

Section 9.5.2: UHL Reconfiguration Programme governance arrangements

The UHL Reconfiguration Programme reports directly into the BCT programme as a workstream. The UHL Reconfiguration Programme is also set within the context of the UHL Trust governance structure. The diagram below shows the governance framework of the Reconfiguration Programme within UHL.

Figure 9-1 UHL Reconfiguration Programme governance structure



Supplementing this governance structure is a range of project boards designed to oversee the implementation of each element of the Reconfiguration Programme.

The UHL Reconfiguration Programme reports directly to the Executive Strategy Board (ESB), which is chaired by the Chief Executive, on a monthly basis. This provides an overall update on progress, seeks approval for material changes to strategy, and highlights areas of risk or concern.

Information flows from the Reconfiguration Programme Board, to the ESB, the Finance and Investment Committee (FIC) (and Audit Committee at key milestones), through to the Trust Board. The role of each committee in relation to reconfiguration has been agreed and reporting is flexed accordingly.

The UHL Reconfiguration Programme Board is responsible for providing overall direction and is accountable for the success of the programme. The Chief Financial Officer as Reconfiguration Senior Responsible Officer (SRO) chairs the meetings and

has the executive responsibility for decisions relating to the Programme.

In order to achieve its purpose, the Reconfiguration Programme Board has the responsibility to:

- Oversee the development and appraisal of the Reconfiguration Programme and associated business cases (PCBC, DMBC, SOC, OBC's and FBC's) prior to submission to the Executive Strategy Board and Trust Board for approval and signoff.
- Verify the continuing validity of the clinical vision, business benefits, and the programme components to ensure successful delivery.
- Ensure that risks are being identified and appropriately managed, in line with the Programme risk register (and wider Trust risk management processes).
- Ensure appropriate links are made with other workstreams and groups within UHL, BCT, the STP and LLR.

The Terms of Reference of the UHL Reconfiguration Programme Board are included in **Appendix AF – UHL Reconfiguration Programme Board Terms of Reference**.

An integrated governance structure is in place to provide regular information flows to key parts of the organisation and its own committee structure. Monthly highlight reports are provided from each project / workstream to the PMO; this information is then used to provide strategic level reporting to the UHL Reconfiguration Board, ESB, Trust Board and Audit Committee.

Table 9-1 Reconfiguration monthly reporting

Level	Report	Audience	Example content	New or Existing?
1	Executive Summary	<ul style="list-style-type: none"> • Trust Board • Executive Strategy Board 	2 page summary of all programme dashboards at a overview level Including: key milestones and risks etc.	New
2	Programme Dashboard	<ul style="list-style-type: none"> • UHL Reconfiguration Programme board • BCT PMO 	Summary dashboard of detailed workstream highlight reports Including: risk and issues, project plans, key milestones etc.	New
3	Workstream Dashboard	<ul style="list-style-type: none"> • Workstream members • UHL Reconfiguration Programme Board 	Highlight reports covering all key metrics in a dashboard style Including: project plans and KPIs.	Existing
4	Project level reports	<ul style="list-style-type: none"> • Project land workstream leads 	Detailed reports covering all aspects of each project	Existing

Arrangements for specialised commissioning decision making following consultation

As a commissioner of specialised services, NHSE/I Specialised Commissioning has an internal governance process. All decisions go to the Development and Engagement Group that sits monthly, and then to the Midlands Specialised Commissioning Group that also sits monthly and for final sign off to Midlands Commissioning Group (MCG) which meets weekly. Urgent decisions can go straight to MCG. If the decision requires an investment or change in contract from Specialised Commissioning, there are other forums that may have to be consulted to allow approval, but this is dependent on what is being asked. The Regional Director for Commissioning will also consult with the Regional Leadership Team (RLT).

UHL Reconfiguration Programme management

Background

The UHL Reconfiguration Programme in its current form has been in existence since December 2014 and was approved through production of a programme brief and Project Initiation Document (PID), signed off by the Executive Strategy Board and Trust Board, which outlined the strategic background, objectives, roles and responsibilities and the intended structure of the programme.

A Reconfiguration Programme implementation document was developed in February 2016, which defined the implementation stage of delivering the Reconfiguration Programme. This document provided a framework for how the Reconfiguration Programme is being delivered and how the organisation will be assured on progress.

A Department of Health (DHSC) Gateway Zero review of UHL's capital/site reconfiguration proposals was carried out in October 2014 to assess the capacity and capability of UHL to deliver their five year strategy.

