

However, the SCC is concerned that one of its existing bunkers (LA4) is inadequate: (i) it is small, which limits the casemix it can accommodate; (ii) it will not be large enough for a standard LA replacement when this is due in 2015/16, although a smaller machine may be available; and (iii) its shared control room does not provide the quiet environment required<sup>1</sup>. This is being risk-assessed for the Trust risk register.

The SCC has identified a number of options to address these concerns. In order of preference: (i) a 3T design option that rebuilds the SCC in full. However if the existing SCC is retained and extended, the 3T programme would provide 2 additional LAs/bunkers plus one further bunker and (ii) the Trust capital programme replace LA4, with associated economies of scale of building

<sup>1</sup> Safe Delivery of Radiotherapy Treatment: DH Alert 4181 (November 2004).

bunkers in pairs; (iii) the SCC use the additional bunker instead of LA4 - in the absence of a decanting bunker this would mean trying to flex capacity across the SCN so that targets continue to be met during the rolling LA replacement programme; (iv) the SCC continue to use LA4 as currently, accepting the associated risks.

Dr Bloomfield and Dr Newman confirmed that this was an accurate summary. Assuming the preferred design option involves extending the existing SCC, the 3T programme's role is to build two additional LAs/bunkers plus one additional bunker; how these are used and the risks associated with LA4 will be for the Trust capital team to consider.

#### 4. **Programme Director's Report**

Duane presented his report (included at Appendix A). He added that following interview he had been confirmed into post as Programme Director and that Nick Groves had been appointed as Associate Director (3T Service Modernisation). Duane is in discussion with a potential appointee to the Associate Director (Head of 3T Programme Office & Governance). The Programme Board received Duane's report.

Alison Robertson welcomed the appointment of the three Change Consultants and asked whether a programme of work had yet been agreed. Nick Groves said that he had held initial meetings with services involved in the 3T programme to discuss their priorities and would continue to liaise with the Executive Team to ensure that the 3T service modernisation programme is consistent with corporate priorities. Duane said that further thought is being given to a formal link between the 3T modernisation programme and corporate priority-setting and performance management processes in particular. He added that the Change Consultants would also be supporting other activities, eg. the 1:200/1:50 design work, so the time they have available for service modernisation would vary over the life of the programme.

#### 5a. **Benefits Realisation**

Duane presented the 30+ criteria that had been used to shortlist the 3T design options. These have been developed by HaCIRIC following workshops in September and at the start of December and build on the criteria included in the SOC. Duane noted that the September and December workshops included patient representatives as well as clinicians, members of the 3T Programme Board and members of the Trust Board and Executive Team. The benefits criteria will be used to select the preferred design and will continue through the Full Business Case process.

Julie Nerney noted that some of the benefits would not be applicable under some of the proposed options. She asked about an audit trail and how the Programme Board would be formally notified of changes and deletions. Duane confirmed that any significant changes would be notified to the Programme Board.

#### 5b. **Shortlisting Workshop**

Duane presented the long list of five design options (plus two 'do minimum' options) which had been reviewed by the shortlisting workshop on 18<sup>th</sup> December. The key differences are whether the Barry Building is retained or demolished, whether the SCC is extended or moved to the West of the site and rebuilt, and whether the Rosaz House site can be used for office accommodation.

Duane reported that the workshop had selected options 1, 3 and 5 for further detailed development, along with the 'do minimum' option(s). These would be presented to the final selection workshop on 9<sup>th</sup> February.

Julie asked whether the financial and activity modelling would be complete by 9<sup>th</sup> February. Duane replied that Trusts and PCTs are working on the SHA-wide Medium Term Financial Plan (MTPF) and have agreed that the income and activity modelling for the 3T programme needs to be complete by the end of January in order to meet the OBC timetable agreed by the Programme Board. The MTPF is due to be complete by the end of February.

#### 5c. **Training for 1:200 and 1:50 Design Stage**

Duane noted that services will be reviewing detailed floorplans for the development over a 10 week period from March and mid May. He tabled the training information that has been circulated in preparation. Dates for the training sessions and detailed review meetings have also been agreed with services and circulated.

Duane thanked Laing O'Rourke and the 3T team for their work on the training package and planning for the detailed design meetings. Paul Richards welcomed the investment being made in training staff in preparation, particularly since many staff them will not previously have been involved in such a process.

6. **Issues Log**

Steve Gallagher presented the issues log (version dated 16<sup>th</sup> December). No new issues have been added however Steve updated the Programme Board on two existing issues:

- #0005 - the formal contract for the OBC stage has been signed by the Trust and Laing O'Rourke.
- #0014 - Laing O'Rourke has engaged Managed Technology Services (MTS) to provide support to the programme on equipping, procurement and commissioning and equipment management. This is within the existing budget. MTS has started its preparatory work and will be meeting the team in January.

7. **Risk Register**

Steve presented the risk register (version dated 16<sup>th</sup> December), which includes a new summary sheet. He reported that there had been no new risk added and no changes to the assessment of existing risks since the last meeting. Julie Nerney said that she found the summary sheet helpful. Duane encouraged members to review the register and follow up with Steve with any feedback or questions.

**Action: Programme Board Members**

Alison Robertson asked whether the 3T risk register was linked to the Trust register. Steve confirmed that it is and that a copy of the 3T register is sent to the Trust Head of Risk Management.

8. **Next Meeting**

Friday 23<sup>rd</sup> January from 2pm to 4pm in Trust HQ (Room F110), RSCH.

**Programme Director's Report:  
3T Programme Board 22<sup>nd</sup> December 2008**

**Introduction**

1. The purpose of this report is to update members of the Programme Board on progress made since the last meeting.

**Action**

2. The Programme Board is asked to **note** this report. As always, comments, questions and observations are welcome.

**Activity Modelling**

3. A process to agree activity modelling to support the OBC documentation and the brief is being agreed as part of the shared governance arrangements across the local health economy. The key objective is to ensure that the activity modelling is aligned with the activity plan for 2009/10 and the Medium Term Financial Strategy. The shared timescale for final agreement of this is mid February 2009.

**Programme for Development of the OBC**

4. Progress is in line with the programme approved by the Board at the September. A workshop to identify a shortlist of options was held on 18<sup>th</sup> December. An update will be provided for Programme Board members at the meeting.

**Recruitment of the Programme Team**

5. Recruitment is proceeding to the Programme Team structure. Annex 1 to this report provides a detailed update. The progress over the last month has continued to be very positive and we have made very high quality appointments.

**Patient and Public Engagement**

6. Patient representatives were invited to a benefits realisation workshop on 9<sup>th</sup> December. The Programme Board is asked to note that patient representatives have not been invited to the shortlisting workshop on 18<sup>th</sup> December, but will be invited to the workshop which will select the preferred option in February 2009.

**Staff Engagement**

7. Discussions have continued with relevant staff on the development of the brief and representatives of clinical groups were part of the benefits realisation workshops held on 8<sup>th</sup> and 9<sup>th</sup> December. A training pack to assist staff and patient groups in the next stage of development is being developed and seminars to introduce these are being planned. An update will be provided at the meeting.

**IT**

8. Discussions are underway between the programme team, the Trust IT lead and the Sussex Health Informatics Service (HIS) with regard to IT and the interface with 3Ts. A verbal update will be provided at the meeting.

**Risks and Issues**

9. The risk register and issues log are now standing items on the Programme Board agenda.

**Academic Links**

10. Colleagues from HaCIRIC facilitated a series of workshops on 8<sup>th</sup> and 9<sup>th</sup> December. The outputs of these workshops will be presented to the Programme Board at the meeting.
11. A meeting was held on 4<sup>th</sup> December to identify areas of collaborative working with our local academic partners. This is currently being developed.

**Duane Passman**  
**3T Programme Director**  
**Brighton & Sussex University Hospitals NHS Trust**  
**December 2008**

**Annex 1 - Recruitment to Programme Office**

<b>Posts</b>	<b>Progress with Recruitment</b>
<b>Management</b>	
Programme Director	In post
AD Capital Developments	In post
AD Service Modernisation	In post (interim). Interviews to be held on 19 <sup>th</sup> December.
AD Head of Programme Office (8d)	Recruitment in progress. Closing date for applications was 9 <sup>th</sup> December and interviews are being held on 19 <sup>th</sup> December. An update will be provided at the meeting.
Capital Projects Manager (8a)	In post
Change Consultants x 3 (8a)	Abigail Pride started on 1 <sup>st</sup> December and Emily McWhirter and Ali McKinlay start on 22 <sup>nd</sup> December.
Chief of Trauma	The position is out to advert with a closing date of 2 <sup>nd</sup> January 2009
Estates Planning Manager - (8a)	Part-time cover being provided from the Estates and Capital Development Team.
Facilities Planning Manager - (8b)	It has been agreed with the Director of Estates and Facilities that the Programme will fund a band 7 post as backfill to allow input from Facilities.
Clinical Planning Manager - Band 8b	John Wilkinson is now in post.
Head of Communications & Engagement (8a)	Interviews were held on 1 <sup>st</sup> December. Negotiations were underway with the preferred candidate at the time of writing.
<b>Administrative &amp; Clerical</b>	
Secretarial Support - Band 4	Mariusz Przybytek now in post (from 17 <sup>th</sup> November).
P/A to Project Director / Chief of Trauma (Band 5)	Claire Lucas now in post (from 10 <sup>th</sup> November).
Senior Information Analyst (8a)	Hazel Belfield-Smith has been appointed and will take up the position in the New Year.
Planning Analyst - Band 5	The Job Description is being drafted.
Project administrator - Band 6	In post
<b>Other</b>	
Arts Co-ordinator	In post (current Trust Arts Co-ordinator)
Clinical Leads (2 sessions) x 2	In post
Clinical Planning Support (2 sessions) x 3	Budget provision to release/backfill Divisional staff from October 2008 as dictated once programme review complete.
IM&T planning support (Sussex Health Informatics Service)	Discussions underway with the Director of the Sussex HIS.
Medical physics / radiation protection planning support	Awaiting outcome of separate business case from Medical Physics Department to recruit an additional staff member.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 28<sup>th</sup> November 2008 at 1.00pm in the F110, Trust HQ, RSCH**

**Present:** Chris Adcock, Sarah Creamer (West Sussex PCT), Dr Graham Dodge, Amanda Fadero (Brighton & Hove City Teaching PCT - from item 9), Mr Matthew Fletcher, Steve Gallagher, Nick Groves, Mr Peter Hale, Alison Hempstead (West Sussex PCT), Dr Ian Littlejohn (for Mr John Norris), Dr Geoff Newman, Duane Passman, Paul Richards (NHS South East Coast), Paul Richardson (Worthing & Southlands), Duncan Selbie (Chair), Mr John Weighill

**In Attendance:** Liz Chart (Co.Efficient Consultants), Karen Hicks (Laing O'Rourke), Martin Randall (Brighton & Hove City Council), Beth Searle, Daniel Stephens, Doug Stevens (South Coast Audit)

**Apologies:** Andy Cashman (SECamb), Prof. Jon Cohen (BSMS), Robert Gregory (NHS South East Coast), Dr John Hartley, Dr Tony Kelly (BSMS), Julie Nerney, Mr John Norris, Alison Robertson, David Townsley (East Sussex Hospitals)

**1. Welcome & Introductions**

Duncan opened the meeting and thanked everyone for attending.

**2. Notes of Previous Meetings**

The notes of the previous meeting (21<sup>st</sup> October) were approved. The Programme Board received notes of the 3T Core Team meetings (7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup> November) and Trust Trauma Steering Group (20<sup>th</sup> November).

**3. Matters Arising**

**3.1 Respiratory Clinics at BGH**

In Michael Wilson's absence, this item was deferred to the next meeting.

**3.2 Trust Space Utilisation Group**

Duane Passman reported that the inaugural meeting of the group was scheduled for the following week.

**3.3 Linear Accelerator (Linac) Bunkers**

Dr Newman reported that there was still concern among the Sussex Cancer Centre (SCC) clinicians that the 3T programme's planning horizon to 2017/18 was too short and that the number of spare bunkers being proposed for future expansion would prove insufficient in 15 or 20 years. This is exacerbated by the inadequate size of one of the existing bunkers, which is not planned to be replaced through the 3T programme. Dr Newman asked how this issue could be resolved.

Duncan agreed that it is important to plan for the future as far as possible. He noted that assessment of the number of Linacs at RSCH needs to take into account the planned developments of linked units at ESHT and WaSH, which would be managed by the SCC. He asked Duane Passman to work with the SCC and SCN to ensure that by the next Programme Board there was a plan to address the SCC's concerns. This would allow more time for discussion than was possible at the Programme Board.

**Action: Duane Passman**

**4. Programme Director's Report**

The Programme Director's report [*included at Appendix A*] was noted. Duane Passman invited questions:

#### 4.1 Learning from the RACH Development

Duncan Selbie asked how learning from the RACH development was being incorporated in the 3T programme. Duane confirmed that Bridget McGee's helpful reflections, and in particular the importance of ergonomics and involving frontline users in designing their working space, had been included in the formal brief to Laing O'Rourke.

#### 4.2 Preparation for Staff Reviewing Designs

Mr Hale noted that training is being arranged for staff who will be involved in reviewing the 1:200 and 1:50 scale drawings. Most services have now identified their overall and departmental leads, and both the timetable for meetings and preparatory information will be issued before Christmas. Martin Randall concurred with the importance of preparing staff. He asked about an electronic 3D site map, which he has found a very useful tool in this process.

Duane reported that he had commissioned such a map, which slices through the RSCH site by floor to explain the various design options and how they will relate to the existing estate. This will be completed by 5<sup>th</sup> December.

#### 4.3 Recruitment

Duane was pleased to report rapid progress with completing recruitment to the 3T team. Interviews for the AD (Head of Programme Office & Governance) and AD (Service Modernisation) are due to be held on 19<sup>th</sup> December.

Mr Hale reported that applications for the Chief of Trauma post close on 2<sup>nd</sup> January, with interviews to be arranged for the end of January.

#### 4.4 Learning from Other Sites

Duane noted that Hillingdon Hospital's Single Room Pilot<sup>1</sup> posits that wards with 100% single rooms, if appropriately designed, need no additional staff and no change in skill/grademix. He said that the pilot would test this. Steve Richards noted that WaSH is about to open a refurbished ward with 3.6m bed spacing and would evaluate the advantages and disadvantages; he offered to liaise between WaSH, NHS South East Coast and BSUH.

#### 4.5 Decant Options

Duane was asked about arrangements for decant. He replied that decant planning is an integral part of the design process and that outline decant arrangements will be presented as part of the overall options appraisal at the workshop on 18<sup>th</sup> December. In the meantime the team is working in some detail to assess where services could potentially be decanted and how clinical and operational risk could be mitigated.

#### 5. Revised Programme Board Terms of Reference

Nick Groves said that the redrafted terms of reference make provision for the Programme Board to resolve to discuss certain matters in closed session, ie. with attendance restricted to formal membership for items of commercial confidentiality, for example. Duane Passman noted that he expected the Programme Board would use this facility sparingly, in line with the programme's commitment to engagement and transparency. The revised terms of reference were agreed.

#### 6. Establishment of Change Board Subcommittee

Nick Groves asked that this item be withdrawn to allow time for further discussions about the way in which the 3T change programme would link formally with existing Trust objective-setting and performance management arrangements. This was agreed.

#### 7. Issues Log

Steve Gallagher presented the Issues Log. He noted that this had been updated but no new issues added since the last Programme Board. He was pleased to report (issue 005) that the contract documents have been signed by Laing O'Rourke and are due to be signed by the Trust on 2<sup>nd</sup> December. The Programme Board noted the log.

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<sup>1</sup> [http://www.thh.nhs.uk/Redevelopment/THH\\_pilotward.htm](http://www.thh.nhs.uk/Redevelopment/THH_pilotward.htm)

## 8. Risk Register

Steve Gallagher presented the updated Risk Register. This includes two columns (one for pre-mitigation, one for post-mitigation) showing whether the assessed risk has increased or decreased since the last report, and what the previous score was. Doug Stevens felt that the revised format was much more robust and thanked the team for taking on board his comments. Duncan Selbie thanked him for keeping a watching brief.

