
CHAPTER TWELVE - PROGRAMME AND PROJECT MANAGEMENT

12.1 Introduction

12.1.1 This section describes the programme/project management arrangements currently in place, the proposed enhancements and resources required to complete the Full Business Case. The Project Execution Document is to be found at **Appendix 12A**.

12.2 Programme Management

Investment Decision Maker

12.2.1 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 copies of all the minutes of the 3Ts Programme Board. Julie Nerney, one of the non-Executive Directors of the Trust Board also attends the 3Ts Programme Board. Julie has had substantial experience of Programme and Project Management throughout her career.

Senior Responsible Owner

12.2.2 The Programme Sponsor and Senior Responsible Officer is the Chief Executive, Duncan Selbie. This reflects the importance of this development to the future of the Trust and the need to ensure it remains central to the Trust's development plans. Duncan has worked in the NHS for the over 25 years, and has been the Chief Executive of South West London & St. Georges Mental Health Trust and South East London Strategic Health Authority. Prior to taking up his position at BSUH, Duncan was Director of Commissioning & Performance at the Department of Health, responsible for the development of national priorities and their delivery in the NHS.

Programme Board

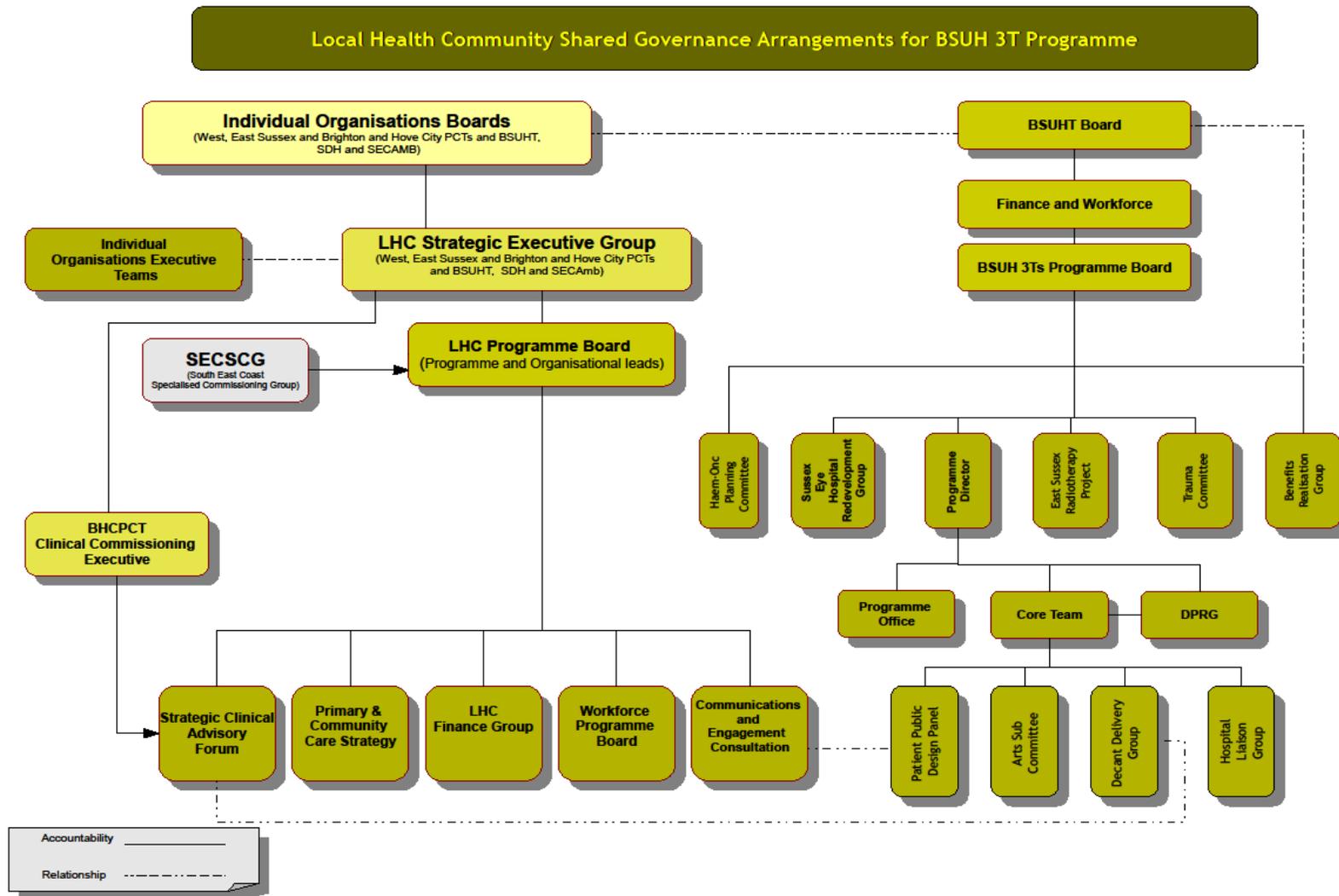
12.2.3 The Trust has established a Programme Board to ensure that the programme achieves its objectives in full and on time. The Programme Board is chaired by the Chief Executive (overall Project Sponsor). Membership is included at **Appendix 12B**. It includes representation from the recently formed commissioning cluster, neighbouring NHS Trusts, Brighton & Hove City Council and a Trust Non-Executive Director and is attended by a representative from South Coast Audit. The Board meets on a monthly basis and is accountable to the Trust Board. Minutes of its meetings are submitted to the Trust Board for noting.

12.2.4 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. Terms of reference are to be found

in **Appendix 12C**. Programme Board reports to the Finance and Workforce Committee (a sub committee of BSUH Board).

Governance across the Local Health Economy

- 12.2.5 Given the impact on the whole health economy, commissioners from Brighton & Hove, East Sussex Downs & Weald and West Sussex are key stakeholders. Their continued collaboration in providing an integrated approach and vision is critical to the success of the programme.
- 12.2.6 The scope and extent of the proposed programme also means that the Brighton & Sussex Medical School, the Universities of Brighton and Sussex, the South East Coast Ambulance Service, Brighton & Hove City Council and East and West Sussex County Councils have key roles as strategic partners.
- 12.2.7 The programme structure is also fully integrated into the strategic planning governance structure of the Local Health Community Strategic Executive Group, which comprises the Chief Executives of the local commissioner and provider organisations (including Brighton & Hove City Council) across Sussex. Overleaf is Figure 12.1 Shared Governance Arrangements for the BSUH 3Ts Programme.



