

Synopsis

- *This chapter identifies the structure, processes and actions required to implement and oversee the project from financial close to completion of post project evaluation reports.*
- *This section will indicate the whole systems holistic approach that is being adopted across the Southern Derbyshire health environment.*
- *The following elements have been developed further to ensure a seamless process is followed throughout the stages of the project.*
 - 1 *Decanting, construction and commissioning plan*
 - 2 *Human Resources (HR), change management and implementation plan*
 - 3 *Audit, monitoring and evaluation plan*
 - 4 *Post project evaluation plan*
- *The risk strategy acknowledges the risks for the successful delivery of the project and determines the activities that may be required to manage them.*
- *A benefits realisation plan has been developed to ensure the project achieves the benefits set for it.*
- *The risk management strategy and the benefits realisation plan have been developed in conjunction with the post project evaluation plan.*
- *The post project evaluation plan has been developed to ensure lessons learned are disseminated throughout the NHS.*
- *Finally, the overall project structure and organisation has been amended accordingly to reflect the different requirements of this phase of the project.*

13.1 Introduction

This chapter will act as a reference against which the Project Board and the Trust Liaison Committee (TLC) will audit and evaluate progress, change management issues and on-going viability of the scheme.

In addition this chapter covers stage 3 of the procurement phase of the project (financial close to the end of the project term).

13.1.1 Project Summary

The RHS project will achieve the amalgamation of all acute hospital services on to one site. The Derby Community Health Care Project (based on the Derbyshire Royal Infirmary [DRI] site) will enhance the holistic approach to care. Although the DRI site will reduce in size, it will remain an essential component for delivering integrated healthcare.

The amalgamation of all acute hospital services onto one site not only allows the transformation of both clinical and Facilities Management (FM) services but will allow these services to be provided within modern state of the art accommodation.

The Full Business Case (FBC) was developed jointly by the health and social community of Southern Derbyshire and our academic partners (University of Nottingham and University of Derby).

In addition the Trust have been awarded with a 3 star rating for its performance in 2002 and 2003. The Trust has also expressed an interest to apply for Foundation Trust Status, which has been successful the full application will be made in December 2003.

13.1.2 Key Assumptions

The planning of this next phase of the project is predicated on the following assumptions:

- i. FBC approval August 2003
- ii. Financial Close August 2003

13.1.3 Fundamental Principles

The project will deliver improved healthcare, teaching facilities and FM services incorporating the new clinical and FM models of care / services, which meet the investment objectives confirmed by the Project Board.

The Project will deliver the following:

- Deliver the project on time and to budget, and to the highest quality standards,
- Ensure effective and proactive co-ordination and consultation with staff and other key stakeholders,
- Set clear and auditable lines of accountability and responsibility for the project deliverables within a robust and auditable administration framework,
- Establish user involvement in project definition and evaluation, and
- Maintain positive and proactive communications, both internally and externally to the project partners.

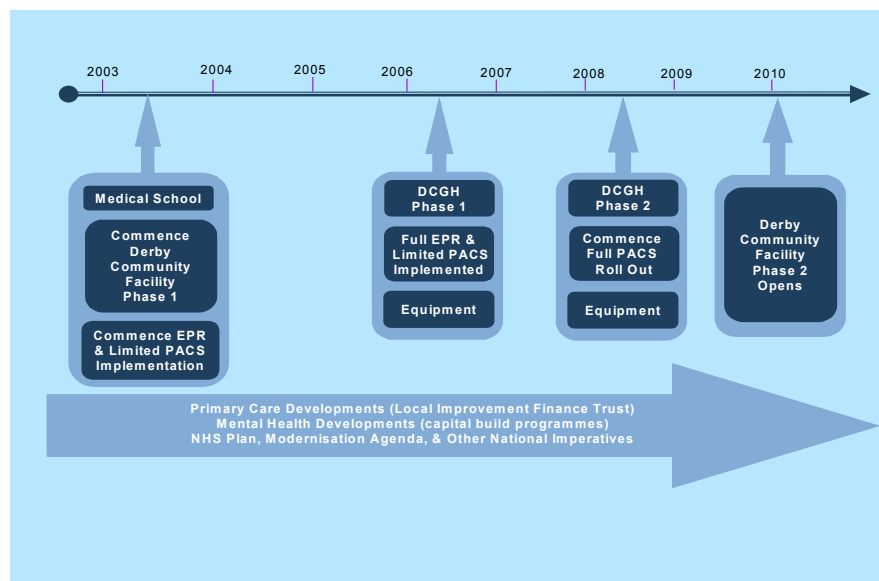
13.1.4 Project Integration

The Private Finance Initiative (PFI) project is fully integrated with the following strategic developments:

- The strategy (**Chapter 6 The PFI Solution**) and procurement for Information Management & Technology (IM&T) as expanded by the Electronic Patient Records (EPR) and Picture Archiving and Communication System (PACS) Project (**Appendix 13:1 EPR & PACS Executive Summaries**).
- The Medical School development
- The Derby Community Health Care Project (Derby Community Facility [DRI])
- **Agenda for Change** ^{R6}
- **Modernisation** ^{R31}
- **NHS Plan** ^{R57}

Figure 13-1: Project Integration Timeline¹ demonstrates how the strategic developments integrate within the overall time period.

