MERTON COUNCIL

NHS Merton Clinical Commissioning Group

Mitcham Local Care Centre Project Initiation Document

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23 May 2014

Version 0.2

right care
right place
right time
right outcome

Document Control

Version Control

Version	Date	Issued to:	Author(s)
0.1	14/05/14	Adam Doyle, MBHCH Programme SRO, MBHCH Programme Board	Sue Howson Keith Foster
0.2	23/05/14	Adam Doyle, MBHCH Programme SRO	Sue Howson Keith Foster

Change Control

Version	Changes:	Author(s)

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Appendices

1 Introduction and Background

1.1 Introduction

1.1.1 This Project Initiation Document (PID) sets out the details of the next stage of the Mitcham Local Care Centre (LCC) development project, to develop the required business cases and to reach award of the development contract. The form of this contract will be decided at the early stages of the project through the development of a robust Economic Case.

1.1.2 The PID should be read in conjunction with the Mitcham LCC Strategic Outline Case (SOC) which was approved in May 2014 by the NHS Merton Clinical Commissioning Group (MCCG) Governing Body. This development is sponsored by MCCG and South West London St Georges Mental Health NHS Trust.

1.1.3 The document provides details on the scope and objectives of the project, the approach to be followed, governance arrangements and project control processes to be employed to ensure that the project is delivered within allocated resources and timeframe.

1.2 Background

1.2.1 The shape of health services is changing. Primary care and community services are at the very heart of the modern NHS. Many activities that traditionally have happened in an acute hospital can now be undertaken more effectively and more conveniently in community settings, community hospitals, GP surgeries or in patients' own homes. "Our health, our care, our say" (Department of Health, 2006) laid out a vision that confirms a radical shift from acute hospital based services to a more local model, providing innovative, flexible and accessible primary and community care. This has since been followed up by various policy documents from the Department of Health that further support this strategy, including NHS 2010-2015: From Good to Great. Preventative, People-Centred, Productive (2009), Equality and Excellence: Liberating the NHS (2010), The NHS belongs to the people - A Call To Action (2013) and Everyone Counts – Planning for Patients 2014/15 to 2018/19 (2013).

1.3 Better Healthcare Closer to Home

1.3.1 These drivers for change, underpinned by the need to use resources more effectively and efficiently, resulted in the health and social care organisations in the Sutton and Merton health economy working together to produce a master plan for the future service configuration across the two boroughs. A programme to coordinate inputs, manage the process of development and to deliver the change was constituted and named the Better Healthcare Closer to Home (BHCH) programme.

1.3.2 BHCH was a transformational programme that aimed to reshape and modernise health services in Sutton and Merton. The proposed new service models and service configurations aimed to provide 21st century healthcare, designed around the needs of local people.

1.3.3 MCCG has adopted the underpinning principles of this strategy and has established a Merton Better Healthcare Closer to Home (MBHCH) Programme Board to drive through the required changes to services and the investments required in the healthcare estate.

1.3.4 The programme had six key delivery objectives, which remain valid and are at the core of the MBHCH programme. All proposed changes are aimed at:

- Improving outcomes for patients;
- Providing more care locally;
- Tackling health inequalities;
- Meeting changing demographics and healthcare needs;
- Modernising estates; and
- Using resources more efficiently.

1.3.5 The BHCH programme identified a need to invest in the healthcare estate in order that the transformational changes in service delivery could be realised. This focused on providing purpose designed healthcare buildings to replace facilities, valued by the community, but unsuitable for the delivery of modern healthcare and that are rapidly deteriorating due to lack of investment. These new healthcare buildings will, through location and design, facilitate the delivery of integrated health services allowing people to be treated, wherever possible, close to where they live.

1.3.6 MBHCH aims to meet these programme objectives through the development of new care pathways that better meet the patients' needs by keeping them at the centre of all service redesign. In designing the new pathways the intention is that the patient will be able to access these services closer to where they live.

1.3.7 The BHCH programme envisaged a network of LCCs, an important component in the range of primary care facilities that form the estate infrastructure required to meet the service and clinical objectives of the BHCH programme.

1.3.8 The MBHCH programme is currently developing the Nelson LCC, which is due to be completed in January 2015 with a planned opening date in Spring 2015, and has examined the feasibility of an LCC in Mitcham in the SOC.

1.3.9 The LCCs will act as a hub for primary care services. The clinical services within each LCC will be designed to meet the needs of the local population served; however, certain core services are planned to be provided in all LCCs. These include enhanced primary, community and mental health services and integrated health care support for patients with Long Term Conditions (LTCs). Community teams delivering care directly into people's own homes will support these services.