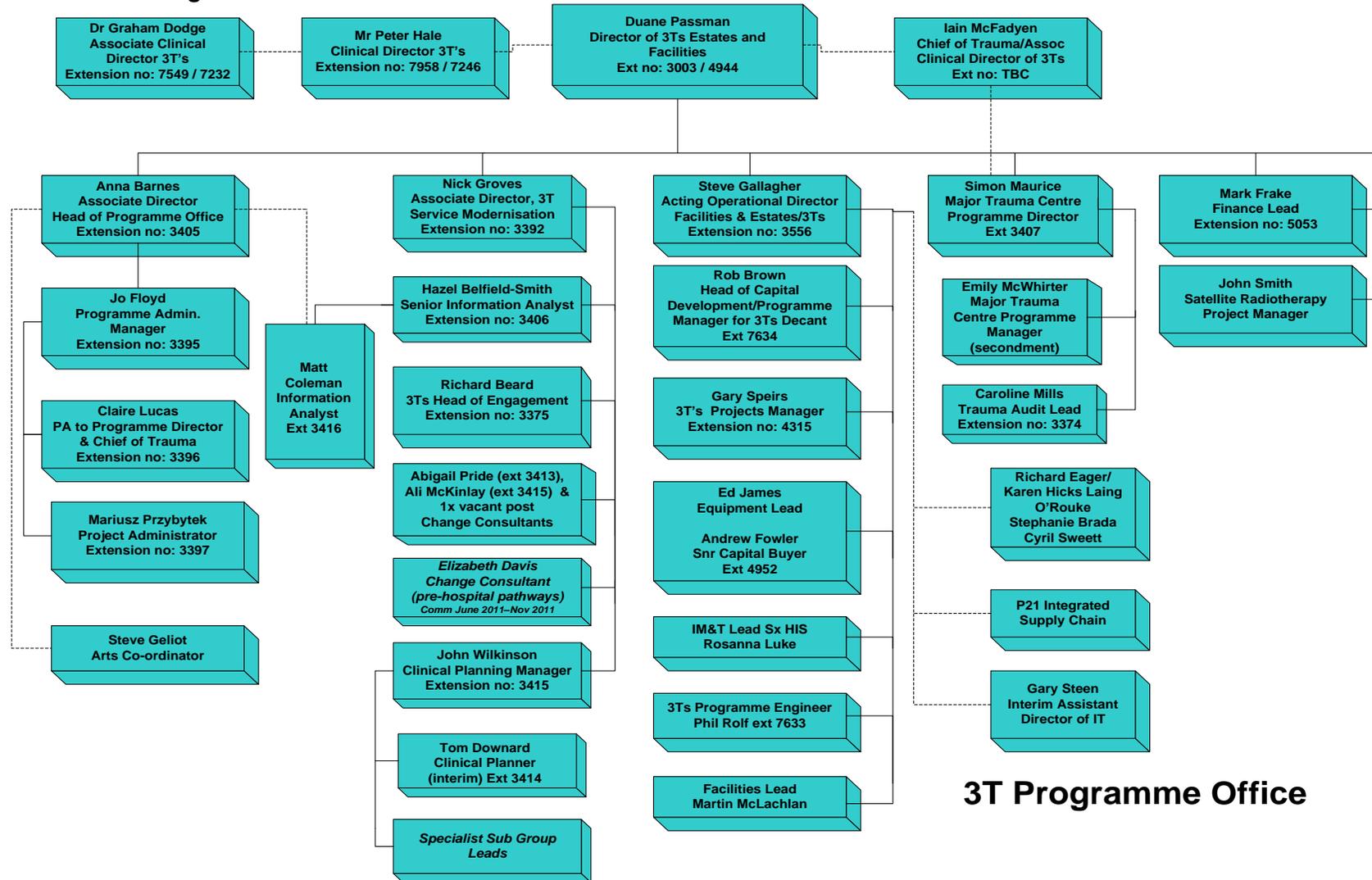
12.2.8 The LHC Strategic Executive Group takes the widest Sussex-wide view. The LHC Programme Board has recently revised its terms of reference to focus more precisely on the developments across Brighton & Hove and 3Ts in particular. The LHC Programme Board is composed of Director-level individuals across the key organisations.

12.3 Trust Project Management Structure

12.3.1 In summary, 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 OBC 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. Details of the Key Stakeholders are to be found in **Appendix 12D**.

Figure 12.2 BSUH 3Ts Programme Office



3T Programme Office

Core Team

12.3.2 A Core 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 Core Team meets fortnightly and is chaired by the 3Ts Programme Director. Minutes of the Core Team meeting are submitted to the Programme Board for noting. The Terms of Reference are to be found at **Appendix 12C**. Core Team has a number of sub committees such as the following:

- Design Process Review Group which is chaired by the Programme Director. This group discussed design issues, and has the authority to make changes providing they do not have a financial or space impact. If this is the case, decisions are re referred to Core Team.
- Patient Public Design Panel, which is chaired by the Associate Director – Programme Office. This group provides a patient/public design perspective on emerging designs and provides feedback where required.

Programme Board Subcommittees

12.3.3 In addition to the Core Team, the Programme Board has established several subcommittees:

- Radiotherapy Steering Group which is responsible for establishing the satellite radiotherapy services in Eastbourne, Worthing and in Brighton. This is chaired by the Programme Director.
- The Trust Trauma Steering Committee, which has in turn established a Trauma Delivery Subgroup. This takes the principles of the Sussex-wide Trauma network and applies them to patient care pathways from outside the hospital setting, through the hospital and identifies what facilities and processes need to be put in place – through 3Ts and through pre-hospital care (with SECamb) to ensure the best care can be provided.
- The Benefits Realisation Sub Group which is chaired by the Chief Executive or Programme Director. This meets quarterly and provides guidance on the process of implementing a robust benefits realisation plan.

12.3.4 Minutes of these committees are submitted to the Programme Board for noting.

Programme Workstreams

12.3.5 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 Core 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 3;
- Joint Arts Group,
- Activity and finance;
- Equipping
- Heritage and Oral History,
- Patient Public Design Panel (see above)
- Hospital liaison Group
- IM&T and information;
- Communications and public engagement.

12.4 The Trust Programme Team

Programme Director

- 12.4.1 The 3Ts Programme Director is Professor Duane Passman. Duane reports directly to Duncan Selbie and is a member of the Trust's Executive Team. Duane has been involved in major capital investment programmes and projects in the NHS for over 22 years, with a period as a management consultant working for a strategic healthcare planning consultancy. He worked on the Chelsea & Westminster Hospital projects in its early stages.
- 12.4.2 Duane went on to work at St. Thomas' Hospital in London as Capital Developments Manager where he brought into operational use the South Wing of the hospital after a major refurbishment, transferring St. John's Hospital for Diseases of the Skin and the Lane-Fox Respiratory Unit to St. Thomas'. He also worked on the strategic response to the Tomlinson Review of services in London and how St. Thomas' could develop as part of that.
- 12.4.3 He was then Project Director for the redevelopment of Chapel Allerton Hospital in Leeds and Deputy Project Director for the Jubilee Wing at Leeds General Infirmary. The latter project involved the centralisation of neurosciences and cardiac services in West Yorkshire. This project also involved siting a helipad on the new building. The Jubilee Wing is similar in scale to Stage 1 of the preferred option. During this time he also worked on the development of business cases in Scotland, Yorkshire and the Midlands. He was a contributor to the Capital Investment Manual and the main author of the section dealing with 'Commissioning a Healthcare Facility'.
- 12.4.4 After this, he spent three years in the private sector and worked on the clinical planning and business cases for a variety of major projects, including Central

Manchester Healthcare Trust, City Hospital Birmingham and the development of a new hospital on the island of Malta.

- 12.4.5 He then joined the NHS Executive Regional Office in London, working on the capital portfolio development and approvals process. He later became the Head of Capital Investment for the NHS in London from 2001 to 2006 and established the first Centre of Excellence for Programme and Project Management outside Central Government, working with the Office of Government Commerce.
- 12.4.6 During this time, he was also the Project Director for the development of Queen's Hospital in Romford. This £250m 939-bedded District General Hospital was procured under PFI and was one of the national pilots for the Retention of Employment model where soft FM staff remained employed by the NHS but seconded to the private sector under the PFI arrangements. He was also Programme Director for the North Middlesex redevelopment project, also procured under PFI which reached financial close in 2007.
- 12.4.7 Duane is a Visiting Professor in the School of the Built Environment at the University of Salford, which was rated as 6* by the Research Assessment Exercise and is the top research-led school of the built environment in the UK. He also chairs the Steering Committee of the Salford Centre for Research and Innovation.