The Programme Board received the report. *[Specific notes are included at Appendix B].*

## 9. Presentation of Activity Model/Assumptions

Nick Groves presented the general and service-specific planning assumptions that underpin the 3T activity/capacity model. Key points from the discussion:

### Modelling Methodology

- Amanda Fadero and Alison Hempstead asked about the level of confidence in using six months' activity data (January to June 2008) as the baseline. It was agreed that this would need to be tested against both contracted and actual activity.
- The presentation flagged the need to align 3T modelling with the SHA-wide Medium Term Financial Plan (MTFP) and of undertaking sensitivity analysis to test the financial impact of various activity scenarios. Duncan highlighted the importance of transparency in this process and of an LHC-wide approach. He noted the work being undertaken by Michael Schofield (DoF, Brighton & Hove City Teaching PCT) to coordinate the MTFP.
- Amanda noted that the detailed activity review she and colleagues from the three PCTs had undertaken with Nick at SOC stage had been very helpful. She suggested a discussion at the next Local Health Community Programme Board and at the CEOs' meeting in December about activity assumptions.
- Amanda asked about the rise in alcohol-related admissions and whether the PCT's planned initiatives had been included in the modelling? Duane said that he and colleagues had had a helpful meeting with Simon Scott (Strategic Commissioner Mental Health and Substance Abuse) and would be meeting again on 2<sup>nd</sup> December. The expected impact of these initiatives would need to be included in the demand-management assumptions, although in the case of alcohol pathologies many of the initiatives are about harm minimisation and avoidance over the medium to long term.
- Duane confirmed that the 3T activity model would need to have a direct read-across to the MTFP so that PCTs could identify the proportion of each line of activity that relates to their residents. Sarah noted that activity assumptions in the consultation on the merger of Royal West Sussex and Worthing & Southlands Trusts would also need to be consistent with this modelling.

### Trauma

- Nick highlighted the difficulty in accurately modelling trauma activity beyond the Trauma Audit & Research Network (TARN) data since referral pathways have not yet been developed. The planning assumption is currently for 343 major trauma cases per annum across Sussex, of which 100 are admitted to BSUH currently.

Duncan said that there is a shared understanding that the trauma network will extend into Kent and Surrey; the question is by what margin. He confirmed from discussions with Simon Robbins (SRO, major trauma project, *Healthcare for London*) that none of the bids by the aspirant London Major Trauma Centres is dependent on trauma activity from Kent, Surrey or Sussex. Darren Grayson (CEO, Brighton & Hove City Teaching PCT and CEO lead for trauma for the SE Coast), Candy Morris (CEO, NHS South East Coast) and Simon Robbins are agreeing the formal wording of this agreement.

Amanda reported that PCTs outside London have been invited to join the 31 London PCTs in consulting the public on the *Healthcare for London* proposals to establish formal stroke and trauma networks. She has written to Simon Robbins on behalf of the three Sussex PCT CEOs to confirm that consultation has already been undertaken in Sussex through *Best Care, Best Place* (2004), *Fit for the Future* (2007) and *Healthier People, Excellent Care* (2008) but that Sussex PCTs would want to be kept abreast of developments in London. Sarah Creamer welcomed this.

- As part of continuing progress towards a fully functioning Trauma Network and Major Trauma Centre, Duncan was pleased to report that the KSS Deanery, SECamb, the KSS Air Ambulance and the Trust had agreed that doctors from BSUH and partner organisations would join the air ambulance from August 2009 as part of their rotation (and from April 2009 for doctors currently within the Trust who wish to do so). The Sussex Trauma Network would continue to rely on London hospitals, notably The Royal London, for trauma care while its own capability is being strengthened. This will include enhancing the neurosurgical capability at RSCH pending the Regional Centre's move.
- Duncan confirmed the Trust's intention to regain the orthopaedic work currently referred to the Independent Sector Treatment Centre at Haywards Heath. He also noted that there was some interest from East Sussex Hospitals Trust to transfer their spinal work and Consultant sessions into the integrated neurosurgical/orthopaedic spinal surgery centre being developed as part of the 3T programme. Mr Fletcher noted that NICE has recently issued guidance<sup>2</sup> on metastatic spinal cord compression.
- Duane Passman noted that the Regional Centre for Neurosciences believes that intraoperative MRI will have significant benefits for patients. The neurosciences units at Addenbrooke's (Cambridge University Hospitals) and Leeds Teaching Hospitals do not yet have this capability but are planning for it in two to three years. The 3T plans therefore include one slightly larger neurosurgical theatre for this development when it is commissioned by PCTs.

#### 10. Next Meeting

**Monday 22<sup>nd</sup> December from 1pm to 3pm in Trust HQ (Room F110), RSCH**

Members were also reminded about three future workshops:

- 9<sup>th</sup> December - benefits realisation (Brighton Racecourse);
- 18<sup>th</sup> December - shortlisting the design options against the agreed benefits criteria (Lecture Theatre, Audrey Emerton Building, RSCH); and
- 9<sup>th</sup> February - selecting the preferred design against the agreed benefits criteria (venue TBC).

Further details from Joanne Floyd, 3T Programme Office Administrator.

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<sup>2</sup> <http://www.nice.org.uk/Guidance/CG75>

**Programme Director's Report**  
**3Ts Programme Board 28 November 2008**

**Programme Director's Report**

**Introduction**

1. The purpose of this report is to update members of the Programme Board on progress made since the last meeting.

**Action**

2. The Programme Board is asked to **note** this report. As always, comments, questions and observations are welcome.

**Development of the Brief**

3. As reported at the last meeting, a presentation on the activity modelling exercise undertaken is a separate agenda item. As I noted at the last meeting, the input of Programme Board members - particularly from our PCT commissioners - is positively welcomed.

**Programme for Development of the OBC**

4. Progress is in line with the programme approved by the Board at the September. Programme Board members are invited to attend a workshop on 18 December to undertake the process of shortlisting the options which will be analysed in further detail as part of the option appraisal exercise.

**Programme for Development of the Full Business Case**

5. I will be bringing, for discussion, a draft programme for the development and completion of the Full Business Case to the next meeting of the Programme Board. This was scheduled for this meeting, but the main focus for the team has continued to be the finalisation of the brief. This is currently not a critical path issue.

**Recruitment of the Programme Team**

6. Recruitment is proceeding to the Programme Team structure. Annex 1 to this report provides a detailed update. The progress over the last month has been very positive and we have made very high quality appointments.

**Patient and Public Engagement**

7. There have been no formal patient engagement events held since the last meeting. Patient group representatives have been invited to a dedicated benefits realisation work on 9 December.

**Staff Engagement**

8. Discussion have continued with relevant staff on the development of the brief.

**IT**

9. Discussions are underway between the programme team, the Trust IT lead and the Sussex Health Informatics Service with regard to IT and the interface with 3Ts. A verbal update will be provided at the meeting.

**Risks and Issues**

10. The risk register and issues log are now standing items on the Programme Board agenda.

**Contacts with Other Programmes/Projects**

11. The main contact over the last month has been with the redevelopment programme at Hillingdon Hospital. On 5 November I attended one of the open days which the Trust had organised which included a tour of the new “pilot” ward which includes 100% single rooms across its 24 beds. The design is grouped in three clusters of 8 beds, with each cluster design being subtly different. The ward comes into full operational use in late November.
12. The Trust will be undertaking a full evaluation of the ward which will guide national principles for ward design. This will allow the Trust to test the initial key assumption that staffing levels and skill-mix will not change from existing levels. However, the Trust is mindful that should these need to change, they will do to ensure patient safety and quality.

**Academic Links**

13. Work is underway with HaCIRIC to support the ongoing process of benefits identification and realisation. A series of workshops will be held in early December to work through this with Clinical groups on 8 December. Programme Board members are invited to participate in a workshop on 9 December.
14. A meeting has been arranged on 4 December to identify areas of collaborative working with our local academic partners.

**Duane Passman  
3Ts Programme Director  
Brighton & Sussex University Hospitals NHS Trust  
November 2008**

**Annex 1 - Recruitment to Programme Office**

<b>Posts</b>	<b>Progress with Recruitment</b>
<b>Management</b>	
Programme Director	In post. Due to be advertised w/c 1 <sup>st</sup> December. Interviews scheduled for 19 <sup>th</sup> December.
AD Capital Developments	In post.
AD Service Modernisation	In post Due to be advertised w/c 1 <sup>st</sup> December. Interviews scheduled for 19 <sup>th</sup> December.
AD Head of Programme Office (8d)	Due to be advertised w/c 1 <sup>st</sup> December. Interviews scheduled for 19 <sup>th</sup> December.
Capital Projects Manager (8a)	In post
Change Consultants x 3 (8a)	Start date of 1 <sup>st</sup> December now confirmed for Abigail Pride 22 <sup>nd</sup> December for both Emily McWhirter and Ali McKinlay.
Chief of Trauma	The position is out to advert with a closing date of 2 January 2009
Estates Planning Manager - (8a)	Part-time cover being provided from the Estates and Capital Development Team.
Facilities Planning Manager - (8b)	It has been agreed with the Director of Estates and Facilities that the Programme will fund a band 7 post as backfill to allow input from Facilities.
Clinical Planning Manager - Band 8b	John Wilkinson now in post.
Head of Communications & Engagement (8a)	5 candidates shortlisted for this post. Interviews to be held on 1 <sup>st</sup> December.
<b>Administrative &amp; Clerical</b>	
Secretarial Support - Band 4	Mariusz Przybytek now in post (from 17/11)
P/A to Project Director / Chief of Trauma (Band 5)	Claire Lucas now in post (from 10/11)
Senior Information Analyst (8a)	Interviews were held on 11 <sup>th</sup> and 19 <sup>th</sup> November. An appointment has been made the position and the start date is being negotiated (likely to be 3-months). The successful candidate is from within the Trust.
Planning Analyst - Band 5	The Job Description is being drafted.
Project administrator - Band 6	In post.
<b>Other</b>	
Arts Co-ordinator	In post (current Trust Arts Co-ordinator)
Clinical Leads (2 sessions) x 2	In post
Clinical Planning Support (2 sessions) x 3	Budget provision to release/backfill Divisional staff from October 2008 as dictated once programme review complete.
IM&T planning support (Sussex Health Informatics Service)	Discussions underway with the Director of the Sussex HIS.
Medical physics / radiation protection planning support	Budget provision to release/backfill a member of staff part-time from September/October 2008. Awaiting outcome of separate business case from Medical Physics Department to recruit an additional staff member.

3T Risk Register (24<sup>th</sup> November 2008) - Questions/Comments

Risk No.	Risk Heading	Issue
0.46	PPI / External stakeholder engagement	Julie Nerney had asked about the increase in risk score. Steve Gallagher replied that this relates to the risk assessment formula and marrying pre- and post-mitigation risk rather than to any change in our view about the way in which patient representatives and LINKs are engaging with the 3T programme.
0.73	Planning consent	Steve noted that given the critical importance of planning consent, the risk assessment (ie. likelihood x severity) continues to be shown as high. Martin Randall agreed with the logic of this assessment.
4.6	Cost of providing care services	Steve noted that although the risk score had fallen slightly since the last report, until operational policies, workforce plans and equipment procurement have been developed, this will inevitably remain a high risk.
5.1	Activity volume and casemix	Steve noted, as above, that until income/activity have been formally agreed with PCTs, this will inevitably remain a high risk.
12.1	Capital availability	Steve noted, as above, that until capital funding has been secured, this will inevitably remain a high risk. Duncan Selbie reported that the DH Head of Capital Investment would be visiting the Trust on 8 <sup>th</sup> December.
12.4	Transitional costs	Steve noted that this has been reassessed as potentially high risk. Until the transitional costs are understood as part of the preferred design option/decant arrangements and agreed with PCTs, this will remain a high risk.
14.3	Impact of risk assessment	Steve noted that this relates to the necessarily subjective process of risk assessment and the potential impact of unknown risks.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**

Held on Tuesday 21<sup>st</sup> October 2008 at 10.00am in the Digestive Diseases Seminar Room, RSCH

- Present:** Andy Cashman (SECAmb), Sarah Creamer (West Sussex PCT), Amanda Fadero (Brighton & Hove City Teaching PCT), Steve Gallagher, Nick Groves (Secretary), Robert Gregory (NHS South East Coast), Mr Peter Hale, Dr John Hartley, Dr Tony Kelly (BSMS), Julie Nerney, Mr John Norris, Duane Passman, Paul Richards (NHS South East Coast), Duncan Selbie (Chair)
- In Attendance:** Dr Julia Arum, Dr David Bloomfield, Richard Eager (Laing O'Rourke), Karen Hicks (Laing O'Rourke), Dr Steve Holmberg, Fiona Liddell, Simon Maurice (for Ali Mohammed), Stelios Sapountzis (HaCIRIC, University of Salford), Daniel Stephens, Doug Stevens (South Coast Audit), Kathryn Yates (HaCIRIC, University of Salford)
- Apologies:** Prof. Jon Cohen, Dr Graham Dodge, Mr Matthew Fletcher, Colin Gentile, Ali Mohammed, Martin Randall (Brighton & Hove City Council), Paul Richardson (Worthing & Southlands Trust), Alison Robertson, David Townsley (East Sussex Hospitals Trust), Alex Sienkiewicz, Michael Wilson

**1. Notes of Previous Meetings**

The notes of the previous meeting (26<sup>th</sup> September) were approved. The Programme Board noted the notes of the Trust Trauma Steering Committee (9<sup>th</sup> October).

**2. Matters Arising**

**2.1 Respiratory Clinics at BGH**

In Michael Wilson's absence, this item was deferred to the next meeting.

**2.2 Space Utilisation Group**

In Michael Wilson's absence, this item was deferred to the next meeting.

**2.3 Rescheduled 3T Workshops**

Nick Groves reported that the 18<sup>th</sup> December workshop (which replaces the Trust Executive Team meeting) will be used to shortlist the design options. A further workshop has been arranged for 9<sup>th</sup> February to select the preferred design. Jo Floyd has circulated details to the Programme Board and Trust Executive Team. Divisions have also been invited to nominate staff representatives.

**3. Programme Director's Report**

The Programme Director's report [*included at Appendix A*] was noted. Duane Passman invited questions:-

**3.1 Single Rooms**

Duane was asked about the basis on which other sites, such as the Royal Liverpool Hospital, have elected to build 100% single rooms. He replied that their rationale was (i) to improve the control and management of infection, (ii) to enhance patient privacy and dignity, and (iii) the Department of Health encouraged them to do so, although the final decision remains with individual Trusts.

**3.2 Benefits Criteria**

Duane was asked about the benefits criteria that will be used to shortlist the design options and select the preferred option. He replied that the criteria, which the workshop on 23<sup>rd</sup> September started to develop, would need to be completed by the 18<sup>th</sup> December shortlisting workshop. He was pleased therefore to report that he had secured the involvement of The Health and Care Infrastructure Research and Innovation Centre (HaCIRIC), which is a collaboration between Imperial College London and the Universities of Loughborough, Reading and Salford. One of their major research projects is benefits realisation<sup>1</sup> in healthcare.

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<sup>1</sup> <http://www.haciric.org/ResearchProjects/ProjectsandPublications/PublicProjectDescription/tabid/536/ProjectId/42/Default.aspx>

Duane therefore proposed four benefits realisation workshops over 8<sup>th</sup> and 9<sup>th</sup> December - two for 3T clinical services, one for the Programme Board and one for patient representatives/the Patient Experience Panel. These workshops would be facilitated by HaCIRIC using the structured methodology they have developed from other sites. This collaboration will also enable the 3T programme to benefit from being part of a larger research project.

### 3.3 Local Health Community (LHC) Programme Board

Amanda Fadero reported that Brighton & Hove City Teaching PCT will shortly be recruiting a Programme Manager to support the LHC Programme Board. Duane noted that this will be funded from the 3T programme budget. Robert Gregory and Duncan Selbie both welcomed the shared governance arrangements and 'joined up working'.

### 4. 3T Issues Log

Steve Gallagher presented the first iteration of the Issues Log and invited questions:-

#### 4.1 Decant Programme (Ref. 0007)

Steve reported that an outline decant programme has been drafted but that the detailed programme will be developed and considered in parallel with the design options. Steve was asked whether the decant planning includes the Level 5 development. He replied that it does not but that Laing O'Rourke is cognisant of the Level 5 plans.

#### 4.2 Existing Schedules of Accommodation (Ref. 0009)

Steve noted in particular Gary Speirs' work to document the current room use/space allocation and future needs of the more than 80 departments that will be involved in the 3T decant programme. The Programme Board thanked Gary for his work.

The Programme Board agreed that maintaining an Issues Log is an important discipline and that it should be a standing item on the Programme Board agenda.

**Action: Steve Gallagher**

### 5. Risk Register

Steve Gallagher presented the first iteration of the Risk Register. This covers the OBC phase and has been developed in partnership with Laing O'Rourke and following discussion with the Trust Head of Risk Management to align it with the corporate risk management mechanisms. Steve explained that although scoring risks involves subjective assessment, scores of  $\geq 16$  reasonably represent high risk. Steve's assessment was that almost all the risks identified could be mitigated to  $< 16$ , although some will remain risks until the OBC is approved.

Julie Nerney said that the Register was one of the most robust and frank she had seen. The Programme Board agreed that this approach was reassuring; Duane said that it was a conscious decision that he hoped characterised the team and Trust's overall approach to the 3T programme.

It was agreed that members would contact Steve outside the meeting with any further comments and that an exception report against the Risk Register should be a standing item on the Programme Board agenda.