The primary purpose of the Health Gateway Zero review was to review the outcomes and objectives for the Reconfiguration Programme (and the way they fit together) and confirm that they make the necessary contribution to government, DHSC, NHS and local organisational strategies.

The recommendations from the Gateway Zero and current position against them are summarised in the table below.

Table 9-2 Recommendations from Reconfiguration Programme Gateway Zero review

Recommendation	Current position
Appoint a Programme Director.	Interim Director in place since December 2014 and recruited to substantively in spring 2016.
Establish an overarching governance structure in line with a recognised methodology (Prince 2/MSP) to develop the Programme and provide assurance to the Trust Board and	UHL Reconfiguration Programme Board set up in December 2014, which included all related activities to

Recommendation	Current position
external bodies of ability to deliver within the timescales.	deliver the three to two site model and reconfiguration of services.
Production of a PID to outline the various activities (through workstreams) required to realise the reconfiguration strategy.	Produced following the review and approved at Trust Board in March 2015. Superseded by PCBC.

It was recommended that programmes of this scale and nature need regular assessment points and external scrutiny. To that end, a Health Check review (as DHSC Gateway reviews no longer exist) took place in 2016. A stocktake was carried out in January/February 2016) jointly between Ernst & Young and Capita, to offer a view of the state of the Reconfiguration Programme, and help refine actions moving forward to maintain momentum of the Reconfiguration Programme. The findings of the stocktake are summarised in the table below.

Section 9.6.2. Programme management structure

In line with the recommendations from the Gateway Zero, a Programme Management Office (PMO) for the UHL Reconfiguration Programme has been in place since December 2014.

UHL Reconfiguration Programme PMO

The role of the PMO is to shape and govern the Reconfiguration Programme. The role includes:

- Developing the complex delivery programme.
- Tracking progress against the programme.
- Identifying, mitigating and managing risks and interdependencies between projects.

In addition, the PMO leads the delivery of business cases at all stages of development.

A Programme Director and Head of Programme Management Office are in post to manage the process. To date, whilst funding is being applied for, the UHL Reconfiguration PMO has a relatively 'light' structure focusing on progress of the PCBC and associated projects. The UHL Reconfiguration Team, as identified below, has project management and delivery expertise and are employed to work solely on the Reconfiguration Programme, whilst the project leads are sponsors from the UHL Executive Team.

UHL Executive Team support for the Reconfiguration Programme

There is a wealth of knowledge and expertise within the UHL Executive Team in relation to programmes of this type; examples of individual's experience are as follows:

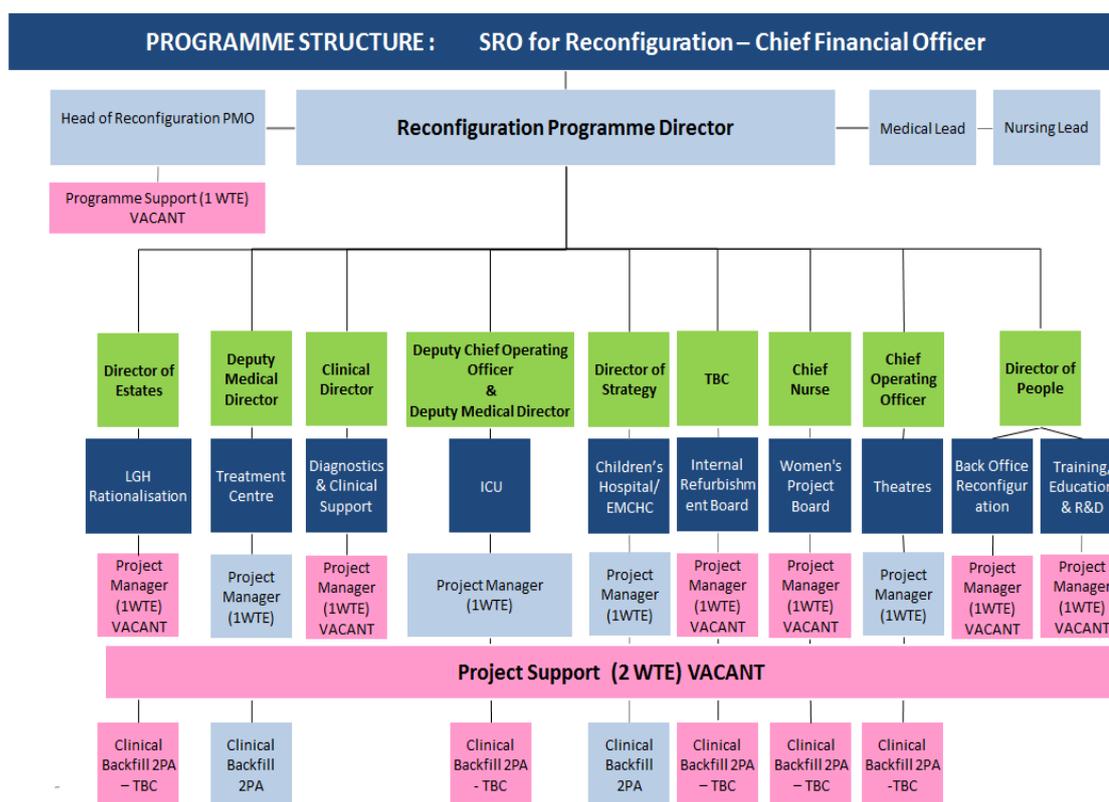
- **John Adler:** Chief Executive with over 20 years' experience at CEO level, including commissioning of a £35 million PFI Treatment Centre and development to business case approval stage of the £350m Sandwell and West Birmingham Hospitals reconfiguration scheme.
- **Darryn Kerr:** Director of Estates & Facilities was the Chief Engineer and Director of Estates and Facilities for the DH; Head of Profession for the NHS in England and at Leeds Teaching Hospitals NHS Trust and led projects using PFI, P21 and P21+, traditional design and build.
- **Nicky Topham:** Reconfiguration Programme Director has experience in PFI and P21.