Project Leads

- 12.4.8 Steve Gallagher, Associate Director of Capital Development for the Trust, provides the capital and Facilities & Estates lead for the programme. Steve has an extensive track record in the delivery of NHS capital schemes over the last 27 years. He has worked in a variety of large acute Trusts in a capital management and delivery role. Most recently, he worked at Worthing and Southlands Hospitals NHS Trust and at Plymouth Hospitals Trust on the major development there.
- 12.4.9 Nick Groves, Associate Director for 3Ts Service Modernisation, provides the key management of service inputs to the programme. Nick has an extensive background in Human Resources, Organisational Development and service modernisation. He was an HR & OD Director in a large acute Trust and then worked internationally. He has also been a management consultant working on service development and modernisation. Nick's portfolio within the programme includes service modernisation and change management.
- 12.4.10 Management of the Programme Office and controls assurance is undertaken by the Associate Director (Head of 3Ts Programme Office & Governance), Dr Anna Barnes. Anna's role is also to challenge the processes and systems being utilised as part of the programme and to ensure that the Programme meets good practice. The intention of the programme is to be best practice in all aspects of its development. Anna previously worked at Hastings and Rother Primary Care Trust as the business change manager of a series of capital developments in primary care. She also has extensive experience of project management and staff and patient engagement.

Clinical Input

- 12.4.11 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.
- 12.4.12 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.
- 12.4.13 The Deputy Clinical Director is Dr Graham Dodge, who is also the Trust's Lead Consultant for Imaging. Given the level of diagnostic and interventional imaging which is required within the 3Ts facility, plus the cross-specialty nature of this, having a consultant radiologist closely involved in the process is key.

Trust Team

- 12.4.14 The Trust team also comprises:
- Gary Speirs – 3Ts Project Manager: Gary has an extensive record of project management in the acute setting, most recently in the IM&T division at King's College Hospital. Since joining BSUH nine years ago, Gary has been involved in a number of projects at BSUH and was closely involved in the commissioning of the new Royal Alexandra Children's Hospital. Gary's responsibility is to manage the overall departmental user group process and to take the lead on the design development of a number of departments;
 - John Wilkinson – Clinical Planning Manager: John is a trained radiographer and managed the imaging department across the Trust for several years. John's key responsibilities are to ensure that the design of the new facilities meets best practice and that the care pathways are under current review to ensure that they meet current thinking. John also has a dedicated number of departmental user groups;
 - Richard Beard – Head of Communications and Public Engagement. Richard is an experienced communications and public engagement professional. He has the key role of ensuring that there are good communications within the Trust and externally and that the programme continues to work with patients and the public.
 - Hazel Belfield-Smith – Senior Information Analyst. Hazel has worked at BSUH for eleven years, most recently in the one of the Trust's Clinical Divisions and was responsible for examining commissioning and performance trends and in the provision of key management information across the Trust. Within the Programme, Hazel is responsible for information analysis and clinical

performance benchmarking to ensure that the 3Ts development proposals represent good practice and are consistent with the Trust's objectives of being in the top quartile for operational performance;

- Simon Maurice – Major Trauma Programme Director - Simon has over twenty years experience working in the NHS acute sector with a strong background in HR management including workforce planning and redesign. He is leading the programme for the development of the Major Trauma Centre
- Iain McFadyen – Chief of Trauma - since November 2009 and is leading the development of regionalised trauma systems in the South East Coast. He is an Orthopaedic Surgeon with a special interest in severe lower limb trauma and limb reconstruction His role in Brighton includes establishing a tertiary trauma service for lower limb trauma and pelvic reconstruction.
- Phil Rolf – Programme Engineer. Phil is an experienced engineer having worked in the private sector and the NHS. His key responsibilities are to ensure that the engineering services strategy within the new facilities are developed according to sound environmental and operational principles and to ensure that the links into the existing site infrastructure is designed and implemented appropriately;
- Rob Brown – 3Ts Decant Programme Manager. An estates professional with an architectural technologist background he is responsible for the delivery of the decant plan in line with the timescales for the main scheme.
- Abigail Pride – Change Consultant. Abigail has a background in change management and service redesign in the NHS. Her key responsibilities include the development of the clinical planning of the new facilities and identifying opportunities for further efficiency and effectiveness in working practises. Abigail also plays a key role in working with the artists commissioned to ensure that the environment is as welcoming and therapeutic as possible.;
- Ali McKinlay – Change Consultant. Has worked in the NHS for over 10 years and has a background in Business Management and Service Modernisation. Her key responsibilities include the development of the clinical planning of the new facilities and identifying opportunities for further efficiency and effectiveness in working practises;
- Tom Downard – Change Consultant. Tom has worked as an external consultant for a number of acute NHS Trusts as a healthcare planner. His responsibilities include the development of the clinical planning and identifying opportunities for further efficiency and effectiveness in working practises.
- Emily McWhirter – Programme Manager, Major Trauma. Emily is a trained nurse and has considerable experience in service redesign and clinical governance. Her key responsibilities include the development of the Major Trauma Centre, including pathways for the Emergency Department and Rehabilitation.
- Andrew Fowler – Equipping Lead: Andrew has worked at BSUH for 4 years and is responsible for liaising with the PSCP in order to ensure that the

procurement of equipment for both decant and the main scheme is as seamless as possible as well as being in accordance with EU procurement law.

- Mark Frake – Project Financial Lead/Project Accountant: Mark has an extensive career gained mainly in the private sector and most recently worked for Unilever. His key responsibilities are to monitor the affordability of the scheme and to provide the link between the Business Case processes and the Trust's day to day financial processes, ensuring that one links smoothly into the other. He also acts as the Directorate Management Accountant for the 3Ts Directorate;
- Jo Floyd – Programme Administration Manager. Jo is responsible for the smooth running of the Programme Office and its administrative functions. Jo has been a senior administrative manager and PA in the Trust for many years;
- Claire Lucas – PA to the Programme Director and Chief of Trauma. She is responsible for the day to day management of the Programme Director and the Chief of Trauma. Claire has worked in the NHS for over 10 years;
- Marius Przybytek – Project Administrator. Marius joined the Programme Office from the private sector and is responsible for general administration and logistics.
- Simon Selby- Head of Workforce Planning. Simon is an experienced HR professional. He leads on the provision of a workforce planning and workforce information service for the Trust including the commissioning of the Trust's future pre and post registration education requirements for non-medical staff.