Figure 13-1: Project Integration Timeline



^{R6} **Agenda for Change, Department of Health, 1998**

^{R31} **Modernising Government White Paper, Cabinet Office, March 1999**

^{R57} **The NHS Plan: A Plan for Investment, A Plan for Reform, July 2000**

¹ **DCGH Phase 1 of the new build PFI**

Phase 2 of the new build PFI

complete and acute services at DRI move to DCGH in 2008

DR1 Phase 1 The Intermediate care and mental health funded with capital support from Trent Strategic Health Authority (StHA)

Phase 2 Redevelopment of DRI made possible by the vacation of the majority of the site to DCGH. Publicly funded, partly from land sales receipts.

2010 New community facility at DRI opens.

13.2 Key Deliverables Post Financial Close

This phase of the RHS project consists of the following elements:

- i Production of project specific documentation,
- ii Construction, decanting and commissioning,
- iii HR change management and implementation plan,
- iv Audit, monitoring and evaluation.

The monitoring of progress for each of these elements is shown in **Figure 13-2: Key Deliverables Post Financial Close**.

Figure 13-2: Key Deliverables Post Financial Close

	Key Deliverable	Date	Measurements	Lead
Stage 0				
A	Production of the public version of the FBC.	08/2003	FBC available within the public arena including the internet	Trust
B	HR change management and implementation plan ²	11/2008	Legislative compliance. Quality Assurance (QA). Risk management reviews. Assess against objectives of Project Co's mobilisation plan.	Trust & Project Co.
Stage 1				
C	Complete Advance Works ³	09/2003	Legislative compliance. Construction timetable.	Trust & Project Co. Independent Certifier
D	Final 1:50 design process sign-off	On completion of design process	Compliance with output specifications. Analysis of any change controls required during the	Trust

² Facilities Management services to be provided for the Trust from April 2003 to 2008 (Steady-state) and the health community organisational development for clinical services.

³ Early works prior to and post financial close which could require underwriting up to financial close in order to achieve the planned programme

	Key Deliverable	Date	Measurements	Lead
			final design phase and establishes additional costs.	
E	Project audit and initial evaluation procurement stage	Within 3 months after financial close/ completion of the design process 12/2003	Adoption of report by Trust Board and action on any key recommendations. Report to the NHS and PFU.	Internal & external auditors, and Trust Independent Certifier
F	A baseline assessment of measures (clinical /service/estates)	10/2003	Clinical measurement tools. Compliance with health & safety. Compliance with clinical requirements.	Trust
Stage 2 (Phase 1)				
G	Complete and commission phase 1 <i>Issue Building Occupation Certificate</i>	05/2006	Compliance with full project brief / health & safety / fire regulations / clinical requirements. Identify costs, including delays, change controls, and any unforeseen expenditure. Record overall progress against timetable.	Trust & Project Co. Independent Certifier
H	Project evaluation (phase 1)	One month after commissioning of Phase 1 (06/2006)	Compliance with health & safety / fire regulations / infection control. Clinical and operational risk management outcomes. Identify costs, including delays, change controls.	Trust Independent Certifier

	Key Deliverable	Date	Measurements	Lead
			and any unforeseen expenditure. Record overall progress against timetable. Complete Patient and Staff Satisfaction Survey.	
I	Transition ⁴ (pre - phase 2)	05/2006	Functional suitability of the building (estate maintenance).	Trust & Project Co. Independent Certifier
Stage 3 (Phase 2)				
J	Complete and commission phase 2 <i>Issue Building Occupation Certificate</i>	12/2008	Compliance with full project brief / health & safety / fire regulations / clinical requirements. Identify costs, including delays, change controls, and any unforeseen expenditure. Record overall progress against timetable.	Trust & Project Co. Independent Certifier
K	Baseline project evaluation (estates) (phase 2)	One month after commissioning of phase 2 (1/2009)	Compliance with health & safety. FM monitoring tools. Identify costs. Record overall progress against timetable. Complete Patient and Staff Satisfaction Survey.	Trust Independent Certifier

⁴ Decant, decommission and demolish existing buildings allowing phase 2 to be built and facilitate transfer of Obstetrics & Gynaecology and the Neonatal Intensive Care Unit to phase 1 buildings allowing existing – Obstetrics and Gynaecology to be refurbished and extended.

