

**PTS Programme Board Minutes**

**Part 1**

**Wednesday 8 December 2016**

**Friars Walk, Lewes, BN7 2PB**

**In attendance:**

Alan Beasley (AB)	HWLH CCG, Chief Finance Officer (Chair)
Dr Sarah Richards (SR)	HWLH CCG, Chief of Clinical Quality and Performance
Maninder Dulku (MD)	HWLH CCG, PTS Programme Director
Derek Laird (DL)	HWLH CCG, PTS Advisor
Keith Hoare (KH)	HWLH CCG, Programme Manager
John Child (JC)	B&H CCG, Chief Operating Officer
Kevin Eastaugh (KE)	H&R CCG/EHS CCG, Specialist Project Manager
David King (DK)	Crawley CCG & Mid-Sussex, Chief Operating Officer
Stacey Warren (SW)	SCAS, Business Manager PTS Hampshire
Paul Stevens (PS)	SCAS, Director of Commercial Services
Melanie Saunders	SCAS, Director of Human Resources and Organisational Development (phone)
Ian Thompson (IT)	Coperforma, Business Unit Manager (Sussex)
Phil Smith (PS2)	Coperforma, HR Director
Mike Woodall (MW)	Coperforma, Assistant Director
Nick MacBeath (NM)	TIAA, Audit Manager
Matthew Carney (MC)	Attain, Finance Advisor
Penny Blackbourn (PB)	Patient Representative
REDACTED (MB)	HWLH CCG, Programme Support Officer (Minutes)

**Apologies:**

Wendy Carberry	HWLH CCG, Chief Officer
Michael Clayton	Coperforma, CEO
Graham Griffiths	H&R CCG/EHS CCG, Director of Performance & Delivery
Glynn Dodd	Coastal West Sussex CCG, Chief of Development and Transformation
Geoff Lowry	Coastal West Sussex CCG, Special Project Lead
Joanne Williams	SCAS, Workforce Productivity Lead
Natasha Dymond	SCAS, Assistant Director of HR Operations (Acting)

No.	Items	Action
1	<p><b>Welcome and apologies</b></p> <p><i>PB stated that as a volunteer she was a member of South East Coast Ambulance Service NHS Foundation Trust's (SECAmb's) Inclusion Hub Advisory Group and also sits as a patient representative on their Clinical Risk Review Panel.</i></p>	
	Conflicts of interest – Penny declared that she is a volunteer member of a group that oversees SECAmb services	
2	<p><b>Minutes of the last meeting</b></p> <p>The minutes of the last meeting were not reviewed. It was agreed that the minutes would be circulated with feedback to be sent to MB by 16 January.</p>	
3	<p><b>Action Log</b></p> <p>The action log of the last meeting was reviewed and updated – see attached latest action log.</p>	

No.	Items	Action
4	<b>Terms of Reference &amp; Governance Structure</b>	
	<p>Maninder Dulku read through the TOR.</p> <p>As we are commissioning PTS on behalf of the provider trusts DL suggested having representation from the Trusts on the PTS Programme Board. IT &amp; DL noted that Trusts have reported feeling that they had little input and were not represented previously. A Trust representative would support communicated of messages to Trusts and enable feedback from Trusts to the Board.</p> <p><b>Action- KH/DL to offer the Trusts Group the opportunity to have a nominated representative attend PTS Programme Board meetings. They would be invited to attend Part 1 of these meetings. Next PTS Trust meeting is 14<sup>th</sup> December.</b></p> <p>The weekly Project Group with the CCGs is to discuss service specification and performance matters related to the SCAS service. DK asked who would be expected to attend this Group. KH confirmed this would be CCG commissioning managers who are their PTS Leads, including original managers, were part of the original procurement.</p> <p>MD noted that TOR for the Board relate to Part 1 of the meeting.</p> <p>PB asked if the location will always Friars Walk. MD noted that the location could be flexible.</p> <p>PTS Programme Management Team (referred to in item 2, 3 &amp; 7) - Keith Hoare, Derek Laird, Maninder Dulku.</p> <p><b>Action- Further feedback on Board TOR to be sent to MB</b></p>	<p><b>KH/DL</b></p> <p><b>ALL</b></p>
5	<b>Phased Transition Proposal</b>	
	<p>Keith Hoare gave an update and circulated a paper. Recommendation for the board to approve a two phase transfer approach.</p> <p>Previously, a four stage approach was proposed by Coperforma. It has been agreed with Coperforma and SCAS that a two phase approach would simplify the process and mean they are better able to manage the transfer.</p> <p>Also it is proposed that SCAS manage both bookings and transport provision from the point at which both phases go live. This means that for one month there will be two booking systems in place but because phase 1 include only bookings made by HCPS as opposed to patients the risks attached to this are minimised. Also SCAS and Coperforma will work together to manage communications around this transition.</p> <ul style="list-style-type: none"> <li>• Timelines proposed are as follows: Phase 1 to be completed by 1 March 2017, with start asap</li> <li>• Phase 2 be completed by end of March 2017</li> </ul>	