Skills and Competencies

12.4.15 The Programme Director, based on his experience to date, has reviewed the skills and competencies which are required to deliver the programme overall. These are set out in matrix overleaf which includes the individuals whose experience and accrued skills means that they can contribute directly to that area:

Figure 12.3 Competency Matrix

Skill / Competency	Why Required	Member of Team with requisite skills
Management of major investment programmes	Experience of large scale projects and working with design teams/contractors to ensure process runs smoothly	Duane Passman, Steve Gallagher, Gary Speirs, Anna Barnes, Phil Rolf.
Clinical and service planning	To ensure that the interface with the Trust User Groups runs smoothly and there is a good “translation” between clinical and service needs and the brief.	Duane Passman, Steve Gallagher, Gary Speirs, John Wilkinson, Abigail Pride, Ali McKinlay, Emily McWhirter, Tom Downard.
Process redesign and service modernisation.	To ensure that the processes in the proposed facilities meet good and best practice and are optimally configured.	Nick Groves, John Wilkinson, Anna Barnes, Abigail Pride, Ali McKinlay, Emily McWhirter, Tom Downard.
Facilities Management operations	To ensure that FM services can be delivered optimally.	Steve Gallagher, Gary Speirs, Phil Rolf.
Site infrastructure knowledge	To ensure that the development links into the rest of the site in physical terms (including engineering services)	Steve Gallagher, Gary Speirs, Phil Rolf.
Patient and public engagement	To ensure that patients and the public are engaged in the process.	Richard Beard, Nick Groves, Anna Barnes, Duane Passman, Steve Gallagher.
Staff Engagement	To ensure that staff play a full part in the development of the new facilities.	Richard Beard, Nick Groves, Anna Barnes, Duane Passman, Steve Gallagher. John Wilkinson, Anna Barnes, Abigail Pride, Ali McKinlay, Emily McWhirter, Tom Downard.
Commercial Acumen	To negotiate commercially with contractors and designers/consultants – especially to negotiate a Guaranteed Maximum Price.	Duane Passman, Steve Gallagher, Andrew Fowler
Equipping	To ensure that the equipment budget is set appropriately.	Duane Passman, Steve Gallagher, John Wilkinson, Gary Speirs, Phil Rolf, Andrew Fowler.

Controls and Assurance	To ensure that the programme is managed in accordance with best practice.	Duane Passman, Steve Gallagher, Nick Groves, Anna Barnes.
Financial planning and budgeting.	To ensure that affordability is monitored and costs accurately reported and interpreted.	Mark Frake, Duane Passman.
HR and Workforce implications	To ensure that the project takes into account the new workforce implications such as recruitment and retention	Simon Selby
Business Case development	To ensure that an FBC is developed that complies with guidance	Duane Passman, Mark Frake, Anna Barnes

12.5 Advisors

Internal Advisors

12.5.1 A variety of staff and services, including Clinical Operations, Principal Lead Clinicians and their management teams, clinical staff and Heads of Professional/professional leads, the Infection Control service, the Finance Department, Facilities & Estates services and Human Resource are currently contributing to the programme. The involvement of these staff has been agreed; their continued input is critical to the success of the programme. Some internal advisers have been recruited specifically to support the programme and others seconded, full or part-time, from existing posts.

12.5.2 The Programme Director monitors the needs of the programme and competing demands from operational services or other projects to ensure that the 3Ts programme is appropriately and efficiently resourced (thus creating resource capacity). The key internal advisers are identified at **Appendix 12E**.

Figure 12.4 Key Internal Advisors

Internal Advisor	Name	Title
Infection Control	Valerie Unsworth	Infection Control Nurse
Facilities / Estates	Duane Passman	Director of Estates & Estates
Finance	Karen Geoghagan	Director of Finance
Procurement/ Equipping	Peter Klein	Head of Procurement & Supply
Medical Physics	Andrew Hince	Deputy Head of Radiation Safety
Specialist Services	Jim Valentine	Associate Director
Nursing	Sherree Fagge	Chief Nurse
IT	Gary Steen	Interim Assistant Director of IT

External Advisors

12.5.3 The Trust has appointed Laing O'Rourke to support the development of the OBC 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:

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

12.6 Stakeholders

Patient and Public Involvement

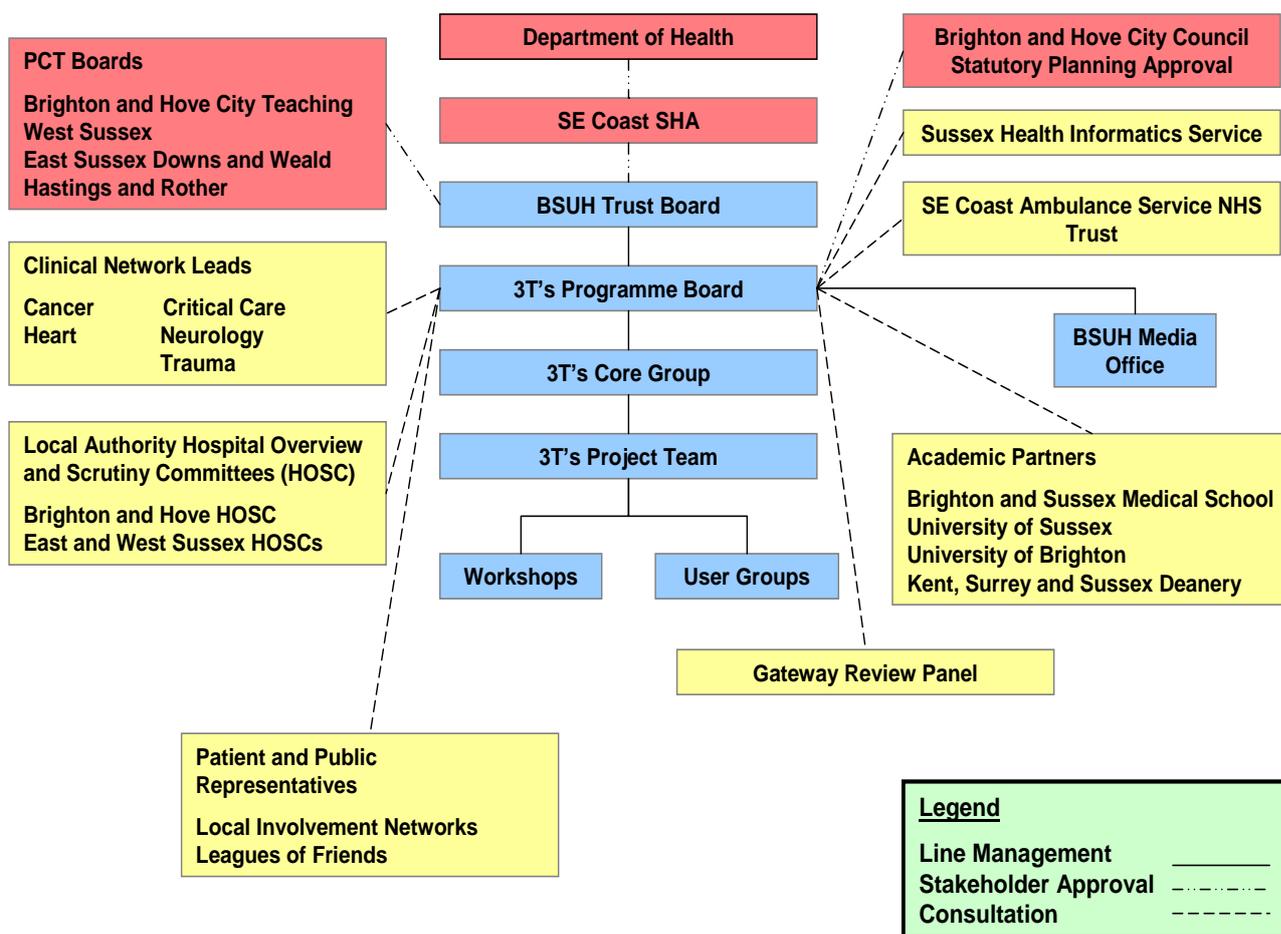
12.6.1 The Trust presented the Strategic Outline Case, and is in the process of presenting the Outline Business Case, to the three Sussex HOSCs. It is in regular contact with the three Sussex Local Involvement Networks (LINKs). Patient representatives and members of the public have been continuously 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 are also invited to key decision-making events. This involvement will continue throughout the development of the FBC.