In addition, the UHL Capital Team have a collective 150 years' experience in delivering healthcare developments, ranging from a Trent Regional Healthcare Scheme to build Phase 2 of GH, to the recent development of the new Emergency Floor at LRI. Their experience covers several contract types including P21, P21+, P22, Lift, NEC, JCT and PFI.

UHL Reconfiguration Programme Structure

The Reconfiguration Programme structure is shown in the figure below.

Figure 9-2 Reconfiguration Programme structure



The Reconfiguration Programme is supported by subject matter experts from across the Trust, these include; estates, workforce & OD, IM&T, procurement and finance. The specialist knowledge of these areas are utilised at both programme and project levels as required.

Where UHL has identified skill gaps it uses external advisors for professional services. To date UHL have used external advisors to support the programme in a range of areas including:

- Complex health care planning.
- Advance simulation activity capacity modelling.
- Clinical Model of Care validation and benchmarking.
- Architects.
- Cost advisors.
- Mechanical, electrical and structural engineers.

For any future PPP projects the Trust will also supplement its internal resources and existing professional advisory team with appropriately experienced legal and financial

/ commercial advisers.

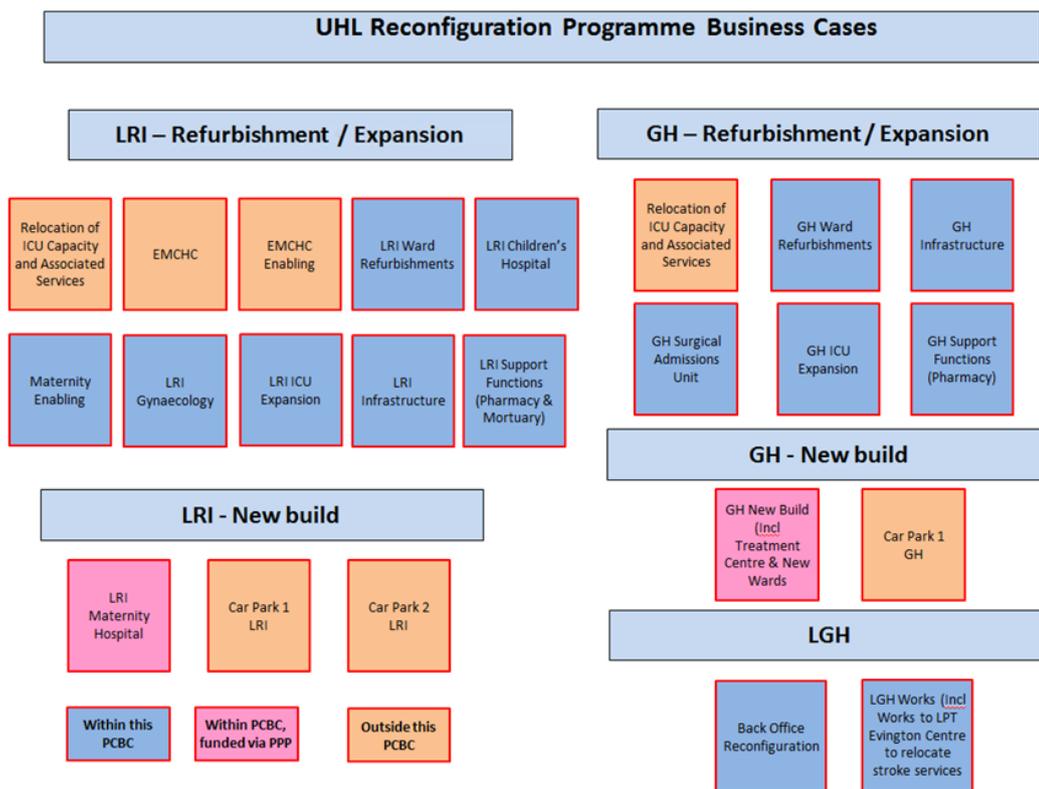
UHL has allowed for the costs/fees for professional advisers in its capital cost estimates.