**Action: Steve Gallagher**

### 6. Programme Brief

Duane Passman tabled a presentation describing the process for developing the current brief, the variances from the SOC and the proposed way forward. He invited questions:-

#### 6.1 Variances from the SOC

Amanda Fadero queried the increase in the cost of expanding the Sussex Cancer Centre from the assessment at SOC stage. Duane replied that the more detailed 'bottom up' process had identified the need for additional accommodation, although some of this will be abated through the design option process since there is currently little differentiation in the costs for new-build and reuse of existing accommodation. This will be firmed up as design options develop and the mix of newbuild versus refurbished accommodation becomes clearer.

#### 6.2 Costing Assumptions

Duane noted that the current schedule includes an additional 40% allowance for circulation and that there may be scope to reduce this during the design phase. Duncan Selbie asked what the percentage circulation is in the RACH. Duane agreed to confirm.<sup>2</sup>

**Action: Duane Passman**

Duncan asked about the 15% planning contingency. Duane replied that this is a provision for unexpected on-site costs during implementation of the preferred design. He said that he expected it to reduce to 10-12% on completion of the OBC stage but that this would need to be fully risk-assessed.

Duncan asked whether the Treasury would recognise the 5% building cost inflation figure. Duane replied that the Department of Health Estates & Facilities Division publish a quarterly briefing showing the historic trend in NHS building inflation, as measured by the MIPS Index, and projecting forward. The 5% figure is consistent with this projection and current advice from the Trust's advisers.

Julie Nerney asked about general inflation assumptions in light of the current macroeconomic financial position. Duane replied that this is difficult to assess at this stage.

Duane reported the current assessment that demolishing the Barry Building would cost c. £11m more than refurbishing it for non-clinical use. The Programme Board agreed with Duncan that the Barry Building should be demolished if possible and that further consideration therefore needs to be given to the other benefits that the additional investment would realise.

Duane confirmed that the Trust's advisers had benchmarked at high level the cost per square-meter with other ProCure21 schemes and that once 'unusual' costs, eg. the helipad and underground carparking, had been excluded, it was within the national parameters.

Mr Norris expressed concern that the national Payment by Results tariff does not currently recognise the true cost of trauma services, including the acute rehabilitation phase. Duncan reported that the Department of Health will be interviewing for a national Director of Trauma at the end of October. He was confident that through this appointment and the increasing national focus on trauma, the true costs of trauma care would be reflected in future tariffs. Amanda Fadero added that the Sussex-wide draft neuro-rehabilitation strategy is due to be considered by the Sussex Commissioning Group towards the end of November.

### 6.3 Scope Issues

Sarah Creamer asked whether Neurosciences and Renal were part of the 3T programme. Duane replied that Neurosciences is but Renal is not.

Dr Hartley expressed disappointment that it had not been possible to include the respiratory and elderly medicine Outpatient services at BGH in the development. There are also some immediate operational issues for respiratory medicine (referred to under 2.1 above) that will need to be resolved.

**Action: Michael Wilson**

### 6.4 Conclusion & Next Steps

The Programme Board thanked Duane for his presentation and agreed that the ProCure21 partner should begin the design work based on the agreed £389m financial envelope. It noted that some further work is required to finalise bed numbers, particularly for neurology and the Clinical Infection Service; Nick Groves reported that this was underway and that discussions were continuing with the respective specialties. Duncan said that it would be important for specialties to understand the basis on which the capacity has been planned and, as far as possible, to be content with it.

**Action: Duane Passman**

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<sup>2</sup> [Steve Gallagher has confirmed that the RACH has 38% intradepartmental circulation and 49% interdepartmental circulation - the latter because of the atrium, which is 13% of the total area. The 3T planning assumptions are 35% and 40% respectively, which benchmarks favourably against other major hospital schemes].

## 7. Any Other Business

### 7.1 Linear Accelerator (Linac) Bunkers

The 3T programme currently includes two new Linacs and three new bunkers, in line with previous advice from the Sussex Cancer Centre about the capacity required to meet Cancer targets. Dr Bloomfield tabled a paper highlighting that one of the existing bunkers is too small and will be unsuitable when the Linac requires replacement in 2015/16. He therefore proposed extending the 3T brief to include one or two further empty bunkers to future-proof the development.

After some discussion the Programme Board agreed that this issue needs resolution in the context of the linked Linac development at East Sussex Hospitals and the proposed five additional Linacs in West Sussex. The 3T programme should be cognisant of the issue in its design however the Programme Board did not approve an extension to the brief to include further additional bunkers. It was agreed that the issue should be discussed at the next Sussex Commissioning Group and at the Sussex Cancer Network's Executive Board.

**Action: Dr Bloomfield**

## 8. Next Meeting

The next meeting will take place on Friday 28<sup>th</sup> November 1.00pm to 3.00pm in the Renal Unit Seminar Room.

## Programme Director's Report

### Introduction

1. The purpose of this report is to update members of the Programme Board on progress made since the last meeting.

### Action

2. The Programme Board is asked to **note** this report. As always, comments, questions and observations are welcome.

### Development of the Brief

3. As noted at the last meeting, I have commissioned some consultancy support from Co-efficient to develop an activity and capacity modelling tool, with the support of the Trust's Central Information Unit. This work is now virtually complete, subject to some minor data cleansing and generally tidying-up.
4. A presentation on the brief, for the Programme Board's consideration is a separate agenda item.

### Programme for Development of the OBC

5. Progress is in line with the programme approved by the Board at the last meeting. It had been the original intention to bring a draft paper on benefits criteria to this meeting of the Board. This is not yet on the critical path and will be brought to the next meeting as further development work is required on this.

### Programme for Development of the Full Business Case

6. I will be bringing, for discussion, a draft programme for the development and completion of the Full Business Case to the next meeting of the Programme Board. This was scheduled for this meeting, but the main focus for the team has been on the finalisation of the brief. This is currently not a critical path issue.

### Recruitment of the Programme Team

7. Recruitment is proceeding to the Programme Team structure. Annex 1 to this report provides a detailed update.

### Patient and Public Engagement

8. There have been no formal patient engagement events held since the last meeting.
9. Steve Gallagher, Capital Lead, attended a meeting of the Bristol Estate Residents group on 6 October. We will continue to attend meetings such as these to update our neighbours and to provide them with more detailed information at key, appropriate, stages in the development process.

### Staff Engagement

10. Discussions have continued with relevant staff on the development of the brief.

### IT

11. Discussions are underway between the programme team, the Trust IT lead and the Sussex Health Informatics Service with regard to IT and the interface with 3Ts. A verbal update will be provided at the meeting.

### **Contacts with Other Programmes/Projects**

12. I visited the Royal Liverpool and Broadgreen University Hospitals NHS Trust on 9 October and had a helpful meeting with the Project Director and members of her team. The Programme Board can be assured that our internal project structure is very similar to the one that has been operated there successfully for the last two years or so. The Programme Board is invited to note that this project is currently planning for 100% single rooms. The project expects to submit its OBC to the SHA in early January 2009, but work is currently underway with the lead PCT on agreeing the fine detail of the case before formal submission.
13. I have also made contact with the Project Director for the North Tees and Hartlepool redevelopment programme. This is a greenfield site redevelopment and is seeking public funding. The OBC submission is imminent. The Trust has also selected Laing O'Rourke as a P21 PSCP to develop the OBC.

### **Academic Links**

14. I met colleagues from HaCIRIC and Salford University in early October. We have agreed to develop a protocol for collaboration in several key areas - including benefits realisation and I will report back in detail at the next meeting. I will also report back at the next meeting on the development of the Centre for Health Design Pebble Project membership.

**Duane Passman**  
**3Ts Programme Director**

**Annex 1 - Recruitment to Programme Office**

<b>Posts</b>	<b>Progress with Recruitment</b>
<b>Management</b>	
Programme Director	In post
AD Capital Developments	In post
AD Service Modernisation	In post
AD Head of Programme Office (8d)	Job description in development. AD Strategy covering this role in the interim. Programme Director in discussion with Director of HR and OD over grading of the post.
Capital Projects Manager (8a)	In post
Change Consultants x 3 (8a)	Interviews were held on 13 October. Appointments have been made to all three positions and start dates are being negotiated and agreed. Two of the three successful candidates are from within the Trust and one external. Start dates are likely to be early January.
Chief of Trauma	Job description approved by BSUH and BSMS. Approval currently with the Royal College. The position will be advertised thereafter.
Estates Planning Manager - (8a)	Part-time cover being provided from the Estates and Capital Development Team.
Facilities Planning Manager - (8b)	Recruitment not currently on the critical path.
Clinical Planning Manager - Band 8b	Post advertised. Interviews were held on 14 October. The successful candidate has accepted the position verbally and a start date is being negotiated - likely early January.
Head of Communications & Engagement (8a)	The Job Description has been graded. The post will be advertised shortly.
<b>Administrative &amp; Clerical</b>	
Secretarial Support - Band 4	Successful appointment made. An external candidate has been appointed who should start in mid-November, subject to references and the usual checks.
P/A to Project Director / Chief of Trauma (Band 5)	Successful appointment made: Claire Lucas, who is currently PA to the Directors of Finance and HR has been appointed and starts formally in November.
Senior Information Analyst (8a)	This post is being readvertised. Closing date 23 <sup>rd</sup> October.
Planning Analyst - Band 5	The Job Description is being drafted.
Project administrator - Band 6	Jo Floyd is in post.
<b>Other</b>	
Arts Co-ordinator	In post (current Trust Arts Co-ordinator)
Clinical Leads (2 sessions) x 2	In post
Clinical Planning Support (2 sessions) x 3	Budget provision to release/backfill Divisional staff from October 2008 as dictated once programme review complete.
IM&T planning support (Sussex Health Informatics Service)	Discussions underway with the Director of the Sussex HIS.
Medical physics / radiation protection planning support	Budget provision to release/backfill a member of staff part-time from September/October 2008. Awaiting outcome of separate business case from Medical Physics Department to recruit an additional staff member.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 29<sup>th</sup> August 2008 at 1.00pm in the Board Room, Sussex House**

**Present:** Sarah Creamer (West Sussex PCT), Andrew Demetriades (Brighton & Hove City Teaching PCT), Dr Graham Dodge, Ken Ellis (East Sussex Downs & Weald and Hastings & Rother PCTs), Mr Matthew Fletcher, Dr John Hartley, Robert Gregory (NHS South East Coast), Steve Gallagher, Nick Groves (secretary), Mr Peter Hale, Ali Mohammed, Kevin Nederpel, Julie Nerney, Dr Geoff Newman, Mr John Norris, Duane Passman, Martin Randall (Brighton & Hove City Council), Paul Richards (NHS South East Coast), Paul Richardson (Worthing & Southlands Trust), Alison Robertson, Michael Wilson (Chair)

**In Attendance:** Richard Eager (Laing O'Rourke), Mark Pearson, Doug Stevens (South Coast Audit)

**Apologies:** Chris Adcock, Amanda Fadero (Brighton & Hove City Teaching PCT), Duncan Selbie, Nicky Sullivan (West Sussex PCT), David Townsley (East Sussex Hospitals Trust)

**1. Welcome & Introductions**

Michael Wilson opened the meeting and thanked everyone for attending. He was pleased to introduce Duane Passman as the new 3T Programme Director. Duane said that he had met a number of Programme Board members already and hoped to meet the others shortly. He very much looked forward to working with Programme Board members on the development.

**2. Notes of Previous Meetings**

The notes of the previous meeting (25<sup>th</sup> July) were approved. The notes of the Core Team meetings (25<sup>th</sup> July, 1<sup>st</sup> August, 8<sup>th</sup> August, 15<sup>th</sup> August) were noted.

**3. Matters Arising**

**3.1 Nursing Input**

Julie Nerney asked for an update on the Nurse Planner role and on professional nursing advice to the programme pending the appointment. Duane Passman reported that the Nurse Planner role has been advertised internally with a closing date of 11<sup>th</sup> September. In the interim Divisions are involving nursing staff in the preparation of their clinical briefs and the 3T team is inviting nursing input to specific pieces of work. For example, the team ran three workshops on 27<sup>th</sup> August to invite views from frontline nursing staff on optimal ward design<sup>1</sup>.

Alison Robertson said that she was now more comfortable with the mechanisms within the programme to secure nursing advice. For example, advice has been sought from the Infection Control and Manual Handling teams and nursing staff would be included in site visits to Pembury Hospital (Maidstone & Tunbridge Wells Trust) and Hillingdon Hospital (The Hillingdon Hospital Trust).

**3.2 Engagement Strategy**

Julie Nerney asked whether the programme had an strategy/plan for engaging patients' representatives and the public? Duane Passman agreed that this is needed and said that it will be developed once the overall programme timetable has been finalised and the key decision points are understood. In the meantime a half-day workshop for patients' representatives is being run on 8<sup>th</sup> September to discuss design principles.

**3.3 Schedule of Meetings**

The updated schedule of Programme Board meetings was noted.

**3.4 Programme Board Membership**

The updated membership list was noted.

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<sup>1</sup> The write-up and presentation are available on the BSUH intranet or can be emailed to external partners on contacting Nick Groves.

### 3.5 Space Utilisation Group

Michael Wilson said that the weekly Executive Team meeting was providing the forum for discussions about space utilisation and that on reflection he did not feel that a separate group was needed. He said that would be pleased to provide the Programme Board with updates.

### 3.6 Governance Chart

The revised governance chart, prepared by Amanda Fadero, was approved. Michael thanked Amanda in her absence for updating this.

## 4. Programme Scope Issues

The file note of the meeting with Duncan Selbie (19<sup>th</sup> August) regarding programme scope issues was noted.

### 4.1 Respiratory Clinics

Dr Hartley said that it would not be possible to continue respiratory clinics at Brighton General Hospital once the X-Ray equipment fails, which he expected to happen imminently. Michael Wilson suggested that he, Dr Dodge and Dr Hartley discuss this outside the meeting.

**Action: Michael Wilson**

### 4.2 Clinical Simulation Centre

Julie Nerney asked about the Clinical Simulation Centre. Duane Passman replied that it had not been excluded but that further information is needed about its use, how it fits with other education facilities at the Universities and Brighton & Sussex Medical School, income-generating potential and whether it is affordable overall.

## 5. Programme Initiation Document

Steve Gallagher presented v2 of the PID. He thanked everyone who had submitted comments following discussion at the last Programme Board and confirmed that they had been incorporated. Steve invited the Programme Board to approve the PID and consider the programme timetable and detailed risk register separately at the next meeting.

Julie Nerney said that the PID appeared thorough and robust. Robert Gregory said that SHA members had unfortunately not received this document and asked whether they could provide feedback outside the meeting. Subject to these comments, the Programme Board approved the document with the following amendments:-

- i) Paul Richardson asked whether Worthing & Southlands Trust and other members of the Programme Board could be include in the list of stakeholders and programme structure (5.6, 5.7);
- ii) Julie Nerney noted that submission of the OBC to the BSUH Trust Board had been omitted from the list of milestones (4.1.2).

Julie noted that in the Project Charter (2.1.1) the Programme Director and Senior Responsible Officer confirm that 'sufficient resources... are committed to successfully deliver the project'. She asked for an update on staff recruitment. Duane Passman replied that the team is making progress with recruiting to the posts identified in the PID. The Project Administrator has been recruited and the other administrative posts have been advertised. The Capacity Planning Manager has been advertised. The three Change Consultant posts will be advertised in the next few days. Duane noted that he would also be recruiting a Head of Programme Office to lead on governance, administration and drafting the OBC and FBC.

Julie asked how the Sussex Health Informatics Service (HIS) is being engaged in the discussions. Duane replied that the HIS had been consulted on the draft SOC and that he hoped to meet Liz Horkin (HIS Director) in the next few days to discuss future involvement.

## 6. Review of Programme Timetable

Duane Passman said that one of his first tasks as incoming Programme Director was to take an independent view of the robustness of the timetable/programme to OBC submission and beyond. He said that he planned to present this to the Programme Board at its September meeting.

**Action: Duane Passman**

## 7. Proportion of Single Rooms

Nick Groves presented a summary of two key research papers to illustrate the issues being considered in making a recommendation to the September Programme Board. The Trust's Infection Control team has provided a detailed clinical brief. Shaun Marten (Matron, Elderly Medicine) has provided two helpful reports focusing on patient preference and age and gender differences. Staffing implications and the size of wards/capital costs are also being assessed.

Speaking in a personal capacity, Robert Gregory, who is the author of one of the two papers circulated, said that the research suggests that it is theoretically possible to provide a greater proportion of single rooms within the same staffing establishment if processes are reengineered and the ward is designed appropriately, although this has yet to be fully operationally tested and proven within acute hospital settings in England.

Duane Passman reported that Department of Health policy is for a minimum of 20% single rooms in new developments, with at least 50% the preference; higher proportions of single rooms are for local determination based on choice and affordability. Julie Nerney said that the 8<sup>th</sup> September workshop for patients' representatives would make an important contribution to the debate. She noted that patients consistently raise the issue of privacy and mixed-gender accommodation in complaints. Patients may expect 100% single rooms so some expectation management may be required.

