

**REGIONAL CENTRE FOR TEACHING, TRAUMA &  
TERTIARY CARE**

**PROJECT INITIATION DOCUMENT**

**FULL BUSINESS CASE PHASE**

**VERSION 3.0**

|            |                                                                |           |
|------------|----------------------------------------------------------------|-----------|
| <b>1.0</b> | <b>Change Control documentation</b>                            | <b>3</b>  |
| 1.1        | Document control and amendment record                          | 3         |
| <b>2.0</b> | <b>Project Charter</b>                                         | <b>4</b>  |
| <b>3.0</b> | <b>Introduction</b>                                            | <b>5</b>  |
| 3.1        | Scope of the PID                                               | 5         |
| 3.2        | Scope of the Project                                           | 5         |
| 3.3        | Milestones beyond the Scope of this Project Execution Document | 5         |
| 3.4        | PID Success Criteria                                           | 5         |
| 3.5        | Project drivers                                                | 6         |
| 3.6        | Project outcomes / benefits                                    | 6         |
| 3.7        | Consequences of not proceeding                                 | 7         |
| 3.8        | Key mechanism                                                  | 7         |
| <b>4.0</b> | <b>Programme</b>                                               | <b>8</b>  |
| 4.1        | Current Outline Programme                                      | 8         |
| 4.2        | PID key next steps                                             | 10        |
| <b>5.0</b> | <b>Project Organisation and Structure</b>                      | <b>10</b> |
| 5.1        | Programme Management                                           | 10        |
| 5.2        | Governance across the Local Health Economy                     | 11        |
| 5.3        | Trust Project Management Structure                             | 13        |
| 5.4        | Clinical Input                                                 | 16        |
| 5.5        | External Advisors                                              | 17        |
| 5.6        | Stakeholders                                                   | 18        |
| 5.7        | Staff Engagement                                               | 19        |
| 5.8        | Management Systems                                             | 20        |
| 5.9        | Reporting Schedule                                             | 20        |
| 5.10       | Change and Contract Management                                 | 21        |
| 5.11       | Project Quality Assurance                                      | 21        |
| 5.12       | Project and Issues log                                         | 22        |
| 5.13       | Project Programme                                              | 23        |
| 5.14       | Tools and Techniques                                           | 25        |
| 5.15       | Post Project Evaluation                                        | 25        |
| <b>6.0</b> | <b>Budget Management Procedures</b>                            | <b>29</b> |
| 6.1        | Cost management                                                | 29        |
| 6.2        | Budget and resource                                            | 29        |
| Appendix 1 | List of key deliverables                                       | 31        |
| Appendix 2 | Project Directory                                              | 34        |
| Appendix 3 | Terms of Reference                                             | 36        |
| Appendix 4 | Key internal advisors                                          | 40        |
| Appendix 5 | Risk Register                                                  | 42        |



## 2.0 Project Charter

2.1.1 We, the undersigned, confirm that:

1. All Project members fully understand and support the objectives of the project as outlined in the Project Execution Document (PID),
2. All Project members understand their individual role on and the collective role and responsibilities of the Teams,
3. All Project members are aware of their time commitments for this project and will commit their time for planned activities (as identified in the PID) and to make some contingency time available if and when needed,
4. This PID clearly defines the scope and deliverables for the project,
5. Project risks, as currently identified, are understood by us and are considered manageable. We will continually identify other risks and these will be agreed, managed and monitored proactively as the project proceeds,
6. Sufficient resources, as described in the PID, are committed to successfully deliver the project,
7. This PID is approved and the project should continue.

Signature(s)

Senior Responsible Owner:

A handwritten signature in black ink, appearing to read 'Duane Passman', with a long horizontal flourish extending to the right.

Duane Passman  
3Ts Programme Director/SRO

## 3.0 Introduction

### 3.1 Scope of the Project Initiation Document

3.1.1 This Project Execution Document relates to the development of a Full Business Case to support the proposed Regional Centre for Teaching, Trauma & Tertiary care at Brighton and Sussex University Hospitals NHS Trust.

### 3.2 Scope of the Project

3.2.1 The project seeks to enable delivery of the Trust's Vision and in particular six interlinked strands of development:

- Better care for severely injured patients, including designation as a major trauma centre within a designated trauma network;
- Development of hi-tech emergency interventions;
- Relocation and expansion of the Regional Centre for Neurosciences;
- Expansion of the Sussex Cancer Centre;
- Providing 21<sup>st</sup> Century patient accommodation in line with modern standards of health care which are required to offer enhanced privacy and dignity; a greater standard of infection control and an overall improved patient experience.

### 3.3 Milestones beyond the Scope of this Project Initiation Document

3.3.1 This document details the main activities to be instigated in pursuance of the development of the Full Business Case. Regular updates to this PID will be released as required to cover further stages of the project.

### 3.4 PID Success Criteria

3.4.1 The success of the PID will be judged on the development of a sustainable, robust Full Business Case that is approved, within the agreed timetable by all required approving bodies. The key deliverables required to achieve this are listed in Appendix 1.

### 3.5 Project drivers

3.5.1 The Specialised Commissioning Network faces a number of challenges in implementing the NHS Cancer Reform Strategy and the 3Ts Programme is, in part, designed to address these needs in terms of diagnostic and treatment capability and the quality of clinical accommodation for patients with cancer.

3.5.2 In the 2004 *Best Care, Best Place* review stakeholders were consulted on the future of Neurosciences within Sussex and the relocation of the Regional Centre from the Princess Royal Hospital (PRH) to the Royal Sussex County Hospital (RSCH) campus. The conclusion was to keep neurosciences in Sussex and move over time to a new department at the RSCH. This proposal was agreed by stakeholders and commissioners.

3.5.3 Nearly 35 years after the Osmond-Clark report recommended a tripartite scheme of peripheral casualty units, District General Hospital (DGH) accident

centres and regional major injury units, the Royal College of Surgeons highlighted significant deficiencies in the management of seriously injured patients.

3.5.4 Subsequent reports, including *Better Care for the Severely Injured* and *Trauma: Who Cares?* (2007) have drawn similar conclusions: that there should be a National Trauma Service based upon geographical trauma systems for England, Wales and Northern Ireland and that improved care for the severely injured will create an opportunity for reducing the cost of avoidable death and unnecessary morbidity.

3.5.5 The Trust has reconfigured services to separate emergency and elective care and ensure that training posts retain Royal College accreditation. These changes have improved the safety and quality of services. However the design, layout and location of some services vastly limit the Trust's ability to deliver modern, high quality care.

### **3.6 Project outcomes / benefits**

3.6.1 The following are the key outcomes for this project;

- Strategic Fit

*The investment supports the delivery of local commissioning strategies (within the frameworks set by national policy) and the implementation of the Trust's strategic vision.*

- Improved access to facilities

*The investment will improve patient access to services by expanding capacity and improving care pathways. It will also significantly improve patient access to the RSCH campus, patient and visitor movement around the campus, and emergency patient flows between services / facilities.*

- Modern Healthcare Facilities

*The investment will replace ageing building stock with accommodation that is fit for purpose: comfortable, therapeutic and efficient. This will enhance patient privacy and dignity, cleanliness, infection control, staff recruitment and retention. It will also significantly reduce backlog maintenance.*

- Development of Services

*The investment will capitalise on emerging technologies and the latest research evidence to develop new services that will improve clinical outcomes for patients, eg. Heart Attack Centre, Brain Injury Centre.*

- Teaching, Training & Research

*The developments will help to attract the highest calibre of pre- and post-registration students and general workforce. It will also provide a focus for the development of RSCH as a University Teaching Hospital campus, strengthening academic and research links.*

- Effective Use of Resources

- *Buildings will be designed to the highest possible standards of environmental sustainability.*
- *The co-location of specialties makes best use of resources by enabling clinical synergies and the development of new services.*
- *The investment will also achieve efficiencies in ward staffing by replacing small wards (eg. the current Grant ward has 11 beds) with standard ward sizing.*

- *Facilities must additionally be able to be adapted or expanded in the future.*

### **3.7 Consequences of not proceeding**

3.7.1 The OBC articulates the benefits for patients of this investment, including:

- Improved clinical outcomes through the development of leading-edge services, the expansion and co-location of existing services and strengthened academic and research links;
- Better access to Cancer and Neurosciences services.
- Significantly improved inpatient accommodation;
- Easier access to the RSCH campus, alongside significantly improved way-finding.

These benefits – for the residents of Sussex and the wider catchment population – will not be realised without the investment.

### **3.8 Key mechanism**

3.8.1 To enable the delivery of the Full Business Case the Trust has engaged Laing O'Rourke, through the ProCure 21 framework Stage 2 Agreement, to act as Professional Advisers. The ECC contract that will be signed between the Trust and Laing O'Rourke relates only to support through to approval of the FBC and does not include the implementation of the project, for which a further procurement process will be set in train.

## 4.0 Programme

### 4.1 Current Outline Programme

4.1.1 The currently proposed programme requires all participants to ensure that resources, especially staff time is made available in a timely manner. Whilst some key components, such as the sample schemes, are the purview of a limited number of organisations, all Participants are aware that the project will only be a success if all are engaged and committed.