Elements of the UHL Reconfiguration Programme

The UHL Reconfiguration Programme is made up of projects / workstreams, which all report to the UHL Reconfiguration Board. Members of the Reconfiguration Board include senior representatives from each workstream which span the breadth of the organisation (further details can be seen in the Reconfiguration Programme Board Terms of Reference included in **Appendix AF – UHL Reconfiguration Programme Board Terms of Reference**).

UHL’s current thinking in terms of the various business cases that make up the Reconfiguration Programme is shown in the figure below.

Figure 9-3 UHL Reconfiguration Programme Business Cases



The workstreams are nominally aligned under three headings that define their overall 'role' in developing the future state of UHL:

- **Design:** Clinical Strategy / Models of Care – To work with CMGs to develop clinical models which support the Trust vision (building on existing work).
- **Impact:** Future Operating Model (beds, theatres, outpatients, workforce) – To

model activity, demand and capacity requirements at a specialty level to inform a two site acute model.

- **Delivery:** Business cases and enablers – To transform the clinical model and capacity requirements in to a business case with an estates annex.

The PMO oversees delivery of the whole programme. All workstreams produced a project charter and PID to become formally established, which were signed off at the Reconfiguration Board and ESB.

Each project has a project team and is overseen by a project board; there is a senior Trust executive as its Senior Responsible Owner (SRO). Each workstream / project reports progress, risks and issues to the Reconfiguration Board on a monthly basis.

The workstreams of the UHL Reconfiguration Programme are listed below; more detail is in the Reconfiguration Programme Board Terms of Reference.

- Women's Project Board.
- Children's Project Board.
- Treatment Centre Project Board.
- ICU Project Board.
- Diagnostics and Clinical Support Project Board.
- Internal Refurbishment.
- Infrastructure Project.
- Corporate Back Office / Training and Education Project Board.
- LGH Rationalisation Programme Board (remit wider than reconfiguration).
- Theatres Programme Board (remit wider than reconfiguration).

Reconfiguration Programme controls

Whilst there is a robust reporting system in place, a need was identified to ensure that all individual business cases / projects operate decision making within the parameters of achieving the Programme's objectives, on time, within budget and of high quality. To add rigour to the Programme, a number of controls have been embedded across all workstreams once they are in the construction/delivery phase.

Business case principles

For capital reconfiguration business cases within the UHL Reconfiguration

Programme, there are a set of underlying principles which need to be applied to all the major cases. Through the development of recently approved business cases it became clear that a consistent approach is needed across future cases to ensure alignment with, and delivery of, the UHL Clinical and Reconfiguration Strategy to meet the structural deficit and develop the schedule of accommodation to reconfigure services.

The principles cover financial, operational, workforce, organisational development, project benefits and quality and how they should be reflected in business cases. Adherence to these ensures future Models of Care are efficient, add value and contribute to Trust savings.

Change control process

A change control process is in place across the Reconfiguration Programme to ensure that any changes to business cases and major projects, and the originally agreed programme of work, are robustly managed and taken through the appropriate governance process. Change requests are discussed and agreed at the Project Board prior to submission to the Reconfiguration Programme Board. Once signed off by the Reconfiguration Programme Board, it then flows to ESB and, if the change has implications for the capital costs, it goes to the Trust Capital Monitoring and Investment Committee (CMIC).

Issue management

Programme delivery involves the management of issues which occur during delivery. An issue is something which is actually happening now, is affecting the programme in some way and needs to be actively dealt with and resolved. Risks, should they occur, become issues. There is a risk register in place for the programme.

The Issue management process captures issues as they arise in a consistent and reliable way, to ensure that they are managed and addressed in a timely fashion. Issues are to be identified, assessed and addressed in much the same way as risks. However, by their very nature they are having current impact on project / workstream or the overall Programme delivery and therefore must be resolved as a high priority.

This includes:

- Identifying, assessing and prioritising the issues faced by the project / programme.
- Ensuring that the issues are fully managed, each under the responsibility of an assigned single owner.
- Mobilising any necessary contingency actions and resources.
- Ensuring that all issue plans are regularly reviewed.

- Ensuring that all issues are escalated as appropriate.
- Issues are identified through the highlight reporting process as part of the programme reporting and recorded centrally by the PMO. Major issues are discussed at the Reconfiguration Programme Board and either managed there or escalated up for support/resolution.

Reporting

Each workstream has a Project Team and Project Board, with an SRO / Project Lead, which meet monthly.

An integrated governance structure for the programme is in place ensuring oversight and providing assurance to different levels of the organisation.

Monthly reporting is at three levels via a series of dashboards:

- **Level three** – Completed by workstream leads for the Project Board, this is the basis of the highlight report which includes details of milestones, interdependencies, key activities and risks. All projects / workstreams maintain a risk log, which is reported and updated monthly.
- **Level two** – The information from the level three highlight reports is aggregated up to a dashboard for the Reconfiguration Programme Board, with high level details of progress of each project / workstream and overall programme risks.
- **Level one** – The information from the level two dashboard is further aggregated to a strategic level report that is shared with the Executive Strategy Board and Trust Board, flagging progress and significant risks or issues.

Business case resourcing and capital expenditure monitoring

The resource requirements of major reconfiguration business cases prior to FBC approval, and therefore prior to receipt of the external funding required, has been identified as a key risk in delivery of the programme, both in respect of the availability of capital funding and the management of allocated budgets. The guidance in the capital bidding process for July 2018 stated that Trusts could potentially receive loans to support the business case development which would be repayable on FBC approval, and the UHL has assumed this to be the case in developing its proposals.

Expenditure will be monitored against the plan for major reconfiguration business cases on a monthly basis. Any deviation from the capital plan will be reviewed and managed appropriately. Fees incurred will be reviewed to ensure they are appropriately accounted for as either capital or revenue.

Expenditure intended to be treated as capital expenditure includes costs relating to business case authoring and development, external gateway reviews, communications and engagement support, workforce planning support, finance support, estates support, project management and implementation and design fees.

Role of Reconfiguration Programme workstreams

At the outset of the programme, each project / workstream develops a charter which outlines the benefits of the project. This is reviewed in year, with tracking of progress against milestones and KPIs. Each workstream reports monthly to the Reconfiguration Programme Board, as described in the previous section.

The workstreams are currently in different stages of development. Some have complete clarity and are progressing well, whilst some remain at the early stages of gaining traction across the organisation. We recognise that, for a programme of this size, this is natural as workstreams and the Programme evolves, and moves forward. The critical path and programme plan are intended to ensure that key milestones remain on track and where there is slippage, impact is assessed and mitigations undertaken.

All projects are managed following MSP and PRINCE2 methodology and overseen by the Reconfiguration Programme Board. Post Project Evaluations (detailed in the next section) are an integral part of UHL's programmes and learning is continually used in the development of UHL's programmes. For example, UHL's Internal Auditors (PwC) carried out a Post Project Evaluation (PPE) on the first phase of the Emergency Floor project (the new ED) and lessons learned were embedded into the second phase delivery of the new Assessment Units. These were successfully opened on 13th June 2018.

Previous experience

The Reconfiguration and Estates teams at UHL have delivered the following major investment projects in the last three years which have been delivered on time and within budget:

- **The new Emergency Floor:** this is a £43 million approved scheme delivered in 2 phases. Phase 1 was the new Emergency Department (ED) which went live on April 26th 2017. Phase 2 was the development of medical and frailty assessment units, which was constructed in the space previously occupied by the ED and surrounding areas, and completed in June 2018.

The new Vascular Unit at GH: this is a £13 million scheme which has delivered a new ward with the Vascular Studies Unit, a new Hybrid Theatre, and Interventional Radiology Suite. In order to meet the National Specialised Services standards for a Level One Centre, Vascular services transferred to GH in May 2017