Robert asked that the team not discount the idea of two or three bed rooms, which are standard in hospitals in continental Europe. He suggested a flexible design in which a proportion of rooms could be changed from single to multiple occupancy; Julie Nerney and other members endorsed this.

Dr Kelly suggested using the development as a research study, possibly in partnership with an external organisation. He felt that this would also raise the profile of the programme and Trust. The Programme Board welcomed this suggestion.

## 8. Programme Brief

Duane Passman said that clinical briefs had been submitted as planned on 15<sup>th</sup> August and that he and the team had then conducted detailed review meetings with each of the services. He reported that much progress has been made since NHS South East Coast approved the SOC at the end of July. However his assessment is that greater depth is required, in particular around the combined requirement for clinical support services and facilities, before he can recommend that the Programme Board approve the brief and start the design team on their work. Duane regretted that he was therefore not yet able to present a detailed, costed brief for approval, however he was more concerned to avoid presenting a brief that he considered to be incomplete.

Robert Gregory agreed that the brief needs to be coherent across the services overall as well as for services individually. The brief is the platform for the whole programme and Robert said that he would report back to SHA colleagues that the process is being handled robustly and that the decision to invest some additional time in honing the brief is positive. Julie Nerney and Paul Richards agreed that this was a sensible approach. Mr Hale thanked them for their support.

Duane said that there are two critical paths: (i) how quickly the programme team and services can agree a coherent, affordable design brief and (ii) the nature and form of planning consent. He said that he would be able to be much clearer at the September meeting. Robert said that the programme team would therefore be reporting on the timetable to the SHA Capital Investment Committee at its meeting on 22<sup>nd</sup> October, which was no less than Duncan Selbie had agreed to do.

Martin Randall said that Brighton & Hove City Council and its planning team were keen to work with the Trust on the development. The national trend is for full planning permission and Martin felt that there was some argument for this. However if outline planning consent is more appropriate for this programme, he and colleagues would work with Duane and team to achieve this. Martin said that the planning department is keen to be involved upfront; for example the architects are welcome to test out with them ideas that may have planning implications. Duane thanked Martin for the very positive approach and looked forward to meeting him to discuss the work programme in more detail the following week.

Paul Richards asked about the decant options/strategy, which he felt would be critical. Duane agreed and said that decant options would be developed as part of each design option.

Julie Nerney noted that the delay in the submission of the overall programme brief would impact on the timing of workshops and other key decision points. Duane agreed and said that the workshop schedule will be refreshed once the overall programme timetable is clearer.

**9. Any Other Business**

**9.1 Private Facility**

Robert Gregory noted that the plans include some private patient provision, which he supported. However he wanted to check that the programme team was aware of Monitor's interpretation of the statutory cap on the proportion of income Foundation Trusts can earn from private patients. Duane said that this was understood but thanked Robert for checking.

**9.2 Decongestion**

Julie Nerney noted that the Programme Board's terms of reference include work to decongest the RSCH campus. She urged the team to be as creative as possible in progressing this element of the programme, including working with PCTs and developing clinical pathways to make full use of the PRH campus.

**10. Next Meeting**

The next meeting will take place on 26<sup>th</sup> September from 1.00pm to 3.00pm in the Sussex House Boardroom.

**File Note - 3T Project**  
**Duncan Selbie - 19<sup>th</sup> August 2008**

**Present:** Nick Groves (notes), Duane Passman, Duncan Selbie  
**Apologies:** Mr Peter Hale

**Key Points / Actions:**

**1. PRH Maternity Services**

DS said that given the HOSC's referral of *Fit for the Future* to the Secretary of State, West Sussex PCT's North East Review and the potential for Judicial Review and Independent Review Panel, the 3T programme needs plan for both the transfer of obstetric-led maternity services from PRH to RSCH and the *status quo*. DP confirmed that creating the additional capacity for maternity at RSCH is scheduled towards the end of the 3T programme. DS noted that in the meantime the Trust is implementing a 'one unit, two sites' approach to maternity services, which is consistent with the *Fit for the Future* and Trust philosophies.

**2. Sussex Eye Hospital**

As DS said at the meeting with PH on 8<sup>th</sup> May, the SEH is outside the 3T scope. There are a number of strategic/partnership issues that would need to be resolved before being able to proceed with re-provision of the SEH. This discussion will be taken forward separately. DS said that refurbishing the existing premises is the more likely scenario at this stage.

**3. Private Patients**

DS agreed that private patient provision needs to be made within the 3T build. DP confirmed that the brief to the designers at this stage is to include a standard (32 bed) ward (100% single rooms). NG said that Tina Niblett has data on the current number of private patients and is auditing the number of requests that cannot currently be met; this will help to size the unit.

**4. Pathology**

Moving cellpath into the 3T newbuild would vacate a floor for the rest of Pathology to expand into if the centralised Sussex-wide pathology service proceeds. DS said that there is currently no agreement to have a centralised service and that (apart from neuropathology that will transfer from PRH with Neurosciences), pathology is not in the 3T scope.

**5. Education Space**

In reviewing the costs of a UCLH-style Clinical Simulation Centre, Richard French has identified the need for 1,400m<sup>2</sup> (c. £14m) of additional teaching and training space. In addition, Dr Kelly has produced a 'soft brief' for education space (eg. multidisciplinary, multi-purpose seminar rooms) to be included in the 3T development. DS agreed that £14m is unaffordable but that soft education space should be included.

**6. Decongesting the RSCH Campus**

Decongesting the RSCH campus is part of the 3T brief and is included in the Programme Board's terms of reference. NG said that the three workshops at the end of 2007 / start of 2008 had identified a number of ideas for decongestion that had proved less feasible or palatable on further discussion. NG was concerned about planning consent if there are no reductions in journeys to RSCH to offset the additional activity.

DS was confident that work with the PCTs on Outpatients/polyclinics (Hove, Brighton General, Preston Park), which Mr Thomas is leading for the Trust, will significantly reduce attendances and that this would more than offset the additional 3T activity. DP referred to the DH opportunity locator<sup>1</sup>, which allows PCTs to benchmark their performance in demand management etc.

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<sup>1</sup> <http://www.institute.nhs.uk/opportunitylocator/Default.aspx>

7. **Specialist Rehabilitation**

One of the clear messages from the 3T spinal surgery and rehabilitation workshops (both 13<sup>th</sup> June) was that more specialist rehabilitation needs to be provided within Sussex to reduce the number of referrals to Stoke Manderville, Salisbury etc. DS said he was interested. The next step would be for Colin Gentile/Mark Pearson and team to identify the activity/income associated with this.

*[Amanda Fadero subsequently confirmed that the Sussex-wide review of rehabilitation is due to be published in September and would address the need for additional capacity within the county].*

8. **Brighton General Site**

DS confirmed that the 3T programme should aim to relocate clinical services from BGH to RSCH (subject to discussions about the polyclinic) if this can be accommodated within the 3T financial envelope.

9. **RACH**

DS confirmed that there are plans to utilise vacant space with the RACH, so this is outside the 3T scope. DS said that this is an issue to be kept on the backburner; if in 12-18 months the three to five year forward plan indicates that there will still be space available within the RACH, this may come back onto the 3T agenda.

10. **Level 5**

DS and DP are happy that the 3T and L5 programmes are now appropriately coordinated. There is no plan within the 3T programme to move A&E or change L5 from being the 'hot zone'. However if the 3T preferred design involves moving the HDU, for example, this would be feasible. The 3T programme will also include re-providing the mortuary.

11. **Trauma**

DS agreed to speak to Simon Robbins (Chief Executive, Bromley PCT and Senior Responsible Officer, *Healthcare for London Major Trauma Project*) to update him on the Trust's and NHS South East Coast's plans<sup>2</sup> for RSCH to become a Major Trauma Centre as part of a Sussex-wide network.

NG said that the Director of Trauma job description is with Prof. Cohen for final review before proceeding to advert; PH is following up with him. NG confirmed that Darren Grayson (who has agreed to steer the development of the Trauma Network) has confirmed he is happy for the inaugural meeting of the network to go ahead on 21<sup>st</sup> August. (This has been arranged by Mr Chauhan on behalf of the Trust Trauma Committee following the 3T trauma workshop with neighbouring Trusts/stakeholder organisations on 20<sup>th</sup> June).

12. **Office Re-provision**

DS confirmed that newbuild accommodation should be allocated to clinical services as a priority and refurbished accommodation to office/administrative use.

NG said that he had hoped it would be possible to make wide estate changes, ie. move clinical services currently outside the 3T brief into 3T newbuild accommodation and refurbish the vacated space for office accommodation, tying in with the new Space Utilisation Group that Michael Wilson has agreed to convene. However since this would involve double costs, it would almost certainly be unaffordable.

13. **3T Scope Creep**

DP noted that a number of clinical briefs have significantly inflated in cost. The scope/cost of each brief will be reviewed with the affected services in a series of meetings on 21<sup>st</sup> and 22<sup>nd</sup> August in preparation for presentation of the outline brief to the Programme Board on 29<sup>th</sup> August.

**Nick Groves**

**Assoc. Director, 3T Service Planning**

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<sup>2</sup> *Healthier People, Excellent Care*, NHS South East Coast (2008)

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 25<sup>th</sup> July 2008 at 1.30pm in the Board Room, Sussex House**

**Present:** Chris Adcock, Dr Graham Dodge, Richard Eager (Laing O'Rourke), Mr Matthew Fletcher, Steve Gallagher, Nick Groves (secretary), Mr Peter Hale (Chair), Matt Hutchinson (for Dr Hartley - from item 4), Peter Lane, Dr Ian Littlejohn (for Mr Norris), Ali Mohammed, Julie Nerney, Mark Pearson, Paul Richardson (Worthing and Southlands Hospitals), Deborah Tomalin (Sussex Cancer Network - for item 4), John Towers (for Amanda Philpott), David Townsley (East Sussex Hospitals Trust), Michael Wilson

**Apologies:** Dr Jo Andrews, Andy Cashman (SECamb), Prof. Jon Cohen (Brighton & Sussex Medical School), Amanda Fadero (Brighton & Hove City Teaching PCT), Robert Gregory (NHS South East Coast), Dr John Hartley, Dr Tony Kelly (Brighton & Sussex Medical School), Dr Geoff Newman, Amanda Philpott, Nicky Sullivan (West Sussex PCT)

**1. Welcome & Introductions**

Mr Hale opened the meeting and thanked everyone for attending.

**2. Notes of Previous Meetings**

The notes of the previous meeting (23<sup>rd</sup> May) were agreed. The notes of the previous Core Team meetings (20<sup>th</sup> June, 11<sup>th</sup> July) were noted. File notes (BSMS Clinical Research Facility on 26<sup>th</sup> June, briefing to Prof. Sir George Alberti on 3<sup>rd</sup> July, academic opportunities within the 3T programme on 9<sup>th</sup> July) were also noted.

**3. Matters Arising**

**3.1 Heart Attack Centre Workshop**

Julie Nerney asked about the cancelled Heart Attack Centre workshop. Nick Groves explained that the workshop had originally been planned for 6<sup>th</sup> June. However because the Mid Sussex primary angioplasty pilot had been agreed through the Sussex Heart Network in the interim, Dr de Belder (MI Centre lead) and Dr Holmberg (PLC for Cardiac) felt that the workshop would not add any value at that stage and should be cancelled.

Julie asked whether, in light of this cancellation, Cardiac Services were being fully engaged with the 3T programme. Nick confirmed that they are. He said that since the 24/7 primary angioplasty service will need to be established well in advance of 2012, the key issue is whether patients with suspected MI will enter via A&E and/or be taken directly by ambulance to the MI Centre. Mr Sanders and Dr de Belder are liaising; the patient pathway will need to be included in the clinical brief.

**4. SOC Approval**

Michael Wilson was pleased to report that the NHS South East Coast Board unanimously approved the SOC at its meeting on 24<sup>th</sup> July. Mr Hale thanked the Programme Board and members of the Core Team for their work on this. Michael confirmed that Rachel Clinton (Head of Communications) had issued a Press Release, coordinated with NHS South East Coast and Laing O'Rourke.

Julie Nerney noted the various questions and comments in the minutes of the SHA Capital Investment Committee (9<sup>th</sup> July), eg. engagement of neighbouring Trusts in discussions about trauma, refinement of trauma activity modelling and in particular the timescale for completion of the OBC. Mr Hale confirmed that these issues are being addressed and that Duncan Selbie had written to the SHA Chairman to address the issue of timescales. *[This issue was discussed again under item 7].*

**5. Sussex Cancer Network & Commissioning Plans**

Deborah Tomalin kindly attended to confirm the Sussex Cancer Network (SCN) Executive Board (NEB) and Sussex Cancer Commissioning Group (SCCG) position on the proposed increase in Linear Accelerators/bunkers contained in the BSUH SOC. Deborah reported that this had been discussed at the SCCG on 22<sup>nd</sup> July and at the NEB earlier on 25<sup>th</sup> July.

In summary, the NEB reconfirmed the assumptions underpinning the SOC modelling - with the exception that West Sussex PCT has asked the SCN team to advise on the number of Linear Accelerators/bunkers required for the whole West Sussex population rather than just the population covered by the SCN. However Deborah confirmed this would not affect the increase in Linacs/bunkers at RSCH as proposed in the SOC. She said that PCTs asked that other cancer activity be reviewed, along with the activity assumptions underpinning all aspects of the SOC, by the new Sussex Collective Commissioning Group rather than by the SCCG.

The NEB had also queried the wording around the 'Level 3' haematology service and suggested that an upgraded Level 2 service would be a more accurate description of the Sussex Cancer Centre's aspiration.

Deborah confirmed that Duncan Selbie and Kim Hodgson (CEO, ESHT) will agree who will lead the development of the business case for the proposed linked Linac unit at Eastbourne DGH. It is envisaged that the SCC will operate this facility. Ownership of the assets, contracting arrangements etc. will need to be addressed through the business case process. Deborah noted that until West Sussex PCT's commissioning intentions for non-surgical oncology are clearer, it is not possible to say where additional Linac capacity will be developed in West Sussex. However there is potential for BSUH/SCC to bid for this work.

Mr Hale thanked Deborah for attending.

**6. Appointment of Programme Director**

Mr Hale was pleased to report that Duane Passman has been appointed as Programme Director and formally takes up post on 1<sup>st</sup> August. He also recorded the Programme Board's thanks to Amanda Philpott, who leaves the Trust at the end of July, for her work in developing and securing approval for the SOC - and wished her well for the future.

**7. OGC Gateway Review 0 & Action Plan**

The Office of Government Commerce Review 0 was noted and the associated action plan agreed. Nick said that Duane was reflecting on the most useful time to invite the reviewers to undertake reviews 1 and 2.

Julie Nerney said she had spoken to Duane about the proposed timescale for completion of the OBC and subsequent stages. His view is that the timescale is achievable if the OBC and FBC stages overlap but that this increases the risk and cost. Julie asked that the risks be included on the risk register.

**Action: Steve Gallagher**

Julie asked for an update on recruitment to the 3T Programme Office. Nick Groves replied that the team had hoped to be able to start recruitment prior to the SHA's approval of the SOC and release of the Programme Office funding however this had not been given the go-ahead although preparatory work had been undertaken. Steve Gallagher said that some additional resources, eg. for clinical planning, are being commissioned through Laing O'Rourke; others, eg. initial drafting of the SOC, have been commissioned independently. Julie noted that securing additional resourcing through Laing O'Rourke, although helpful, was contrary to the OGC Gateway review's advice.

Julie expressed concern at the delay in recruitment and its impact on the OBC timetable and she recommended exploring the use of agency staff. Chris Adcock said that although the Trust has not yet had final confirmation from NHS South East Coast of release of the £4m Programme Office funding, he is assuming that it is coming and confirmed that recruitment could now start.

**Action: Nick Groves / Steve Gallagher**

**8. Programme Initiation Document**

Steve Gallagher presented the PID (v1), which sets out the scope of the programme, its organisation, budgeting, management of risk, quality assurance etc. He proposed that members let him have any comments and that v2 be presented for approval to the August meeting of the Programme Board. This was agreed.

**Action: All / Steve Gallagher**

Julie Nerney stressed the importance of addressing and resourcing internal change management associated with the programme. Nick Groves agreed; although this had not been stated in the PID it would be part of the Clinical Planners' role.

**Action: Nick Groves**

## 9. 3T Programme Scope Issues

### 9.1 Pharmacy

Nick Groves referred to the Core Team notes of 11<sup>th</sup> July. The Programme Board confirmed that Pharmacy's space needs are a matter for the Emergency Division. Matt Hutchinson noted that the issue had not been raised at Divisional level.

John Towers asked whether any of the 3T plans include satellite pharmacy provision and, if so, whether Pharmacy is involved in these discussions. Nick replied that the HIV/ID service's proposals do include continued provision of a satellite pharmacy and that Jenny Boncey (Head of Pharmacy) is involved.