	Key Deliverable	Date	Measurements	Lead
L	Baseline project evaluation (clinical)	11/2008	Clinical measurement tools. Compliance to health & safety and clinical requirements.	Trust
M	Transition ⁵ (post – phase 2) <i>Issue Building Occupation Certificate</i>	1/2009	Functional suitability of the building. Estate maintenance backlog.	Trust & Project Co. Independent Certifier
N	Gateway review	02/2009	Compliance Clinical Service Models Benefit realisation Ongoing Project Documentation Contractual compliance Stakeholder satisfaction Performance	Trust
Annual reviews (Monitoring & Evaluation)				
O	Risk Reviews	Rolling programme of annual reviews of risk management strategy.	Costs attributable to any identified and unidentified risks occurring. Analysis of risks identified and unidentified against occurrence.	Risk Manager
P	Annual reviews	Rolling programme of annual reviews	Progress against annual predictions. Achievement of Trust's identified savings. Full report on: Non-financial	Internal & external auditors Independent Certifier Trust

⁵ Decant, Obstetrics and Gynaecology to permanent accommodation, transform phase 1 buildings for permanent use and fully commission the hospital.

	Key Deliverable	Date	Measurements	Lead
			<p>benefits.</p> <p>Risk management.</p> <p>Building maintenance conditions.</p> <p>Project Co performance.</p> <p>Service provider's performance.</p> <p>Contract management results.</p> <p>Staff satisfaction.</p> <p>Patient satisfaction.</p> <p>Purchaser's satisfaction.</p>	
Q	Non-financial benefits reviews	Rolling programme of annual reviews on benefits achieved against plan.	<p>Analysis of benefits achieved against targets set in the benefits realisation plan.</p> <p>Identify any unidentified benefits achieved.</p> <p>Complete Patient and Staff Satisfaction Surveys.</p> <p>Performance against the workforce plan</p>	Trust
R	Project audit and evaluation	Every 5 – 7 years until the end of the project term following market testing / benchmarking of services	<p>Non-financial benefits</p> <p>Risk management (identified and unidentified risks).</p> <p>Staff satisfaction.</p> <p>Patient satisfaction.</p> <p>Identify costs.</p>	Internal & external auditors Independent Certifier

13.3 Objectives for Project Implementation

During the project implementation stage, **Figure 13-3: Objectives during Project Implementation** describes the general, construction, HR and operational objectives during this phase of the project.

Figure 13-3: Objectives during Project Implementation

Project Implementation Objectives⁶	
General Objectives	
O1	To successfully build and maintain joint partnerships between the Trust and Health Care Projects.
Construction	
O2	To keep internal and external stakeholders informed of the process by the most appropriate means.
O3	To successfully manage the decant and commissioning process without compromising the day-to-day activities of the Trust.
O4	To move departments / services wherever possible only once.
O5	Minimise the disruption and inconvenience factors for staff, patients and our neighbours.
HR Change Management and Implementation Plan	
O6	Seamless progression through the main stages of construction / decant programme.
O7	Maintenance of service standards throughout the mobilisation period.
O8	Integrated approach to delivering services.
O9	Service certainty at all times.
Operational	
O10	Audit overall project performance with particular reference to administrative performance, organisational structure, project teamwork and project management techniques.
O11	Produce periodic evaluation reports.
O12	Maintain a dialogue with key stakeholders.
O13	Provide lessons to other Trust PFI schemes on past experience.

⁶ O1H/C/O/G – objective 1 General, Construction, Human Resource and Operational Objectives

13.4 Project Deliverables

The key deliverables by the project team during this phase of the project are identified in **Figure 13-4: Summary of Key Deliverables**.

Figure 13-4: Summary of Key Deliverables

Stage	Key Deliverables
Stage 0	Successful implementation of the mobilisation phase and HR change management and implementation plan.
Stage 1	Complete Advance Works Project audit
Stage 2 (Phase 1)	Complete and commission construction phase 1 Project evaluation & baseline measurements Transition pre-phase 2
Stage 3 (Phase 2)	Complete and commission construction phase 2 Project evaluation & baseline measurements Transition post-phase 2
Annual reviews	Risk reviews Annual reviews Non-financial benefits reviews Project audit and evaluation (Every 5-7 years) – post contract expiry

13.4.1 Stage 0

HR Change Management and Implementation Plan

The construction programme will have a significant impact on the way the Trust will function; these impacts will be managed jointly by the Trust and Project Co.

The mobilisation period is from April 2003 to November 2008. This period provides the opportunity for developing and implementing whole system HR strategies supporting the new service models in preparation for their full implementation in the completed new facility.

The implementation of these new models of care will be in full partnership with Project Co. and underpinned by the Trusts HR Strategy (**Appendix 7:2 HR Strategy**) and the workforce plan.

The key areas for training and development are listed below:

- Staff training and familiarisation (location, equipment etc)
- User education and information
- Key steps and timescales (phasing of build / transfer of clinical services to / from the health community)
- Contingency planning
- Quality assurance procedures
- Legislative compliance

Additional back up resource requirements (FM and clinical capacity).

13.4.2 Stage 1

Advance Works

The following advance works took place between March 2003 – May 2003 to provide the following temporary buildings; Temporary ward blocks 2, 4 and 6, Kings Lodge, FM hub, Catering, Regeneration kitchens, Switchboard.

Project Co. will provide a report detailing the legal compliance of these works that will then be validated by the Independent Certifier.