12.6.2 The Trust's Communication and Engagement Strategy and a record of engagement are to be found at **Appendix 12F**. This appendix shows that the Trust has held a number of workshops with patients' groups and patient representatives since 2007. Stakeholder groups inside and outside the Trust have been actively engaged in the scheme so far and will continue to be so as the project progresses.

Engagement with other Stakeholders

12.6.3 There is also a range of other stakeholders with an interest in the successful completion of this programme; this is listed in full at 12D. These stakeholders cover the full range of the Local Health Community and include the Trust's own staff, PCT commissioners, Brighton & Sussex Medical School and the Universities of Brighton and Sussex, the Deanery, primary care colleagues, the South East Coast Ambulance Service and representatives from Brighton & Hove City and East and West Sussex County Councils. The diagram below provides an overview of stakeholder engagement.

Figure 12.5 Stakeholder Engagement Diagram



Staff Engagement

12.6.4 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.

- 12.6.5 Over 70 staff joined the training and were then asked to brief their colleagues so that they were ready to participate in the exercise.
- 12.6.6 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.
- 12.6.7 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.
- 12.6.8 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.

12.7 Management Systems

Management Procedures and Budgetary Control

- 12.7.1 The Programme Director is the accountable budget holder. Responsibility for monitoring and operationally managing individual budgets is delegated to the respective 3Ts Associate Director.
- 12.7.2 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 through the Trust's Cost Advisor.
- 12.7.3 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.
- 12.7.4 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.

Reporting Schedule

- 12.7.5 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.

Change and Contract Management

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

12.7.7 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 weekly 3Ts core team meeting, 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 BSUH CEO for a decision.

12.7.8 Contract changes will be dealt with as follows. 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 the Programme Director's monthly report.

12.7.9 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.

12.7.10 The change and contract management arrangements for the construction phase of the programme will be set out in the Full Business Case once the procurement strategy has been finalised.

Project Quality Assurance

12.7.11 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.

- 12.7.12 Internal assurance is provided by Dr Anna Barnes, who has been tasked with ensuring that internal processes meet good and best practice.
- 12.7.13 South East Cost Audit have also been tasked with providing an Internal Audit appraisal of the Programme's processes and adherence to established guidance. The first year of this review has just concluded. 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.

Tools and Techniques

- 12.7.14 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.
- 12.7.15 It is proposed that the programme be subject to formal Post Project Evaluation in accordance with Department of Health Good Practice Guide "*Learning lessons from Post Project Evaluation*" (January 2002) or such subsequent guidance as becomes available.
- 12.7.16 The programme will be reviewed following physical and financial completion to assess performance against time and cost targets contained in the Programme Delivery Plan. It is suggested that a study of approximately three 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 Programme Board will have input to and would be expected to be involved in the post-programme evaluation.

Exception Process

- 12.7.17 The Core Team meetings monitor current work streams to enable early identification of any deviation from the forecasted timescales and outcomes. This enables the Programme Director to inform the Programme Board at the earliest opportunity if any exception situation is forecast and the proposed remedial action.

Project and Issues log

- 12.7.18 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 Core Team. Issues which cannot be resolved at this level are then reported to the Programme Board.

12.8 Risk Management

- 12.8.1 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.
- 12.8.2 The comprehensive Risk Register for the programme is being monitored by the Core Team on a fortnightly basis and reported monthly to the Programme Board. The most recent Risk Register is appended. Significant unresolved risk 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. Governance & Risk committee and external assurance e.g. South Coast Audit, Audit Commission, NHS litigation Authority Risk Management Standards. This assurance framework informs the Trust's annual 'Statement of Internal Control' (SIC), signed by the Chief Executive and forms the basis of the Trust annual report.

Qualitative Risk Assessment

- 12.8.3 An interactive top-down process involving the project team 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 Risk Management Plan.

Inputs to Business Case

- 12.8.4 An assessment of the resultant optimism bias has been carried out, which together with the risk contingency estimates and the point estimates on Capital Expenditure, form the basis of the Business Case submission.
- 12.8.5 The methodology used in the risk assessment comprised the following stages, each of which is explained in detail in the subsequent sections:

- A OGC Gateway Risk Potential Assessment
- B Risk Management Plan
- C Optimism Bias
- D Monte Carlo Risk Assessment

A. OGC Gateway Risk Potential Assessment

- 12.8.6 The project is subject to the Office of Government Commerce (OGC) Gateway Review Process to support the project team in delivering the business objectives. An essential part of this process is to determine the intrinsic level of risk and complexity in the project to ensure the appropriate level of scrutiny is applied in the Gateway Reviews.

- 12.8.7 This was achieved by completing the Risk Potential Assessment (RPA), which is included at **Appendix 12G**. The 3Ts programme RPA score is **49**.
- 12.8.8 The following guidance is provided on the total scores:
- Total Score less than 30 – the project is relatively low risk. Gateway reviews and other project controls will be managed from within the Trust;
 - Total Score in the range 31-40 – the project is medium risk. Gateway Reviews will require a Review Team Leader nominated by the OGC Gateway Team and independent of the department;
 - Total Score 41 or more – the project is high risk and will require both a Review Team Leader and Review Team Members nominated by the OGC Gateway Team and independent of the department
- 12.8.9 In accordance with the OGC risk profile process, the 3Ts project is categorised as high risk largely because:
- The programme involves implementing new models of clinical care and significant organisational change for a significant number of clinical specialties;
 - These will affect the majority of the Trust's services, staff and patients on both hospital campuses; and
 - The construction programme is extensive and involves complex phased decants on busy hospital campuses over several years.
- 12.8.10 A Stage 0 Gateway Review (Strategic Assessment) took place in June 2008. The action plan as a result of the recommendations is attached at **Appendix 12H**.
- 12.8.11 Gateway Stage 1 (Business Justification) Review took place in September 2009. (**Appendix 12I**). Its recommendations were fully implemented; principally improvements to risk management and reporting, and appropriate resourcing of the decant project.
- 12.8.12 Gateway Stage 1 was repeated in October 2011. This review found that significant project management improvements had been made since the previous review. Accordingly the rating was improved from amber in 2009 to amber green. The recommendations are included in **Appendix 12J**. They include improvements to workforce planning, improved communications with external stakeholders, the formulation of a fully resourced project master programme up to FBC stage and a clearer negotiation strategy with any potential PSCP.
- B. Risk Management Plan**
- 12.8.13 The risks and implementation issues of a capital project of this nature have been identified, weighted and action plans developed in a risk register which can be seen in **Appendix 12K**. The risk register shows the initial risk rating under 'pre-mitigation' and the current risk rating under 'post-mitigation'.
- 12.8.14 Risks have been reviewed during the term of the OBC development to confirm:

- The likelihood of the risk occurring;
- The potential impact;
- The risk implications, including potential costs.

12.8.15 The overall level of risk associated with the project has reduced, albeit the project is still considered to be high risk.