1.3.10 Investment in the improvement of the St Helier acute hospital estate was also planned as part of the BHCH programme. The first stage has been completed in a planned four phase programme developing and enhancing Urgent Care Centre provision on the St Helier hospital site. The remainder of the programme is in abeyance pending a further strategic review.

1.4 The Mitcham LCC, The Case for Change

1.4.1 A Health Needs Assessment (HNA) was commissioned by the Merton Director of Public Health in January 2014. This indicates that, in comparison to the western half of the borough, East Merton has:

- A younger, more ethnically diverse population;
- In general, the most deprived areas in Merton; and
- The areas with shorter life expectancy. Most of the excess deaths are attributable to cardiovascular disease and cancer. However, admission rates do not reflect the differences in mortality from these conditions. Diabetes is also more prevalent in East Merton and respiratory disease is also common.

1.4.2 The child health element of the HNA found that childhood immunisation coverage is lower than the World Health Organisation target, emergency attendance for children under 4 is higher than England levels, there has been an increase in childhood obesity, hospital admissions for alcohol specific conditions in children and young people are among the highest in London and children's dental health is declining. There are also four times as many children living in poverty in the east of the borough in comparison to the western half.

1.4.3 Current services in East Merton are provided from 13 GP practices and three other sites from which community, mental health and a limited number of community-based outpatients services are delivered. Almost all diagnostics services are still provided on the main acute sites.

1.4.4 The current NHS estate within East Merton comprises two sites, neither of which has been extensively maintained in the recent past due to uncertainty surrounding their future.

1.4.5 The case for change for the investment in the Mitcham LCC is multifaceted. The high level objectives specific to this investment decision are to:

- Improve the range, integration and quality of healthcare services accessible locally and by doing so improve outcomes for patients;
- Modernise the facilities in the Mitcham locality thus avoiding safety and financial risks due to the deteriorating condition of the existing buildings;
- Develop modern, fit for purpose facilities that will facilitate the shift of more activity into a primary care setting and promote integration with secondary care services; and
- Provide an opportunity to rationalise the community estate and dispose of properties surplus to requirements.

1.4.6 The service strategy to be supported by the Mitcham LCC will continue to develop as local commissioning, community needs and partnerships evolve. However, the priorities are clear:

- Develop an integrated model of care that is patient centred and led by primary care;
- Maximise multi-disciplinary team working with secondary care;
- Create a vibrant environment for multi-agency work and partnerships;
- Meet the needs of the diverse communities in East Merton including services for children, maternity care, elderly care and services to support minority ethnic groups;
- Increase access; and
- Provide culturally sensitive approaches in the most frequently spoken languages.

1.4.7 There is a wide range of services that the Mitcham LCC Clinical Strategy identified as suitable for delivery from the LCC. Some are currently offered, or planned to be offered, by some practices; the LCC will not detract from these practice-based offerings or seek to duplicate them. However, it will be used to fill gaps in provision. The Clinical Strategy identified the most useful and important services to offer as Cardiology, Dermatology, Ear, Nose and Throat services, Gynaecology, Ophthalmology, Respiratory Medicine, Musculo-skeletal and Trauma and Orthopaedics services.

1.4.8 In addition, the Mental Health services currently provided at Birches Close and the Wilson Hospital will also need to be accommodated within the new building.

1.5 Project Objectives

1.5.1 The clinical strategy for the Mitcham LCC was developed in 2012. The purpose of the LCC was defined in this document as being to help people access a range of specialist and advanced services in a primary care context, without having to attend hospital. The expected outcomes were defined as:

- Help to ***reduce health inequalities*** by ensuring access to health services for diverse local communities;

- Improved ***access*** to specialist services for local people;
- Improved ***quality*** and scope of care available locally;
- Reduced unnecessary use of hospital services, and thus ***value for money***; and
- Improved ***partnerships*** between primary and secondary healthcare, health and social services and the voluntary sector.

1.5.2 Detailed objectives for the project reflect these expected outcomes and are divided into six categories: health promotion, clinical, design, sustainability, community and workforce.

Prevention objectives

- Build a model of care around keeping people healthy and early detection of disease when it can be cured or managed in the community; and
- Enable frontline staff to take advantage of every contact with patients to maximise prevention messages and referral to appropriate services, as agreed with the patient.