4.1.2 The table below sets out the key milestones for an assumed exchequer funded programme, the current draft programme is attached in Appendix 2.

| Milestone                                                                                                            | Date                          |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|
| SOC approved by SE Coast SHA                                                                                         | Complete July 2008            |
| OBC to Trust Board for approval                                                                                      | Complete 30 June 2009         |
| Submit OBC to NHS SE Coast for approval                                                                              | Complete July 2009            |
| OGC Gateway 1 assessment                                                                                             | Complete August 2009          |
| OBC approval period                                                                                                  | Complete July – October 2009  |
| OBC approved by NHS South East Coast                                                                                 | Complete November 2009        |
| Submission of OBC to DH                                                                                              | Complete November 2009        |
| Refreshed OBC to NHS South East Coast and DH                                                                         | Complete May 2011             |
| Refreshed OBC approved by South East Coast SHA and resubmitted to DH                                                 | Complete July 2011            |
| Application for Full Planning Consent submitted to Brighton & Hove City Council                                      | September 2011                |
| Full Planning Consent granted by Brighton & Hove City Council (subject to completion of Section 106 legal agreement) | Complete January 2012         |
| Full Planning Consent released by Brighton & Hove City Council                                                       | Complete Mar 2012             |
| Refreshed OBC re-approved by NHS South of England                                                                    | Complete March 2012           |
| Statutory planning submission for decant temporary buildings                                                         | Complete January 2013         |
| OBC passed to DH                                                                                                     | Complete March 2012           |
| OBC passed to HMT                                                                                                    | Complete July 2012            |
| OBC supplementary submission to TDA                                                                                  | Complete May 2013             |
| OBC approval announced by DH and HMT                                                                                 | Complete May 2014             |
| Decant construction works period (5 sites – phased completion)                                                       | September 2013 - October 2015 |
| Confirm target cost for main construction works                                                                      | September 2014                |
| Gateway Review                                                                                                       | Gate 3 – November 2014        |

| <b>Milestone</b>                                           | <b>Date</b>                     |
|------------------------------------------------------------|---------------------------------|
| Commence Stage 1                                           | Winter 2015                     |
| Gateway Review                                             | Gate 5 (Stage 1) – October 2020 |
| Stage 1 Complete and Fully Operational                     | Autumn 2019                     |
| Commence Stage 2 enabling works, demolitions and man build | Winter 2019                     |
| Gateway Review                                             | Gate 4 (Stage 2) – July 2022    |
| Complete Stage 2                                           | Autumn 2022                     |
| Stage 2 Fully Operational                                  | Winter 2022                     |
| Gateway Review                                             | Gate 5 (Stage 2) – October 2023 |
| Gateway Review                                             | Gate 0 (Final) – December 2023  |
| Overall Development Complete and Operational               | Winter 2023                     |

## **4.2 PID key next steps**

- 4.2.1 The Trust has considered the key next steps to enable the development of a Full Business Case to the ascribed timetable. The Trust is especially aware of the need to ensure that the future service strategy, clinical models, and working practices are robust and sustainable before progressing to consider the facilities that are needed to enable them.
- 4.2.2 It will be noted some phases of the project (notable the phase one decant project) will be progressed at risk before the Full Business Case is formally approved by the TDA. This is necessary both to contain costs, and also to maintain momentum so that the benefits can be realised as quickly as possible.

## **5.0 Project Organisation and Structure**

### ***Introduction***

The Trust has adopted the Office of Government Commerce 5-Case best practice approach to managing the work required to deliver the 3T programme. This section describes the programme and project management arrangements currently in place and the proposed enhancements and resources required to complete the Full Business Case.

### **5.1 Programme Management**

#### **5.1.1 Investment Decision Maker**

5.1.2 The programme is 'owned' by the Board of Brighton and Sussex University Hospitals NHS Trust. The Board acts as the Investment Decision Maker as defined in the NHS Capital Investment Manual. The 3Ts Programme Director reports on progress and management of risk at each meeting of the Board.

The Trust Board receives a summary report of the business transacted at each meeting of the Programme Board in the public session of the Board of Directors' meeting.

#### **5.1.3 Senior Responsible Owner**

Duane Passman, Director of 3Ts, has been the Senior Responsible Officer since October 2013. This follows on from an external review of programme governance and assurance by Professor Georges Selim of Cass Business School. The SRO had previously been the Chief Executive, Matthew Kershaw, who remains ultimately accountable for the success of the programme as the Trust's Accountable Officer.

#### **5.1.4 Programme Board**

The Trust has established a Programme Board to ensure that the programme achieves its objectives in full and on time. The Programme Board is chaired by the SRO. The terms of reference and membership of the Programme Board have been revised following the review of governance undertaken by Professor Selim.

The members of the Programme Board are the Chief Financial Officer, Chief Operating Officer, Chief Nurse, Clinical Chief of 3Ts (as Senior User), Deputy Clinical Chief of 3Ts (as Deputy to the Senior User) Director of Health Informatics, Director of Corporate Affairs, Senior Supplier (Senior Representative from the partner organisation who will construct the project) and a senior representative(s) from the Trust's Independent Cost Adviser.

The Programme Board is the decision-making body for the management of the programme. This includes resource and programme management across all the

tasks necessary to successfully deliver the Outline Business Case for the programme and progress towards approval of the FBC.

The terms of reference of the Programme Board will be reviewed further at the point of FBC approval as the programme moves from planning into implementation.

## 5.2 Governance across the Local Health Economy

In order to ensure that there is full alignment across the health economy in Sussex, and in light of the structural changes in the NHS which were implemented in April 2013, it was agreed that external stakeholder representation would be managed through a different mechanism than representation on the main Programme Board.

### 5.2.1 This element of governance has been assumed by the 3Ts Commissioner Oversight Meeting.

The meeting is chaired by the Director of NHS England Surrey and Sussex Area Team in partnership with Brighton & Sussex University Hospitals NHS Trust (“BSUH”), the Trust Development Authority and the local Clinical Commissioning Groups (Brighton & Hove CCG, Horsham & Mid Sussex CCG and High Wealds, Lewes & Havens CCG). It includes representation from the Trust’s key commissioners.

| Attendee                 | Role                            | Organisation                                                                                              |
|--------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------|
| Amanda Fadero<br>(Chair) | Area Director                   | NHS England, Surrey & Sussex Area Team                                                                    |
| Matthew Kershaw          | Chief Executive                 | Brighton & Sussex University Hospitals NHS Trust                                                          |
| Christa Beesley          | Chief Clinical Officer          | Brighton & Hove Clinical Commissioning Group                                                              |
| Frank Sims               | Chief Officer                   | High Wealds, Lewes & Havens Clinical Commissioning Group                                                  |
| Sue Braysher             | Accountable Officer             | Horsham & Mid Sussex Clinical Commissioning Group                                                         |
| Jim Lusby                | Portfolio Director              | Trust Development Authority                                                                               |
| Michael Schofield        | Director Finance                | Brighton & Hove Clinical Commissioning Group and High Wealds, Lewes & Havens Clinical Commissioning Group |
| Marie Farrell            | Director of Finance             | NHS England, Surrey & Sussex Area Team                                                                    |
| Sarah Creamer            | Director of Commissioning       | NHS England, Surrey & Sussex Area Team                                                                    |
| Julia Dutchman-Bailey    | Director of Nursing and Quality | NHS England, Surrey & Sussex Area Team                                                                    |
| Spencer Prosser          | Chief Finance Officer           | Brighton & Sussex University Hospitals NHS Trust                                                          |
| Duane Passman            | SRO and Programme Director      | Brighton & Sussex University Hospitals NHS Trust                                                          |

The meeting has been instigated in order to ensure that all commissioners are regularly and equally sighted and agreed on the implications for service provision for their patients from the 3Ts change programme.

The full range of implications will be considered:

- Service Quality;
- NHS Constitution delivery;
- Activity Demand Profiles;
- Financial Resourcing for Activity;
- Financial Resourcing for Implementation;
- Impact on and requirements from other sectors of provision (including Primary Care and Community Care).

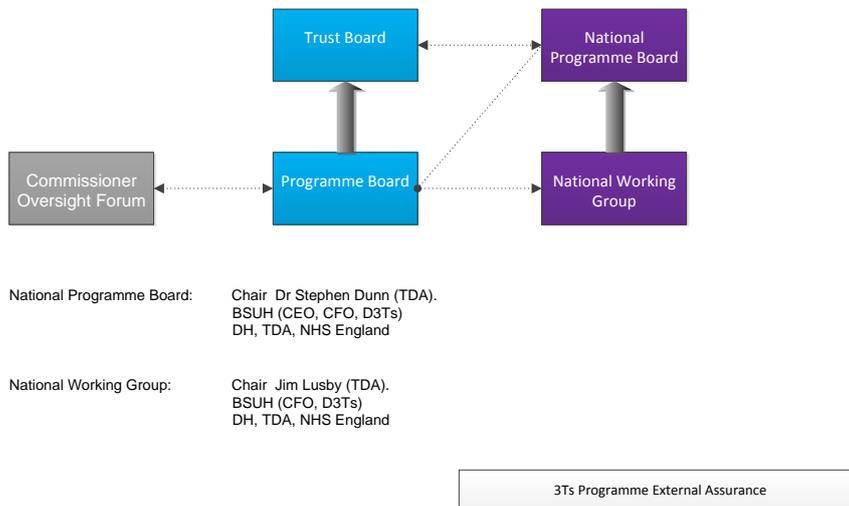
This has been supplemented by a National Programme Board which provides monitoring and assurance on the development of the 3Ts project to support the approval of the FBC by HM Government. The Programme Board will:

- Ensure the project is managed to the time and budget
- Receive reports from the BSUH project team and monitor progress
- Advise on analysis, options development and recommendations
- Assess and advise on the wider impacts of the 3Ts programme and appropriate mitigations
- Engage stakeholders appropriately and to support the approvals process
- Escalate any issues that arise as appropriate

The Programme Board includes membership from NHS TDA, NHS England, Department of Health and BSUH, including the Senior Responsible Officers (SROs) for the relevant organisations. The Programme Board is chaired by the NHS TDA SRO. The national governance arrangements are appended.