13.4.3 Stage 2 & 3 (Phase 1 and 2)

Decant, Commissioning and Transition

During the construction phase the Trust and Health Care Projects will work in partnership to implement an integrated approach to successfully communicate and accomplish the complex decant and commissioning programme from commencement of contract through to completion of construction (August 2008) and completion of full commissioning (November / December 2008).

The construction will take place over two phases:

- Phase 1 of the construction will deliver 76,186 m² of new accommodation and 8,581 m² retained accommodation by May 2006.
- Phase 2 of the construction will deliver 44,133 m² of new accommodation and 29,769 m² of refurbished accommodation by December 2008.

An appointed member of the Trusts team will be allocated to individual departments to act as a communication link during the critical change periods and facilitate early resolution of any problems / difficulties which may arise.

13.4.4 Annual Reviews (Monitoring and Evaluation)

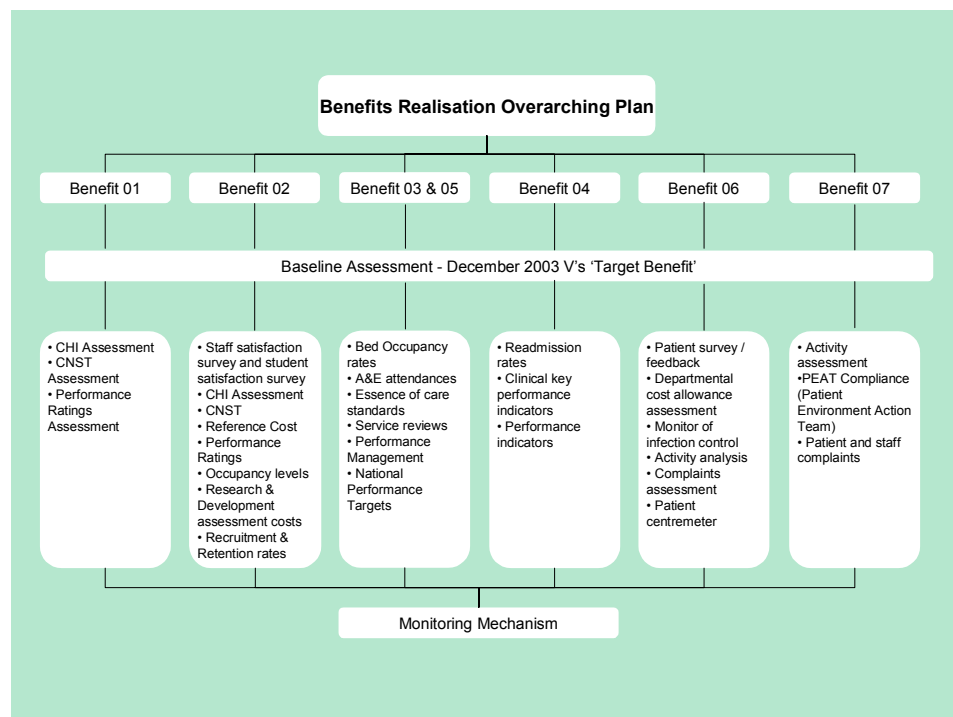
Benefits Realisation Plan

The Trust will continue to undertake year on year monitoring / evaluation of its services to meet the national and local requirements. **Appendix 13:2 Benefits Realisation Plan** (strategic level), which includes:

- a description of the benefit (**Chapter 3 Review of the OBC - Figure 3-1: Benefit Criteria**),
- impact on Trust and its activities,
- the risks of the benefits not being realised,
- what measurement tool the Trust is going to use,
- when this will be undertaken and the individual responsible.

The benefits realisation process is demonstrated in **Figure 13-5: Benefits Realisation Process**.

Figure 13-5: Benefits Realisation Process



Risk Management Strategy

The PFI transfers considerable risks from the Trust to Health Care Projects, with residual risks remaining with the Trust.

There are two parts to the risk strategy:

- Analysis of risk, which involves the identification and definition of risks Department of Health (DoH) standard risks and non-DoH standard risks, plus the evaluation of impact and consequent action (**Chapter 9 Value for Money (Including Risk Assessment)**).
- Risk management, which covers the activities involved in the planning, monitoring and controlling of actions that will address the risks identified in the risk analysis, so as to improve the likelihood of the project achieving its stated objectives (**Appendix 13:3 Risk Management Strategy**). The risk management strategy focuses only upon those risks that are within the control of the public sector.

The risk analysis and risk management are interrelated and will continue to be undertaken iteratively.

The Trust will base the risk strategy on the current risk strategy that states that it is necessary to implement a framework for achieving a fully integrated risk management system by 2004/05.

Assessing Risk

In order to have a means of comparing risks, the identified risks are categorised in to areas of importance. **Chapter 9 Value for Money (Including Risk Assessment)** has applied a standard approach of giving each risk a relative score; this score is a combination of the likelihood and impact of the event.