Clinical objectives

- By careful consideration of current and required service provision and facility, design and facilitate the development of integrated services and care pathways that put patients' needs foremost;
- Provide a comprehensive range of clinically appropriate services that can be safely and economically delivered in a primary/community setting;
- Introduce innovative service provision that embraces technology and new ways of working that facilitate the delivery of high quality, accessible services;
- Provide an efficient and effective working environment for all staff that acts as an enabler for multidisciplinary working practices and service integration; and
- Ensure that the configuration of services has a strategic and clinical fit within the wider network of health and social care in East Merton.

Design objectives

- Provide a purpose built modern healthcare facility that is fit for purpose and provides flexibility to meet the changing healthcare needs of the local population in the short, medium and long-term;
- Through design facilitate the introduction of innovative service provision that embraces technology and supports new ways of working;
- Reflect best practice in design of healthcare buildings embracing principles set down by the Commission for Architecture and the Built Environment (CABE), design guidance published by the Department of Health and NICE guidance for buildings;

- Reflect the clinical vision of modern health services and also provide a positive and sensitive response to the local environment;
- Embrace the principles of Access for All; and
- Actively facilitate the development of the surplus NHS owned land to improve overall viability and affordability of the scheme.

Sustainability objectives

- Embrace and promote sustainability during construction and operation by providing an environmentally responsible and responsive design solution;
- Design the building so that it can harness the natural environment to reduce energy consumption wherever possible; and
- Promote the use of sustainable means of transport.

Community objectives

- Provide a resource to the community that delivers an holistic service embracing both the prevention and treatment of ill health and promotes social well being by offering advice and support in partnership with statutory and voluntary organisations;
- Provide a centre which is integral to the local community by encouraging residents and service users to contribute to development and evolution of the site and on-going use, for example, by improving employment opportunities and work experience, supporting community interests e.g. local community group meetings, exhibiting local works of art etc.; and
- Be a 'good neighbour' to the surrounding properties and wider community.

Workforce objectives

- Improve the ability to attract and retain good quality staff;
- Enable 'cross fertilisation' of ideas and practice;
- Improve integration between professions and providers leading to more flexible use of staff; and
- Provide opportunities for broadening the range of skills, expertise and knowledge of staff.

2 Project Definition and Scope

2.1 Introduction

2.1.1 The overall aim of the project is to develop an LCC in Mitcham.

2.1.2 This section of the document sets out the scope of the project and the outputs to be delivered that will ensure successful delivery of this stage of the project, the business case and progress to Financial Close.

2.1.3 The following sections of the document refer to the governance arrangements and controls that will need to be in place to monitor progress and to manage any risks that impact on successful delivery. Whilst this sets out the scope and deliverables of the MCCG team it must be remembered that the success of the project is reliant upon the partnership working between MCCG and London Borough of Merton, as well as with other stakeholders.

2.2 Project Scope

2.2.1 It is important at the outset of the project that the scope is defined and, of equal importance, that it is agreed what is out of scope. This does not mean that the scope cannot change during the project but this will need to be agreed by the Project Board and any resource implications of this change in scope acknowledged. For example, a change in scope may result in a requirement for additional funding, project team resource or an extension to the project timeline.

In Scope

2.2.2 The current scope for the delivery of the project involves:

- Development of the economic case for the investment in a Mitcham LCC;
- Agreement of the procurement approach to be adopted;
- Development of either LIFT Stage 1 and Stage 2 business cases or an Outline Business Case (OBC) and a Full Business Case (FBC), depending on the agreed procurement route;
- Development of the detailed building design;
- Successful completion of the planning process for the new building;
- Achieving Financial Close for the scheme.

Out of Scope

2.2.3 The development of the clinical services model and the design, specification and procurement of clinical services is outside the scope of the project. However, it will be essential for there to be a close alignment between these processes to ensure that both are developed with common objectives and will reach operational readiness in a timely manner. The coordination of the two processes will be managed through the MBHCH programme management structure.

2.3 Project Objectives and Expected Benefits

2.3.1 The project objectives are set out in Section 1.5 in the Introduction to this PID.

2.3.2 The benefits anticipated from the successful development of an LCC in Mitcham are:

- Reduced health inequalities by enabling greater access to health services for the entire population of East Merton;
- Improved access to specialist services for the population of East Merton;
- Improved health of the population of East Merton;
- Improved quality and scope of care available locally in East Merton;
- Greater value for money from the delivery of health services;
- Improved partnership between all healthcare providers and agencies in East Merton;
- Greater integration of healthcare services and care pathways that put patients' needs first;
- A modern healthcare estate which is most cost effective to operate;
- The release of funds as a result of the disposal of surplus NHS-owned land.