**Figure 1** describes the overall assurance and oversight environment for the programme.

**Figure 1: 3Ts Programme External Assurance**



### 5.3 Trust Project Management Structure

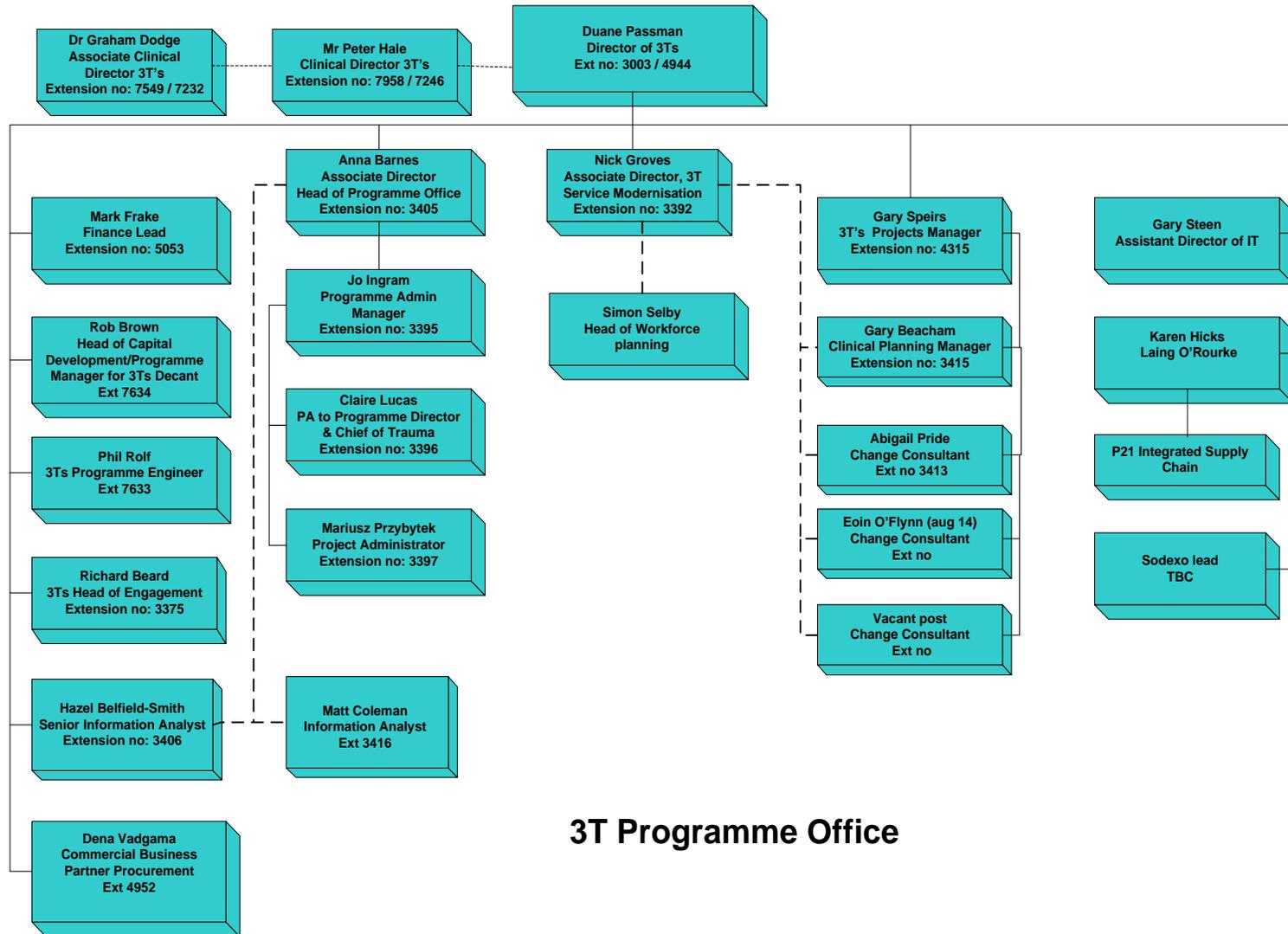
The 3Ts Programme Office is responsible for:

- Managing the external input from the ProCure21 PSCP and other external advisors to develop the preferred option and associated decant plan;
- Developing activity projections and models of care on a specialty basis through engagement with internal and stakeholders, including patient representatives;
- Financial modelling of the preferred option;
- Co-ordinating the production of the FBC within budget and to the timetable agreed by the Programme Board; and
- Communicating effectively with and engaging the Trust's strategic partners and key stakeholders, including local residents, patients and their representatives.

This is described in **Figure 2** overleaf.



Figure 2: Internal Management Arrangements



### 5.3.1 Programme Team

A Programme Team supports and advises the Programme Director in undertaking activities and responsibilities delegated by the Programme Board and Chief Executive. This team is the key link between the programme and individual clinical and support services. The Team meets monthly and is chaired by the 3Ts Programme Director. Minutes of the Programme Team meeting are submitted to the Programme Board for noting. The programme sub structure is as follows:

- Main Scheme Delivery Group (MSDG) which is chaired by the Programme Director. This group is tasked with progressing the main scheme.
- Decant Delivery Group (DDG) which is chaired by the Associate Clinical Director of 3Ts. This group is tasked with progressing the decant workstreams.

Other sub groups provide the following functions:

- the Design Process Review Group (chaired by the Programme Director/SRO). This considers all proposed amendments to programme scope/design to ensure a rigorous change control process. Scope changes with net cost/space impact are referred to the Programme Team and, as appropriate, 3Ts Programme Board;
- the Patient & Public Design Panel (chaired by the Associate Director, Programme Office). This provides an ongoing mechanism for patient/public feedback on design issues, in addition to ad hoc or task-and-finish groups;
- the Benefits Realisation Group (chaired by the Programme Director/SRO). This group is responsible for ensuring robust benefits realisation plan, including ongoing monitoring/reporting and Post-Programme Evaluation.

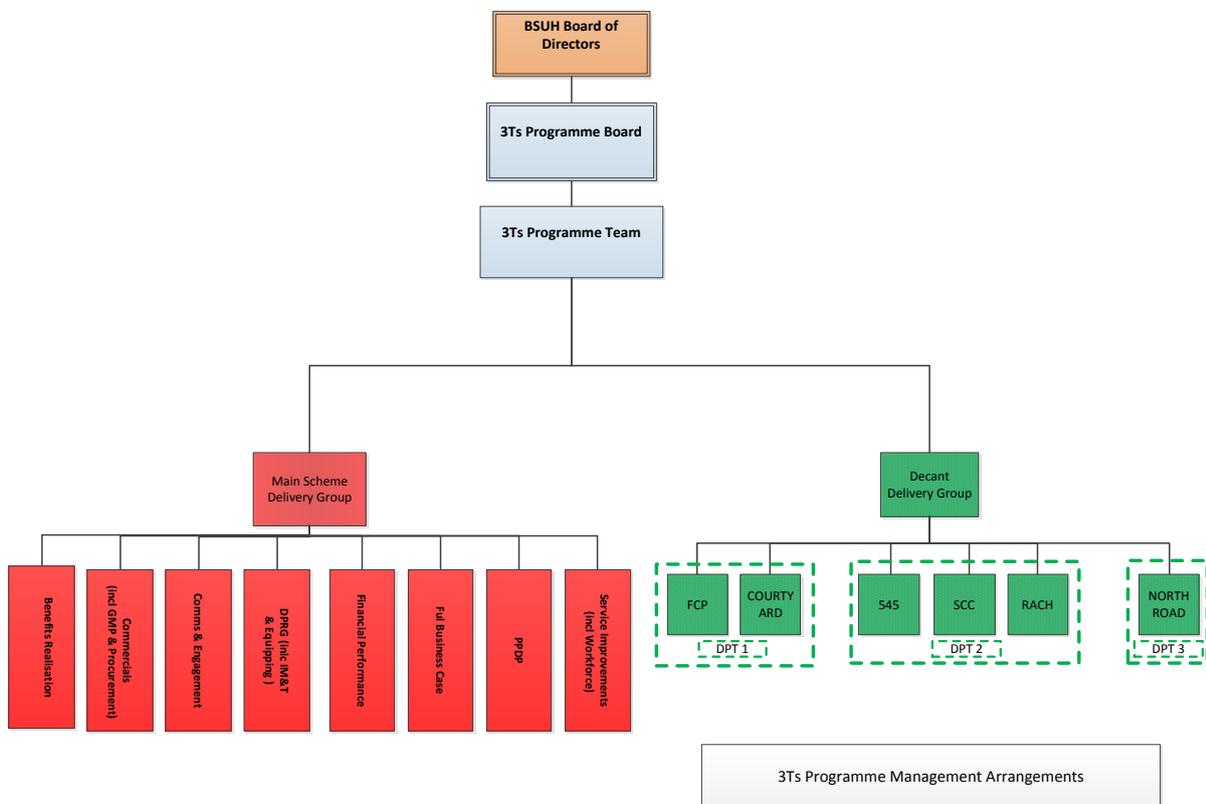
### 5.3.2 Programme Workstreams

The programme is very large, extremely complex and involves a number of other organisations and critical work streams. In order to ensure proper progress and intra-organisational working, the Programme Team has delegated certain key actions to sub-groups, each based on a particular work stream. The sub-groups have so far included:

- Departmental user groups;
- Estates strategy;
- Decant x 6;
- Activity and finance;
- Onward Arts (Public Art Strategy implementation group)

- Equipping
- Heritage and Oral History,
- Patient Public Design Panel (see above)
- Hospital Liaison Group
- IM&T and information;
- Communications and public engagement.