Currently an operational and a strategic approach are applied. Operationally, risks are assessed where they are identified and recorded into the directorate⁷ risk register. These records are reported through the Trusts management system allowing identification of themes to occur. Strategically the Trust will continue to monitor and act on these themes, facilitating strategic management input in to high-risk areas.

Addressing Risk

In the assessment of risks, the Trust will continue to decide on the preferred course of action while considering the range of available risk management tools and techniques.

⁷ Departmental groupings linked by clinical pathways, managed within a single structure e.g. surgical services.

Reviewing and reporting risks

Appropriate and effective review and reporting arrangements reinforces and supports the Trust's risk management strategy. This allows for up-to-date and accurate performance information to be passed to risk owners and senior managers, in accordance with trust policies and procedures.

Risk management is a dynamic process and is regularly updated and reviewed. The risk register forms the basic building block of the Trust's risk strategy. The performance data forms the core of the risk information that will feed into directorate plans and financial review exercises.

Roles and Responsibilities

The Trust Board, Trust Directorate Managers, Project Co. The TLC, formal Risk Management Committee and staff will continue to establish, maintain and support the risk management strategy and ensure that effective mechanisms are instituted for the assessment and appropriate response to findings.

13.4.5 Audit Monitoring and Evaluation

Audit

The **Audit Commission Code of Audit Practice**^{R8} requires auditors to assess audited bodies' arrangements in the following areas:

- Accounts;
- Financial aspects of corporate governance; and
- Performance management.

Internal and external audit have different roles and priorities, good co-operation will help to minimise duplication of effort and maximise the benefits of joint working. In addition the external audit will continue to place as much reliance as possible on the work of internal audit and tailor the approach according to the Under Statement of Auditing Standards (**SAS 500 – Considering the work of Internal Audit**^{R54}).

From the commencement of the RHS project and up to financial close a number of internal and external audits have taken place with positive outcomes. This process will continue through subsequent phases, the Trusts internal and external auditors will undertake a comprehensive audit of the RHS project.

^{R8} Audit Commission Code of Audit Practice

^{R54} **SAS 500 – Considering the Work of Internal Audit**

This will include a review of:

- The overall project performance, whether the objectives have been met with supporting rationale and any lessons learned.
- Administrative performance, analysis of the administrative practices that worked well or not identified with rationale.
- Organisational structure, the structure(s) adopted with any recommendations for modifications.
- Project teamwork, Individual staff interviews incorporated within the person's annual performance interviews.
- Project management techniques, including forecasting, planning, budgeting scheduling, resource allocation, control, risk management, in line with **Projects in Controlled Environments (PRINCE) 2 Methodology**^{R45}.

The external audit role is a continuous process of assessment throughout all stages of the PFI contract covering the period of both pre and post-financial close. Similarly the internal audit will provide continuous assessment (**Appendix 13:4 Project Audit Deliverables**).

During this period immediately following contract close, filing, archiving and retrieval systems will be reviewed and updated against the possibility of other external audits or National Audit Office (NAO) enquiry.

Monitoring

Monitoring the achievement of project benefits and contractual objectives will be achieved by the following measures:

- Patient Environment Action Team (PEAT) assessment
- Independent Certifier
- Performance Measurement System (PMS)
- Key performance indicators
- Controls assurance and Quality Assurance (QA)
- Estates and Facilities Information Returns (ERIC)
- The TLC
- Commission for Health Improvement (CHI)

Monitoring is the systematic collective evaluation of financial and management information used during the implementation of a project.

^{R45} **PRINCE2 (Managing Successful Projects) Manual, Office of Government Commerce, 1989**

The Trust in partnership with the Project Co. will, by using established tools of measurement and undertake a comprehensive audit of the clinical, estate and FM services to act as a baseline for future monitoring and evaluation exercises.

The Trust and Project Co. have jointly appointed an Independent Certifier.

The Independent Certifier will provide the following at specific stages of the project: -

- Design compliance check
- Procedure review
- Construction review
- Report on the status of the works following each visit to the site and identifying any work that is non-compliant with the terms of the Project Agreement
- Certify practical sectional completion
- Certify final completion
- Witness testing on commissioning
- Certify sectional commissioning completion
- Check progress of the work against method statement.
- Commissioning completion certificate

The Trust's FM department will manage the preparation for the transfer of FM services and monitor FM services through the mobilisation period and steady state.

Project Co. will utilise the comprehensive performance monitoring tools to record, monitor and improve performance against the agreed targets.

The Trust board will receive monthly reports during the mobilisation period and quarterly during the operational phase.

13.4.6 Post Project Evaluation (PPE)

The main objectives of post project evaluation are to assess:

- How the benefits of the project are being met.
- Whether the project is running to plan.
- Value for money (vfm).
- Identify opportunities for improving current and future performance.

A PPE plan has been developed in conjunction with the benefits realisation plan and the risk management strategy. The PPE

demonstrates that satisfactory arrangements are in place to manage the contract. The evaluation plan addresses the following issues at each stage in the evaluation process:

Stage 1 (The Evaluation Plan and its requirements)

Figure 13-2: Key Deliverables Post Financial Close for the Evaluation plan.