2.4 Deliverables

2.4.1 The key deliverables from the project will be:

- The economic case for the investment in a Mitcham LCC;
- The preferred procurement route for the new development;
- Selection of the most appropriate site on which to develop the Mitcham LCC;
- The appropriate business cases for the investment in a Mitcham LCC;
- The detailed design of the new building;

- Planning approval for the development of the new building;
- A project structure and plan for the construction and occupation of the new building;
- A plan for the disposal of surplus NHS-owned land, including the decant of existing services from these properties.

2.5 Constraints

2.5.1 The two key constraints to the project are the availability of skilled personnel and project funding.

2.5.2 The successful delivery of the project is dependent on the availability of skilled, experienced personnel to manage and deliver the required outputs that constitute successful project delivery. Such personnel are not available within MCCG at the current time and so the deficit is being managed through the appointment of an external project management team.

2.5.3 It is likely that the funding of the project will need to draw on the funds generated by the disposal of surplus NHS-owned land in Mitcham. Since the CCG does not own these assets the mechanism by which these funds can be released to fund the new development needs to be understood and then executed. This will require close working with NHS Property Services (NHSPS).

2.6 Dependencies

2.6.1 The dependencies can be divided into two groups, those that are internal to the project, for example one work-stream's progress is influenced by that of another, and those that are external but that could influence the project scope, timeline or cost.

Internal

2.6.2 There is a requirement for the East Merton Locality to complete, or at least progress, its work on the clinical services strategy so that the services to be located in the Mitcham LCC are agreed. Without a view on the services to be delivered from the Mitcham LCC, it will not be possible to produce an outline design for the building and therefore the options for the development cannot be assessed and the cost of development cannot be calculated.

External

2.6.3 There is a dependency on gaining agreement from SW London St George's Mental Health Trust over the relocation of services from the existing sites in Mitcham in order to vacate these buildings within a timetable that will enable their timely disposal which will allow funds to be released for the new development.

2.6.4 There is a dependency on both SW London St George's Mental Health Trust and Sutton and Merton Community Services developing office accommodation strategies so that the existing sites in Mitcham can be vacated within a timetable that will enable their timely disposal.

2.6.5 There is a dependency on NHSPS developing the business case for the disposal of the surplus sites in Mitcham and then completing the disposals so that the funds can be made available for the scheme.

2.6.6 There is a dependency between the Mitcham LCC and the Nelson LCC to ensure that the combined service configuration provides adequate access across the whole borough.

3 Governance Arrangements

3.1 Introduction

3.1.1 This chapter outlines a proposed programme and project management structure and the processes that need to be in place to ensure that the project delivers the required facilities and service benefits the Mitcham LCC investment is designed to achieve. It sets out the necessary arrangements for managing risk and identifies those parts of the structure that are already in place.

3.1.2 The ultimate decision making forum for decisions within the remit of the CCG will be the MCCG Governing Body.

3.2 Roles and Responsibilities

MBHCH Senior Responsible Owner

3.2.1 The MCCG Director of Commissioning and Planning is the Senior Responsible Officer (SRO) for the MBHCH programme and accountable for delivery of the constituent projects within the agreed parameters. The SRO is supported by an experienced team of project managers who oversee the inputs required to deliver the projects to the agreed timescales, budgets and quality standards.

3.2.2 The SRO is responsible for ensuring that the project meets its objectives and delivers the projected benefits. The SRO is owner of the overall MBHCH business change and risk management process. The SRO is responsible for ensuring that the programme and the individual projects within it are managed effectively in the context of a clear business focus in terms of meeting the CCG's aims and objectives within the agreed resource and financial parameters.

MBHCH Programme Director

3.2.3 The MBHCH Programme Director has the responsibility for managing the input to both the Mitcham and Nelson LCC schemes. They will ensure that there is coordination between the two schemes and that avoidable duplication is managed out of the process to get the Mitcham scheme to Financial Close. They will report directly to the SRO.