### 9.2 Surgical Assessment Unit & Digestive Diseases

Nick referred to the Core Team notes of 11<sup>th</sup> July. The Programme Board confirmed that apart from reprovision of gastroenterology beds from the Barry building, service developments in Digestive Diseases are an issue for the Emergency Division rather than the 3T Programme Board. Michael Wilson said that the configuration and location of the Surgical Assessment Unit is being addressed through the L5 project.

### 9.3 Sussex Eye Hospital

Nick referred to the Core Team notes of 11<sup>th</sup> July. Michael Wilson said that this issue is still under discussion and that he will be raising it with Duncan next week.

### 9.4 Outpatients

Nick reported that following discussions with Duncan, Outpatients had been included in the 3T brief. He said that the challenge will be sizing the facility. Andrew Demetraides has advised that Brighton & Hove City Teaching PCT will not know what Outpatient activity it wants to commission until it publishes its three-year plans in the Autumn. Nick has therefore agreed with Andrew that the facility should be sized on the basis of current activity plus population growth to 2017 minus 15% for demand management and alternative provision of services. The Programme Board agreed this as a reasonable planning assumption. Dr Dodge noted that capacity could be increased further without increasing the build by moving to three-session days, which may become standard in the next 10 to 15 years.

Mr Fletcher expressed concern about the congestion of the RSCH campus and suggested that more radical thinking was required, both about Outpatient activity that could transfer to primary care and Outpatient work that the acute Trust would continue to undertake but off the acute campus. Michael Wilson said that Mr Thomas is the Trust lead for this.

### 9.5 Simulation Centre

The Programme Board noted that Richard French (Head of Learning & Development) is developing a proposal for a clinical skills simulation centre to be included in the 3T programme. Alison Robertson said that this would complement the Trust's University Teaching Hospital status. Richard was asked to liaise with Dr Tony Kelly, who is developing a 'soft brief' for teaching facilities in the 3T build.

John Towers said that at the invitation of Prof. Halligan, he, Richard and others had visited the University College London Hospitals centre. UCLH has invested c. £4m in refurbishing the floor and is spending £0.5m *per annum* in rent. John felt that the simulation centre should be considered as part of the 3T programme but that there may be more cost-effective ways of providing it, eg. converting space vacated when neurosciences and obstetrics move off the PRH campus.

## 10. Coordination of Service Proposals

### 10.1 Level 5 Project

Julie Nerney asked about the relationship between the Level 5 project and the 3T programme. Michael Wilson explained that the L5 plans increase the number of MASU beds to meet current demand, which is almost double existing capacity; create a High Dependency Unit, which will enable the ICU to be used more effectively; and realign some of the other services on that level. The cost

will be c. £7m and the OBC will be presented to the SHA Capital Investment Committee on 24<sup>th</sup> September. He said that the proposed development is critical to the Trust's ability to deliver the required level of patient care and activity in the immediate, short and medium term.

Julie said that the 3T programme provides an opportunity to address patient flows and service configuration on a wider scale, ensuring that the estate is fit for purpose in the medium and longer term and has sufficient flexibility to adapt to different models of care. It is quite likely that the optimal 3T design solution will have some impact on Level 5. She set out options for reconciling the two programmes:

- i) not to proceed with L5 until the preferred 3T design option has been selected. The project plan shows that the long list of 3T design options will be available at the end of September and will be shortlisted at the end of October; the preferred option will be selected mid December. However Michael's advice is that delaying the Level 5 programme until the 3T preferred design solution has been selected would compromise the Trust's ability to meet its immediate performance targets.
- ii) proceed with the L5 work and accept it as a constraint on the design options for 3Ts. However this would place further limitations on the Trust's ability select the optimal solution for the 3T programme, which would have an impact for decades to come.
- iii) proceed with the L5 work, agree that it should not be a constraint on the 3T design options and accept the risk that some of the £7m may need to be 'spent again' if the L5 changes are superseded.

The Programme Board recognised the need for the L5 work to proceed, although it asked Michael and Dr Andrews to reflect on the feasibility of deferring the SHA's consideration of the L5 OBC until its October or November meeting, which would allow the two programmes to be better coordinated; indeed, the SHA may be unwilling to approve the L5 OBC without this level of assurance.

Julie said that if this is not feasible, the Trust would need to weigh up the risk of having to spend some of the £7m again in the short term against the risk of selecting a suboptimal design solution for 3Ts for the long term. Julie said that she would brief Trust Board colleagues accordingly and seek their, Duncan's and the Chairman's advice.

**Action: Julie Nerney**

## 10.2 Estate Coordination

Julie noted that in addition to the 3T and L5 plans there are a number of 'business as usual' improvement works across the estate. These proposals, and/or the associated decanting arrangements, could also impact on the 3T preferred option and decant programme. Michael confirmed that following discussion at the May Programme Board, he is establishing a space utilisation group ('SPUG') to co-ordinate all such estates activities. Julie proposed that this group be established as a subgroup of - and reporting to - the 3T Programme Board.

**Action: Michael Wilson**

## 11. OBC Process Map & Governance Programme

### 11.1 Governance Map

The Programme Board agreed the draft shared governance arrangements for the 3T programme and wider health community that Amanda Fadero and Amanda Philpott had produced. The Board agreed three amendments: Brighton & Hove City Council's Health Overview Scrutiny Committee (HOSC) should be included; the new Trust space utilisation group should be included; and the relationship between the 3T Programme Board and LHC Programme Board should be shown as 'relationship' rather than 'accountability'.

**Action: Amanda Fadero**

### 11.2 Governance Programme

This was discussed in detail and the amended version approved. Nick Groves agreed to circulate to the Trust Executive Team and Principal Lead Clinicians and to start organising the various events.

**Action: Nick Groves**

Alison Robertson expressed concern that it appeared the decision about the proportion of single rooms would be taken without the expert input of a Nurse Planner - because this appointment has not yet been made. Steve Gallagher said that Cyril Sweett is providing an enhanced level of support pending appointment of additional staff to the 3T Programme Office. The workshops for nursing staff on 27<sup>th</sup> August will provide an opportunity to contribute. In addition, services should be engaging a wide range of staff in producing their clinical briefs, which will need to include the proportion of single rooms.

Alison said that she remained concerned. It was agreed that she, Nick and Steve would liaise outside the meeting to try to resolve this issue.

**Action: Alison Robertson, Nick Groves, Steve Gallagher**

## **12. Any Other Business**

### **12.1 Business Case for Medical Physics Clinical Scientist**

Chris Adcock said that there was some confusion about the relationship between the business case from Medical Physics for additional staffing, which includes reference to support to the 3T programme, and the provision in the 3T Programme Office schedule for additional Medical Physics staffing. It was therefore agreed that Chris would arrange to see Nick Groves, Steve Gallagher and Dr Dodge to resolve this outside the meeting.

**Action: Chris Adcock, Nick Groves, Steve Gallagher**

## **13. Next Meeting**

The next meeting will take place on 29<sup>th</sup> August in the Sussex House Boardroom. It was agreed start earlier, so the meeting will run from **1pm to 3.30pm**.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 23<sup>rd</sup> May 2008 at 1.30pm in the Board Room, Sussex House**

**Present:** Delphine Barraclough, Peter Dennis (Brighton & Sussex Medical School - for item 3), Dr Graham Dodge, Mr Matthew Fletcher, Nick Groves (secretary), Mr Peter Hale, Dr John Hartley, Dr Tony Kelly, Dr Geoff Newman, Mr John Norris, Michael Wilson (from item 3)

**Apologies:** Dr Graham Dodge, Amanda Fadero (Brighton & Hove City Teaching PCT), Steve Gallagher, Julie Nerney, Amanda Philpott, Alex Sienkiewicz, Nicky Sullivan (West Sussex PCT)

**1. Notes of Previous Meetings**

The notes of the previous meeting (18<sup>th</sup> April) were agreed. The notes of the previous Core Team meetings (18<sup>th</sup> April, 2<sup>nd</sup> May, 16<sup>th</sup> May) were noted.

**2. Matters Arising**

**2.1 Programme Board Membership**

Nick Groves reported that Royal West Sussex Trust, Worthing & Southlands Trust and the South East Coast Ambulance Service (SECAmb) had been invited to nominate representatives to join the Programme Board. NHS South East Coast plan to attend from the Outline Business Case (OBC) stage and will be correspondence members in the meantime.

**2.2 OBC Programme Office**

Nick reported that Colin Gentile (Director of Finance) has reached agreement with the PCTs and NHS South East Coast to fund the joint programme office to take forward the OBC and Full Business Case (FBC) stages. This is a very positive development.

**2.3 Hepatobiliary Surgery**

Mr Hale reported that a meeting has been arranged for early July to discuss configuration of hepatobiliary surgery. It seems likely that the number of centres in the South East will need to be reduced.

**3. Clinical Research Facility**

Peter Dennis (Secretary to the Brighton & Sussex Medical School) presented BSMS' proposal for a Clinical Research Facility (CRF) on the RSCH campus. The proposal, which is at the early stages of development, is for a four-storey building (2,300m<sup>2</sup>) comprising four category II laboratories and associated offices and staff facilities for 50 users, some of whom would use it as their permanent academic base.

The estimated building cost is £12m. Peter said that BSMS has submitted a bid to the Medical Research Council for £3.6m capital and £4.6m revenue; the decision is due later in 2008. In addition the two Universities have agreed in principle to provide £3m funding between them. BSMS' ambition is to have the building complete in 2010.

The Programme Board agreed that the proposal would further the Trust's and BSMS' shared vision. Dr Kelly noted that to achieve its strategic ambition the Trust would need to propagate research across all its activities rather than in only the four current areas; this proposal would assist that process. The timescale for completion of the CRF business case, and in particular confirmation of funding, means that it would need to proceed separately from the 3T Strategic Outline Case (SOC). However the Trust would need to identify space as part of its site planning/decanting.

Nick Groves said that earlier discussions had included the Sussex Eye Hospital (SEH) building as a possible location, which has the advantage of being next to the Audrey Emerton Building. However discussions within the project about the future location of the SEH seemed to have stalled. He asked how this should be now taken forward. Michael Wilson felt that PRH should be reconsidered as an option and agreed that this needed a further discussion between himself and Duncan, the ophthalmologists the 3T team. Nick will ask Jo Floyd to arrange this.

**Action: Nick Groves / Michael Wilson**

Nick added that Prof. Black (Dean Director of the Postgraduate Deanery), Prof. Cohen and Mr Nawrocki (Director of Medical Education) had highlighted that the teaching component of the 3T SOC needs to be strengthened; he agreed. He had floated the idea of a focused workshop between the Trust and its academic partners to flesh this out; this seems to have been welcomed so Nick and Jo will start arranging it. The Programme Board agreed.

**Action: Nick Groves**

The Board thanked Peter for his presentation.

#### 4. Revised SOC

Nick Groves tabled the revised financial figures. These are now consistent with the PCTs' financial/activity assumptions and almost fully consistent with the *Fit for the Future* modelling. Nick said that Colin Gentile had confirmed to the Executive Team the day before that based on certain projections and assumptions, the scheme is affordable overall.

Nick confirmed that the SOC will be presented to the Trust Board at its meeting on 3<sup>rd</sup> June and to the NHS South East Coast Board on 24<sup>th</sup> July. He agreed to circulate electronic copies of the final document as soon as Amanda approves it on her return from leave on 27<sup>th</sup> May.

**Action: Nick Groves**

#### 5. Decant Programme

Nick Groves said that Steve Gallagher had asked whether this item could be deferred to the next meeting. This was agreed.

**Action: Steve Gallagher**

Dr Newman asked about timescales for demolishing the Jubilee building; Cancer Services has a Selectron machine on Howard I and its move, and information provided to patients, will need careful planning. Michael Wilson suggested that the Jubilee building would not be vacated before the end of 2008. He said that he had spoken to Kate Pakin about the decant plans.

Michael said that there are currently various decanting initiatives: 3T, the Level 5 development (assuming the business case is successful) and other urgent operational requirements, eg. moving ENT cancer work from PRH to the tower and improving the oldest ward accommodation. Nick asked who at Executive level was coordinating these plans. Michael said that he would be chairing a new coordinating group that will include the Director of Facilities & Estates and Finance. The Board welcomed this development.

#### 6. OBC Workshop Programme

Nick Groves tabled the list of people who have registered for the workshops. He asked members to please check for any omissions and to encourage colleagues to attend. Agreed.

**Action: All**

Mr Hale fed back from the meeting he, Nick and Dr Dodge had had with Dr de Belder (lead for the Heart Attack Centre) and Fiona Liddell (Cardiac Centre Manager). A pilot has been agreed through the Sussex Heart Network for DGHs to undertake primary angioplasty in-hours and for RSCH to provide the service in-hours for its local population and out-of-hours for the wider catchment. This has required some compromises but Dr de Belder feels that it is a viable way forward. In light of this it was agreed that to cancel the workshop planned for 6<sup>th</sup> June and to reschedule if/as the need arises.

**Action: Nick**

## 7. Progress Reports

### 7.1 Medicine, Elderly & A&E Model of Care

Dr Hartley reported that discussions about the new model of care are progressing quite well. The workshop on 6<sup>th</sup> June will provide an opportunity to test the proposed patient pathway and individual specialty plans. He said that new model would need to be implemented within the next 6 months - so considerably in advance of the 3T newbuild. The Board welcomed this.

### 7.2 Trauma

Mr Hale reported that the team's fact-finding visit to the Trauma Unit at the Royal London Hospital had been very useful. Key points:

- The service is led by three Consultants who split their time 50/50 between trauma and vascular work; they case-manage the trauma patients, support the on-call surgeons (eg. deconflicting surgery) and undertake most of the revision work. This model does not involve the eight dedicated trauma Consultants that had previously been floated and so is much more achievable.
- The service appears to have a total commitment to gathering data and improving performance through rigorous outcome-focused audit at each stage of the process and through individual case review. They regard this as having been essential to the improvements in outcomes they have achieved over the last ten years.
- BSUH needs a Director of Trauma to drive improvements in patient care/outcomes. Michael Wilson said that he strongly supported this proposal and that it needs to be progressed rapidly. Mr Hale said that he and the team would be discussing this with Duncan on 28<sup>th</sup> May and would draft a job description and business case thereafter if Duncan is supportive.

Mr Fletcher noted that Prof. Alberti's visit has been deferred to 3<sup>rd</sup> July. He felt it would be important to be clear by then about the model of trauma the Trust wishes to pursue, the key messages for Prof. Alberti to take away and what assistance the Trust is requesting. Duncan has asked Amanda Philpott to arrange this programme. Mr Fletcher also noted that the proposal would fit well with Prof. Aiden Halligan's programme of work as the Trust's new Chief of Safety.

**Action: Amanda Philpott**

Nick Groves confirmed that he is writing up his notes from the visit.

**Action: Nick Groves**

### 7.3 Cancer Services

Dr Newman reported that Cancer Services has arranged a 'visioning' workshop that will focus in particular on the impact of the proposed development on clinical and non-clinical support services.

He confirmed that the *Needs Assessment for Commissioning Radiotherapy Services for the Sussex Cancer Network* document and the *Sussex Cancer Network Strategic Plan 2005-2010*, on which the SOC has been based, are still valid and have commissioners' full support.

The Board briefly discussed the note that Dr Anne Davidson had circulated in response to Julie Nerney's question about Teenage Oncology Shared Care Units (TOSCU). It noted Dr Davidson's view that an independent TOSCU is not required.

### 7.4 Neurosciences

Mr Norris reported that the 'visioning' workshop on 15<sup>th</sup> May had been well attended and was well received by staff. Mr Hale said that he had been hugely encouraged by the views being expressed at the workshop; Mr Norris said that no one has greater ambition for the development of neurosciences than its staff.

Nick Groves confirmed that he is writing up the workshop and that this paper would be submitted to the Neurosciences Steering Group as well as to the Programme Board.

**Action: Nick Groves**

## 8. Any Other Business

### 8.1 Re provision of Doctors' Mess

Mr Hale asked whether the junior doctors' mess located in Trust HQ has been included in the decant programme. Nick Groves said Gary Speirs has confirmed that it has. Dr Kelly suggested a single facility that would enjoy both economies of scale and strengthen communication between junior doctors. The Board welcomed this suggestion. Nick to flag this to Gary.

**Action: Nick Groves**

### 8.2 Private Patients

Mr Hale asked whether members had a view about private patient accommodation and whether this should be included in the newbuild. Nick Groves said that he had discussed this with Mr Phil Thomas after it was raised at one of the 2007 workshops: Mr Thomas' view was that costs (including management time) and risks outweighed the relatively little income it would generate. Mr Fletcher said that the nature of private practice is changing but that as a University Teaching Hospital, and potentially also an Academic Health Sciences Centre with a Clinical Research Facility, this could represent a marketing opportunity locally and, given proximity to Gatwick, internationally.

Michael Wilson said that there is some risk associated with private patient facilities and whether Consultant use is as great as initially envisaged. However the need should be scoped if the building footprint can accommodate a private ward. Nick Groves asked whether this needs further discussion at the Executive Team or Divisional 9 before being scoped; Michael confirmed that it did not.