Stage 2 (Evaluation requirement at the construction stage, both Phase 1 & 2)

The Trust and the Project Co. will monitor the projects time, cost and service performance. The following subjects will be particularly monitored:

- Management procedures.
- Procurement process.
- The design solution.
- The service contractor's performance during the building and operational stages of the project.

Monthly monitoring reports during the mobilisation period will be produced to help the project team establish whether the project objectives are being met.

The completion of this stage will form the basis of the post evaluation report for this stage.

Stage 3 (Evaluation during the operational stage, both Phase 1 & 2)

This stage will involve the review of the project in terms of the project objectives and a more thorough evaluation of the costs and benefits will be undertaken.

The Trust Board will receive monthly reports during the mobilisation period and quarterly during the operational phase.

Stage 4 (Evaluating longer-term outcomes)

This stage will re-assess the preliminary outcomes identified in the previous phases and will additionally address changes in; Operating costs, Risk allocation and transfer, Activity rates in various specialities.

Post project evaluation will be carried out continuously throughout the life of the project to identify continuous improvement (**Figure 13-2: Key Deliverables Post Financial Close**). Successful evaluation begins with clear, specific and measurable goals. In accordance with the **Good Practice Guide, Learning Lessons from Post-project Evaluation**^{R22}, the Trust has developed a post project evaluation tool, which will assess the performance of the project through a systematic analysis of the outcomes against the expected benefit criteria identified at OBC.

Evaluation is an essential tool to improve the overall project performance, achieve best value for money and improve decision-making. The evaluation of the project will also:

- Ascertain whether the project is running smoothly so that corrective action can be taken.
- Promote organisational learning both within the Trust and also in the wider NHS PFI environment.
- Avoid repeating costly mistakes.
- Improve decision-making and resource allocation.
- Improve accountability by demonstrating internal and external parties that resources have been used efficiently and effectively.

The project will be evaluated at the completion of the following programme milestones to ensure delivery of anticipated benefits, effective risk management and cost efficiencies against the objectives of the scheme:

- Evaluation of the project will occur one month following commissioning of phases 1 and 2 construction for estates.
- One month following phase 2 construction for baseline clinical benefits.
- Every 5 to 7 years in line with any benchmarking or subsequent measure.
- One year following contract expiry.

Audit reports will be prepared after each of these key milestones. The Trust will ensure that these key project evaluations are apart of its annual audit programme.

^{R22} **Good Practice Guide Learning Lessons from Post Project Evaluation, Department of Health, January 2002**

13.5 Project Organisation

13.5.1 Project management approach

A proactive approach to the management of this phase of the project will be supported by agreement of the following before each stage occurs:

- What the key tasks are;
- Who is best placed to lead and undertake the task;
- An agreed structure for any deliverables;
- Agreed quality measures for the task;
- The cost of the activity.

These agreements will be reflected within the products of the project and will be monitored by the project manager.

13.5.2 Outputs of the Project

Outputs will be required periodically as described within key deliverables. The production of these reports will be supported by on going management of the project and will be delivered to an agreed quality standard and reviewed accordingly.

The different elements of the project are set out below:

- a) Management outputs – to set up, manage, monitor and deliver the project;
- b) Quality criteria – the quality assessment for the individual reports so that the individuals responsible for the delivery of the reports are clear from the outset as to their priorities;
- c) Quality methods – the process necessary to evaluate the quality of the reports which, in some areas, will require approval from the Trust Board, TLC and in other cases will require quality assurance by individual members of the project team.