**Figure 3: 3Ts Programme Management Arrangements**



## 5.4 Clinical Input

Key clinical input is also provided into the 3Ts structure. As would be expected, clinical input is provided by the user groups who work on the detail of design development and clinical care pathways. However, given the importance of the programme to the future clinical success of the Trust,

the 3Ts team includes significant clinical representation through a dedicated Clinical Director and Deputy.

The Clinical Director of the Programme is Mr Peter Hale, a gastrointestinal surgeon who has worked at the Trust for over 20 years. Peter provides key strategic clinical input to the team as a whole and provides a clear source of challenge to clinical colleagues and to the non-clinical team in the development of the programme. Peter was chosen specifically to lead in this area given his strength in clinical service redesign and the fact that the service in which he works is not affected by 3Ts – ensuring that he can take an objective view.

The Deputy Clinical Director is Dr Graham Dodge, who is also the Trust's Clinical Chief for Specialised Services, many of which are part of the 3Ts Programme. Dr Dodge is also a consultant radiologist.

## **5.5 External Advisors**

The Trust has appointed Laing O'Rourke to support the development of the project through the ProCure 21 framework. Under this framework Laing O'Rourke appoints and manages the external advisors required through its approved supply chain. The range of advisers commissioned will vary over time as will the scope of their activities. The following have been appointed and utilised to develop the OBC and beyond to the FBC:

- Architects – Building Design Partnership (BDP);
- Public Arts advice and supply chain management – Willis Newson
- Independent Cost consultants (QS) – Turner and Townsend;
- Health planners and risk management services – Cyril Sweett;
- CDM Coordinator – Turner and Townsend;
- Energy Efficiency- Conclude Consultancy
- Structural Engineers – WSP;
- Mechanical and Electrical – BDP;
- Equipping – MTS Consulting;
- Town Planning consultants – BDP;
- Strategic IM&T planning – PTS Consulting.

## 5.6 Stakeholders

### 5.6.1 Patient and Public Involvement

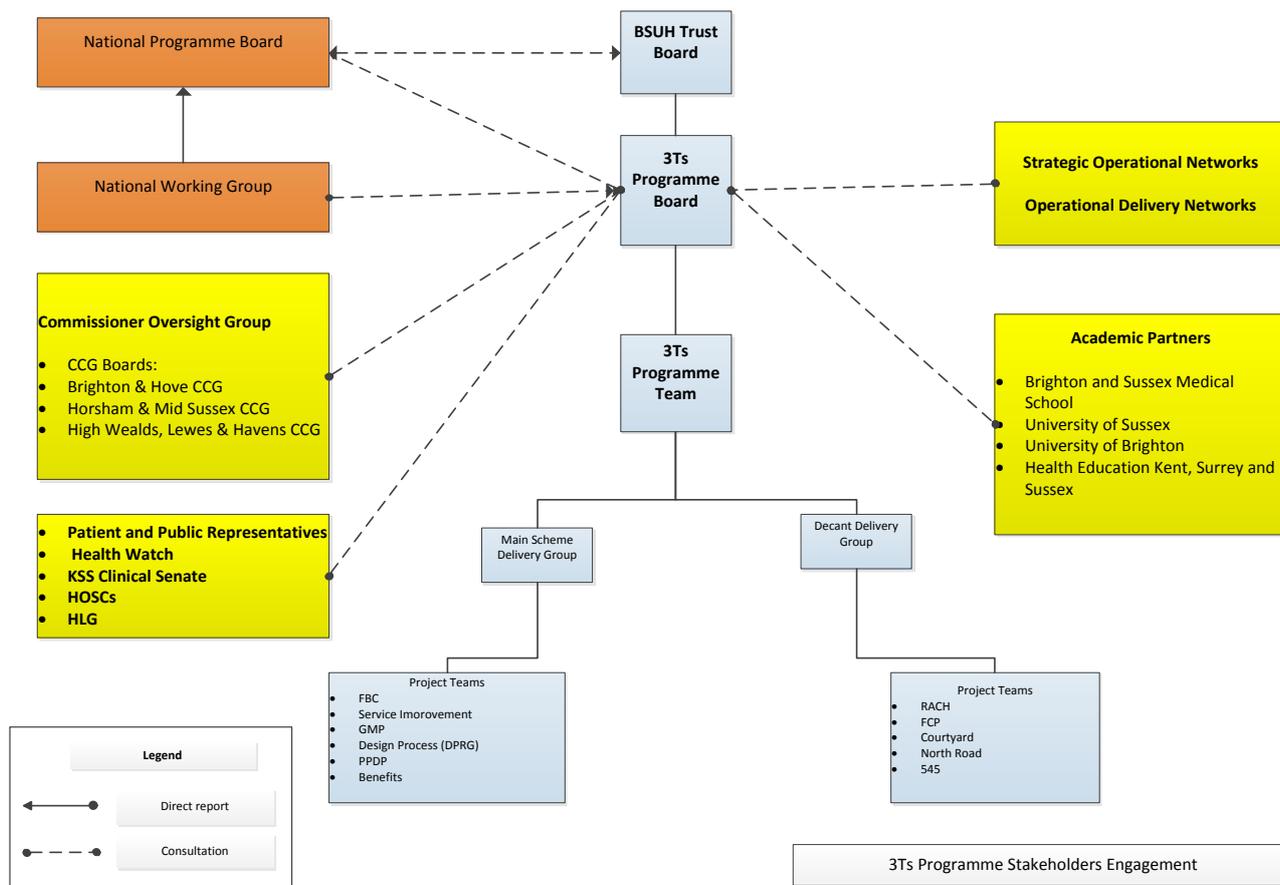
The Trust presented the Strategic Outline Case, and has presented the Outline Business Case, to the three Sussex HOSCs who have expressed their written support for the development. It has been in regular contact with the three Sussex Local Involvement Networks (LINKs) and the successor Healthwatch bodies. Patient representatives and members of the public have been continuously engaged in the development of the service vision and design described within this OBC, initially through the *Fit for the Future* consultation and subsequently through a programme of workshops and events for the SOC and OBC. LINK and other patient representatives have also been invited to key decision-making events, as will Healthwatch. This involvement has continued throughout the development of the FBC.

### 5.6.2 Engagement with other Stakeholders

There is also a range of other stakeholders with an interest in the successful completion of this programme. These stakeholders cover the full range of the Local Health Community and include the Trust's own staff, commissioners, Brighton & Sussex Medical School and the Universities of Brighton and Sussex, Kent Surrey Sussex Clinical Senate, primary care colleagues, the South East Coast Ambulance Service and representatives from Brighton & Hove City and East and West Sussex County Councils. The Trust also undertakes regular updates on progress to the Brighton & Hove Health Overview and Scrutiny Committee and the Health & Wellbeing Board. Regular updates are also provided to the East Sussex Council Health Overview and Scrutiny Committee.

The diagram in **Figure 4** provides an overview of stakeholder engagement.

**Figure 4: Stakeholder Engagement Diagram**



## 5.7 Staff Engagement

Trust staff have been involved in the discussions relating to the development of the 3Ts programme since the SOC stage. The project team, based on lessons learnt from the RACH development and from experience on other major investment projects, developed a training pack and a series of workshops to inform and train staff in the process of reviewing 1:500 and 1:200 drawings and to understand that how the discussions they would have with the scheme designers translate into practice. The training pack used the sketch plans, 1:500s and 1:200s at the RACH so that staff could easily translate what had been on the drawings into the built reality. This helped staff, who had not been involved in major developments before to understand the size of spaces and how they could look.

Over 70 staff joined the training and were then asked to brief their colleagues so that they were ready to participate in the exercise.

The 1:500 process then took the preferred option design and worked with the user groups to ensure that the right clinical adjacencies could be fully achieved.

Once this was agreed, the individual User Groups (of which there were 29) examined the details of the 1:200s to ensure that the intra-departmental relationships also worked.