3.2.4 The high level responsibilities of the MBHCH Programme Director with respect to the Mitcham LCC scheme are as follows:

- Planning and designing the project and proactively managing its overall progress;
- Defining the project specific governance arrangements;
- Managing the project's budget on behalf of the SRO;

- Facilitating the appointment of individuals to the project delivery team;

- Ensuring that the production of deliverables from the project is to the appropriate levels of quality, on time and within budget, in accordance with the project plan, project governance arrangements and the overall programme;
- Ensuring that there is efficient allocation of resources and skills;
- Managing third party contributions to the project;
- Managing project specific communications with stakeholders;
- Managing risks to the project's successful outcome;
- Initiating additional activities and other management interventions wherever gaps in the project are identified or issues arise;
- Reporting progress of the project at regular intervals to both the SRO and the Project Board.

Mitcham Project Manager

3.2.5 A Project Manager will be appointed to work with the MBHCH Programme Director and be responsible for the day to day delivery of the project.

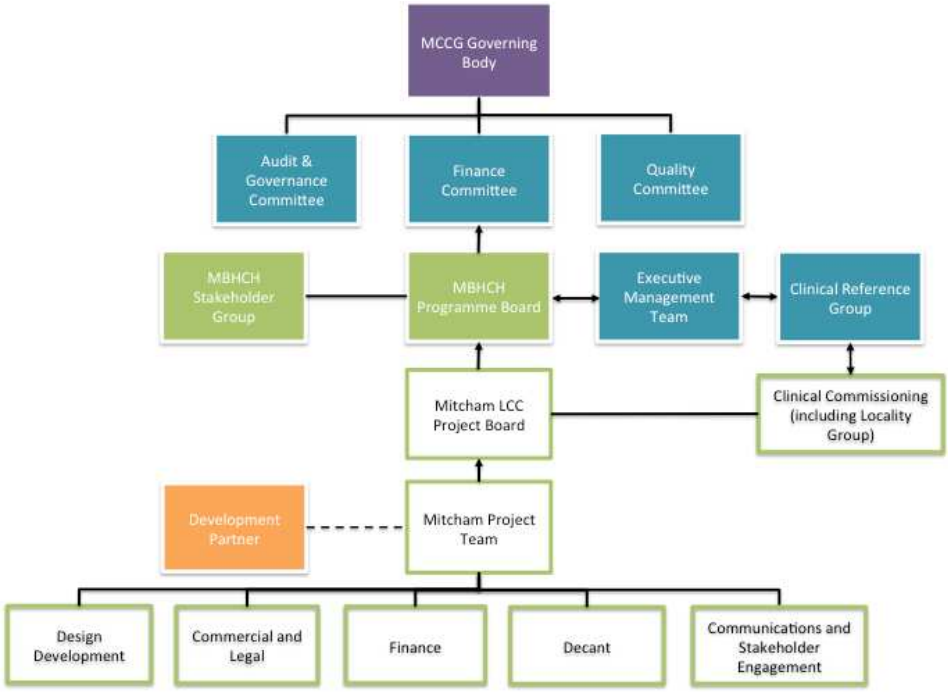
3.2.6 The high level responsibilities of the Project Manager are:

- Planning and designing the project and proactively monitoring its overall progress;
- Managing the project's budget on behalf of the MBHCH Programme Director;
- Ensuring that the production of deliverables from the project is to the appropriate levels of quality, on time and within budget, in accordance with the project plan;
- Ensuring that there is efficient allocation of resources and skills;
- Managing third party contributions to the project;
- Supporting project specific communications with stakeholders;
- Managing risks to the project's successful outcome;
- Initiating extra activities and other management interventions wherever gaps in the project are identified or issues arise;

Reporting progress of the project at regular intervals to the MBHCH Programme Director.

3.3 Project Management Structure

3.3.1 The project management structure is consistent with the principles in the Office of Government Commerce "Managing Successful Programmes and Projects". A structure is in place to manage the development of the Nelson LCC and this will be replicated for the Mitcham LCC once the project gets to Financial Close. Up to that point, a simplified structure is appropriate.



MBHCH Programme Board

3.3.2 The MBHCH Programme Board is already in place to oversee the overall MBHCH programme of which the Mitcham LCC is a part. As with other parts of the programme, the ultimate decision making forum will be the MCCG Governing Body and MCCG are the sponsoring organisation.

Mitcham Project Board

3.3.3 A Mitcham Project Board will be established to take responsibility for overseeing the delivery of the Mitcham LCC Project. It will report to the MBHCH Programme Board. At the final meeting of the Mitcham LCC Task and Finish Group it was agreed that the Group would be reconstituted as the Mitcham LCC Project Board to take the project through to Financial Close; additional members will be added to the Group, as follows:

- The Chief Financial Officer from MCCG;
- A communications and stakeholder management lead from S London Commissioning Support Unit (CSU);
- A representative from Community Health Partnerships (CHP);
- A representative from SW London St George's Mental Health Trust.