**Action: Nick Groves / Steve Gallagher**

## 9. Next Meeting

The next meeting has been rescheduled to **Tuesday 17<sup>th</sup> June** (9.00am to 10.30am in the Boardroom, Sussex House). Nick noted that this is likely to be cancelled if the SOC is approved by the Trust Board as planned but asked members to please hold the date in their diaries in the meantime.

The following meeting is **Friday 25<sup>th</sup> July** (1.30pm to 3.00pm in the Boardroom, Sussex House).

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 18<sup>th</sup> April 2008 at 1.30pm in the Board Room, Sussex House**

**Present:** Amanda Philpott (Chair), Mr Peter Hale, Andrew Demetriades (for Amanda Fadero, Brighton & Hove City Teaching PCT), Steve Gallagher, Nick Groves (secretary), Dr John Hartley, Julie Nerney, Mr John Norris, Dr Geoff Newman, Alison Robertson (from item 5.1), Nicky Sullivan (West Sussex PCT)

**Apologies:** Delphine Barraclough, Dr Graham Dodge, Amanda Fadero, Mr Matthew Fletcher, Alex Sienkiewicz

**1. Notes of Previous Meeting**

The notes of the previous meeting (14<sup>th</sup> March) were approved.

**2. Matters Arising**

**2.1 Decant Update**

Steve Gallagher reported that his team has almost completed its programme of meetings with the departments affected by the proposed decant programme. A draft decant plan will be circulated for comment in the next two to three weeks. It was agreed to consider this at the next meeting.

**Action: Steve Gallagher**

Steve confirmed that the request for outline planning permission has been submitted to the City Council for the five areas on the Royal Sussex County Hospital campus that could accommodate temporary decant buildings. These include the rear garden of Sussex House, the front of the Cancer Services building and the car park to the west of the Barry Building. He confirmed that if the application is approved as submitted it will provide sufficient decant space. If not, consideration would need to be given to moving some departments/services offsite, eg. to the Princess Royal Hospital, for a period. The Council's target is to complete planning applications within eight weeks, however Steve noted that the process is currently taking around twelve weeks.

Steve noted that as part of the planning process, local residents will receive notification of the proposed plans from the Council. Nick Groves confirmed that Rachel Clinton (Head of Communications) is developing a 3T communications plan; this is likely to include writing to local residents.

In response to a question from Julie Nerney, Steve replied that the proposed Level 5 changes would have minimal impact on the decant plan, although one option is to award the Level 5 contract to the successful ProCure21 firm to ensure that the projects are aligned. Amanda Philpott added that it would be important to coordinate this work with the city-wide estates strategy led by Brighton & Hove City Teaching PCT; Steve is a member of this group as well as the Programme Board.

**3. Strategic Outline Case (SOC) Update**

Amanda Philpott reported that at its meeting on 2<sup>nd</sup> April the Trust Board approved the draft SOC for consultation with external partners. Nick Groves confirmed that the SOC has been circulated to academic partners, neighbouring Trusts, commissioners, the Sussex Councils and patient representatives as well as to everyone who was invited to the 3T workshops. It is also on the Trust's intranet and internet sites, along with a supporting presentation. Amanda said that she will be meeting external stakeholders and Boards to explain the proposal and ask for statements of support; it is important that the development be 'owned' by the whole Local Health Community (LHC).

Julie Nerney said that she and other Non-Executive Directors (NEDs) would be pleased to help with these discussions; the Trust Chair has also offered to meet Chairs of neighbouring organisations. The 3Ts Board thanked Julie and the other NEDs for their offer.

Amanda said that the plan is for the revised SOC to be considered by the Trust Board at its meeting on 3<sup>rd</sup> June. NHS South East Coast has advised the team that a number of issues relating to the relationship between the SOC and *Fit for the Future* will need to be addressed. Amanda reminded the Board that the PCTs' decision on the *FfF* model is due to be made in May and on the location of the Major General Hospital in June.

#### 4. Outline Business Case (OBC)

##### 4.1 Project Team

Amanda reported that the request for c. £2.5m funding to expand and resource the project team, as set out in Appendix 12 of the SOC, has not yet been approved. Traditionally the funding route is from the Strategic Health Authority via PCTs. Amanda advised the Board that there is now a risk of slippage against the project timetable because of the delay in this approval and the lead-in time to recruit staff. The request is currently with LHC Finance Directors.

**Action: Amanda Philpott**

##### 4.2 Workshop Programme

Mr Norris asked whether work on the OBC using the existing team would proceed 'at risk'. Amanda confirmed that in order to avoid slippage against the project timetable, work on the OBC has started; this will focus initially on the development of detailed service models. Nick Groves said that the programme of workshops approved by the Board at its March meeting has now been arranged and that invitations have been sent within the Trust and externally.

Nick added that the workshop programme has also been circulated to Practice-Based Commissioning Leads. Andrew Demetriades and Nicky Sullivan agreed to remind PCT colleagues about the programme and to try to field representatives.

#### Progress Reports

#### 5. Medical / Elderly

##### 5.1 Model of Care

Dr Hartley reported that the medical model of care has been agreed in principle by the Division. Dr Mark Jackson (PRH), the cross-site lead for medicine, has asked medical specialties to develop detailed implementation plans. Progress to date has been variable. Dr Hartley agreed that plans need to be developed in sufficient detail to be discussed at the 6<sup>th</sup> June workshop since this will not be the forum for specialties to begin discussions from scratch. Dr Hartley will follow up with Dr Jackson. Dr Newman asked to be involved in this workshop.

**Action: Dr Hartley / Dr Jackson**

##### 5.2 Stroke & MI Groups

Dr Dodge was not able to attend the meeting. Amanda Philpott asked Nick Groves to follow up with him and then circulate a written progress report.

**Action: Dr Dodge / Nick Groves**

##### 5.3 Rotating Specialist Registrar Posts

Nick Groves noted that one of the workshops suggested rotating Specialist Registrar (SpR) posts in medicine between RSCH and PRH to enhance the training experience. Dr Hartley said that this idea has not yet been progressed; training posts at each site are inspected by a different Deanery and any change would require the agreement and cooperation of both. Mr Hale asked that this suggestion be pursued.

**Action: Dr Hartley**

#### 6. Trauma

##### 6.1 General Update

Mr Hale was pleased to report that Professor George Alberti (NHS Director for Emergency Access) would be visiting BSUH to discuss trauma services on 21<sup>st</sup> May. He hoped that this would provide an opportunity to begin making the case for RSCH to become a designated Level One Trauma Centre. As part of this programme of work Mr Hale reported that the team would be undertaking a fact-finding visit to the Royal London Hospital on 25<sup>th</sup> April.

Amanda was pleased to report that Mr Andrew Cohen (BSUH Consultant Cardiothoracic Surgeon) has been appointed to the Healthcare for London (HfL) expert advisory panel on improving the trauma pathway. She and Mr Hale will be briefing him on the 3T programme on 24<sup>th</sup> April.

**Action: Amanda Philpott / Mr Hale**

Nick Groves reported that the South East Coast Specialist Commissioning Group (SECSCG) is undertaking a review of trauma commissioning, including helimed. This is being led by Helen Medlock (Head of Ambulance Commissioning, SECSCG). In the meantime, Amanda, Mr Hale and Duncan Selbie are meeting the Sussex Air Ambulance Service on 28<sup>th</sup> May.

## 6.2 Director of Trauma Services

Nick Groves reported that he had started drafting a business case for the Director of Trauma Services post. This has not yet been 'sized' but will focus on, for example, supporting the BSUH Trauma Committee, establishing a Sussex-wide trauma network and steering the development of the designated Trauma Centre. Mr Hale said that the postholder would need to have clinically credible trauma care experience and that as a result this may need to be an external appointment. Dr Newman suggested combining this with an academic appointment; the Board welcomed this suggestion.

Nick to circulate the draft job description for comment following the visit to the Royal London Hospital.

**Action: Nick Groves**

## 6.3 Helipad

Steve Gallagher reported that he had received a draft report from the firm he commissioned to provide a second opinion on the location of the helipad. This confirms that the helipad needs to be located at the highest point on the site, ie. the top of the tower. Amanda noted that careful thought would therefore need to be given to the use of the top floors of the tower.

## 6.4 Paediatric Trauma

The Board noted the minutes of the meeting between Dr Dodge, Dr Watkins, Mr Bryant and the paediatric service to discuss the role that the service could play within a Trauma Centre.

Nick Groves said that the meeting also referred to paediatric neurosurgery. Mr Norris confirmed that none of the Consultant paediatricians had yet been in contact with him to discuss this. Nick to follow up.

**Action: Nick Groves**

## 6.5 Trauma: Who Cares?

The Board noted the checklist assisting the Trust to self-assess against the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report, *Trauma: Who Cares?* (2007). Alison Robertson agreed that this should be progressed through the Trauma Committee, which Nick Groves reported had recently been re-established and would be meeting on 15<sup>th</sup> May. The Board asked Nick to request and circulate the terms of reference for the Trauma Committee.

**Action: Nick Groves**

## 7. Cancer Services

### 7.1 Hepatobiliary Surgery

Nick Groves said that this issue had been raised at one of the workshops but that he was unsure about subsequent progress. Mr Hale said that he had seen some email correspondence about it and would follow up with Michael Wilson.

**Action: Mr Hale**

### 7.2 Adolescent Cancer Ward

Dr Newman said that the aspiration is to improve care to adolescents who do not fit comfortably within services provided to paediatric or adult patients. He said that the number of such patients is being recorded. Julie Nerney asked about links with charities such as the Teenage Cancer Trust. Their map<sup>1</sup> shows that the closest service is University College Hospital in London and that new units at the Royal Marsden Hospital in Surrey and Southampton General Hospital are under discussion. She wondered whether the RACH could offer a site?

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<sup>1</sup> <https://www.teenagecancertrust.org/in-your-area/>

Dr Newman said he was not clear why this had not been included in the development of the RACH. Alison Robertson replied that this had been considered but that the volume of patients had not justified it. The Board agreed that this should be revisited; Nick to brief Dr Ryan Watkins and Dr Anne Davidson (Paediatric Oncologist).

**Action: Nick Groves**

### 7.3 Level 3 Bone Marrow Transplantation

Dr Newman said that this issue had been raised at one of the workshops. The local population is unlikely to be sufficiently large to support the development of a Level 3 service. However the haematology service is keen to provide transplant aftercare, eg. as a satellite of King's College Hospital or The Royal Marsden Hospital. Dr Newman said that *Fit for the Future* has significant implications for the delivery of haematology services across Sussex and suggested that it would be sensible to wait for the outcome. He said that the Sussex Cancer Network would be keeping in close touch with *FfF* developments.

### 7.4 Histopathology Development

Amanda Philpott said that Dr Andrew Iversen had recently asked why an expansion of histopathology services had not been included in the Cancer element of the SOC. It was agreed that Dr Hartley would follow this up with Dr Iversen within the Division. Dr Newman added that the Sussex Cancer Network would also have a view about configuration of services across Sussex; Nick Groves said that he had informed Deborah Tomalin (SCN Network Director).

**Action: Dr Hartley**

## 8. Decongesting the RSCH Campus

Amanda Philpott said that one of the 3T programme's objectives is to support the decongestion of the RSCH campus. The workshops had therefore proposed centralising day surgery and elective endoscopy at PRH and moving the elective component of the Sussex Eye Hospital to PRH, for example. Although these ideas appeared to have been well received at the final workshop, Amanda reported that it seems unlikely that the wider clinical body will support transfer of the three services to PRH. Brighton & Hove City Teaching PCT's PBC Leads have also advised that their work with the Trust on the location of Outpatient services will take a further six months to complete, although there may be some indication of outcome in three or four months.

Mr Norris asked what the impact would be if the RSCH campus is not decongested. Steve Gallagher replied that the redesign of the front of the site will make more efficient use of the footprint. Nick expressed concern about the transport/access plan that will need to be agreed with City planners as part of the OBC if the additional activity planned to come to RSCH is not offset by other decongesting initiatives.

## 9. Any Other Business

### 9.1 Administration Function

Julie Nerney asked whether the workshop programme would address streamlining administrative / 'back office' functions. Amanda Philpott replied that there will be a workshop established to address this.

### 9.2 ProCure21

Steve Gallagher was pleased to report that three of the four applicants have been shortlisted and will be interviewed on 30<sup>th</sup> May.

## 10. Next Meeting

The next meeting is scheduled for **1.30pm to 3.00pm in the Boardroom, Sussex House on 23<sup>rd</sup> May**. Amanda Philpott noted that the 1.30pm start time appears to be difficult for clinical colleagues so will ask Jo Floyd to test whether a 2pm start would be more convenient. Members will be notified of any change of start time.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 14<sup>th</sup> March 2008 at 1.30pm in the Board Room, Sussex House**

**Present:** Jane Butler (for Alison Robertson), Dr Graham Dodge (Chair), Mr Matthew Fletcher, Steve Gallagher, Nick Groves (secretary), Julie Nerney, Mr John Norris, Amanda Philpott (from item 4), Nicky Sullivan (West Sussex PCT)

**Apologies:** Dr Jo Andrews, Amanda Fadero (Brighton & Hove City Teaching PCT), Mr Peter Hale, Dr John Hartley, Dr Geoff Newman, Alison Robertson, Alex Sienkiewicz

**1. Notes of Previous Meetings**

The notes of the previous meeting (15<sup>th</sup> February) were approved. The notes of the Core Team meeting (7<sup>th</sup> March) were noted.

**2. Matters Arising**

**2.1 Medical / Elderly Model of Care**

Dr Jackson is the cross-site lead physician for medicine. Nick Groves said he understood that the medical/elderly model of care had been agreed - by Dr Jackson with the PRH-based physicians and by Dr Hartley with the RSCH-based physicians. Specialties have been asked to describe the way they will work on a cross-site basis, and the number of staff required, to implement the model. Some concern was expressed about the rate of progress with this important development and Nick Groves will discuss with Drs Hartley and Jackson what would speed up implementation.

**Action: Dr Jackson / Dr Hartley / Nick Groves**

**2.2 Cancer Business Case**

Dr Dodge asked whether the issues raised by Dr Newman at the last meeting about *Fit for the Future* have been resolved and any revised activity/financial projections incorporated into the SOC? There was no representative from the Cancer Centre so Dr Dodge agreed to follow up with Dr Newman outside the meeting.

**Action: Dr Dodge**

*Dr Newman subsequently confirmed that he has discussed the issues with Consultant colleagues and with David Bloomfield and Dr Marchbank. He submitted revised service requirements on 26<sup>th</sup> February; these are not 'future proofed' to 25 years+ as has originally been suggested but instead represent a 'best guess' to about 2016.*

**3. Proposed Workshop Programme**

The proposed programme of nine further half-day workshops was approved.

**Action: Nick Groves / Jo Floyd**

Mr Fletcher said that at the last West Sussex Chief Executives/Medical Directors' meeting the Chief Executive of the Royal West Sussex Trust and the Medical Director of Worthing & Southlands Trust said that they had not known about the previous programme of workshops - but would like to be involved in future. Nick confirmed that Chief Executives, Medical Directors (and, as appropriate, PEC Chairs and PBC Leads) of neighbouring PCTs and Trusts had all been sent the programme at least six weeks in advance of the first workshop. He asked for advice on more effective targeting. Mr Fletcher suggested following up with PAs a week or so after the invitation has been sent.

Julie Nerney added that Programme Board members also shared a responsibility to publicise the workshops to colleagues, both internally and when they meet external partners.

**Action: All**

Janet Butler stressed the importance of involving academic partners, for example around designing post-registration Continuing Professional Development programmes. She will suggest some names to Nick; Nick also to approach Paula Rabin and Jennie Boncey.

**Action: Nick Groves**

Julie Nerney asked why the helipad needs to be at the highest point on the site. Steve Gallagher replied that this was the external specialist advice to comply with air safety regulations etc. He has commissioned a second opinion but it is likely that this will recommend the same solution.

#### 4. Draft Strategic Outline Case (SOC)

##### 4.1 Service Vision & Benefits

Nick Groves tabled the draft. This was agreed, with some amendments. Board members agreed to let Nick have any further comments by the end of Tuesday 18<sup>th</sup> March.

**Action: All**

##### 4.2 Finance / Affordability

Amanda Philpott presented the latest financial/affordability figures. She apologised that copies had not been circulated in advance or tabled but explained that since the SOC will be a Part II Board paper, hard copies would be made available after the 1<sup>st</sup> April Board meeting.

Amanda explained that the affordability case was based on a number of assumptions (eg. population growth, PCT demand-management plans) and that there were some further changes to make. However the scheme currently appears to be affordable in terms of the annual revenue consequences; whether the Trust can secure the capital is a separate question. As with every capital project, the inclusion of optimism bias, VAT and inflation has increased the costs by c. 50%.

Jane Butler asked what assumptions had been made about pay and non-pay expenditure. Amanda replied that costs had been *pro rata'd* to activity but that this would need more careful examination once the service models have been finalised.