All of the key 3Ts documentation and plans are available on the Trust's public website so that staff who are not directly involved can stay abreast of progress.

## **5.8 Management Systems**

### **5.8.1 Management Procedures and Budgetary Control**

The SRO is the accountable budget holder. Responsibility for monitoring and operationally managing individual budgets is delegated to the respective 3Ts Associate Director.

The project fees associated with the P21 contract and its deliverables have been agreed as part of the formal P21 Stage 2 Contract and are being invoiced by Laing O'Rourke monthly in arrears. The works are being monitored via timesheet validation and earned value analysis through the Trust's Cost Advisor (Turner and Townsend).

Monthly reports on programme progress and resources expended are being provided by Laing O'Rourke to the 3Ts Capital Lead and will include Earned Value Analysis monitoring.

Advisers appointed by the Trust invoice the Programme Director directly and are required to comply with Trust Standing Financial Instructions for the provision of services.

## **5.9 Reporting Schedule**

A report prepared by the Programme Director is submitted to the Programme Board for its monthly meeting. The report covers the following areas:

- Progress against the agreed programme;
- Progress against key milestones, including sign-off of key stages;
- Performance against budget and expected resource utilisation;
- A narrative on key issues resolved;
- A narrative on key issues outstanding;
- An outline of next actions;
- The identification of any approvals required.

## 5.10 Change and Contract Management

The Trust has agreed the following strategy for dealing with change and contract management during the Business Case development period:

Design changes and amendments to the programme scope:

- Minor design changes that can be contained within the scope of the agreed clinical brief and schedules of accommodation for each department are signed off by the nominated lead user for that department, following consultation with key users at design review meetings chaired by one of the 3Ts change management consultants.
- Design changes outside the scope of agreed clinical brief and requests for additional space are recorded on the design change register and referred to the Main Scheme Delivery Group, chaired by the Programme Director for a decision.
- Major changes to the scope of the 3Ts programme are referred to the 3Ts Programme Board chaired by the SRO for a decision.

The design development programme with external consultants is being managed through the ProCure 21 (P21) contract framework and ECC contract. Changes to the scope of the contract and any associated fee and programme implications are notified to the Trust by the P21 PSCP (Laing O'Rourke) initially as early warning notices and then as contract compensation event notices in accordance with the P21 framework procedures.

Compensation events are audited and signed off by the Trust's independent Quantity Surveyor for the programme (Turner and Townsend) prior to agreement and payment by the Trust via the monthly valuation process. The forecast contract outturn and any variations are reported to the Programme Director on a monthly basis, and to the Programme Board via monthly report.

Contracts and fees for other external consultants supporting the 3Ts programme outside the P21 framework are competitively tendered and appointed in accordance with the Trust's Standing Financial Instructions. Variations to contracts are agreed with the Programme Director on a case by case basis.

## 5.11 Project Quality Assurance

The 3Ts Programme is crucial to the future development and improvement of services provided by Brighton & Sussex University Hospitals NHS Trust. It is a large, complex programme that requires careful management to ensure that value for money and potential benefits are maximised. To enable this, the programme is monitoring progress on a weekly basis and has mechanisms for escalating exception reporting.

TIAA (formerly South Coast Audit) have also been tasked with providing an Internal Audit appraisal of the Programme's processes and adherence to established guidance. South East Coast Audit has identified no recommendations for improvement to the programme's controls and has provided "Substantial" assurance to the Trust Board that the programme is being managed appropriately.

Gateway reviews are undertaken at key points in the project lifecycle.

The Programme Board has recently reviewed the "Common Causes of Project Failure" to assure itself with regards to the good practice. This now advises the RAG rating in the GMPP report.

## **5.12 Project and Issues log**

The Programme Team maintains a Project and Issues log for problems identified during the development of the programme. Issues that cannot be resolved immediately and that present a potential risk are transferred or linked to the Risk Register. The Project and Issues Log is updated monthly and exception reports shared at Programme Team. Issues which cannot be resolved at this level are then reported to the Programme Board.

### **5.12.1 Risk Management**

The following risk management framework has been formulated in order to provide a comprehensive risk assessment and control framework for the programme. This focuses on the risks associated with the delivery of the options for schemes being developed. The comprehensive Risk Register for the programme is being monitored by the Programme Team on a monthly basis and reported monthly to the Programme Board. Significant unresolved risks on 3Ts risk register are then transferred to the online BSUH Trust risk register by the 3T's team. This provides a relationship with the Trust risk strategy, governance arrangements and assurance framework.

BSUH Trust register is linked via the Trust annual plan and assurance framework to the Trusts aims and objectives. The Trust Board reviews progress against the corporate objectives quarterly and high rated corporate risk at least bi annually. This is supported by a framework of internal assurance e.g. Finance and Workforce Committee and external assurance e.g. TIAA (formerly South Coast Audit). This assurance framework informs the Trust's Annual Governance Statement, signed by the Chief Executive and forms the basis of the Trust annual report.

### **5.12.2 Qualitative Risk Assessment**

An interactive top-down process involving the two delivery groups in identifying and assessing the most significant risks to the project has been carried out. Risk

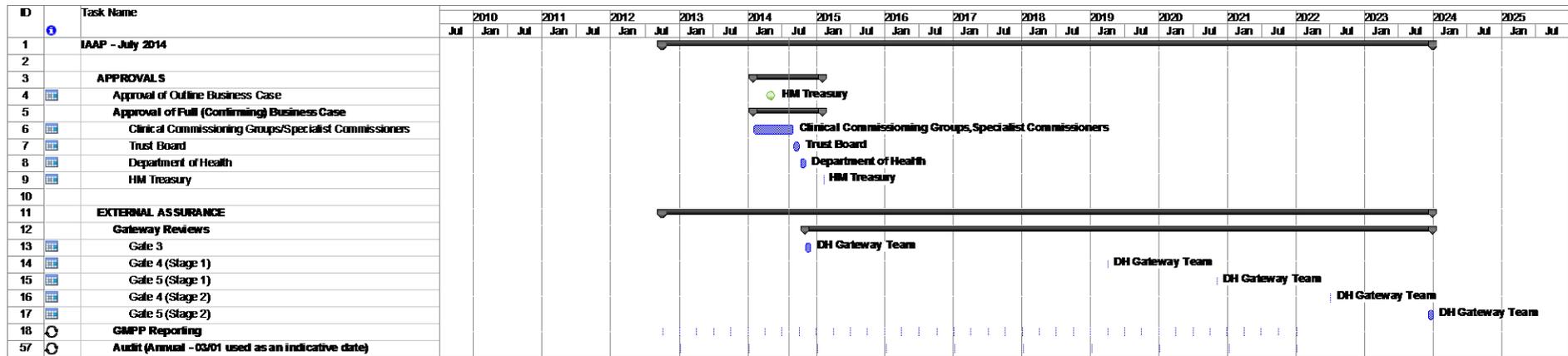
management strategies have been developed to and populated via the Project Planning and Reporting Tool.

### 5.13 Project Programme

*The plan for Assurance and Approvals is set out below. This is currently subject to Programme Board discussion and approval and subsequent Trust Board scrutiny and approval. A simple gantt chart illustrating these is attached to this document as **Annex 1**.*

| <b>Assurance/Approvals</b>                  | <b>By Whom</b>                                         | <b>Planned Date</b>                                                           |
|---------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Approvals</b>                            |                                                        |                                                                               |
| Approval of Outline Business Case           | H M Treasury                                           | 1 <sup>st</sup> May 2014                                                      |
| Approval of Full (Confirming) Business Case | Clinical Commissioning Groups/Specialist Commissioners | Jan-August 2014                                                               |
|                                             | Trust Board                                            | September 2014                                                                |
|                                             | Department of Health/TDA                               | October 2014                                                                  |
|                                             | HM Treasury                                            | February 2015                                                                 |
| <b>External Assurance</b>                   |                                                        |                                                                               |
| Gateway Reviews                             | DH Gateway Team                                        | Gate 3 – November 2014                                                        |
|                                             |                                                        | Gate 4 (Stage 1) – March 2019                                                 |
|                                             |                                                        | Gate 5 (Stage 1) – October 2020                                               |
|                                             |                                                        | Gate 4 (Stage 2) – July 2022                                                  |
|                                             |                                                        | Gate 5 (Stage 2) – October 2023                                               |
|                                             |                                                        | Gate 0 (Final) – December 2023                                                |
| GMPP Reporting                              | Major Projects Authority                               | Quarterly                                                                     |
| Audit                                       |                                                        | Annually (date determined in accordance with Trust Audit Committee programme) |

All dates shown are subject to internal review and challenge once the trajectory towards HM Treasury approval of the Full Business Case is apparent.



## 5.14 Tools and Techniques

The Trust will utilise tools and techniques that best support the needs of the programme over time. Thus elements of systems such as PRINCE2, RACI, and EFQM will be used but not to the exclusion of other techniques.

It is proposed that the programme will be subject to formal Post Project Evaluation in accordance with Department of Health Good Practice Guide “Learning lessons from Post Project Evaluation” dated January 2002, or such subsequent guidance as becomes available.