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	<p>It was agreed that these timings would be discussed in part 2 of the meeting.</p> <p>DK- When is Phase 2 starting? PS- Phase 2 goes live on 1 April 2017, however the work around it would have started before it.</p> <p><b>Action – KH to update plan to specify start and end dates and re-circulate.</b></p> <p>SR- Models of phasing were discussed in detail at the Transition Planning Workshop on 29 November. The grouping of patient cohorts was agreed for simplicity, efficiency, quality and operational reasons and to avoid confusion for patients.</p> <p>The Programme Board accepted the recommendation of a two phase transfer.</p> <p>AB- Timing has still to be agreed due to implications around finances, so further discussion is required on timing. PS- The proposed timings will become clearer in part 2 with the input of Melanie Saunders re: legal advice on HR matters and the timescales required for sorting these matters, but his view was that aiming for completion of phase 1 any quicker than 1 March would increase the risks.</p>	KH
6	<b>Outline transition planning</b>	
	<p>Paul Stevens presented the SCAS project plan. The plan was created utilising previous mobilisation plans and feedback from Coperforma. The plan has been broken down into work streams, such as finance, HR, communications, etc.</p> <p>MD raised the following concerns:</p> <ol style="list-style-type: none"> <li>1. Fleet- Timing for sourcing new vehicles.</li> </ol> <p>PS advised of options:</p> <ul style="list-style-type: none"> <li>• Second hand vehicle procurement- vehicles on order, with option to increase order. 89 vehicles on tender- split between 2</li> <li>• Options to hire</li> <li>• Contingency on vehicles in current fleet</li> </ul> <p>SW noted that the key issue is having good quality data on activity as the challenge for SCAS is not getting vehicles rather knowing how many are needed.</p> <ol style="list-style-type: none"> <li>2. HR. In the event that staffs are not eligible for TUPE what will the SCAS plan be? PS informed the board that HR options will be discussed in PTS Programme Board part 2. The Board noted that the transport element will be going live solely with SCAS staff and thus the model will be a hybrid with some sub-contracted transport provision.</li> </ol> <p>PS also noted that on paper there are more staff than what is currently need, so this may be the challenge, not a lack of staff.</p>	MD/DL/ KH

No.	Items	Action
	<p>It was agreed that now the Board has agreed to two phases comms for staff and other stakeholders can start asap.</p> <p><b>Action- MD/DL/KH to send comments on transition plan to Debbie Sengelow, SCAS Project Manager, w/c 12<sup>th</sup> December</b></p> <p>3. Equipment – need to ensure SCAS have the equipment they need</p> <p>PB and AB noted that there appears to be very little in the plan on patients - there is a small section in comms section however this is limited.</p> <p>AB- would like the assurance that SCAS will continue to have the capacity to deliver, especially in March 2017 given their mobilisation of the Surrey contract as well. PS informed the Board that the Sussex service is being mobilised as a separate project and Debbie Sengelow is Project Manager for Sussex (not Surrey &amp; Sussex).</p> <p>AB- it would be useful to see/monitor the profile of demand, and SCAS's capacity to manage demand at a local level. MD- this would be reflected in: programme reports and weekly updates. The CCG is also planning to have weekly meetings with Coperforma to ensure current performance is maintained.</p> <p>DK- wanted assurance that the lines of communication up, down and sideways would be open and fluid. This is really important for identifying and managing risk. MD gave assurance of early escalation of risks from the various groups and plans for how we mitigate risks; weekly updates for the Board will give regular assurance and key risks will be discussed at monthly meetings. The risk register is a shared document so all know and understand actions.</p> <p>MW noted that assurance would be required between now and beyond 1<sup>st</sup> April 2017. MW would like to see contingency plans in place to mitigate potential risk to continuity of service as a result of Coperforma's losing a high level of staff due to uncertainty..</p> <p>AB would also be looking for assurance that no action is taken that solves one problem that causes a problem elsewhere, and as such that business continuity plan and the need for contingency plans will need to be captured on the risk register.</p> <p>Finally the importance of comms for patients was flagged as key to reduce anxiety and confusion.</p> <p><b>Action- SCAS to share comms examples with MB and KH take to Patient Forum in January to review</b></p> <p><b>Action- CCGs to send feedback on plan to SCAS (Debbie Sengelow) by 14 December</b></p>	<p>SCAS/ KH</p> <p>CCGs</p>
7	<b>Risk Register</b>	
	DL presented the full risk register for discussion. It was agreed that in the future only the top risks would be raised and discussed at Board meetings, with the details of all risks discussed at the Transition and Contract Group meetings.	

No.	Items	Action
	<b>Action-</b> Risk register will be circulated electronically with feedback to be sent to MB	<b>CCGs</b>
<b>8</b>	<b>TUPE HR advise</b>	
	The Board noted that TUPE HR advice would be discussed in part 2.	
<b>9</b>	<b>Comms</b>	
	<p>Comms Leads</p> <ul style="list-style-type: none"> <li>• Martine Large, CCGs- Martine will be acting on behalf of CCGs and will network with the other CCGs</li> <li>• David Davis, Coperforma</li> <li>• Nick Smith, SCAS</li> </ul> <p>The Board agreed that it would be good to have a written comms protocol and plan.</p> <p><b>Action-</b> Comms leads to be asked to meet with a patient representative (Penny Blackbourn) to develop protocol and plan. MD to speak with Martine Large.</p>	<b>MD</b>
<b>10</b>	<b>Date of next meeting</b>	
	Thursday 5 January, 2.00-5.00pm, 25a Friars Walk	

**Freedom of Information Act:** Those present at the meeting should be aware that their names and designation will be listed in the minutes of this Meeting which may be released to members of the public on request.