12.8.16 The probability multiplied by the impact score gave the risk ratings low, medium or high as shown in the table below.

Figure 12.6 Categorising of Low, Medium and High Risk

		Likelihood				
		Highly likely (5)	Likely (4)	Fairly likely (3)	Unlikely (2)	Very/extremely unlikely (1)
		Over 95%	50-95%	21-49%	2-20%	Up to 2%
Impact	Disastrous (5)	H	H	H	M	H
	Severe (4)	H	H	M	M	H
	Large (3)	H	M	M	L	L
	Marginal (2)	M	M	L	L	L
	Negligible (1)	L	L	L	L	L

Impact Description	Scenario	Guide Cost % of Project	Guide Time % of Programme
Disastrous (5)	Business investment could not be sustained, project at risk	> 2	> 5
Severe (4)	Serious threat to project	1 - 2	2 - 5
Large (3)	Reduces viability significantly	0.5-1	1 - 2
Marginal (2)	Small effect on viability	0.1-0.5	0.5-1
Negligible (1)	Trivial effect on viability	< 0.1	< 0.5

Score	
Low Risk	1-6
Medium Risk	7-14
High Risk	15-25

12.8.17 Current red risks (pre mitigation) are detailed overleaf:

Decant C - RSCH FRONT CAR PARK	1	2.01	Enabling works disrupt adjacent services(MRI service)	appropriate design solution	Concerns re MRI affecting operations on site	T&T	Reduce/remove penetrations through the existing slab.	4	4	16	1
	5	L103	Planning permission denied RSCH & SMHS	consultation, solid argument	Planning application submitted	Robert Brown	Decant Delivery Group	3	5	15	1
	6	new	excessive vibration affects MRI etc	Design solution but adds cost	vibration study to be carried out	T&T	Decant Delivery Group	4	4	16	1
Decant J1 - Jubilee building CIS	2	0	space cannot be freed up for operational reasons	alternative decant solutions to be considered at right time	0	0	0	4	5	20	1
	5	10.12	Delivery of bed reduction target (FISP)	deliver FISP plan. Deliver Wards in Barry bldg for haematology inpatients.	Chief being asked to work though this issue and come up with a solution	CA	Trust Management Board	4	5	20	1
Decant J2 - Jubilee building BB	2	0	bed spaces cannot be freed up for operational reasons	alternative decant solutions to be considered	Back to chiefs for further discussion	CA	Trust Management Board	4	5	20	1
Decant overarching	1	1.01	Failure to obtain adequate funding to cover the decant programme	Identify costs of proceeding with critical items for approval. Secure	OBC refresh v5 being developed	Duane Passman	Programme Board	3	5	15	1

				OBC approval and funding.							
	5	new	Impairment of the Decant Asset or Decant costs being taken directly to Operating Expenses and impact on revenue budgets.	Challenge cashflows to reduce impairment impact. Firm up useful life of each Decant asset As part of the "Local Health Economy Solution" identify Trust savings plans to cover these new transitional costs	Discussions with SEC SHA regarding technical adjustment ongoing.	DP/CA	Program me Board	4	4	16	1
Decant St Marys	24	0.11.17	Decant Delivery - St Mary's - Affordability	Decant Delivery Plan to be encapsulated in Decant FBC to include 3T and Capital funding .	IPG deferred the BC for further information	BMcGee	Decant Delivery Group	4	4	16	1
Main Scheme Equipment Workstream	2	0	Time and resource limitation	Look to identify when additional resource is likely to be needed, and how this could be effectively commissioned and financed. Escalate as necessary.	0	AF	Core Team	4	4	16	1

Main Scheme P21 Delivery part 2	5	0	BIM IT advances	0	0	0	0	5	3	15	1
	7	0	BREEAM	0	0	0	0	5	3	15	1
	21	0	Construction Inflation	0	0	0	0	3	5	15	1
	31	0	Trust Business Planning Process	0	0	0	0	4	4	16	1
Major Trauma/ neurosciences relocation	1	5.13	Strategy for relocation and expansion of neurosurgery to RSCH is required prior to repatriating patients from other areas and to support the Major Trauma Centre development by April 2012. Staff unwillingness may jeopardise move.	Joint work between Chief of Trauma and Neurosciences division is ongoing. Further work required across divisions.	Proposed model has been developed and is under discussion.	Iain McFadyen	Core Team and Programme Board	5	4	20	1
	3	0	The funding gap will not be addressed and will compromise the service	Liaison with SHA and local commissioners	Paper to SHA to secure regional transformation funds has been submitted. Initial indications are that this	Duncan Selbie	Trust Management Board	3	5	15	1

					has been favourably received.						
OBC/FBC drafting	2	20.2	DH review may take longer and require more work than planned	Close working with DH Capital Lead to establish business case content and review schedule	0	D Passman	0	5	3	15	1
Overarching programme	2	12.4	Transition costs	VfM scrutiny, representations to key stakeholders	Transitional costs now identified in detail. Funding sources not known.	DP	Program me Board	4	5	20	1
	3	0.22	Failure to obtain final OBC Approval	Continue dialogue with DH Planning education seminar for GPs.	Will need further discussion with DH. Responding to DH queries.	DP	Program me Board	3	5	15	1
	4	0.65	Change in Policy due to Government change - within next 5 yrs	Assess as policy evolves	Administrati on has changed and cuts in public expenditure are imminent.	DP	Program me Board	3	5	15	1

	5	12.1	Capital availability	Continue dialogue with DH	Procurement route not yet known	DP	Trust Board	4	5	20	1
	28	0.61	Changed DH priorities influences	Communication with SHA and commissioners on on-going basis. Regular briefings to CIC.	BSUH awaiting the implications of the the changes in both the local health economy & the Listening Exercise at national level.	DP	Program me Board	3	5	15	1
	32	new	Overall Affordability: BSUH has to make savings of £192m over the period of the total programme. 3Ts adds £23m to this total so there is an overall risk on affordability. Design freeze may lengthen programme and thus increase affordability gap	TBC following discussions within BSUH and with SHA.	Exec team taking management action to reduce this risk	DP	Program me Board	3	5	15	1

Planning Application Main Scheme	2	0.71	Delay or failure to obtain planning for new facilities at Brighton	Managing designs and discussions with planners. Incl HIAs	Geometry freeze has followed changes in design which have been required by planners. Planning application submitted	D Passman	Programme Board. HIA discussions	4	5	20	1
	4	0.135-1.15	Listed building compliance delays planning consent	Full Heritage Statement being discussed with EH	Regular meetings ongoing	Duane Passman	Joint Programme Review	3	5	15	1
Radiotherapy East	1	1	Availability of suitably qualified staff with ability and time to train junior staff	Once business case approved, able to recruit early	0	Finance / Activity / Risk / Workforce Sub-group	Finance / Activity / Risk / Workforce Sub-group	3	5	15	1
	2	2	Difficulty in recruiting oncologists, radiographers & physicists	Strengthened links with training providers	0	Finance / Activity / Risk / Workforce Sub-group	Finance / Activity / Risk / Workforce Sub-group	3	5	15	1
	7	7	Failure to obtain SHA Approval	Robust business case prepared	0	Duane Passman	0	3	5	15	1