## 5.15 Post Project Evaluation

A formal Post Project Evaluation Plan will be developed as a separate document to stand alongside the Project Execution Plan, Risk Management Plan, and Benefits Realisation Plan. The programme will be reviewed following physical and financial completion to assess performance against time and cost targets contained in the Project Execution Plan. It is suggested that a study of approximately 3 months duration will be required to fully analyse the performance of the programme. An evaluation report will be produced by an appointed officer and approved by the Programme Director for issue. The well-established links to the stakeholder group will be maintained and they will have input to the post programme evaluation.

The Project Evaluation will appraise how well the project was managed and delivered to expectations. Due to the length of the build programme (7 years), the evaluation will be carried out in 4 main stages:

**Stage 1** – Evaluation of the business case process, within 6 months of FBC approval.

**Stage 2** – Evaluation design, construction and commissioning process, within 3 months of opening for each the three main construction stages.

**Stage 3** -- Evaluation of the new facilities in use within 15 months of opening of each the three main construction stages.

**Stage 4** -- A final evaluation once the new facilities are well established, approximately 2 years after they have been brought into use.

The post project evaluation process will be carried out in accordance with best practice as follows.

### 5.15.1 Arrangements for Post Project Evaluation

The project will be evaluated by undertaking the following investigations:

- A review of the strategic case made for the project to confirm that it is still relevant;
- A review of the benefits detailed in the Benefits Realisation Plan and

- confirmation that they have been met;
- A review of the Full Business Case capital and revenue costs to confirm:
- That the capital costs were robust and adhered to, and
- That the actual and projected revenue costs were realistic.
- A review of the Project Programme and adherence to it throughout the life of the project;

These investigations will focus on three stakeholder groups:

- Service users – for their perspective on the new services and the input of service
- and carer representatives;
- Clinical Users / Staff – for their views on whether they were sufficiently involved in
- the planning of the scheme, to confirm that the Design met their clinical needs, and
- to confirm that Project Plans ensured minimum disruption to clinical services;
- Trust Project Team – for their views on the overall project from planning through
- the building phase and ultimately to commissioning and handover.

The methods used will include the following:

- questionnaires using online survey software
- stakeholder consultations meetings
- OGC project Gateway reviews
- Regular Key Performance Indicator (KPI) reviews during the construction and commissioning stages with the principle contractor.
- Internal audit reviews by South Coast Audit

The Trust has based this on NHS guidance on PPE has been published and the key stages which are applicable for this project are:

- **Stage 1:** the objective of the evaluation at this stage is to assess how well and effectively the project was managed from the time of OBC approval to the approval of the FBC. This would include evaluation of the Financial Objectives in terms of capital and revenue projections.
- **Stage 2:** evaluation of the: project planning, detailed design, construction, commissioning and early operational phases, at 3 months after opening; also the conformance with the project programme.
- **Stage 3:** Evaluation of the project once the new unit is well established, considering the benefits achieved by the Trust as indicated in the Trust and FBC.

Objectives, and set out in the Benefits Realisation Plan, at 15 months after opening; Also the final BREEAM and AEDT reviews, which should be regularly reviewed during construction.

- **Stage 4:** Re-evaluation of the Financial Objectives in terms of capital and revenue projections 2 years after opening.

### ***Stage 1: Evaluation – project procurement***

It is planned that this evaluation will be undertaken within six months of FBC approval and will examine:

- The effectiveness of the project management of the scheme;
- The quality of the documentation prepared by the Trust;
- Communications and involvement during procurement;
- The effectiveness of advisers utilised on the scheme;
- The efficacy of NHS guidance in delivering the scheme;
- Perceptions of advice, guidance and support from central bodies

### ***Stage 2: - Evaluation – implementation***

It is planned 3 months after opening whilst the relevant staff and service users are still likely to be available.

The objective of this stage is to assess how well and effectively the project was managed from the time of FBC approval through to the commencement of operational commissioning, and will examine: -

- The effectiveness of the Trust project management of the scheme;
- The effectiveness of the project management of the scheme;
- Communications and involvement during construction;
- The effectiveness of the joint working arrangements established by the project partner and the Trust project team
- Support during this stage from other stakeholder organisations.

### ***Stage 3 – Evaluation – project in use***

It is proposed that this stage of the evaluation be undertaken up to 15 months after the completion of operational commissioning of the scheme in order that as many of the lessons learnt are still fresh in the minds of the project team and other key stakeholder and will examine:

- Overall success factors for the project in terms of cost and time, etc.
- Extent to which it is felt the design meets users' needs – from the viewpoint of patients/carers and staff.

It should be noted that in order to provide an appropriate comparator to the final point in this section, that a similar survey should be undertaken with

staff, visitors and patients as to the level of satisfaction with the existing facilities. In this way, increases in satisfaction can be directly measured, although it is recognised that a direct comparison will not be possible as the exact respondents will not be the same.

#### ***Stage 4 – Evaluation – project is well-established***

It is proposed that this evaluation is undertaken about two to three years following completion of commissioning. The objective of this stage will assess how well and effectively the project was managed during the actual operation of the new facility.

The evaluation at this stage will examine:

- The effectiveness of the joint working arrangements established by the partner and the Trust team.
- The extent to which it is felt the design meets users' needs – from the viewpoint of patients/carers and staff

The Trust project team will seek to ensure that they keep abreast of projects which have been fully evaluated when in use and which have utilised the latest PPE guidance.

The Trust will then take a view of the extent to which external support is required and make a submission to local commissioners based on the evidence which is available with regard to costs.

Following OBC approval a detailed post project evaluation programme will be developed for inclusion in the FBC.

#### **5.15.2 *Management of the evaluation process***

The process will be managed by the 3Ts Programme Director, supported by the Programme Team. All evaluation reports will be made available to all participants in each stage of the evaluation once the report has been endorsed by the Trust Board.

The majority of the work will be undertaken by the 3Ts Programme Team, supported an independent 3Ts audit team. The costs of the final post-project evaluation, once the unit is fully-established, have been allowed for in the overall project management costs for the programme.

## **6.0 Budget Management Procedures**

### **6.1 Cost management**

- 6.1.1 The Programme Team, through the Project Director, will be responsible for monitoring costs for the Programme. As noted in section 5.3 almost all external advisers are managed by Laing O'Rourke and thus invoices from them will be sent directly to Laing O'Rourke for administration.
- 6.1.2 Once the PSCP is confirmed, the project fees associated with the P21 contract and its deliverables will be agreed as part of the formal P21 Stage 2 Contract and will be invoiced monthly in arrears. The works will be monitored via timesheet validation through the Trust's Cost Advisor. Monthly reports on project progress and resources expended will be provided by the PSCP to the 3Ts Capital Lead and will include Earned Value Analysis monitoring.
- 6.1.3 Advisers appointed by the Trust will invoice the Project Director directly and be required to comply with Trust Standing Financial Instructions for the provision of services.

### **6.2 Budget and resource**

- 6.2.1 The initial estimated budget and resource plan to complete the scope of this Project Execution Document is presented below. The budget is based on a number of key assumptions, including;
- The proposed ECC contract through the P21 Stage 2 Agreement with PSCP is approved by the Trust.
  - The background and supporting information required from the Trust is provided in a timely, complete manner.
  - External agencies, including the local health economy and local government, continue to constructively support the project.
  - Strategic direction from the Trust Development Authority and the central ProCure 21 Team remains available to assist in the completion of the Business Case and related contractual matters.
  - The FBC, and all its associated supporting elements, can be completed within the scheduled period
  - The local population and other key stakeholders remain broadly supportive of the aims, outcomes, and proposals of the project.
- 6.2.1.1 The following budget analysis is the latest estimate of the transitional costs.





Net Core Team

|       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1,400 | 1,369 | 1,301 | 1,346 | 1,543 | 1,706 | 1,367 | 1,306 | 1,479 | 1,286 | 1,001 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

**WTE (derived from above)**

|                                                |                    |      |      |      |      |      |      |      |      |      |      |
|------------------------------------------------|--------------------|------|------|------|------|------|------|------|------|------|------|
| Programme Director                             | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| AD 3T Service Modernisation                    | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.50 |
| AD Capital Developments (60%)                  |                    |      |      |      |      |      |      |      |      |      |      |
| Programme Engineer                             | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.50 |
| Comms Manager                                  | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.50 |
| Change Consultants                             | 3.00               | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 1.50 |
| Senior Information Analyst                     | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.50 |
| Facilities planning manager                    |                    |      |      |      |      |      |      |      |      |      |      |
| Capital Project Manager 3Ts                    | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Nurse Planner                                  | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.50 |
| AD 3Ts Programme Office & Governance           | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Chief of Trauma (25%)                          |                    |      |      |      |      |      |      |      |      |      |      |
| Clinical Leads (part time x 2)                 |                    |      |      |      |      |      |      |      |      |      |      |
| Project Finance Support                        | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Project administrator                          | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| P/A to Programme Director                      | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Project administrator                          | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Equip Procurement Planning Support             |                    |      |      |      |      |      |      |      |      |      |      |
| Benefit Realisation/Junior Information Analyst | 1.00               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Project Management & Contract support          |                    |      |      | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Other temp roles & backfill                    | <b>NOT DEFINED</b> |      |      |      |      |      |      |      |      |      |      |
| HR planning resources                          |                    |      |      |      |      |      |      |      |      |      |      |
| Commissioning/Move Managers                    |                    |      |      |      | 1.00 | 3.00 | 0.50 |      |      |      | 1.00 |
| HR Recruitment Facilitator                     |                    |      |      |      | 1.00 | 1.00 |      |      |      |      | 0.50 |



|                               |  |  |  |  |                    |      |  |  |  |      |  |
|-------------------------------|--|--|--|--|--------------------|------|--|--|--|------|--|
| Equipment Cutover manager     |  |  |  |  | 1.00               | 2.00 |  |  |  | 2.00 |  |
| Training & Induction managers |  |  |  |  | 0.50               | 1.00 |  |  |  | 1.00 |  |
| Unfunded transitional posts   |  |  |  |  |                    | 4.00 |  |  |  | 2.00 |  |
| Core Team Contingency / Flex  |  |  |  |  | <b>NOT DEFINED</b> |      |  |  |  |      |  |

|       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 16.00 | 16.00 | 16.00 | 17.00 | 20.50 | 28.00 | 17.50 | 17.00 | 17.00 | 23.50 | 12.00 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