13.6 Project Structure

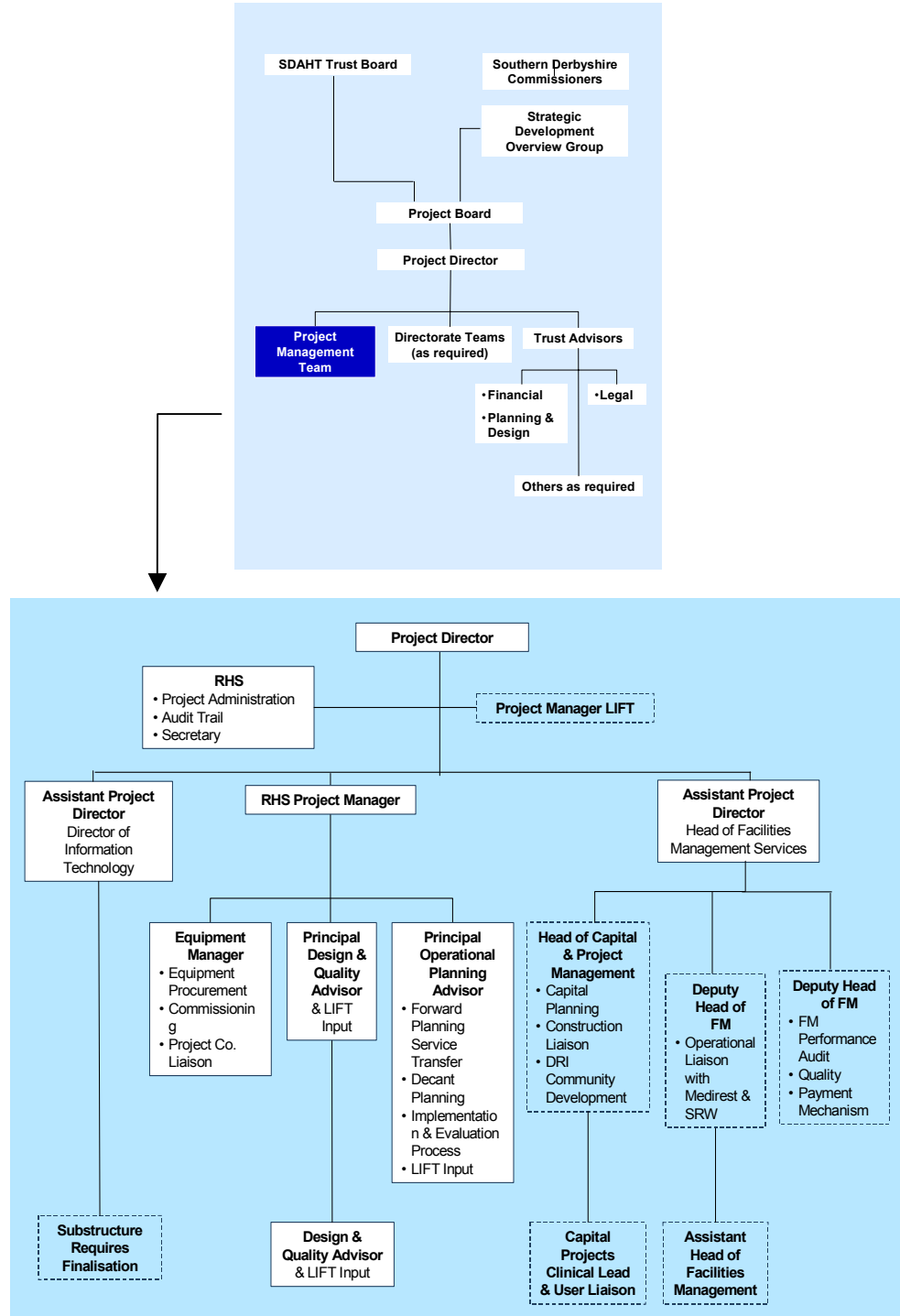
The project structure will engage key stakeholders both internal and external to the Trust and will mainly be reflected with in the structures already in place within the Trust.

As the project progresses from the construction phase into the operational phase, the project structure will become more integrated with the Trust's structure.

The proposed project structure following financial close throughout the mobilisation and construction periods is shown in **Figure 13-6**:

Project Structure Post Financial Close. This team will be revised and reviewed following financial close and again following the construction phase.

Figure 13-6: Project Structure Post Financial Close



13.6.1 Project costs

The staffing costs identified to deliver phase 3 (financial close to commissioning of the hospital) of the RHS project totals £565,450 pa as supported by the PCTs and agreed by the StHA.

13.7 **Priorities for Project Team**

Post financial close the RHS construction project begins to materially impact on the day-to-day activities of both the Derbyshire Royal Infirmary (DRI) and Derby City General Hospital (DCGH). The project will continue to be managed in accordance with PRINCE2 Methodology and will at times expand services whilst facing the challenges the Trust will encounter:

- Ongoing design requirements
- Temporary accommodation / services
- Decanting of existing buildings
- Demolition of surplus estate
- Construction / refurbishment
- Shutdown of services
- Environmental disruption / pollution.

As well as the day-to-day issues of service delivery the Trust must also:

- Prepare staff for the future (layout, equipment, IT)
- Recruit staff in areas of approved growth
- Maintain financial stability and contracted activity
- Maintain capacity and efficiency through to the delivery of the new hospital
- Deliver the modernisation agenda (NHS Plan, **National Service Frameworks**^{R39}.)
- Manage new central initiatives
- Continually develop hospital facilities to ensure 'fit for purpose' in 2008 onwards.

In addition, areas such as IT and Capital Projects will become an integral part of the RHS process.

13.8 **The RHS Project team**

The Trust has demonstrated its commitment to the project through significant investment in an experienced public sector team led by the Project Director and supported by a range of qualified advisers.

^{R39} **National Service Frameworks**

A strong and viable team with a full range of skills and abilities has been established to deliver the next stage of the project.

Appendix 13:5 Terms of Reference will identify the key functional responsibilities required to deliver the implementation and operational phase of the RHS project.