3.3.4 The Mitcham Project Board will have delegated authority from the MBHCH Programme Board to oversee and ensure delivery of the Mitcham scheme in line with the agreed specification and timescales. Its role is to ensure that resources are made available to deliver the project and that the project management arrangements are robust. It will form the main decision

making forum and provide direction and advice to the MBHCH Programme Director on issues outside their level of authority.

3.3.5 The Project Board will monitor progress against time, budget and quality and authorise actions to address any deviation from the agreed plan. The Project Board will be reconstituted again following Financial Close to reflect the construction phase of the project.

3.3.6 The Project Board will meet on a monthly basis. Terms of Reference for the Project Board are attached at **Appendix A**.

Mitcham Project Team

3.3.7 The MBHCH Programme Director will chair the Mitcham Project Team; the role of the team is to provide direction to the project work-streams and to monitor their progress against the project plan and allocated budgets. The work-stream leads will provide regular updates to the Project Team in the form of checkpoint reports.

3.3.8 The Project Team will provide the forum for initial discussions on project risks and identify possible solutions and mitigations. Risks/issues that cannot be managed by the Project Team will be escalated to the Project Board.

3.3.9 The Mitcham Project Manager will provide an aggregated progress report to the Project Board on a monthly basis (Highlight report)

Project Team membership:

- MBHCH Programme Director (Chair);
- Mitcham Project Manager;
- Work-stream leads:
  - Design Development;
  - Finance;
  - Legal and Commercial;
  - Decant;
  - Communications and stakeholder engagement.

3.3.10 Other attendance at the Project Team will be dependent upon the chosen procurement route but could include:

- Appointed clinical provider representatives;
- South London Commissioning Support Unit (CSU), various functions as required;
- NHS Property Services;
- South London Health Partnerships ;
- Community Health Partnerships;

- Appointed construction contractor.

Work-streams

3.3.11 Responsibility for some key deliverables will be delegated to work-streams by the Mitcham Project Team. Membership of these work-streams will be chosen specifically to ensure that the requisite expertise is present to deliver the required quality of output.

3.3.12 The project work-streams will be responsible for delivering key outputs as defined by the Project Team and will report progress on an agreed basis depending upon the status of the work-stream in the project timeline. They will be constituted where necessary to deal with specific deliverables, risks or issues as they become apparent throughout the course of project delivery and discontinued once the allocated work is complete.

3.3.13 The following work-streams will be established during the course of the project:

- Design Development. This work-stream will be responsible for the development of the design of the new building and have as its main deliverables the schedule of accommodation and the full set of 1:50 design drawings. This work-stream will also take the lead on the planning application for the new building and be also be responsible for the development of the equipment schedule, including ICT equipment, identifying equipment for transfer to the Mitcham LCC, if any, and a definitive list of equipment to be procured and an associated schedule of suppliers;
- Commercial and Legal. This work-stream will be responsible for putting together the commercial and legal framework within which the new building will be developed, including briefing and working with the external legal advisors to be appointed to support the scheme;
- Finance. This work-stream will be responsible for ensuring that the financial aspects of the business cases are completed and are consistent with the CCG's financial strategy and plans;
- Decant. This work-stream will be responsible for developing the plans for the moving of existing staff and services out of their existing accommodation into either the new building or alternative accommodation, as appropriate;
- Communications and Stakeholder Engagement. This work-stream will be responsible for all communications and engagement with stakeholders. Its key deliverable will be the development and execution of a communications strategy and plan that will provide guidance to the Mitcham project as a whole. The work-stream will work through the BHCH Stakeholder Group which will ensure that the content of communications are appropriate, timely and that the

most appropriate medium is used. The Group will provide editorial input to all written communications prior to Project Board sign off.

Clinical Commissioning Group

3.3.14 The East Merton Locality is already established and working on the development of the clinical services strategy. The Clinical Commissioning Group will work with the Locality and the Commissioning team within MCCG to design models of care and clinical pathways required to support the preparation of the clinical services specification in order that a procurement exercise can be undertaken or variations instructed to existing providers.

3.4 Project Resources

3.4.1 This section provides an outline of the resource that will be required to lead the Mitcham project to a successful conclusion. Most of the roles require expertise and experience in construction related projects and, as such, will require external resource to be procured. However, whilst these advisors will provide leadership in their area of expertise there will still be a requirement for MCCG to make available internal resource to provide input into the relevant work-streams.

3.4.2 Each work-stream will require a lead to take responsibility for the delivery of the required outputs from the group. The work-stream lead will be an expert in the area for which they hold responsibility and will have a proven track record of delivery. These work-stream leads will generally be experienced external consultants; they will be responsible for agreeing the final membership of the work-stream group to ensure successful delivery and will report on such to the Mitcham Project Manager. The work-stream group members will be made up from MCCG, the CSU, CHP, GP and provider resources. In order to deliver the project on time they will have to be released to undertake their role on the work-stream group.

3.4.3 In addition to the work-streams, the Clinical Commissioning and Communications Groups will require leaders and resource drawn from MCCG, the CSU and GP resources and the work-streams.

4 Project Controls

4.1 Controls

4.1.1 Project controls will be established primarily around a comprehensive, regular and effective reporting system consistent with those applied throughout the MBHCH programme. The following table outlines the key areas of project control.

Control	Responsibility	Frequency
Maintaining the risks and issues log	Project Manager, with assistance from Work-stream Leads	On-going – monthly reporting to Project Board
Tracking expenditure against budget	BHCH Programme Director with assistance from Project Manager	On-going – monthly reporting to Project Board
Tracking progress against project plan	Project Manager, with assistance from Work-stream Leads	On-going – monthly reporting to Project Board
Authority to approve change	Project Board	On-going – to be reported to SRO and BHCH Programme Board
Maintaining on-line filing system for key project documentation	Project Manager and Work-stream Leads	On-going
Signing off deliverables	SRO and Project Board	When deliverable is ready
Signing off project completion	Project Board, BHCH Programme Board, MCCG Governing Body	End of project

4.2 Risk Management

4.2.1 Risk management is an integral part of MBHCH programme management and is guided by the MBHCH Risk Management Policy, a copy of which is attached at **Appendix B**. The Mitcham project will hold its own risk workshop to inform the development of a project specific risk and issues register.

4.2.2 Reporting of significant risks will be managed through the project reporting mechanisms and will be a standing item on all programme and project agendas. If the risk cannot be dealt with by the Project Board, they will ensure that it is escalated to the BHCH Programme Board to manage the risk and provide instruction to the Project Board.

4.2.3 All new risks and issues will be identified by the work-stream groups or the project team and registered on the risks and issues log and discussed at the next available Project Board meeting. Validation and acceptance onto the Risks and Issues log will be the responsibility of the Project Team and will be ratified at the next project Board meeting.

4.2.4 All risks and issues will have a management plan developed, agreed and a named person identified and held accountable for managing the risk/issue. This person will be considered best able to manage the risk due to their requisite skill set and competencies.

4.2.5 The Risks and Issues log will be updated on an on-going basis and formally validated monthly by the Project Board.

4.3 Reporting

4.3.1 The outline responsibilities for timescales for project reporting are summarised in the following table.

Report	Prepared By	Purpose	Timescale for Completion
Project Highlight Report	Project Manager	To update the Project Board on the progress of the project and the overall progress against the project plan. To highlight any significant risks and issues that will impact on successful delivery	A week in advance of the Project Board meeting
Work-stream progress report	Work-stream Leads	Provides commentary on activities and milestones completed in the previous month and planned for the following month. Provides commentary on key risks and issues and how these are being managed. The content of these reports will inform the Project Highlight Report	Three days in advance of the Project Highlight Report

4.3.2 The templates for the Project Highlight report and the Work-stream Progress Report are presented in **Appendix C**.

4.4 Benefits Realisation

4.4.1 The CCG recognises the importance of the benefits to be realised through the development of the Mitcham LCC scheme but are also cognisant of realising the benefits of delivering an affordable and sustainable service model for the whole health economy.

4.4.2 A draft benefits realisation management plan will be produced as part of the project.

4.5 Timetable

4.5.1 The table below presents an outline programme for the development of the scheme to Financial Close.

Task	Timeline
Prepare PID for NHS England	May 2014
Present draft PID to MCCG Governing Body	May 2014
Obtain Governing Body sign off	May 2014
Submit PID to NHS England	June 2014
Obtain permission to proceed to OBC	June 2014
Prepare Economic Case • Confirm service strategy • Confirm demand and capacity calculations • Confirm functional requirements • Prepare block schematics of building • Site analysis and test fit • Obtain DV valuations of NHS PS sites • Obtain costs for LBM sites • Prepare Public Sector Comparator • Complete Generic Economic Models • Confirm qualitative assessment • Complete option appraisal • Complete Value for Money Analysis • Identify preferred option	May – July 2014
Present Economic Case to Project Board	July 2014
Obtain Economic Case sign off from BHCH Programme Board	July 2014
Obtain Governing Body sign off of Economic Case	July 2014
Present Economic Case to NHSE	July 2014
Obtain instruction to develop LIFT Stage 1 business case from NHSE	July 2014
Prepare Stage 1 business case	August 2014 – January 2015