**Changes from base line (16 WTE)**

|                                       |       |       |       |       |       |       |        |       |       |       |       |
|---------------------------------------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|
| Opening Position                      | 16.00 | 16.00 | 16.00 | 16.00 | 17.00 | 20.50 | 28.00  | 17.50 | 17.00 | 17.00 | 17.00 |
| Project Management & Contract support |       |       |       | 1.00  |       |       |        |       |       |       | -1.00 |
| Commissioning/Move Managers           |       |       |       |       | 1.00  | 2.00  | -2.50  | -0.50 |       | 1.00  | -1.00 |
| HR Recruitment Facilitator            |       |       |       |       | 1.00  |       | -1.00  |       |       | 0.50  | -0.50 |
| Equipment Cutover manager             |       |       |       |       | 1.00  | 1.00  | -2.00  |       |       | 2.00  | -2.00 |
| Training & Induction managers         |       |       |       |       | 0.50  | 0.50  | -1.00  |       |       | 1.00  | -1.00 |
| Unfunded transitional posts           |       |       |       |       |       | 4.00  | -4.00  |       |       | 2.00  | -2.00 |
| Programme Engineer                    |       |       |       |       |       |       |        |       |       |       | -0.50 |
| Comms Manager                         |       |       |       |       |       |       |        |       |       |       | -0.50 |
| Change Consultants                    |       |       |       |       |       |       |        |       |       |       | -1.50 |
| Senior Information Analyst            |       |       |       |       |       |       |        |       |       |       | -0.50 |
| Nurse Planner                         |       |       |       |       |       |       |        |       |       |       | -0.50 |
| AD 3T Service Modernisation           |       |       |       |       |       |       |        |       |       |       | -0.50 |
| Other / To be defined                 | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00   | 0.00  | 0.00  | 0.00  | 6.50  |
| Total change                          | 0.00  | 0.00  | 0.00  | 1.00  | 3.50  | 7.50  | -10.50 | -0.50 | 0.00  | 6.50  | -5.00 |
| Closing Position                      | 16.00 | 16.00 | 16.00 | 17.00 | 20.50 | 28.00 | 17.50  | 17.00 | 17.00 | 23.50 | 12.00 |

## Appendix 1

### List of key deliverables

## 3Ts Full Business Case – Key deliverables

- 1) Strategy
  - a) Understanding of national and local policy drivers
  - b) Identification of key objectives for Trust and project
  - c) Identification of key benefits project will realise supporting national and local strategy
  - d) Impact on Local Delivery Plan and Service Level Agreements
- 2) Clinical and support Services
  - a) Definition of new proposed model of service
  - b) Understanding of proposed care pathways and protocols
  - c) Activity and utilisation modelling
  - d) Identification of clinical and service benefits of new arrangements
  - e) Understanding of resource and skill mix requirements of new arrangements
  - f) Support of IM&T and Informatics strategy, including NPfIT
- 3) Functional brief and schedule of accommodation generation
  - a) User requirements documents to support new services
  - b) Operational policy documents to support new services
  - c) Output specification documents
  - d) Schedule of accommodation required
- 4) Site master planning;
  - a) Understanding of physical and statutory limitations on development
  - b) Confirmation and amendment of Trust Development Control Plan and Estates Strategy
  - c) Utilities and services assessment
  - d) Submission of Outline Planning Application
- 5) Options
  - a) Long-list of options and consideration
  - b) Selection criteria for short listing and link to objectives / outcomes
  - c) Short-listing process
  - d) Qualitative appraisal
  - e) Preferred option appraisal
- 6) Designs
  - a) 1:200 Drawings for preferred options
  - b) Structural and M&E assessments of preferred option.
  - c) Compliance with statutory and NHS guidance, consideration of Infection Control requirements
  - d) Functional relationships
  - e) M&E arrangements
  - f) FM arrangements
  - g) AEDET and BREEAM appraisal
  - h) Department of Health Design Review Panel

- 7) Finance
  - a) Revenue costing for amendments to services
  - b) Capital costing for the preferred option for development
  - c) Capital costing for proposed infrastructure to support the preferred option
  - d) Enabling works costing
  - e) Transition costs, capital and revenue
  - f) Income forecasts for transition and post-construction phases
  - g) Generic Economic Model, EAV/NPC, and cash flow projections
  - h) Optimism Bias and sensitivity analysis
  - i) PFI assessment and analysis
  - j) Funding strategy and balance sheet treatment
  
- 8) Transition
  - a) Plan for each option
  - b) Costings and qualitative appraisal of each transition plan
  - c) Service and staff impact assessment
  
- 9) Project Management
  - a) Full risk management plan and risk register
  - b) Full detailed Programme to support proposed project and procurement route
  - c) Full QA and evaluation plan
  - d) Results of consultation with stakeholders, including staff, local population, and statutory authorities
  
- 10) Procurement
  - a) Appraisal of procurement options
  - b) Financial, temporal, and qualitative impact on preferred option
  - c) Preferred procurement strategy
  - d) Equipment procurement strategy and costing

## Appendix 2

### **Project Directory**



| <b>Name/position</b>                                            | <b>Address</b>                                                                                                                  | <b>Email</b>                                                             | <b>Telephone</b>                                             | <b>Fax / Mobile</b> |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|---------------------|
| Duane Passman<br>3Ts Programme Director                         | Royal Sussex County Hospital<br>Capital Development (3 <sup>rd</sup> Floor)<br>Sussex House<br>1 Abbey Road<br>Brighton BN2 1ES | <a href="mailto:duane.passman@bsuh.nhs.uk">duane.passman@bsuh.nhs.uk</a> | 01273 696955<br>x 64944<br>or via Claire Lucas, PA<br>x63396 | 01273 663394        |
| Mr Peter Hale<br>3Ts Clinical Lead                              | Royal Sussex County Hospital<br>Capital Development (3 <sup>rd</sup> Floor)<br>Sussex House<br>1 Abbey Road<br>Brighton BN2 1ES | <a href="mailto:peter.hale@bsuh.nhs.uk">peter.hale@bsuh.nhs.uk</a>       | 01273 696955<br>x 7958<br>(Secretary)                        |                     |
| Dr Graham Dodge<br>3Ts Clinical Lead                            | Royal Sussex County Hospital<br>Capital Development (3 <sup>rd</sup> Floor)<br>Sussex House<br>1 Abbey Road<br>Brighton BN2 1ES | <a href="mailto:graham.dodge@bsuh.nhs.uk">graham.dodge@bsuh.nhs.uk</a>   | 01273 696955<br>x 7549                                       |                     |
| Nick Groves<br>Associate Director, 3Ts<br>Service Modernisation | Royal Sussex County Hospital<br>Capital Development (3 <sup>rd</sup> Floor)<br>Sussex House<br>1 Abbey Road<br>Brighton BN2 1ES | <a href="mailto:Nick.Groves@bsuh.nhs.uk">Nick.Groves@bsuh.nhs.uk</a>     | 01273 696955<br>X 3457                                       | 07707289534         |
| Anna Barnes<br>Associate Director, 3Ts<br>Programme Governance  | Royal Sussex County Hospital<br>Capital Development (3 <sup>rd</sup> Floor)<br>Sussex House<br>1 Abbey Road<br>Brighton BN2 1ES | <a href="mailto:Anna.Barnes@bsuh.nhs.uk">Anna.Barnes@bsuh.nhs.uk</a>     | 01273 696955<br>X 3405                                       | 07920545544         |
| Gary Speirs<br>Project Manager, 3Ts Capital<br>Project Manager  | Royal Sussex County Hospital<br>Capital Development (3 <sup>rd</sup> Floor)<br>Sussex House<br>1 Abbey Road<br>Brighton BN2 1ES | <a href="mailto:Gary.Speirs@bsuh.nhs.uk">Gary.Speirs@bsuh.nhs.uk</a>     | 01273 696955<br>x 4315                                       | 01273 620184        |
| Joanne Ingram<br>3Ts Programme<br>Administration Manager        | Royal Sussex County Hospital<br>Capital Development (3 <sup>rd</sup> Floor)<br>Sussex House<br>1 Abbey Road<br>Brighton BN2 1ES | <a href="mailto:Joanne.Ingram@bsuh.nhs.uk">Joanne.Ingram@bsuh.nhs.uk</a> | 01273 696955<br>X 3395                                       |                     |

## Appendix 3

### **Terms of Reference**

BSUH intend that the Governance Structure will link strongly and explicitly with local health strategic planning governance structures.