	8	8	Failure to secure funding	Robust business case prepared. Proposals to extend working hours of linacs may increase affordability.	0	Duane Passman	0	3	5	15	1
	9	9	Planning approval obtained but subject to constraints – car parking etc	Designed with adequate parking to meet requirements	0	Estates / Site / Accommodation Sub-group	Estates / Site / Accommodation Sub-group	3	5	15	1
	11	11	Interface with existing IT systems and oncology management system	Ensure that new OIMS has interfacing capabilities, e.g. HL7 to other Trust systems. Understand respective Trust IT strategies for interfacing requirements/capabilities	0	Communications / IT Sub-group	Communications / IT Sub-group	3	5	15	1
	12	12	Availability and additional cost of digital storage	Dependent on understanding clinical model (including planning), which determines storage requirements	0	Communications / IT Sub-group	Communications / IT Sub-group	3	5	15	1
	13	13	Possible need for extended infrastructure	Review with Sussex HIS technical lead (who will be part of	0	Communications / IT Sub-	Communications / IT Sub-	3	5	15	1

			/networking between BSUH and ESHT	IM&T subgroup)		group	group				
	17	17	Delay to BSUH Linac replacement programme	Ensure business case is approved in time	0	Estates / Site / Accommodation Sub-group	Estates / Site / Accommodation Sub-group	3	5	15	1
	18	18	Additional/upgrade to power substation required	Identify risk early in planning and cost accordingly	0	Estates / Site / Accommodation Sub-group	Estates / Site / Accommodation Sub-group	5	4	20	1
	23	23	Unaffordability of ongoing revenue costs	Amendments to tariff	0	Finance / Activity / Risk / Workforce Sub-group	Finance / Activity / Risk / Workforce Sub-group	3	5	15	1
Radiotherapy West	1	1	Availability of suitably qualified staff with ability and time to train junior staff	Once business case approved, able to recruit early	0	Finance / Workforce Sub-group	Finance / Workforce Sub-group	3	5	15	1
	3	3	Difficulty in recruiting oncologists, radiographers & physicists	Strengthened links with training providers	0	Finance / Workforce Sub-group	Finance / Workforce Sub-group	3	5	15	1
	8	8	Failure to obtain SHA Approval	Robust business case prepared	0	Duane Passman	0	3	5	15	1

9	9	Failure to secure funding.	Robust business case prepared. Proposals to increase working hours of linacs may increase affordability.	0	Duane Passman	0	3	5	15	1
10	10	Planning approval obtained but subject to constraints – car parking etc	Designed with adequate parking to meet requirements	0	Design / Estates Sub-group	Design / Estates Sub-group	3	5	15	1
12	12	Interface with existing IT systems and oncology management system	Ensure that new OIMS has interfacing capabilities, e.g. HL7 to other Trust systems. Understand respective Trust IT strategies for interfacing requirements/capabilities	0	Communications / IT Sub-group	Communications / IT Sub-group	3	5	15	1
13	13	Availability and additional cost of digital storage	Dependent on understanding clinical model (including planning), which determines storage requirements	0	Communications / IT Sub-group	Communications / IT Sub-group	3	5	15	1
14	14	Possible need for extended infrastructure	Review with Sussex HIS technical lead (who will be part of	0	Communications / IT Sub-	Communications / IT Sub-	3	5	15	1

		/networking between BSUH and WSHT	IM&T subgroup)		group	group					
17	17	Availability of equipment / training in sufficient time	Ensure lead times are known at early stage	0	Design / Estates Sub-group	Design / Estates Sub- group	3	5	15	1	
18	18	Delay to BSUH Linac replacement programme	Ensure business case is approved in time	0	Design / Estates Sub-group	Design / Estates Sub- group	3	5	15	1	
23	23	Unaffordability of ongoing revenue costs	Amendments to tariff	0	Finance / Workforce Sub-group	Finance / Workforc e Sub- group	3	5	15	1	

C. Optimism Bias

12.8.18 This is discussed in greater detail in Chapter 6 of this Business Case which deals with project scope and changes in scope since the approval of the SOC.

D. Monte Carlo Risk Assessment

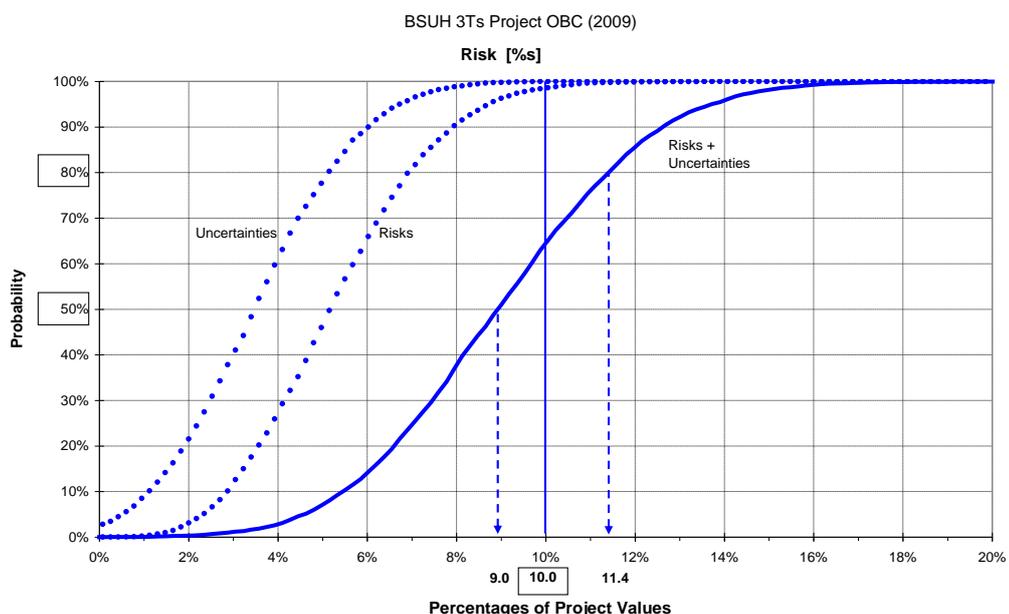
12.8.19 A risk assessment of likely out-turn costs for the 3Ts project was carried out in April 2009 by a Cyril Sweett Risk Consultant with key project stakeholders from the NHS Trust, Cyril Sweett advisors and P21 supplier Laing O'Rourke (LOR). This was repeated in October 2011 when the jointly held risks on the P21 Risk Register were assessed and assigned financial values.

12.8.20 The assessment included review, quantification and allocation of risks held in the 'Contractor's' risk register and distinguished between risks and uncertainties relating to 'standard' project risk contingency and those for optimism bias. The assessment also included a Monte Carlo quantified cost risk model of the risks and uncertainties relating to the 'standard' risk contingency element (i.e. excluding Optimism Bias and Inflation) for the preferred option 1 selected.

12.8.21 The Monte Carlo technique replaces assumed single values for key risks and inputs by distributions spanning minimum, most-likely and maximum possible values. Varying values are then sampled from these distributions in multiple iterations to produce a statistically representative range of possible output values against corresponding confidence levels for a specified target.

12.8.22 The 'S'-curve values in the chart and table below present possible ranges of output values of risk (expressed as percentages of costs) against corresponding confidence levels (probability %s) for the 'standard' risk contingency. The P50 and P80 values compared to base plan values are most relevant. The minimum and maximum values at extremes should have very low probabilities of occurrence.

