

The Whittington Hospital NHS Trust

‘Modernising Clinical Services’



Project Initiation Document

March 2008

Contents

Contents	2
Appendices	2
1.0 Introduction	3
1.1 Overview.....	3
1.2 Background	3
1.3 Completing the Whittington's Modernisation.....	3
2.0 Terms of Reference	4
2.1 Aims and Objectives of the project.....	4
2.2 Scope of the project	5
2.3 Assumptions	5
2.4 Potential constraints	5
3.0 Project Organisation	5
3.1 Project Structure.....	5
3.2 Roles & Responsibilities	6
3.3 Project Controls	8
3.4 Communications & Stakeholder Involvement.....	9
4.0 Project Deliverables	10
4.1 Process.....	10
4.2 Documentation	10
5.0 Project Plan.....	10
6.0 Risks and Dependencies	10
6.1 Summary of risks	11
6.2 Dependencies.....	11

Appendices

- Development Control Plan (Summer 2003)
- Our Strategic Direction (November 2004)
- Implementation of Service Strategy (Final Report, December 2005)

Glossary of Terms

UCLH	University College London Hospital NHS Trust
OBC	Outline Business Case
PID	Project Initiation Document
PCT	Primary Care Trust
FT	Foundation Trust
NHS London	Pan-London Strategic Health Authority
CUG	Clinical User Group
QS	Quantity Surveyor
FBC	Full Business Case
PPIF	Patient & Public Involvement Forum
FP	Financial Plan
CIP	Cost Improvement Plan
SIP	Service Improvement Plan
PFI	Private Finance Initiative

1.0 Introduction

1.1 Overview

Since 1999, the Whittington Hospital has been engaged in a lengthy programme of estate redevelopment and service modernisation, triggered by the findings of the Turnberg Report published in 1998. It was this report, which made a number of significant recommendations, that recognised the urgent need for investment at the Whittington site, and provided the catalyst for the improvements we see today.

1.2 Background

- 1.2.1 The Strategic Outline Case (SOC) for the Redevelopment of the Whittington under the Private Finance Initiative was approved early in 1999. This document set the Whittington's development in the context of the plans for UCLH, thus ensuring there was strategic fit between the two schemes, and services provided from the Royal Free.
- 1.2.2 The SOC called for a plan which would see the Whittington maintaining the broad range of its services delivered in a new way from a high quality environment. As the scheme was refined through the business case process, a preferred solution emerged which would reorganise the acute core of services at the hospital. Patients and staff would benefit from improved functional relationships, and there would be improved streaming and separation of the acutely ill from the largely ambulant. The Outline Business Case (OBC) setting out the acute core solution was approved in November 1999, with the Full Business Case for the development reaching final approval in April 2002.
- 1.2.3 In parallel with the acute core project, the Whittington has embraced the wider modernisation programme of the NHS, launched in 2000 with the publication of the NHS Plan. Over the years, a series of service improvement initiatives and project structures have been used to promote service developments and sustain good practice. These have served to both reaffirm the Whittington's position as a key provider of acute services in north central London, as well as reasserting the need to complete the final phase of the Whittington's redevelopment.

1.3 Completing the Whittington's Modernisation

- 1.3.1 With the acute core scheme nearing completion, the Whittington is now ready to commence planning for the re-provision of a number of clinical services currently housed in outdated Victorian stock. The project objectives can be summarised as:

“The purpose of the Whittington Hospital redevelopment is to deliver the modernisation of **elements** of the Whittington's estate and facilities, to ensure that future planned projections for core clinical services can be more efficiently delivered in accommodation that is fit-for-purpose, and which meets patients' expectations for health service provision in the 21st century.”
- 1.3.2 Late in 2005, the Trust completed an Implementation of Service Strategy project, aimed at re-validating the Trust's strategic direction and informing the potential development of a strategic outline case for investment. The findings of the report, which had been commissioned with the support of the Strategic Health Authority, and prepared by Finnamore Management Consultants, concluded that the Whittington should pursue its redevelopment plans at the earliest opportunity. This Project Initiation Document (PID) now forms the first step in this process.

1.3.3 The purpose of the PID is to define the project which will oversee the production of a Business Case for the completion of the Whittington's redevelopment. It will also remain a key tool for ensuring that everyone involved in the project shares a common understanding of its purpose and are suitably prepared to take it forward. This will be achieved by describing in subsequent sections:

- ? The terms of reference for the project;
- ? How the project will be organised;
- ? The project deliverables;
- ? The project plan;
- ? Details of the project risks and risk management.

2.0 Terms of Reference

This section describes the terms of reference for the project in terms of its aims, objectives and scope.

2.1 Aims and Objectives of the project

2.1.1 The aim of the project is to fulfil the Whittington's vision of being the hospital of choice for local people through the production of a Business Case for investment. The Whittington's strategic direction, ratified in November 2004, is the key building block for future planning and service development activities at the hospital. The agreed vision is stated as:

"The Whittington is a high quality local hospital, providing services in a caring, friendly and efficient way. The Trust intends to be respected and selected as the local hospital of choice, and regarded as a civic asset for the community within which it is rooted. It will be recognised as a centre of excellence in ambulatory care, and maternity and neonatal services; the care of long term conditions and the treatment of common cancers; by exploiting our strengths in these areas to reflect the needs of our population, and continuing to provide first class undergraduate and postgraduate training."

2.1.2 The Trust Board reaffirmed its commitment to the strategic direction in December 2006, confirming that the vision it described remained relevant to the organisation and the local health community.

2.1.3 In order to secure the Whittington's future as the hospital of choice the hospital must now complete the modernisation of its estate and facilities, to meet the demands of a 21st century health service. The objectives of the project are as follows:

- ? To collate and produce detailed supporting information for the development of a business case for investment;
- ? To establish the appropriate structures for overseeing the project and agree the processes through which it will be delivered;
- ? To ensure the redevelopment and any associated business cases reflect the Whittington's strategic direction and the priorities of the wider NHS;
- ? To prepare a detailed assessment of the procurement routes available for the final phase of redevelopment;
- ? To specify an affordability ceiling for the investment.

2.2 Scope of the project

- 2.2.1 Following the significant site improvements completed in 2 phases in 2006 and 2008, this project relates specifically to the following clinical services:
- Maternity (including expansion to provide for up to 6,000 births);
 - NICU (current NICU level 2 and expansion to meet consequences of provision for up to 6,000 births);
 - Rehabilitation (therapies).

It is anticipated that the re-provision of services will be complementary with the acute core model, and reflect the current service improvement objectives which are now being delivered.

- 2.2.2 In compiling the case for investment, the project will also consider any opportunities for achieving greater integration with the range of healthcare and educational providers in the local community.

2.3 Assumptions

- 2.3.1 At this stage the project will seek to describe the range of procurement options available to deliver the redevelopment. No assumptions will be made regarding the preferred source of funding, given the potential for a number of routes to be pursued. These include:
- Public sector funding;
 - The Private Finance Initiative;
 - Application to the Foundation Trust Finance Facility (FTFF) under the FT capital schemes process.

- 2.3.2 The project does, however, assume there will be continued support from both NHS London and commissioning PCTs for the case for investment.

2.4 Potential constraints

- 2.4.1 Achieving an affordable redevelopment solution will be an ongoing challenge which is recognised by this document. The project will therefore seek to ensure the preferred option can be realised in both physical and financial terms, once an affordability envelope has been agreed.
- 2.4.2 Development of a business case will take place alongside the Whittington's FT application. As the preparation of a clear investment strategy to address the inadequacies of the Trust's older Victorian stock is an integral part of the Whittington's progression towards Foundation Trust status, it is envisaged that the activities will not introduce a conflict of resources.

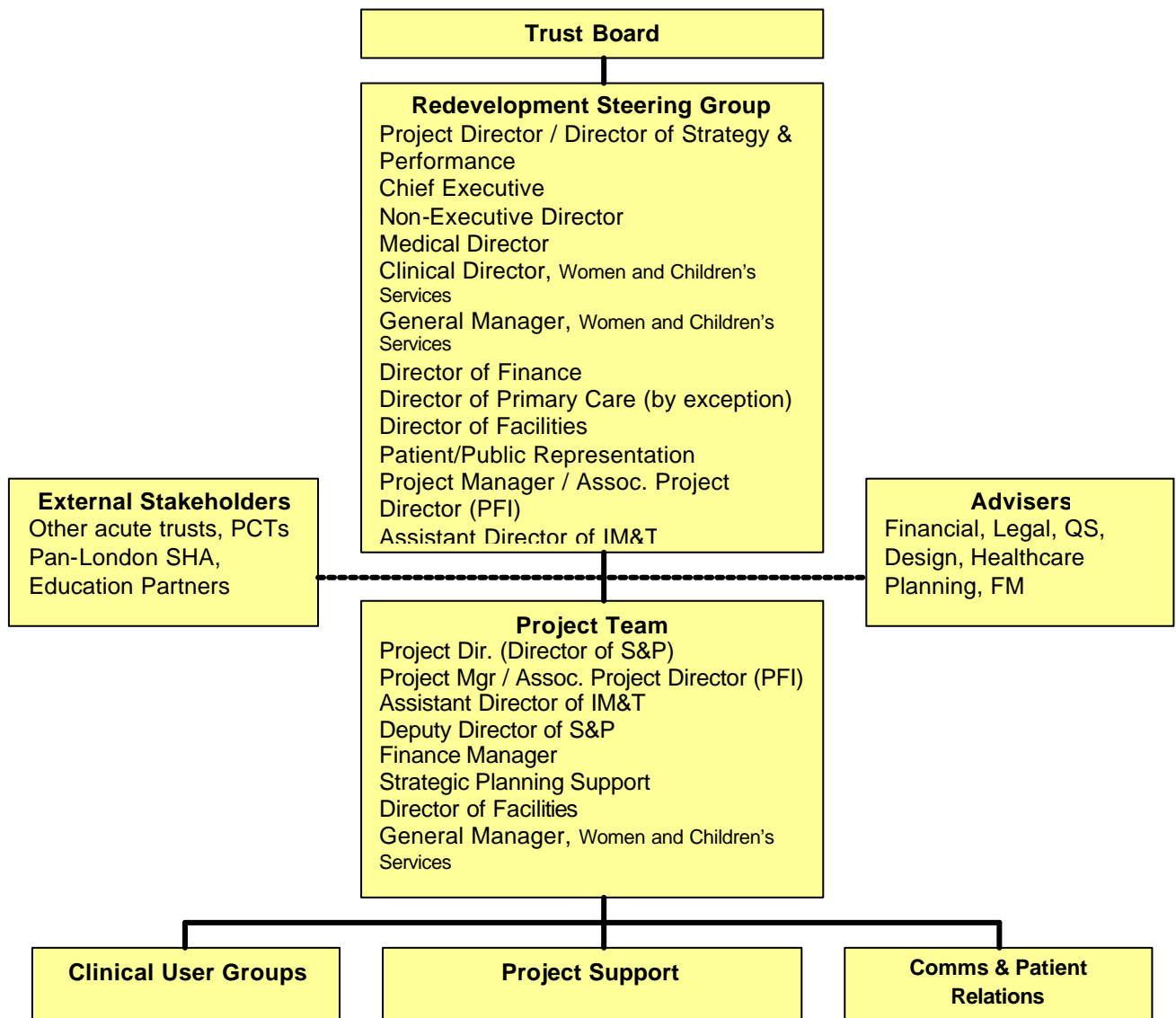
3.0 Project Organisation

This section describes the internal organisational arrangements for the project in terms of:

- ? The overall project structure;
- ? The roles and responsibilities of the different groups and parties involved;
- ? The project controls;
- ? Project communications.

3.1 Project Structure

- 3.1.1 It is proposed that the project should adopt the following structure, which closely resembles the approach used during the acute core development.



3.2 Roles & Responsibilities

3.2.1 Trust Board

It is the responsibility of the Trust Board to ensure that the Chief Executive as project owner has the Board level support he needs, and that the Trust continues to function effectively during the life of the project.

The Trust Board will consider and take major decisions at the key investment stages of the project as follows:

- ? Decision to initiate the next stage of the project;
- ? Approval of the project management arrangements;
- ? Approval of the project budget;
- ? Overseeing project performance;
- ? Approval of the preferred procurement route;
- ? Approval of the affordability ceiling;
- ? Approval of the preferred investment option's service content, and any commercial aspects.

3.2.2 Project Owner – Chief Executive

The Chief Executive is the accountable officer of the Trust and whilst considerable delegation of action to others will be necessary, the Chief Executive must retain accountability for the outcome of the project.

The Project Owner has the following responsibilities:

- ? To ensure that the objectives of the project are clearly set out and agreed by the Board;
- ? To establish sound project management arrangements, which include an agreed project budget and timetable;
- ? To monitor progress against the project plan and report on significant variation;
- ? To ensure that the Trust Board receives clear information and a series of appropriate recommendations for action;
- ? To demonstrate commitment and leadership of the project to the staff of the Trust;
- ? To act as project champion when communicating progress of the project internally and externally;
- ? To act as accountable officer for all aspects of the project's transactions.

The Chief Executive must empower and support the authority of the Project Director in decision-making and negotiations.

3.2.3 Redevelopment Steering Group

The Steering Group will provide overall strategic direction and management of the project, and will be chaired by the Non-Executive Director. It will be accountable to the Trust Board for the success of the project, and its responsibilities will include:

- ? Representation of wider ownership/stakeholders;
- ? Provision of expert advice to the Project Owner and Project Director;
- ? Approving the project plan and establishing the project controls;
- ? Authorisation of any major deviations from the plan;
- ? Agreeing any internal and external communications plan;
- ? Taking key decisions within the process;
- ? Signing off the project documentation;
- ? Approving (or initiating) the appointment of any external advisers or consultants.

3.2.4 Project Director

The Project Director will report to the Chief Executive, and undertakes to direct the redevelopment project on behalf of the Trust. The Project Director will oversee the management of the project, and will be supported in this work by the Project Team. Their responsibilities will include:

- ? Production of the Business Case;
- ? Ensuring the project plan is maintained and periodic review of progress against plan is undertaken for the Chief Executive and Trust Board;
- ? Managing the project budget and authorising expenditure;
- ? Commissioning and managing any external advisers or consultants;
- ? Ensuring there is clear delegated responsibility for delivering the project within the agreed timescales;
- ? Ensuring there are sufficient resources available to progress the project;
- ? Decision making and managing relationships with project stakeholders;
- ? Producing any internal or external communications plan.

3.2.5 Project Manager

The Project Manager will manage the project on behalf of the Project Director, and their responsibilities will include:

- ? Managing delivery of the project against plan, in close liaison with the Project Director;
- ? Ensuring that all internal participants have the information they need, and that effective communication channels are in place;

- ? Maintaining an archive of all significant documents, as well as sufficient records to enable an audit trail to be established;
- ? Maintaining and updating the detailed project plan;
- ? Monitoring of performance against budget;
- ? Managing any external advisers or consultants appointed to assist on the project;
- ? Identifying any knowledge or skills gaps in the Project Team and addressing them;
- ? Acting as a main point of contact for all enquiries associated with the redevelopment;
- ? Leading/coordinating the development of all business case documentation
- ? Ensuring that the redevelopment proposals remain consistent with the hospital's Development Control Plan.

3.2.6 Project Team

The Project Team will be responsible to the Project Director/Project Manager for delivering aspects of the project within the parameters of the project plans. Any need to move outside the project plans, and any adjustment to the agreed tolerance will require the approval of the Steering Group.

During the life of the project, delivery of certain aspects may require the establishment of sub-projects to deal with specialist or technical areas, or to oversee any organisational change implications of the business case. These sub-projects will have clearly defined terms of reference and delegated discretion; the Project Director/Project Manager will retain responsibility for coordinating all aspects of their activities.

It is anticipated there will be a core membership of the project team, with additional members being co-opted at various times during the life of the project to reflect the different stages of the process.

3.2.7 Clinical User Groups (CUG)

Clinician-led multi-disciplinary groups will advise the project on the service profile, including facilities, staffing and working practices, educational needs and information technology requirements for the various strands that will comprise the final phase of the Whittington's redevelopment. The outcome of their work will be reported to the Steering Group via CUG Facilitators; work will be reported to the Project Team via the facilitators.

3.2.8 Advisers

The role of advisers will be to support the objectives of the project throughout, by providing access to expertise not available within the Trust. External advisers may be appointed to assist in the following areas:

- ? Healthcare Planning
- ? Design;
- ? QS (to establish baseline costs).

It is anticipated that internal resources will be utilised for the majority of work involved, with the adviser role used primarily to validate the preferred option.

3.2.9 Project Support

It is envisaged that support for the delivery of the project will be managed through the existing redevelopment office.

3.3 Project Controls

Effective controls will be established against which performance of the project can be monitored.

3.3.1 Project Issues

These will be recorded and responded to via the redevelopment office. Responsibility for ensuring that all issues are properly dealt with lies with the Project Director/Project Manager.

3.3.2 Budget

It is proposed that a project budget will be set by the Trust Board, as advised by the Project Board. The Project Director will manage the budget within an agreed tolerance of 5%. Delegation of some parts of the budget may be made to the Project Manager, within an agreed tolerance of 5%.

3.3.3 Meetings

It is proposed that the following meeting schedule is implemented:

- ? The Steering Group will meet once every 5/6 weeks and provide reports to the Trust Board once every 4 months;
- ? The Project Team will meet on a weekly basis, or more frequently as required by the project milestones;
- ? Clinical User Groups will meet as required by the demands of the project.

3.4 Communications & Stakeholder Involvement

3.4.1 The objectives for project communication are as follows:

- ? To engender and maintain support for the redevelopment of the Whittington with NHS London, commissioners, and other healthcare providers in the local community;
- ? To maintain effective links with patient involvement groups during the planning process, and ensure their views are heard and considered;
- ? To ensure there is full internal awareness of the business case process, and the stages which will be passed through prior to any physical redevelopment going ahead;
- ? Provide an understanding of the potential impact other initiatives may have on the success of the project.

These objectives will be subject to change to reflect the different stages of the project, but will remain consistent with the Trust's broader marketing and communications strategy.

3.4.2 Key communication links currently identified are:

- ? Briefing/discussions with NHS London and with Monitor following authorisation as a Foundation Trust
- ? Discussions with our two largest commissioners, Islington PCT and Haringey TPCT
- ? Bilateral discussions with local acute trusts
- ? Bilateral discussions with other local healthcare providers
- ? Briefing/discussions with our education partners
- ? Liaison/discussion with our Patient and Public Involvement Forum and its successor
- ? Consultation with the FT Council of Governors following authorisation as an FT

3.4.3 A communications plan detailing our approach to sharing information and receiving feedback will be developed as part of this project. It is envisaged the plan will be built on and further developed during the later stages of the business case process.

4.0 Project Deliverables

This section sets out the measurable outcomes to be delivered by the Whittington during the course of the project. This has been divided into two sections: that relating to the process in general, and that relating to the documentation.

4.1 Process

	Deliverable
✓	Agree project structure and launch groups
✓	Detailed project plan
✓	Agree service content and finalise scope of redevelopment
✓	Confirm support for the redevelopment by key stakeholders
✓	Analysis of trust information (activity and financial data)
✓	Selection of preferred procurement route for the redevelopment
✓	Consultation and consideration of feedback
✓	Strategic Outline Case (see below)

4.2 Documentation

- Business Case

	Section
1	Executive Summary
2	Background History
3	Trust Profile
4	Strategic Context
5	The Existing Facilities
6	The Case for Change
7	Formulation of Options
8	Financial Analysis
9	Project Plan
10	Conclusion

The final content of the documentation is reliant on the approvals process the Trust must pursue to implement the investment, which again relies on the status of the organisation once the case has been prepared.

5.0 Project Plan

Currently being updated for submission to the Redevelopment Steering Group.
Estimated Trust Board approval by end 2008.

6.0 Risks and Dependencies

This section sets out the key risks and dependencies associated with the project. Each risk has been assessed using the Whittington's standard scoring methodology. Any risk with a score of 10 or over will be escalated to the Steering Group for reporting and monitoring.

6.1 Summary of risks

Risk	Prob.	Imp.	Score	Mitigating Actions
Service content/model cannot be agreed.	1	4	4	Early involvement of clinical teams in the development process has led to a clearly defined service model.
Implementation of 'Healthcare for London' (Ara Darzi' proposals') may impact on planned service configuration at the Whittington	3	3	9	On-going discussions with key stakeholders to ensure emerging London-wide thinking is understood and fits with Whittington plans.
Support for investment from Stakeholders is not secured.	3	4	12	Continued involvement through the Project Board to ensure stakeholders are fully briefed on the plans.
There are insufficient internal resources to deliver the project objectives.	3	3	9	Completion of the project has been given priority over smaller business cases. Additional resources in place via the staff bank.
A source of funding for the investment is not identified.	2	4	8	Discussions will be ongoing with NHS London Provider Agency and with Monitor when appropriate to identify the most suitable procurement route.
Scheme is unaffordable with respect to: ? Capital ? Revenue	3	5	15	Service model to be closely monitored to ensure the capital and revenue implications are consistent with the Trust's financial plan, and are affordable within the Trust's income plans and meet the requirements of the Monitor compliance framework

6.2 Dependencies

6.2.1 As a Foundation Trust, approval of the business case rests with the Trust Board. This will be crucially dependent on the Whittington's performance against its Financial Plan (and associated Cost Improvement Plan), the Service Development Plan and the FT compliance regime, with particular reference to the financial risk rating.