## 3T Programme Board: Terms of Reference

### 1. Summary Purpose and Authority

1.1. The role of the 3Ts Programme Board is to support the Senior Responsible Owner (SRO) of the 3Ts Programme in the development and delivery of the programme in line with the Trust's strategy, objectives and priorities and within the Business Case approvals which have been made by the Programme Board and the Trust Board of Directors.

### 2. Authority

2.1. The Trust Board has delegated to the Programme Board the authority to deal with the matters set out in paragraph 6 below.

2.2. The Programme Board is authorised by the Trust Board to seek any information it requires from any employee of the Trust in order to perform its duties.

### 3. Membership and Attendance

3.1. The members of the Programme Board shall be the Chief Financial Officer, Chief Operating Officer, Chief Nursing Officer, Clinical Chief of 3Ts (as Senior User), Deputy Clinical Chief of 3Ts (as Deputy to the Senior User) Director of Health Informatics, Director of Corporate Affairs, Senior Supplier (Senior Representative from the partner organisation who will construct the project) and a senior representative (s) from the Trust's Independent Cost Adviser.

3.2. The Chair of the Committee will be the Director of 3Ts, as Senior Responsible Owner.

3.3. The 3Ts Assistant Director (Programme Officer & Governance) will provide support to the group to fulfil its duties. The Programme Accountant, Programme Manager(s) and 3Ts Assistant Director of Service Modernisation will also attend the meeting.

3.4. The Chair may also require others to attend on an ad-hoc basis.

### 4. Quorum

4.1. 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.

4.2. A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Trust Board.

4.3. In the absence of the Chair the Clinical Director of 3Ts shall Chair the meeting.

4.4. Where a Programme Board meeting:

- (i) is not quorate under paragraph 4.1 within one quarter hour from the time appointed for the meeting; or
- (ii) becomes inquorate during the course of the meeting,

the Committee members present may determine to adjourn the meeting to such time, place and date as may be determined by the members present.

## 5. Meetings

- 5.1. The Committee shall ordinarily meet monthly or at a frequency determined by the Chair of the Group and/or required by the Trust Board.
- 5.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee no later than five days before the date of the meeting. Supporting papers should be submitted for distribution to members at the same time.
- 5.3. Notes of the meetings shall be circulated to all members and to all members of Hospital Management Board. Notes will also be submitted formally to the Trust Board.

## 6. Duties

The Programme Board shall:

- 6.1. Support the SRO in the delivery of the 3Ts Programme in accordance with the programme and business case parameters as approved by the Trust Board from time to time;
- 6.2. Agree the structure and Terms of Reference of the programme and project delivery teams/groups which will report to it;
- 6.3. Monitor the delivery of programme benefits;
- 6.4. Review highlighted risks and issues which have been escalated from the Programme Teams (as established) which shall report to the Programme Board and agree, as required, strategies for mitigation or further escalation as required;
- 6.5. Review and monitor the delivery of the decant programme;
- 6.6. Review and monitor the delivery of the Full Business Case for the main scheme;
- 6.7. Approve the Full Business Case for onward transmission to the Trust Board;
- 6.8. Identify risks and issues which will require resolution elsewhere in the organisation;
- 6.9. Monitor the financial profile of the programme;
- 6.10. Receive updates from the 3Ts Commissioner Oversight Forum and identify key

issues emerging therefrom;

6.11. Review the communications and engagement strategy for the programme on a regular basis;

6.12. Review the plan for assurance of the programme at key milestones;

6.13. Review the plan for the next stage of programme delivery.

## 7. Reporting responsibilities

7.1. The SRO shall report formally to the Trust Board on its proceedings after each meeting on all matters within its duties and responsibilities.

### **3T Programme Team: Terms of Reference**

#### 1. **Purpose**

The purpose of the Programme Team is to ensure that the commercial interests of the programme are being executed efficiently, that the programme is running to time, to budget and that the members have a firm grip on key risks and issues which could threaten the delivery of the programme. The meeting will receive regular reports from the Main Scheme and Decant project teams.

#### 2. **Membership**

Membership will comprise:

- Clinical Chief of 3Ts (Deputy Chair);
- Associate Clinical Director of 3Ts;
- Associate Director (Programme Office and Governance);
- 3Ts Finance Lead;
- 3Ts Head of Engagement
- Decant Programme Manager (Trust Head of Capital Development);
- 3Ts Associate Director (Service Modernisation);
- 3Ts Capital Projects Manager;
- A senior representative from the Trusts clinical operational structure (as nominated by the Trust's Chief Operating Officer or the Chief Nurse), representing the business as usual function;

#### 3. **Schedule of Meetings**

The Programme Team meets monthly

#### 4. The Programme Team is accountable to the 3Ts Programme Board

## Appendix 4

### **Key Internal advisors**

| <b>Internal Advisor</b>                  | <b>Name</b>     | <b>Title</b>             |
|------------------------------------------|-----------------|--------------------------|
| Finance                                  | Spencer Prosser | Chief Finance Officer    |
|                                          | Mark Frake      | 3Ts Programme Accountant |
| HR                                       | Lorissa Page    | Assistant Director of HR |
|                                          | Simon Selby     |                          |
| Arts                                     | ?               |                          |
| Procurement                              | Dena Vadgama    |                          |
| Medical Physics                          | ?               |                          |
| <b><i>Clinical Service Managers:</i></b> | ?               |                          |
| Surgical Division                        |                 |                          |
|                                          |                 |                          |
| Specialised Services                     |                 |                          |
|                                          |                 |                          |
| Medicine                                 |                 |                          |
|                                          |                 |                          |
|                                          |                 |                          |

## Appendix 5

### **Risk Register**

## Principal Main Risks & Counter Measures

| Key Areas of Risk                                                                                                                                                               | Risk Mitigation & Management Strategies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Clinical model</b><br>- Failure to develop in sufficient detail<br>- Failure to implement                                                                                    | There has been wide clinical involvement in the development of the service model through multi-disciplinary stakeholder workshops involving Trust clinicians, external partners and patient representatives. The Trust will ensure that this dialogue continues.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Changes in demand</b><br>- Greater than projection<br>- Less than projection                                                                                                 | Activity forecasts have been based on population change assumptions that have been agreed with commissioners. These will be updated throughout the business case process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Design</b>                                                                                                                                                                   | Initial concept design plans have been developed by the Trust's architects. The FBC and FBC plans will be created by the ProCure21 supply chain architect to ensure that they reflect the Trust's service plans and can be delivered cost effectively.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Planning</b><br>- Approval obtained but subject to costs or constraints                                                                                                      | The Trust is engaged in ongoing dialogue with the Statutory Planning Authorities to ensure that the campus redevelopment is acceptable and planning conditions are adhered to.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Approval process</b><br>Failure to obtain:<br>- Public support<br>- SOC approval                                                                                             | There has been and will continue to be an ongoing dialogue with patients and the public and discussions with the NHS South East Coast. If the FBC is not initially approved the Trust will adapt its plans to better achieve the requirements of the approving body(ies).                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Capital Funding</b><br>- Failure to secure funding<br>- Requirement to go through PFI route<br>- Delay in obtaining funding<br>- Insufficient funding                        | <p>Appoint a ProCure21 supply chain immediately following OBC approval to develop a Public Sector Comparator (PSC) scheme during the FBC stage and test the viability of the scheme for PFI to determine the preferred funding route.</p> <p>Establish and maintain a dialogue with TDA, the Department of Health and HM Treasury to ensure the preferred funding route is identified and approved in principle at FBC stage to minimise the risk.</p> <p>Ensure capital cost estimates are robust and that an appropriate percentage is allowed for optimism bias and contingency which is agreed with stakeholders at each stage of the project. Identify options for phasing the project with the impact on timetable and costs.</p> |
| <b>Procurement</b><br>- Supplier availability<br>- Supplier quality                                                                                                             | The Trust is already engaging with potential supply chain partners to ensure their interest in the scheme once it is approved. The quality of the supplier will be assured through the procurement process and the project management arrangements that will form part of the standard contract.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Construction</b><br>- Accuracy of specifications<br>- Timescale<br>- Site conditions<br>- Cost risks<br>- Commissioning and user training<br>- Change and project management | Specifications will be developed during the FBC stage. The timescale will be derived at the same time and will reflect known and contingent factors affecting the development. The site and local utility connections will be surveyed to identify any issues. Cost risks will be minimised by the close involvement of the supply chain in the design and development process. Users will participate in the planning of the redevelopment to ensure that adequate time is allowed for commissioning and appropriate training. Change and project management arrangements will comply with best practice.                                                                                                                              |
| <b>Operational</b><br>- Service management and performance<br>- Affordability<br>- Decant                                                                                       | The Trust will develop a transitional plan to support implementation of changes in working practices and performance required. The Trust will ensure that the services developed are affordable to the Trust and its commissioners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Termination</b>                                                                                                                                                              | The Trust will use specialist suppliers to ensure any decommissioning on termination is managed correctly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |