

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS MEETING**

**Meeting Date:** 27 January 2016

**Title and Author of Paper:** Trust Programmes Board  
Paul McEldon/James Duncan

**Paper for Debate, Decision or Information:** For information

**Key Points to Note:**

The attached notes capture the output of the Final Trust Programme Board held on Monday 11<sup>th</sup> Jan 2016.

**Outcome required:** For information

The notes below provide an outline of the Trust Programme Board that took place on the 11<sup>th</sup> of January 2016.

The Programme Board reviewed all Programmes to determine confirm continuation or closure and future reporting arrangements. All programmes being considered for closure had associated Programme Closure Reports for the Programme Board to consider.

## Community Care Transformation

The community Care Programme will continue with ongoing reporting through CDT. CDT will continue to provide overall oversight on implementation, and the benefits realisation reporting will be integrated into performance reporting.

Discussion has been held on the future of the Transformation Implementation Group (TIG) meetings within the Community Care Group. These will be integrated into ongoing operational management at an appropriate time in order that the new community models become seen as the core operational model. The focus will then move onto embedding of new models of care delivery and continuous improvement. A monthly triumvirate meeting is held to talk about improvement, which feeds into CDT, and this will be developed over the coming months. The external evaluation of Transformation with the LSE will be taken forward as outstanding data quality issues are resolved. Northumbria University are involved in an independent evaluation of Service User and Carer experience.

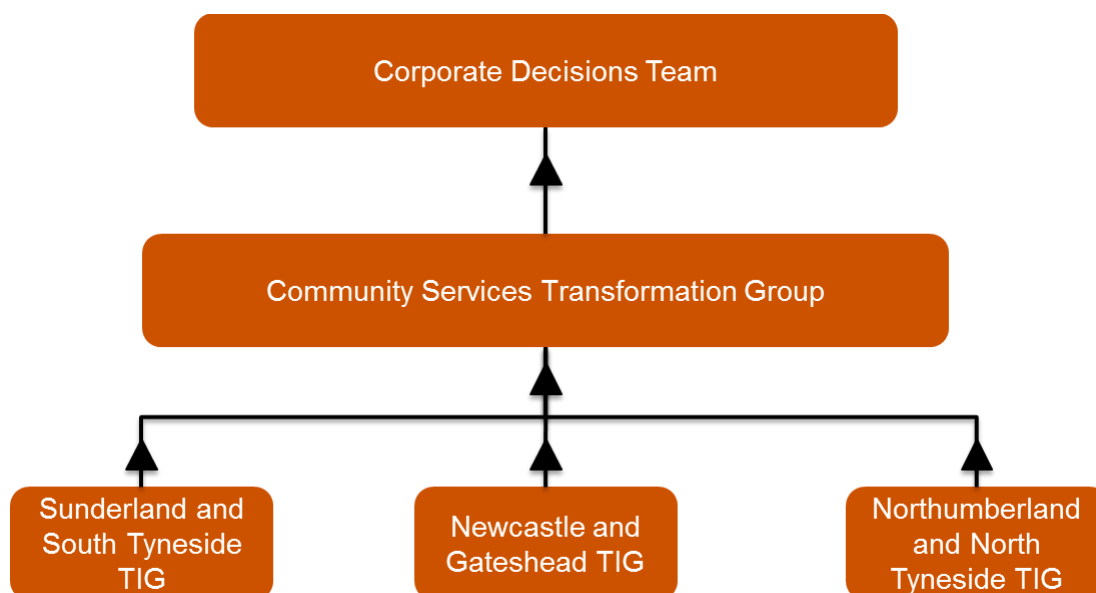


Diagram showing Community Care Transformation Governance

## Learning Disabilities:

This programme of work was initiated last year, and has implications across the Trust. These are being managed through the Transforming Care Group which acts as the Programme Board for this.

It was agreed that this programme will continue as it has significant Trust wide implications, requires whole system change and represents a significant risk to the organisation

It was also noted that risks and issues will be monitored via CDT and the Board, and that this should be tracked via the Corporate Risk Register, with quarterly Board feedback to be arranged.

There was agreement at the Programme Board that a reporting mechanism will be developed for both the Community and LD programmes to report into CDT.

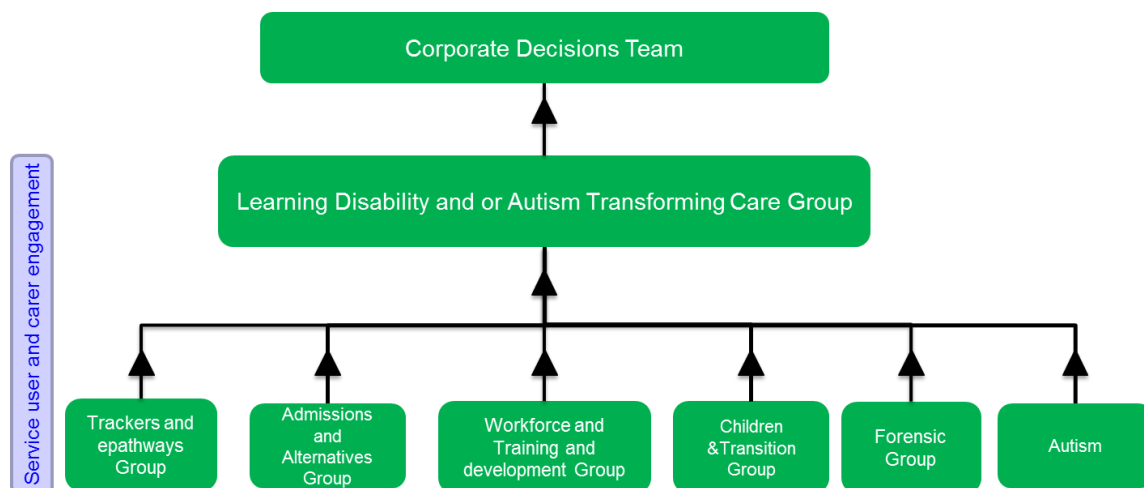


Diagram showing LD Transformation Governance

## Transforming Corporate Services – Programme Closure Report:

The Corporate Services Transformation Programme was established to focus on understanding the current position and designing a future corporate services model to support the priorities and objectives of the clinical model – improving quality while reducing cost, waste and duplication, and increasing sustainability and flexibility of roles.

Phase 1 of the programme is complete, with staff at bands 8a and above largely in post, and only a small number of voluntary or compulsory redundancies. Phase 2 of the programme has commenced, with a consultation on proposed structures for the remaining staff beginning at the end of January 2016. The programme has some way to go before full implementation, with a target date of April 2016 identified

Actions, including those in the risk log, have been assigned accordingly. Following the full implementation, an assessment of success against objectives and outcomes can be undertaken – responsibility for this will lie with the joint Programme Directors, under the direction of the Programme Sponsors, and under the oversight of the Executive Directors. It was agreed to formally close the Programme.

## **Augmenting Services Programme Closure Report:**

The Augmenting Services Board was established in July 2013, with the key tasks of: developing a sustainable, clinically effective and financially viable bed model for mainstream services that would supplement the care provided by community teams; identifying service, system or process enablers that would enhance community provision and contribute to reduced reliance on inpatient beds.

The programme oversaw a transformational approach to bed model development, with an outline aim of 400 non-specialist beds outlined. Workshops were held with representative clinicians and leaders from various specialities, who worked on developing the bed model.

Over the past 3 years, there has been a significant reduction in the use of inpatient beds due to the enhancement of community services, and this has enabled bed and ward closures to take place, in order that there is balance in the supply of beds versus demand for services.

Work to date has reduced the number of wards from 42 in 2013 to an expected state of 27 during 2016-18. Improved ward environments, increased staffing ratios, cost savings, reduced admissions, reduced lengths of stay and lower bed usage have all resulted, without any increase in out of area treatments or re-admissions noted.

In 2014-15, the Programme Board was held in abeyance whilst the detailed work with the Newcastle and Gateshead CCG Alliance was undertaken. In that period, risks and issues associated with the work of the Augmenting Services Programme Board have been managed through the Inpatient Care Group's Operational Management Meeting. Work has been underway to co-produce a mental health system for Newcastle and Gateshead, and currently a public consultation is underway. The most significant risks identified are that the pace of change is slower than anticipated, and that stakeholders are not supportive of the new bed model. Further to the closure of the consultation on 12<sup>th</sup> February 2016, it is hoped that clarity will emerge, allowing the Inpatient Care Group to progress with whatever solution is agreed to further meet the stated objectives of the Programme.

The ongoing work associated with the management, design and implementation of the Trust's non-specialist bed model will be managed through the Inpatient Care Group. It was agreed to formally close the Programme

## **Specialist Care Transformation Programme**

The focus of the Specialist Care Transformation Programme was to ensure that these services are sustainable for the long term, delivering high quality care at a regional and national level.

During the last 12 months, in the interests of efficiency and effectiveness, the Specialist Care Group took the decision to cease the monthly Programme Board and instead absorb this into the Group's Operational Management Group (OMG). This gave the transformation work a higher profile within the Group, and has positioned

the Group extremely well to manage the transition of these initiatives to being a central part of the Group's strategy.

Projects feed into a Transformation Implementation Group (TIG), and each TIG provides a monthly highlight report to OMG, which has the overall responsibility for monitoring progress and risk, and for initiating and closing projects as necessary. Each of Programme's workstreams are aligned to the Trust's strategic benefits, with some progress made on financial delivery – the Programme does not currently hold any risks beyond that of failing to achieve the 2015/16 Financial delivery Plan. This will become an operational risk, owned by the Group Triumvirate and managed accordingly.

Specialist Care Group will continue to run projects and initiatives to manage the delivery of year on year improvements. Where appropriate, the Programme content will effectively morph into the Specialist Care Group strategy, ensuring the existing projects and workstreams retain an appropriate focus and priority. It was decided to formally close the Programme

### **Trust Programme Board Closure**

All members present agreed that risks for on-going and closing programmes are appropriately managed and that benefits realisation is underway. All members present agreed that this Board would close and that this would be the final meeting.