Gain planning approval	December 2014

Task	Timeline
Present Stage 1 business case to Project Board	January 2015
Obtain Stage 1 business case sign off from BHCH Programme Board	January 2015
Obtain Governing Body sign off of Stage 1 business case	January 2015
Obtain CHP Board sign off of Stage 1 business case	January 2015
Submit Stage 1 business case to NHSE	January 2015
Obtain approval of Stage 1 business case from NHSE	March 2015
Prepare Stage 2 Business Case	April to May 2015
Present Stage 2 business case to Project Board	June 2015
Obtain Stage 2 business case sign off from BHCH Programme Board	June 2015
Obtain Governing Body sign off of Stage 2 business case	June 2015
Obtain CHP Board sign off of Stage 2 business case	June 2015
Submit Stage 2 business case to NHSE	June 2015
Obtain NHS England approval of Stage 2 business case	July 2015
Financial Close	July 2015
Start on site	July 2015

Appendix A Mitcham LCC Project Board Terms of Reference

A.1 Roles and Responsibilities

The role of the Project Board is to take responsibility for the strategic direction of the project and overseeing the management of all aspects of the project from commencement of construction through to operation.

The Project Board is to be responsible for:

- Approving the project budget;
- Ensuring that there is a system of cost control in place and to receive regular reports on existing and planned expenditure. Agree and ensure compliance within limits of delegation;
- Reviewing any requests for change and making the decision whether to instruct or reject;
- Signing off the project programme and monitoring progress against plan;
- Ensuring that effective project management arrangements are in place and providing leadership and direction to the Project Team;
- Ensuring that a robust risk management process is in place and to receive regular reports, escalating to the Better Healthcare Closer to Home (BHCH) Programme Board as appropriate;
- Arbitrating on any conflicts within the project;
- Addressing any issues that have major implications for successful project delivery;
- Keeping the project scope under control as emergent issues force changes to be considered;
- Ensuring that there is a Communication Strategy and Plan in place to ensure robust stakeholder engagement and management;
- Ensuring that clinical commissioning is appropriate for the service strategy;
- Sign off the completion of each project stage and key deliverables.

A.2 Reporting and Accountability

The Project Board reports to the Merton CCG (MCCG) BHCH Programme Board.

Membership

The membership of the Project Board should be as follows:

- MCCG Director of Commissioning and Planning (SRO and Chair);
- LB Merton Director of Public Health (Deputy Chair);
- MCCG East Merton Locality Lead;
- MCCG East Merton Locality member;
- MCCG Chief Financial Officer;
- LB Merton Director of Adult Care;
- LB Merton Head of Sustainable Communities;
- MBHCH Programme Director;
- CHP representative;
- SW London St George's Mental Health Trust representative.

The meeting will be quorate when four of the members are present, including either the Chair or Deputy Chair, the LB Merton Director of Adult Care, or appointed deputy, and a member of the MCCG East Merton Locality.

The Mitcham Project Manager will report to the Project Board and the following will be in attendance or co-opted as and when required:

- MCCG Chair of Health & Wellbeing Board;
- Work stream leads;
- Communication and Stakeholder Management Lead.

The Project Board should meet monthly.

Method of Working

The methods of working should include:

- All agenda items must be forwarded to the Project Director seven working days prior to the meeting;
- Agendas and papers will be circulated to all members at least five working days in advance of the meetings;
- It is assumed that members will have read the papers in advance of the meeting, to allow direct discussion at the meetings;
- It is expected that members will attend personally. Deputies may attend by advance agreement only;
- Members will be required to declare any potential conflicts of interest in the procurement aspects of the project. Members will also be responsible for ensuring the strict confidentiality of all commercially sensitive information about the project;
- Minutes and action logs will be circulated within five working days of the meeting.

Review

The membership of the Project Board will be reviewed and amended on completion and approval of the preferred procurement route.

Appendix B MBHCH Risk Management Policy

MBHCH Risk Management Policy v

Appendix C Reporting Templates

Highlight Report template

Workstream Highlight Report template

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