Julie Nerney asked whether the financial modelling was based on 'worst case scenario'. Amanda replied that it was based on the most conservative estimates. She stressed that the Trust wanted to avoid the Paddington Health Campus scenario and recommended that Programme Board members review the National Audit Office report (2006)<sup>1</sup>.

##### 4.3 Timetable

Amanda Philpott reported that Duncan Selbie had been briefed on the proposals on 13<sup>th</sup> March. The draft would be discussed by the Executive Team at its meeting on 20<sup>th</sup> March. Papers will then be circulated to the Trust Board for its meeting on 1<sup>st</sup> April and to external stakeholders immediately thereafter. Amanda explained that the SOC does not technically require PCT approval but that statements of support would be helpful. Amanda said that she had suggested to the PCTs that they might consider the SOC at their May Board meetings. The revised SOC will then be taken to the June Trust Board meeting for final approval before submission to the SHA.

Steve Gallagher described the Office of Government Commerce (OGC) Gateway review process<sup>2</sup>. The first review, which usually lasts a week, will need to take place in June or July. Julie Nerney said that she is an OGC Gateway reviewer so would be pleased to provide any advice and support in preparation.

#### 5. Next Meeting

**18<sup>th</sup> April 2008 from 1.30 to 3.00pm in the Board Room, Sussex House.**

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<sup>1</sup> [http://www.nao.org.uk/publications/nao\\_reports/05-06/05061045.pdf](http://www.nao.org.uk/publications/nao_reports/05-06/05061045.pdf)

<sup>2</sup> [http://www.ogc.gov.uk/what\\_is\\_ogc\\_gateway\\_review.asp](http://www.ogc.gov.uk/what_is_ogc_gateway_review.asp)

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Friday 15<sup>th</sup> February 2008 at 1.00pm in the Board Room, Sussex House**

**Present:** Dr Graham Dodge, Mr Peter Hale (Co-Chair), Amanda Fadero (Brighton & Hove City Teaching PCT), Julie Nerney, Dr Ian Littlejohn, Amanda Philpott (Co-Chair), Steve Gallagher, Delphine Barraclough, Dr Geoff Newman, Vicki Hart-Dale (Finnamore Consulting), Jo Floyd (note-taker)

**Apologies:** Mr Matthew Fletcher, Dr Jo Andrews, Dr Des Holden, Dr Tony Kelly (Brighton & Sussex Medical School), Alison Robertson, Michael Wilson, John Hartley, Nick Groves

**1. Introduction & Welcome**

Amanda Philpott was pleased to welcome Dr Geoff Newman and Delphine Barraclough to the meeting.

**2. Notes of Previous Meetings**

The notes of the Core Team meetings (27<sup>th</sup> December, 11<sup>th</sup> and 25<sup>th</sup> January) were received and approved. The notes of the Programme Board meeting on 7<sup>th</sup> December were formally ratified. The notes of the Programme Board held on 2<sup>nd</sup> January were agreed.

**3. Matters Arising from 2 January**

**3.1 Trauma Centre Activity**

Amanda Philpott noted that it was proving quite difficult to get validated data and work continues on this. She also noted that the business case for the Dr Foster database is expected to receive approval at the beginning of March.

**3.2 Programme Board Terms of Reference**

The Programme Board approved the amended wording for the Terms of Reference as follows:

*In partnership with the Brighton & Sussex Medical School, ensure that the RCTTT proposals include teaching and Research & Development opportunities and facilities commensurate with positioning BSUH as the major University Teaching Hospital in the South East of England.*

**4. Approval of '3T' Model**

Mr Hale gave the Board feed back on the progress made at the third workshop which took place on 8<sup>th</sup> February. He noted that there was a move towards agreement on many issues, including co-locating neurosciences alongside, and in combination with, tertiary care services such as stroke and heart attack centres. There is overall agreement of the need to ensure the site is fit for purpose for the treatment of medical patients, and contact has also been made with eye surgeons and HIV teams to begin detailed discussion around the model for these services. He continued that overall, there had been broad agreement on the direction of travel at the workshop which was encouraging.

Mr Hale noted that the Chief Executive and others had discussed the concept for trauma at a high level with the South East Coast Ambulance service. It was noted that the model of care is becoming much clearer and this will strongly inform the business case.

Amanda Philpott said there had been helpful development over the course of the three workshops. All the comments coming back were constructive and need to be addressed within the SOC. BHC PCT is endorsing the Trust's approach and working alongside it to develop the model. However, there remains some work to do with neighbouring PCTs to ensure they are also engaged sufficiently and discussion with PBCs is planned.

**5. Progress reports**

**5.1 General/Elderly Medicine Model of Care**

Amanda Philpott reported on behalf of Dr Hartley. She noted that it was proposed that all medical patients be under the care of acute physicians initially, and those who are short-stay would remain under their care for 48-72 hours, unless actively taken out by specialists according to protocols which have yet to be agreed.

There is a feeling that short-stay patients should stay on MAsU under their care; this has implications for the size of MAsU (apparently big enough in current plans) and the need to re-provide general medical bed capacity on Chichester ward, but being used by non-short stay patients. Amanda noted that there remained a need for further discussion with clinicians.

Mr Hale noted that Dr Jackson and Dr Hartley had moved very quickly on developing this model which is based on others that have been very successful in North Middlesex and Norwich. The financial implications have yet to be worked through, including staff costs to cover rotas.

In response to a query from Dr Littlejohn, it was confirmed that SAsU and MAsU would be co-located with surgical patients managed by acute physicians. It was noted that Jeremy Clark would be the lead on pre-assessment and MAsU.

Amanda Philpott noted the need to make a lot of progress on the model in the next month and that progress reports would be made available on a weekly basis to Programme Board members. It was agreed that the model for Medicine be circulated to members.

**Action: Dr Hartley**

## 5.2 AHSC project

Amanda Philpott reported there had been little progress to date as the project will link in with the Trust's application for Foundation Trust status and be developed over the next nine months.

## 5.3 Neurosciences Business Case

Dr Littlejohn reported that in terms of the SOC the team were meeting on a regular basis and had visited other Trusts to review their in-service models. He continued that the biggest issue identified in other organisations was problems resulting from not co-locating imaging alongside neurosciences.

Dr Littlejohn noted that the constraints on current services made it unviable to continue working from Hurstwood Park. Work is underway on projecting activity and what is required to support multiple trauma work. It is proposed to repatriate as much work as possible from Worthing, Eastbourne, Hastings and that currently going to London hospitals. The proposed new model is for 76 beds in total; out of these 76, 4 would be allocated for acute head trauma, 6 for neuro-rehab, 4 for Research and Development and 11 for ITU. How to utilise the rest of the capacity is being considered and a model developed by scaling up existing services.

The funding gap for the project is currently estimated at £4.5m. However, the R&D beds will bring in income and other ideas to bridge the funding gap are being worked up, such as reducing length of stay by performing spinal work on the day of admission and sharing spinal and neuro facilities although he noted that it is virtually impossible to reduce follow-up rates as tumour work requires lifelong follow-ups appointments.

Dr Littlejohn noted that discussion is underway on how stroke care might impact on neuro services. Mr Hale said that there was room for movement in other areas particularly around the integration of teams. Dr Dodge noted that a lot of work had been done with the Service Improvement Team looking at ways to improve admission and discharge and free up capacity. However, there remain issues around crossover with stroke work.

Delphine Barraclough noted that it was important to start re-design work now in readiness for the move to the new unit. Dr Dodge noted that work was underway to identify ways to reduce the affordability gap. Amanda Philpott noted that moving neuro down to Brighton was an opportunity for exploring trimming out areas where there is some duplication, such as theatres. Dr Littlejohn noted that neuro was very dependent on imaging services, and there was a possibility that some services such as this could be shared. Dr Dodge noted that there should be flexibility in using existing services adding that there are R&D beds in CIRU with a low level of occupancy which could be used by neuro to avoid duplication.

Amanda Fadero asked if activity was being measured on existing services or if assumptions were being made around services such as rehabilitation across Sussex. Dr Littlejohn replied that the elective workload was being reviewed based on current work. He noted that it is likely that there will be six neuro-rehab beds, probably located at PRH. He confirmed that children's rehab would not be part of the model.

Mr Hale asked whether head injury would be included within the model and not just those patients currently being seen. Dr Littlejohn noted that clearly the number of ITU beds available in the unit would dictate the type of patient seen, but a minimum of 15 beds was estimated, initially starting out with space for 11 beds. Mr Hale said it would be important to clarify the standardisation of the management of intensive care patients across the Trust. Dr Littlejohn said he felt it was most important to have sufficient capacity.

Delphine Barraclough noted that Amanda Philpott had been invited to attend the next Neuro sub-group meeting and had confirmed her intention to attend.

Dr Newman said that he hoped it would be possible to increase the level of neurosurgical intervention for spinal and brain cancer patients for a combined approach as this is much better than solely using radiotherapy. He continued that the team are using a specialist spinal orthopaedic surgeon for this role.

Amanda Philpott noted that there is a need to inspire confidence in staff at HWP, in the importance of the proposals within the business case and the need to get the model right. There is also the need to make sure that every element within the business case is affordable.

In response to a question from Dr Littlejohn, Amanda Philpott confirmed that outpatients would continue to be seen in a variety of outreach locations as currently happens.

#### 5.4 Cancer Business Case

Dr Newman noted that the work around the business case had been underway since 2003 and had been looking at a 5-year timescale, expected to culminate in the 'Cancer tower' once the RACH build was complete. To this end, a lot of work on the proposal has been undertaken with stakeholders.

He continued that the proposal had been for the bulk of radiotherapy to be undertaken at Brighton with a satellite service in Eastbourne; this would then meet the currently unmet needs of the north east patch of the population.

Dr Newman commented that Fit for the Future could have major implications for cancer services. For instance, if Worthing or Eastbourne Hospital were to become a LGH, would it continue to be safe to deliver chemotherapy from these sites; if not, this will all have to be delivered from Brighton.

If there was to be a second centre at Eastbourne this would have revenue consequences of some £1-2m and he noted that it was likely to be more difficult to recruit staff to work in this location, compared to attracting them to Brighton where most will live already. It is proposed to undertake a staff survey of radiotherapy technicians and related staff, to see how real this perceived problem is.

Dr Newman noted that a recent national report on radiotherapy indicated a requirement for an increase in available equipment. The Trust currently has 4 Linacs but this would need to be increased up to 8 or more. However, current waiting times remain good with the most urgent cases being seen within 4 weeks. He continued that waits for breast radiotherapy are, however, too long.

Hastings patients currently receive oncology services from Kent, but from 2012, general cancers will also be seen in Brighton as well as the more complicated or rarer cancers seen currently. This means resultant staffing issues which will need to be addressed. Dr Newman noted that for these patients, travelling for long periods of time each day is not tenable and there would be a need for hotel facilities based in Brighton to accommodate them.

Steve Gallagher noted that extending cancer services would be in the first phase of the rebuild if the plan is to keep the centre in its existing accommodation. The capital spend would be predicated on what is needed in terms of the service model now and for 10-years hence. He continued it was essential to get the planning right for whatever build is needed to last for 25-years plus.

Amanda Fadero noted that she had led the Best Care, Best Place consultation on behalf of the PCTs and was therefore aware of the content of the original cancer SOC. She continued that there needs to be detailed work with commissioners on the service model and discussion should clearly involve the Sussex Cancer Network. The overall position is that the OBC has to be affordable for Sussex and the level of activity needs to be substantiated to support this.

Dr Newman noted that serious discussion was required on the cancer model and providing a service to neighbouring hospitals; agreement would need to be made on whether consultant contracts would be held by the main cancer hospital, ie Brighton or the neighbouring hospitals that they visit.

Amanda Philpott asked what needed to be done to explore the issues raised by Dr Newman. The latter suggested that existing groups continue to discuss service models in parallel with the work underway on the 3Ts Programme. Steve Gallagher noted that agreement was needed within the next 2-weeks.

**Action: D Barraclough / Dr Newman**

Amanda Fadero suggested that Geraldine Hoben at Brighton & Hove City PCT join the discussion for the Commissioners and agreed to speak with Deborah Tomalin and Nigel Marchbank of the Sussex Cancer Network, to ascertain their views.

**Action: Amanda Fadero**

#### 5.5 Overall Business Case update

Steve Gallagher reported that the Strategic Outline case is due to go to the BSUH Trust Board on 1<sup>st</sup> April. There is therefore a need to finalise the service model of care in the next fortnight as revenue and capital costs need to be known by 20 March.

He continued that whilst some areas such as trauma are a little behind schedule, neuro and cancer were mainly written up and Vicki Hart-Dale from Finnamores is assisting with this part of the work.

Amanda Philpott noted that time is being cleared in diaries for mid-March to allow the core team to go through the SOC and it will be important to get a coherently agreed vision described in the SOC. Although there will still be the OBC and FBC stages to go through, it is important to describe the service model well from the start.

Amanda Fadero noted that it would be helpful if a note could be circulated describing the timetable, along with a summary sheet in terms of planning assumptions, etc.

**Action: Steve Gallagher**

Amanda Fadero asked if the other 3 commissioner organisations should be represented around the table. Amanda Philpott said although it was appropriate that they be involved, Amanda Fadero was representing commissioners as Brighton and Hove are the host PCT, but would be happy to take advice from the Sussex PCTs.

**Action: Amanda Fadero**

#### 6. Any other business

Steve Gallagher reported that the additional feasibility report on the helipad was expected in early March.

The capital cost model will be validated by the SHA and a final report is expected soon. This will mean that focus can then switch to functional content.

He noted that the contactors day had been well attended. Amanda Philpott noted that a panel was being put together to review the tenders when they are submitted.

#### 7. Next Meeting: Friday 14 March, 1:00 - 2:30pm, Sussex House Lecture Theatre.

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
**Held on Wednesday 2<sup>nd</sup> January 2008 at 1.00pm in the Board Room, Sussex House**

**Present:** Dr Graham Dodge, Mr Matthew Fletcher (from item 5), Steve Gallagher, Colin Gentile, Nick Groves (secretary), Mr Peter Hale (Co-Chair), Dr John Hartley, Dr Des Holden, Dr Tony Kelly (Brighton & Sussex Medical School), Mr John Norris, Amanda Philpott (Co-Chair), Alison Robertson (from item 5)

**Apologies:** Dr Jo Andrews, Amanda Fadero (Brighton & Hove City Teaching PCT), Julie Nerney.

**1. Introduction & Welcome**

Amanda Philpott was pleased to welcome Dr Kelly, who will be representing Prof. Cohen and the Brighton & Sussex Medical School at the Programme Board.

**2. Notes of Previous Meetings**

The notes of the Core Team meeting (17<sup>th</sup> December) were received. Amanda asked members to notify Nick of any amendments to the notes of the last Programme Board (7<sup>th</sup> December); these will be formally ratified at the next meeting (15<sup>th</sup> February).

**3. Matters Arising**

**3.1 Trauma Centre Activity**

Nick Groves reported that he had asked SECamb whether they record Injury Severity Scores and whether this could be used to assess the volume of additional activity that a Trauma Centre could expect to attract. BSUH is also rejoining the Trauma Audit & Research Network (TARN), which will provide access to data across the UK.

**4. Programme Board Terms of Reference**

Amanda Philpott said that Prof. Cohen had suggested strengthening the terms of reference relating to the Teaching Hospital/Academic Health Sciences Centre. The group agreed in principle that teaching space should be included within the new development if this is affordable. It noted that the organisational issues, including the impact of shared governance and decision-making processes on BSUH's Foundation Trust application, are being progressed through a Trust Board subgroup. The group asked Dr Kelly to ask Prof. Cohen what further strengthening he had envisaged.

**Action: Dr Kelly**

**5. Medical Model**

Mr Hale said that while much work has been undertaken to develop the Cancer and Neurosciences business cases, further thinking is needed for the 'fit for purpose' element, ie. the model of care and facilities underpinning the reprovision of medical/elderly beds from the Jubilee and Barry buildings, and needs to be integrated with medical model of care for PRH. Dr Hartley agreed and set out some of the key issues:

- i) There is a growing feeling that junior doctors are not as capable as they were at the same stage in their training previously. This will mean rethinking the way in which Consultants are organised, eg. greater 'shopfloor' presence, new team structures and on-call arrangements, more frequent ward rounds.

- ii) Lengths of stay in medicine and elderly care at RSCH are already in the upper quartile nationally. Additional intermediate care places should allow a further progress towards upper decile however there does need to be an appropriate number of elderly beds on site or patients will continue to outlie. Michael Wilson said he expected that work being undertaken with the Social Services departments would reduce the number of delayed transfers of care.
- iii) There is a consensus that PRH needs a dedicated elderly care ward; this should assist in improving lengths of stay on that site. The Division is currently thinking about replacing Dr Hine when he retires at the end of March with a geriatrician, although the digestive diseases service will still need an additional gastroenterologist.

Mr Hale asked whether consideration had been given to a model of managing patients onsite for the short acute phase and then transferring them to a larger and / or more appropriate facility offsite. Dr Hartley said that he and Dr Gainsborough were not averse to this if it adds value. However transfers generally increase length of stay and occupy staff time so this may not be the most efficient model. Mr Hale felt that consideration should also be given to diverting more patients from the north end of RSCH's catchment to PRH from the outset as a way of rebalancing workload. It was agreed that these suggestions would be considered.

- iv) Dr Gainsborough has suggested that in-hours both PRH and RSCH could offer a stroke thrombolysis service but that out-of-hours this could be centralised at RSCH. This might attract work from a wider catchment area but this has not yet been discussed with neighbouring Trusts and would require a commitment to swift repatriation once the patient could be moved safely. By contrast, Mr Fletcher added that the view of physicians in other Trusts in West Sussex was that all hospitals should provide an acute stroke service if they have access to scanning, ie. it should not be centralised.
- v) Dr Holmberg is progressing the issue of primary angioplasty for the relatively small number of patients with MI who are candidates. Dr Hartley said that this should be included in the medical model although cardiology sits outside the Division administratively. This service also requires some discussion with neighbouring Trusts and the Sussex Heart Network.
- vi) The medical model needs to incorporate much more integrated working between sites, to the point of having single cross-site specialties that deploy staff flexibly as required.
- vii) Dr Hartley added that the reconfiguration of Level 5 at RSCH needs to be part of the plan, as does the Division's aim to increase the number of physicians.

Colin Gentile asked whether commissioning plans would affect the model. Amanda replied that the PCTs' current commissioning plans envisage some movement of care into the community but that this has not yet been quantified.

It was agreed that Dr Hartley would progress these discussions within the Division and with the involvement of Mr Hale and Michael Wilson. Amanda said that she would also speak to Dr Hartley outside the meeting about any background data that might usefully inform this discussion.

**Action: Dr Hartley**

## 6. 21<sup>st</sup> December Workshop

### 6.1 Draft Report

Nick Groves tabled the draft report summarising the discussions from 21<sup>st</sup> December workshop. He apologised that some of the appendices were still incomplete but hoped that there would be enough in the main body of the report to enable members to comment. Amanda said that the final paper would be circulated to neighbouring Trusts and Patient & Public Involvement Forum representatives; the team was therefore particularly anxious to avoid unhelpful phrasing. It was agreed that members would let Nick have comments by 7<sup>th</sup> January and that the revised report would then be circulated to everyone who was invited to the workshop for their comments.

**Action: All**

Nick said that the draft had also been circulated to group facilitators and scribes but asked that it not be shared any more widely at this stage, given its incompleteness. This was agreed.

## 6.2 Trauma Focus

Mr Norris asked why trauma had been given such prominence in the discussions given that it would represent a relatively small volume of work. He suggested a broader focus on critical care services and that trauma would form a part of that. Amanda Philpott said that the programme had started as the 'Critical Care Centre' but had changed names a number of times since its inception in search of an appropriately encompassing phrase. She agreed however that this element of the project needs to address care of the severely injured rather than just trauma.

Mr Hale said that the NCEPOD report is very clear in its recommendations about head injury services. He felt that this was a real opportunity for neurosciences to consolidate its position, even though trauma would represent a relatively small part of its work. In this sense 'trauma' is a useful label.

## 6.3 Next Steps

Nick drew the group's attention to the summary of outstanding issues raised by the various working groups (Appendix E of the draft report). He said that this is not an exhaustive list and does not include, for example, issues relating to healthcare of the elderly or Cancer. After some discussion, it was agreed that the issues would be progressed as follows:

- i) Mr Norris agreed to address the questions relating to Neurosciences. It was agreed that this was needed urgently. Steve Gallagher noted that it would be difficult to achieve the original timetable of submitting the Strategic Outline Case to the Trust Board in March if the discussion did not happen until February. It was therefore agreed that there would be a specific subgroup addressing the outstanding issues at the 15<sup>th</sup> January workshop. Mr Norris will identify by the end of 4th February the necessary and desirable attendees for Nick to invite.

**Action: Mr Norris**

- ii) As set out above, Dr Hartley agreed to address the medical/elderly model of care.

**Action: Dr Hartley**

- iii) Amanda Philpott said that she, Mr Fletcher and Prof. Cohen are leading a Trust Board subgroup to address the organisational issues of closer working between BSUH and the Brighton & Sussex Medical School, including the implications for Foundation Trust status. She added that in terms of capital planning, consideration will be given to a member of project capital planning team (once appointed) having formal responsibility for liaising with the Medical School and progressing the issue of teaching space within the new development.

**Action: Amanda, Mr Fletcher, Prof. Cohen**

Nick suggested that this would leave issues relating to the Trauma Centre, strategic direction, clinical networks and site configuration to be addressed. These could be progressed through the 15<sup>th</sup> January workshop. Colin Gentile and Michael Wilson confirmed that the business case for the Dr Foster database would be agreed relatively quickly and would assist with discussions about new services.

**Action: Michael Wilson / Colin Gentile**

## 7. 15<sup>th</sup> January Workshop

### 7.1 NCEPOD Trauma: Who Cares?

Nick Groves reported that he had had a positive response from Prof. Treasure, NCEPOD Chair, to the invitation to become involved with BSUH's work, eg. discussing the NCEPOD report at the 15<sup>th</sup> January workshop. Nick said that he was waiting for confirmation of availability.

## 7.2 Workshop Agenda

Nick reported that the Core Team had discussed using the expected affordability gap as the driver to progress discussions about alternative service models and innovative use of facilities, including the list of questions included in the draft report. Colin Gentile expressed some concern about this approach; he felt that the first question should be whether a development had widespread clinical support rather than whether it was affordable. Amanda agreed with the principle but suggested that the compressed timetable required more integrated discussions about clinical models, ambitions and affordability.

It was agreed that the Core Team would reflect on the Programme Board's comments and revise the programme for the workshop accordingly.

**Action: Core Team**

Mr Norris agreed to invite additional Neurosciences colleagues to the event. Nick asked whether he could be copied in to keep track of attendees and numbers.

**Action: Mr Norris**

## 8. Next Meeting

**Friday 15<sup>th</sup> February from 1.00 to 2.30pm in the Boardroom, Sussex House.**

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**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**  
Held on Friday, 7<sup>th</sup> December 2007 at 1.00pm in the Lecture Room, Sussex House

- Present:** Dr Graham Dodge (from item 4), Amanda Fadero (Brighton & Hove City Teaching PCT), Mr Matthew Fletcher, Steve Gallagher, Nick Groves (secretary), Mr Peter Hale (Co-Chair), Dr John Hartley, Mark Pearson (for Colin Gentile), Amanda Philpott (Co-Chair), Alison Robertson, Mr Phil Thomas
- Apologies:** Prof. John Cohen (Brighton & Sussex Medical School), Simon Eyre (East Sussex Downs & Weald PCT), Dr Andrew Foulkes (West Sussex PCT), Colin Gentile, Dr Des Holden, Michael Wilson

**1. Welcome & Introductions**

Amanda Philpott opened the meeting and thanked everyone for attending. She announced that Mr Hale had been appointed as Clinical Lead for the programme and that they would be co-chairing these meetings. Dr Dodge has been appointed as Clinical Lead for Service Redesign and Deputy Clinical Lead for the programme.

**2. Notes of Last Meeting**

The notes of the previous meeting (24<sup>th</sup> October) were approved. The notes of the core team meeting (30<sup>th</sup> November) were received. There were no matters arising.

**3. Update from Trust Board**

Amanda Philpott briefed the group on the Trust Board discussion about the programme:-

**3.1 Project Title**

Amanda said that the core team had struggled to find a name that encapsulated the elements and aspirations of the Programme without sounding grandiose. After a brief discussion, the Regional Centre for Teaching, Trauma & Tertiary Care (the '3T strategy') was agreed.

**3.2 Academic Health Sciences Centre**

Amanda reported that Prof. Cohen had said he was keen to see significant strengthening of the alignment between the University and Trust within this project, for example through the establishment of an Academic Health Sciences Centre (AHSC).

Mr Thomas said that there are two elements to this: ensuring that clinical teams are fully integrated within an academic/teaching environment, which he felt was within the scope of this project, and an AHSC building, which he felt was not. However the Trust should be looking to use the project to vacate its accommodation on the south side of Eastern Road (eg. Sussex Eye Hospital, Outpatients) to provide the University with a development footprint should it wish to pursue a build. The group agreed.

Amanda Philpott said that Prof. Cohen was keen to see teaching space included in the newbuild. Amanda Fadero noted that the design of the Royal Alexandra Children's Hospital had been significantly modified to include teaching space, although she was unsure how this

had been funded. Mr Thomas said that it would be important to ensure that any inclusion of teaching space within the building did not make it unaffordable.

### 3.3 Affordability

Amanda reported that Mr Thomas and Michael Pitts (NED) had stressed the importance of ensuring that the revenue consequence of the capital investment was affordable. Colin Gentile had observed that it would be important to differentiate between initiatives that add quality and those that generate income. Julie Nerney (NED) has said that a market analysis would be necessary anyway - but especially to inform the Trust's understanding of demand risks and opportunities and of likely capacity.

### 3.4 Timescale

Amanda reported that there had been a number of questions about timescales. The Board had agreed that finding the right solution was more important than achieving an over-ambitious timescale, although it recognised that some buildings need be replaced urgently. Amanda said that the Programme Board would be able to take a view on the feasibility of the proposed timetable once the Strategic Outline Case (SOC) has been completed.

### 3.5 Expert Advisors

Prof. Cohen had emphasised the need to involve external expert advisors. Mr Hale agreed: he said that reprovision of the Barrie building and the Cancer and Neurosciences developments are relatively straightforward. Trauma is more challenging because the necessary planning and service modelling expertise may not currently exist within the Trust. He was concerned that the model some clinicians appear to be aspiring to is not matched by BSUH's catchment population or nature of trauma locally. Mr Fletcher noted that SECamb had identified 600 trauma cases per year across Surrey, Sussex and Kent.

It was agreed that SECamb should be engaged at an early stage to understand the likely volume of additional trauma cases.

**Action: Nick Groves**

## 4. Project Plan

Nick Groves presented the amended project plan, including the terms of reference for the Programme Board.

### 4.1 Membership

Mr Thomas felt that Cancer and Neurosciences should have representation at the Programme Board. Amanda Philpott confirmed that these services had been invited to send representatives and that places had been allocated in the membership.

Amanda Fadero said that it would be important to engage the specialist commissioners, for example around repatriation of tertiary care services from London.

### 4.2 Academic Health Sciences Centre

Amanda Philpott said that she had had a useful meeting with Prof. Cohen following the discussion at the Board. She said that the programme for the first workshop had been amended to include a small group focusing on the AHSC. It was agreed this element also needed to be enhanced in the draft terms of reference.

**Action: Nick Groves**

## 5. Project Timetable

Steve Gallagher tabled the proposed project timetable, which runs from November 2007 to the planned commencement of the decant programme and on-site construction in July 2009. This assumes that the scheme will be Exchequer- rather than PFI-funded, although this will need to be tested through the business planning process; Steve estimated that the PFI route would add another two years to the timetable. Steve also explained Procure 21 arrangements.

Steve recommended that the programme adopt a planning horizon of ten years, ie. five years for planning and construction plus five years of service delivery thereafter. This was agreed.

Amanda Fadero said that ideas were emerging about phasing the *Fit for the Future* centralisation of maternity services across Sussex; it would be important to include this in the SOC and subsequent documents and, if appropriate, to allow these development to proceed in advance. This was agreed. She thought that it would also be important to note the spare capacity within the Children's Hospital and explore whether additional elements of the paediatric service could be provided from that building.

Mr Hale and Mr Thomas welcomed the modular approach to the building; this would allow some elements, eg. reprovision of the Barrie building, to proceed while others, eg. service reconfigurations emerging from discussions with neighbouring Trusts about clinical networks, could follow if appropriate.

Mr Thomas said that it would be important to understand and factor in neighbouring Trusts' capital developments and service aspirations. For example, the original 'Cancer Tower' SOC appeared to have an unresolved issue about the number of radiotherapy bunkers vis-à-vis Eastbourne. Also, the scale of Portsmouth Hospitals Trust's aspirations around trauma would impact on RSCH's catchment population. Amanda Fadero noted that Plymouth Trust had shared its detailed plans with the Joint Health Overview & Scrutiny Committee so this document is available.

The draft project timetable was approved.

## 6. 21<sup>st</sup> December Workshop

Nick presented the revised programme and up-to-date list of invitees/attendees. Amanda Philpott encouraged members to review the list and advise Nick if anyone had been overlooked.

The draft programme was agreed. Mr Hale said that it would be important for individual specialties to be given guidance so that the models of care they develop are consistent with the Trust's overall vision and do not seek to stand in isolation.

## 7. Draft Strategic Outline Case

Steve Gallagher explained the structure of the document. He asked for comments on Sections 2 and 3, ie. on the logic and content rather than typos, by 21<sup>st</sup> December.

## 8. Communications Update

Nick Groves said that Mr Hale had written to all Consultants to brief them on the programme and encourage them to share their views with their Principal Lead Clinician in advance of the December workshop. Alison Robertson kindly agreed to brief senior nurses along the same lines and suggested that Paula Rabin be invited to do the same for Allied Health Professionals.

**Action: Alison Robertson, Paula Rabin**

## **9. Any Other Business**

### **9.1 Marketing Day**

Steve Gallagher said that a marketing day is being arranged for the end of January 2008 for prospective contractors. This will be largely Estates-led and aims to familiarise potential bidders with the site and the size and nature of the scheme. He expected that there would be a high level of interest.

### **9.2 Programme Funding**

Steve Gallagher reported that the Trust had not been successful in securing the c. £750k project funding from Brighton & Hove City Teaching PCT and that the Trust would need to proceed at risk. Mr Thomas asked whether this would mean diverting money from clinical budgets; Steve replied that Chris Adcock is identifying the source of the funding. Amanda Fadero noted that these monies can be claimed back if the scheme proceeds.

## **10. Next Meeting**

**Wednesday 2<sup>nd</sup> January 2008 - 1.00 to 2.30pm in the Sussex House Boardroom.**

**Regional Centre for Teaching, Trauma & Tertiary Care**  
**Notes of the Programme Board Meeting**

Notes of the Meeting Held on Wednesday 24<sup>th</sup> October 2007 in the Boardroom, Sussex House

**Present:** Amanda Philpott (Chair), Dr Henry Alexander, Dr Lynne Campbell, Mr Sandeep Chauhan, Steve Gallagher, Dr Andrew Iversen, Dr Kelsey Jordan, Nick Groves (Secretary), Nikki Moore, Mr Phil Thomas, Dr Ryan Watkins

**Apologies:** Dr Liz Derrick, Dr Graham Dodge, Dr Mark Jackson (BGH), Dr Mark Jackson (PRH), Dr Ian Littlejohn.

*Note: The project plan has been revised in light of discussions at the Steering Group meeting and will be circulated widely; these notes do not therefore rehearse points covered in the project plan. The aim is to record other comments/questions that members felt should be borne in mind for the project. Future meetings will be minuted.*

### Key Points

- Mr Chauhan wondered whether the title of the group implied that its scope is restricted to the CCCE development rather than to the wider review of the use of the RSCH site and enhancement of the clinical relationships associated with the developments. Dr Alexander said that, for example, elderly medicine would want to be involved under this wider remit.
- The Steering Group needs to be a manageable size. The 'development' work should be undertaken through a series of carefully-facilitated half-day workshops for internal and external stakeholders. These will need to include representatives from almost every specialty. Workshops and meetings will need to be diary'd well in advance (not less than six weeks); the first should be before Christmas.
- Mr Thomas said that one of the risks would be sizing Phase III before we know the outcome of the *Fit for the Future* reconfigurations. Amanda suggested that the Strategic Outline Case (SOC) would need to include various scenarios.
- Mr Chauhan asked how specialties' expectations could be managed so that they don't spend time developing long 'wish lists' that then prove unaffordable. Steve said that this was why the affordability test is included at the first (SOC) stage. Mr Chauhan said that in order to be able to champion the development he would need to be assured that specialties' requests had been given serious consideration and were then translated into business planning. Amanda said that the Trust couldn't agree to meet every request but it would commit to giving every issue/request serious consideration, and to use the Steering Group and workshops as fora for discussion of priorities and reasonableness.
- Mr Thomas said that if the capital development cost £200m, that means £10m/year in additional revenue costs - and additional staff, equipment etc. will be in addition to this. The Service Line Reporting process is showing that most services are operating at a loss or at only a 2-5% surplus. Amanda said that it would be important not to be overly optimistic in projections for increasing activity and improving efficiency.
- Amanda reported that the Clinical Lead for the development is due to be appointed on Friday, following advertising for the post and a formal selection process.

### Next Meeting

The next meeting of the Steering Group is likely to be the week commencing 3<sup>rd</sup> December, in preparation for the first workshop (middle of December). Dates to be advised.