Other significant corporate project responsibilities not directly managed by the RHS Project Team are out lined in **Figure 13-7: Responsibilities not Directly Managed by the RHS Project Team.**

Figure 13-7: Responsibilities not Directly Managed by the RHS Project Team

HR Support
Retention of Employment (RoE)
TUPE
Organisational Development
Workforce Planning
Communications & Public Relations (PR)
Financial
Day to day management of project budget
Financial implications of project variations
Business case submissions for major financial variations due to service development approval
Modernisation and Change Initiatives
Approved changes during construction and commissioning process agreed by the Local Development Plan (LDP) formerly Strategic and Financial Framework (SaFF). ⁸
Legal and risk issues
Integration of project with mainstream management of Trust
Commissioner / stakeholder liaison
Funding and staffing to support change process
Service redesign to develop operational policies

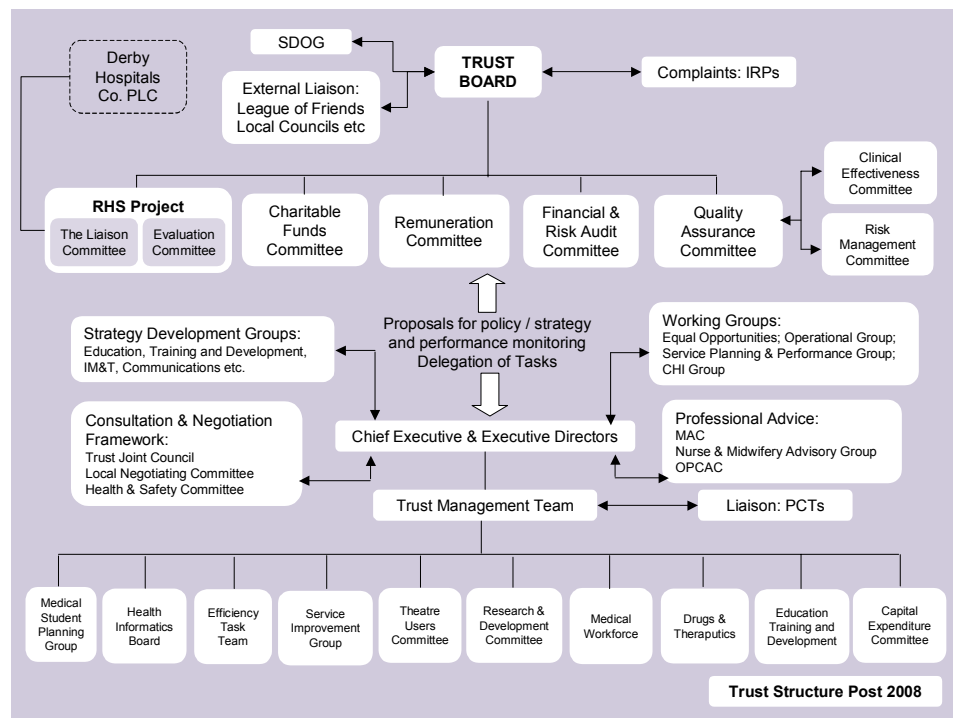
⁸ SaFF was formerly a one-year agreement, whereas the LDP forms a three-year plan.

13.9 Trust Structure Full Commissioning

Groups other than the Communication Group and the Clinical Planning Advisory Group (CPAG) will maintain their current terms of reference (**Appendix 13-5 Terms of Reference**). The TLC terms of reference have been included in the Mobilisation Services Agreement (MSA).

The proposed position for the audit and evaluation group within the Trust's structure is indicated in **Figure 13-8: Trust Structure Full Commissioning**.

Figure 13-8: Trust Structure Full Commissioning



The RHS Project Team will manage the process of the deliverables for the scheme at a strategic level and will be supported by the Trust management team, specialist groups and committees.

The day-to-day management of the scheme will be the responsibility of the RHS Project Team and latterly the Project Evaluation Committee (PEC) chaired by the RHS Project Director.

13.10 Communications and PR

Key to the success of this process is timely communication with all the stakeholders both internal to the Trust and external.

For the numbers of individuals involved in this process a comprehensive auditable communications process is required not

only for the PFI project but all the interlinked components (**Figure 13-1: Project Integration Timeline**).

The overall communications objectives have remained unchanged, however the objectives have been built on and enhanced following the ongoing developments of the project, **Appendix 13:6 Communications & PR**. They include:

- To gain stakeholder commitment and support for the underlying case for change, the service models and the planning assumptions, and the wider benefits of the preferred option.
- To generate a positive and supportive environment in order to facilitate a successful procurement under the PFI.
- To allay any public and staff anxieties regarding procurement under the PFI.
- To ensure consistency of communications emanating from the Trust and partner organisations.
- To reduce the risk of delays to the project timetable caused by lack of information and misunderstanding.

13.11 Conclusion

This chapter has identified the main deliverables post financial close (phase 1 and phase 2 – construction and operational transitional stages), the HR change management and implementation plan, benefits realisation plan, risk management strategy and PPE.

It has demonstrated that post project evaluation will involve the implementation of a number of audit and monitoring tools. In order to achieve the above, it is necessary for implementation of the post-contract project structure, which is broken down into post, cost of post and funding stream. Finally this period demonstrates the need for a gradual integration from the current RHS Project Team to the rest of the Trust's activities.