Figure 12.8 Risk Percentages – Monte Carlo Risk Assessment



Forecast Project Risk %s	Base	Min	P50	P80	Max
Risk (& Uncertainties)	10.00	0.6	9.0	11.4	19.5

12.8.23 The P50 value of 9.0% for 'standard' risk contingency is less than the base cost plan value assumed of 10.0% but the P80 value is higher at 11.4%. (The maximum is 19.5%). At P50 values, the specific risks quantified contributed approximately 5.4% whereas other broader uncertainties quantified contributed 3.6%.

12.8.24 A sensitivity analysis was also produced from the Monte Carlo analysis which presented the relative correlations of inputs to the variability of the output in a ranked horizontal bar chart called a 'tornado' graph (owing to its funnel shape) to identify the primary 'drivers'.

12.8.25 The 'tornado' analysis resulted in the following top drivers for the 'standard' project contingency, including specific risks and broader uncertainties, in descending order of sensitivity:

- Uncertainty of Pricing Departmental Cost Allowances – DCAGs are usually used for the pricing of capital costs in NHS projects and have been used on the development of this Outline Business Case. However, there are some observed discrepancies between capital costs generated by DCAGs and the final cost: this uncertainty is not covered by contingencies and less so by optimism bias which mainly deals with changes in scope. However, the capital cost of the preferred option in this Business Case has been developed to the stage beyond that normally found in an OBC. The capital cost is based on an Elemental Cost Breakdown, which uses the agreed 1:200 drawings and building envelope to generate a more certain capital cost as they are based on measured areas for costs such as wall cladding, concrete structure etc. The approval sought in this OBC is based on this Elemental Cost Breakdown and therefore has a greater degree of certainty than would normally be the case. This has been done to mitigate this uncertainty.
- Fee Variability – this relates to the fees which would be paid to the Design Team to take the design further. The costs in this Business Case are based on firm fee proposals by the Design Team to take forward the design through FBC and into implementation. Hence this uncertainty is also mitigated;
- Potential of unidentified scope in On Costs – this is covered in the point relating to uncertainty of pricing DCAs. The scheme is based on a measured schedule of works and therefore there are few remaining uncertainties in the on-costs;
- Uncertainty of Location Factor adjustment – this is also covered in the point above. The capital costs have also been subject to internal challenge within the Laing O'Rourke supply chain. There is a high degree of certainty in the costs associated with mechanical and electrical engineering installations as they have been costed by Crownhouse, a Laing O'Rourke subsidiary who are M&E sub-contractors. This reflects the local effects of pricing major works packages;
- Impact of Helipad on Other Building – a study will be undertaken to identify whether locating the helipad on the 3Ts building will have any impacts (noise, vibration) on the Thomas Kemp Tower in particular. Given that the helipad level

is higher than the highest point on the Thomas Kemp Tower, there should not be a major impact, but this needs to be finally established;

- Uncertainty of Building Area in final design – this reflects the potential for the building area to increase or change after OBC. The brief has only changed by 2-3 % since it was finalised in October 2008. Hence, there is confidence that this uncertainty is minimal;
- Impact of Fire Strategy on Design (contained at **Appendix 12L**) there are always differences of interpretation between different bodies who examine the fire strategy of the building, and this can have an impact on the final design. Early in the FBC stage, there will be discussions held with the local Fire Service as well as the Trust Fire Officer and the design consultants to ensure that there is a commonality of view.
- A repeat of the Monte Carlo risk assessment of likely out-turn costs for the 3Ts project was carried out in October 2011 by a Cyril Sweett Risk Consultant with key project stakeholders from the NHS Trust, Turner & Townsend, Cyril Sweett advisors and P21 PSCP Laing O'Rourke (LOR).

12.9 Other Programme and Project Management Issues

12.9.1 The 3Ts programme has strived to ensure that it is keeping abreast of the latest developments in healthcare and hospital planning nationally and internationally.

12.9.2 Some of the key initiatives which the Programme is involved in are:

- **The Council for International Hospitals/The Hospital Advisory Board** – the Programme has joined this US-based initiative. The CIH undertakes research for members across the membership and also provides publications to inform its membership in a variety of clinical strategy, leadership and innovation areas. In particular, the Trust has found CIH's work on clinical technology innovation and flexibility in healthcare environments of particular value;
- **HaCIRIC** – the Programme has worked with HaCIRIC on the development of a Benefits Realisation framework, as shown in the chapter of this OBC which deals with that. The Programme is also looking to work with HaCIRIC further and will be developing a workplan for this over the next few months. Of particular interest is the work that HaCIRIC is undertaking on Evidence Based Design (which draws together all the available literature on the subject) and designing for reducing Hospital Acquired Infections. We are in discussions with HaCIRIC about establishing the programme as a "Learning Lab" whereby researchers can examine processes and test research contentions and outputs in real time on a real project;
- **NHS South East Coast and the National Patient Safety Agency** – NHS South East Coast has initiated a project to look at the process of defining and briefing the number of single rooms in the 3Ts development. The SHA has led the group which has included representatives from the Trust and the NPSA who are also studying the single room issue and its impact on patient safety;
- **Links with other Programmes** – the Trust has set up informal links with Hillingdon, the Royal Liverpool and Broadgreen and one or two other live

programmes to share experiences. The Trust has also undertaken site visits to several Trusts in London, Leeds, Newcastle and Manchester to learn lessons from other procurements which are now under construction or operational.

12.10 Project Programme

12.10.1 The Project Milestones can be seen in the table below and the corresponding Project Programme can be seen in **Appendix 12M**.

Figure 12.9 Project Milestones

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	May 2011
NHS South East Coast Approval	July 2011
Develop FBC	May 2011 – December 2011
Statutory planning submission for decant temporary buildings	April/May 2011
Statutory planning approval for decant temporary buildings (assumed date)	July 2011
Statutory planning submission for main build	End August 2011
Decant construction works period (5 sites – phased completion)	September 2011-April 2012
Statutory planning approval for main build (assumed date)	December 2011
Confirm target cost for main construction works	February 2012
FBC to Trust Board for approval	Spring 2012
Submit FBC to SE Coast SHA for approval	Summer 2012
FBC approval period by SE Coast SHA, Department of Health and HM Treasury	Autumn 2012
Trust decants existing services from Stage 1 build site – phased	Autumn 2012
Commence Stage 1 site establishment, enabling works & demolitions (5 months)	Winter 2012
Commence Stage 1 building works – Podium and tower (35 months)	Spring 2013
Stage 1 Complete and Fully Operational	Summer 2017
Commence Stage 2 enabling works, demolitions and man build	Winter 2017
Complete Stage 2	Autumn 2020
Stage 2 Fully Operational	Winter 2020
Overall Development Complete and Operational	Spring 2021

Programme and Project Management – Conclusions

- The Trust, and its partners across the local health economy, has put in place robust governance arrangements which are owned at the highest level in all partner organisations.
- The Gateway recommendations concerning governance were implemented in full during 2009-2010. This has produced a strengthened exemplar risk management process where risk is owned and managed at the lowest level, whilst simultaneously reported up to Trust Board level when required.
- The Trust, supported by its local partners, has established an extremely strong and experienced development team who are managing the programme in accordance with good practice.
- The Trust has selected a strong Procure 21 supply chain in Laing O'Rourke who have established an experienced team to support the development of the 3Ts programme.
- The Trust team, and Laing O'Rourke, maintain monthly updates on risks and issues which are reported to the Programme Board.